FPC CPÉ

Fair Practices Commission

Commission des pratiques équitables

**An independent office working to ensure fair practices at the Workplace Safety and Insurance Board of Ontario**

# 2024 ANNUAL REPORT

**fairpractices.on.ca**

# Land Acknowledgement

The Commission's office is in Toronto, which is located on the traditional territory of many First Nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. Toronto is covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.

We acknowledge and respect the Indigenous peoples who have inhabited and cared for the land since time immemorial.

# Content



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fairpractices.on.ca

*Également disponible en français*

# From the Commissioner

## Ronan O'Leary

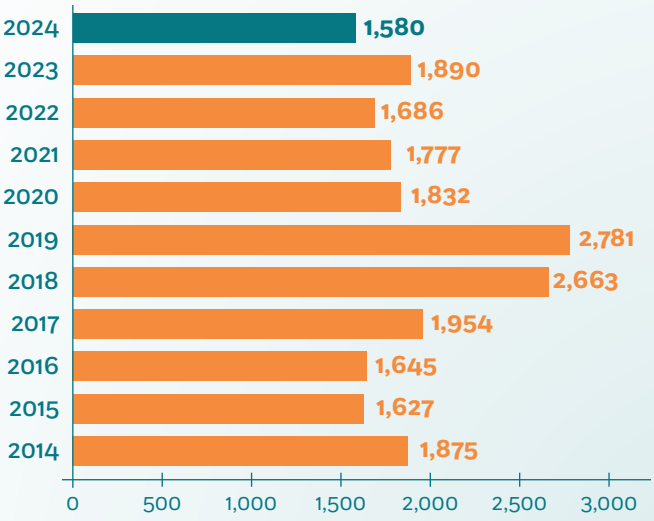
**It is my privilege to present the Fair Practices Commission's annual report for 2024.**

As the ombudsman for the WSIB, the Commission provides an independent and impartial avenue for workers and employers to voice their concerns. We aim to resolve problems quickly and efficiently; this type of informal dispute resolution is practical and beneficial for both the complainant and the WSIB and helps maintain public confidence in Ontario's workers' compensation system.

One of our goals for 2024 was to dig deeper to identify the root causes of complaints brought to the Commission. To this end, we increased the frequency of our meetings with WSIB management to discuss systemic issues and potential service-wide improvements. I also meet with the President & CEO and COO each quarter.

I'm pleased to report that 2024 saw the lowest number of complaints received in over ten years. When we further look at the number of inquiries we made with the WSIB and the number of fairness concerns identified through those inquiries, these numbers are also at their lowest level in over a decade. The complaint numbers suggest that WSIB service is improving and its complaint resolution process is working effectively.

Beginning on page 10, we include examples of systemic issues highlighted in 2024. For example, we identified a discrepancy between the WSIB's practice and its policy in how it recovers overpayments from workers' loss of retirement income funds.




COMPLAINTS RECEIVED - 2014 TO 2024

## Addressing individual complaints remains foundational to the work we do because the impact on the complainant can be hugely consequential.

Addressing individual complaints remains foundational to the work we do because the impact on the complainant can be hugely consequential. If a claim is not adjudicated correctly, this can affect the health and income of an injured worker, while an employer's operating costs may be negatively affected. From page 15 onwards, we have included several such examples including a case where we helped locate video footage which led to the initial entitlement decision being reconsidered.

I want to thank the WSIB's Board of Directors, particularly the Chair Grant Walsh, for their continued support of the Commission's work. I also want to recognize the frontline staff at the WSIB for their invaluable assistance in resolving issues that the Commission brings forward.

Lastly, I want to extend my sincere appreciation to the Commission's staff, who maintained not only the same high level of service but also the same level of compassion and empathy as we navigated unforeseen staffing challenges together in 2024.

**—Ronan O'Leary,** Commissioner

# The Mission of the Fair Practices Commission

The mission of the Fair Practices Commission is to facilitate fair, equitable and timely resolutions to complaints brought by workers, employers, service providers, and to identify and recommend system-wide improvements to Workplace Safety and Insurance Board services.

# Guiding Principles

**The Fair Practices Commission is an independent office that works to promote and ensure fair practices at the WSIB of Ontario.**

**As an ombudsman, four main principles guide our work:**

## 1 Impartiality

We advocate for fairness and do not take sides in complaints.

## 2 Independance

We operate independently to serve workers, employers and service providers. We report to the Board of Directors—the governing body of the WSIB—through its Service Excellence Committee.

## 3 Confidentiality

All complaints are confidential unless we receive specific consent to discuss or disclose information with outside parties.

## 4 Credibility

We conduct objective, thorough and fact-based reviews of complaints. We apply the principles of administrative fairness[1] in our analysis and strive to recommend fair solutions.

[1] For further details on the principles of administrative fairness, see **Fairness by Design**, a guide that was developed by the Canadian Council of Parliamentary Ombudsman.

# The Value of the Commission's Work

**Below are some examples of how we provide value to our various stakeholders.**

## 1 The Public: Workers, Employers and Service Providers

- We provide a free, informal avenue to quickly resolve service issues that were not resolved through the WSIB's complaint process.
- Our independence and expertise in WSIB practices and policies allow us to take a fresh look at concerns and assess whether the WSIB has acted fairly.
- We help improve service more broadly by highlighting systemic problems and recommending service-wide improvements.
- We help people navigate the system and refer them to the appropriate resources in situations where our intervention would not be appropriate.

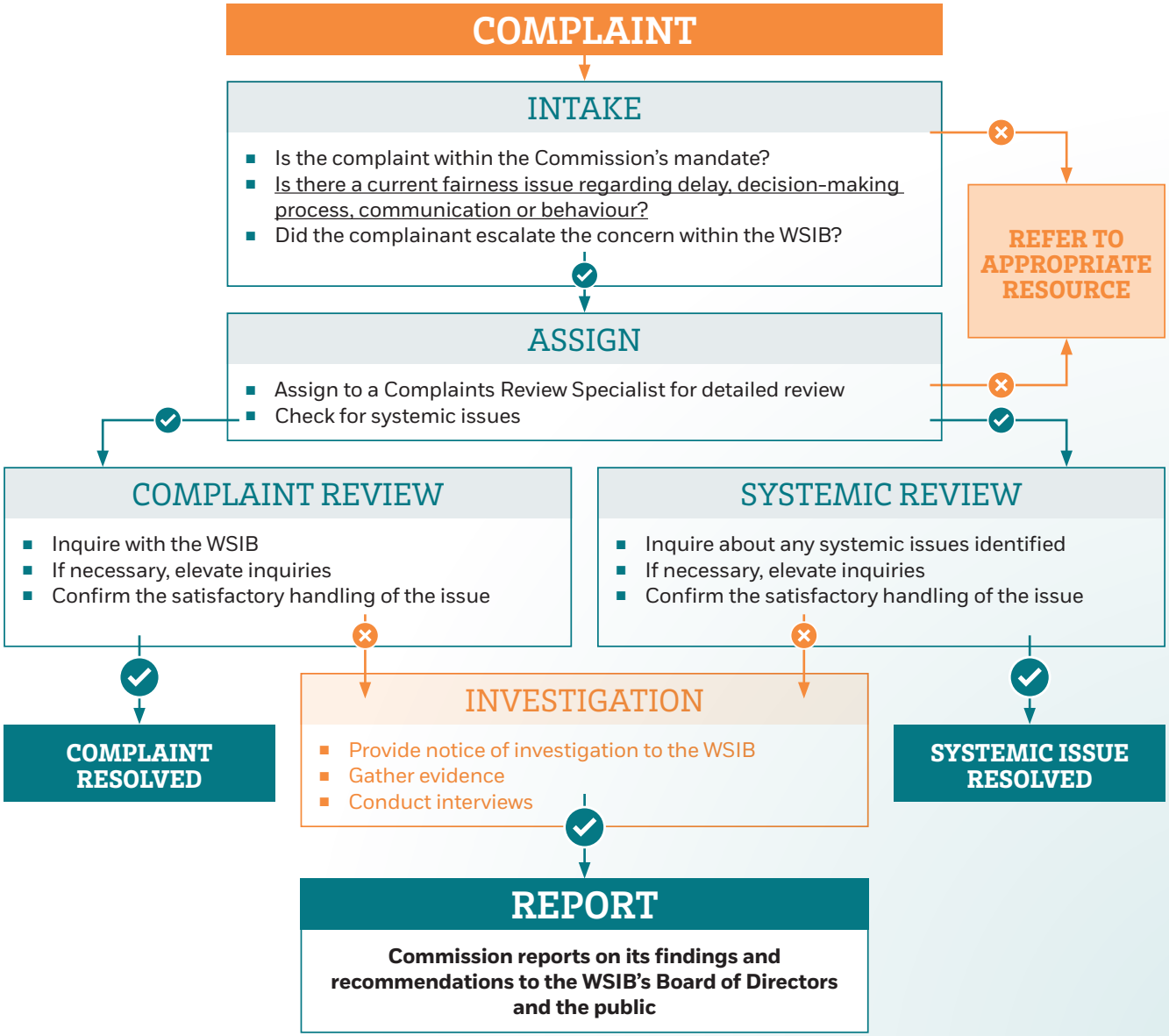
## 2 The WSIB's Board of Directors

- We provide the Board with an independent voice on the concerns raised by the people the WSIB serves.
- We also act as an early warning system by highlighting trends and systemic issues at an early stage before they become larger problems.

## 3 The WSIB

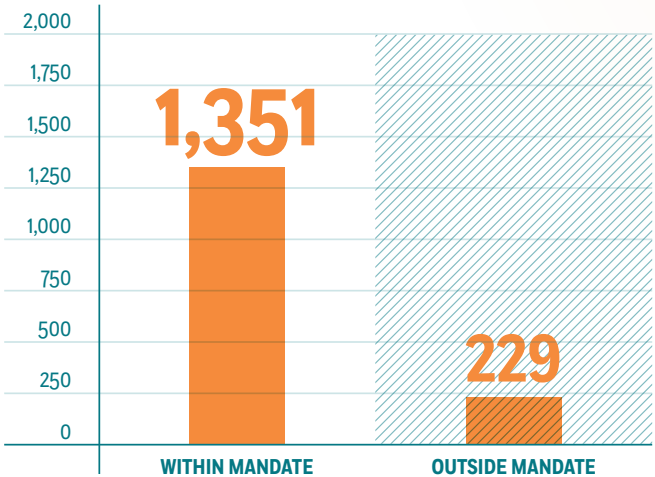
- We often de-escalate contentious issues and help the WSIB understand the concerns of the people it serves while working to find practical solutions.
- We help strengthen the public's trust in and relationship with the WSIB by resolving problems quickly and informally.
- We assist in identifying pain points, gaps in processes or teams working in silos so the WSIB can make better informed decisions as to how it should allocate its resources.

# The Complaint Process



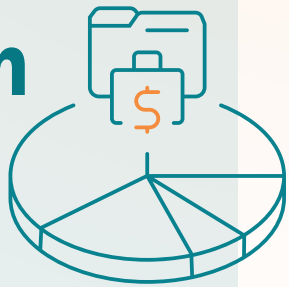
# By the Numbers

## Complaints to the Commission in 2024

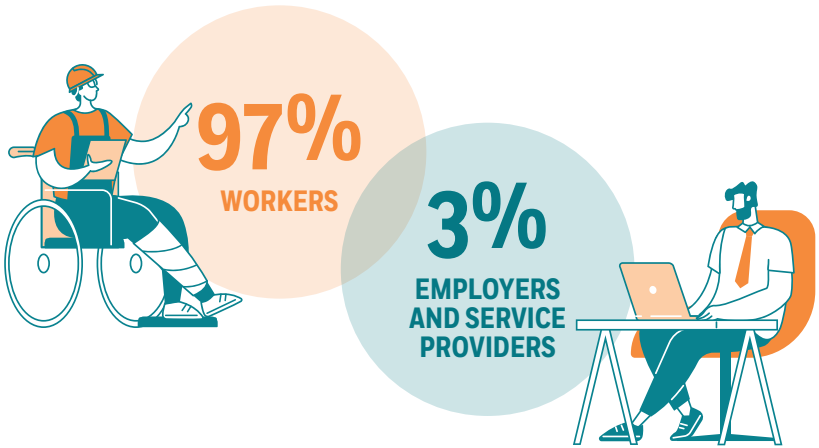



**OUR OPERATING BUDGET FOR 2024 WAS**

**$1.187 million**



## Who Contacted the Commission in 2024




**IT TOOK AN AVERAGE OF**

**8 days**

for the Commission to resolve complaints in 2024.

# Five-Year Summary

## COMPLAINTS RECEIVED

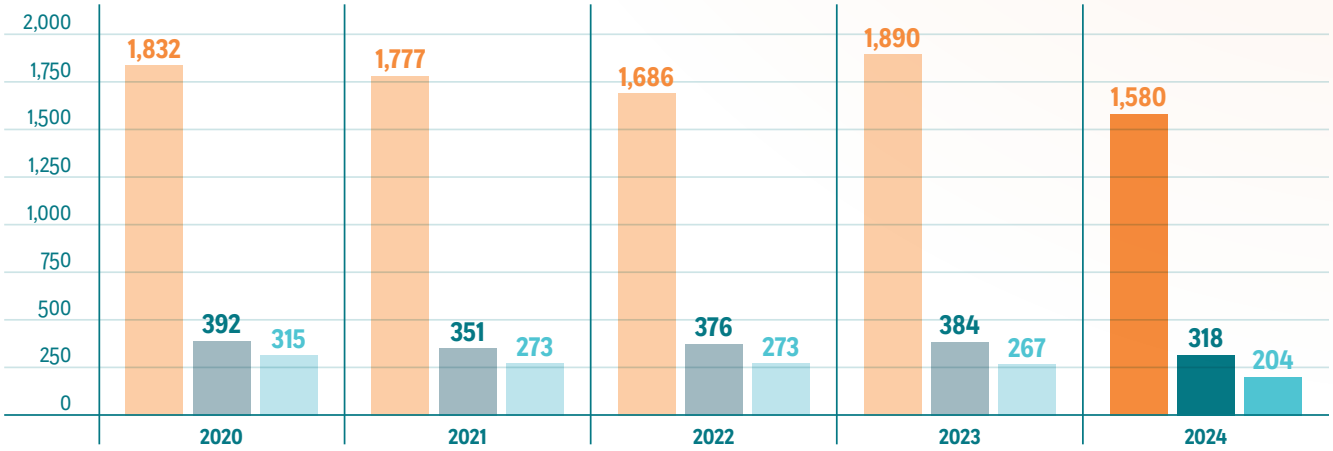
The Commission received 1,580 complaints[2] in 2024, a 16% decrease compared to 2023 and 10% lower than the 5-year average of 1,753 complaints.

## INQUIRIES MADE BY COMPLAINTS REVIEW SPECIALISTS

Complaints Review Specialists conduct inquiries when the Commission identifies a potential fairness concern that the complainant was unable to resolve directly with the WSIB.

## ISSUES REQUIRING WSIB ACTION

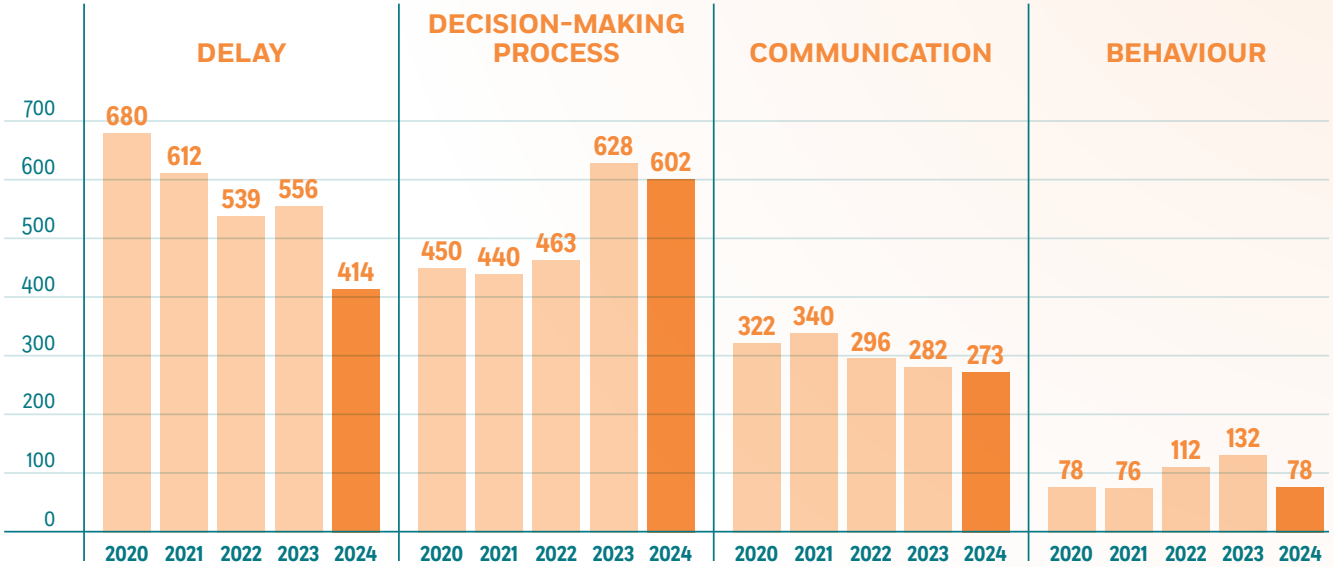
Through our inquiries, we identified 204 fairness issues that the WSIB subsequently addressed. Most of the issues were about **delays (93)** and the **decision-making process (63)**.



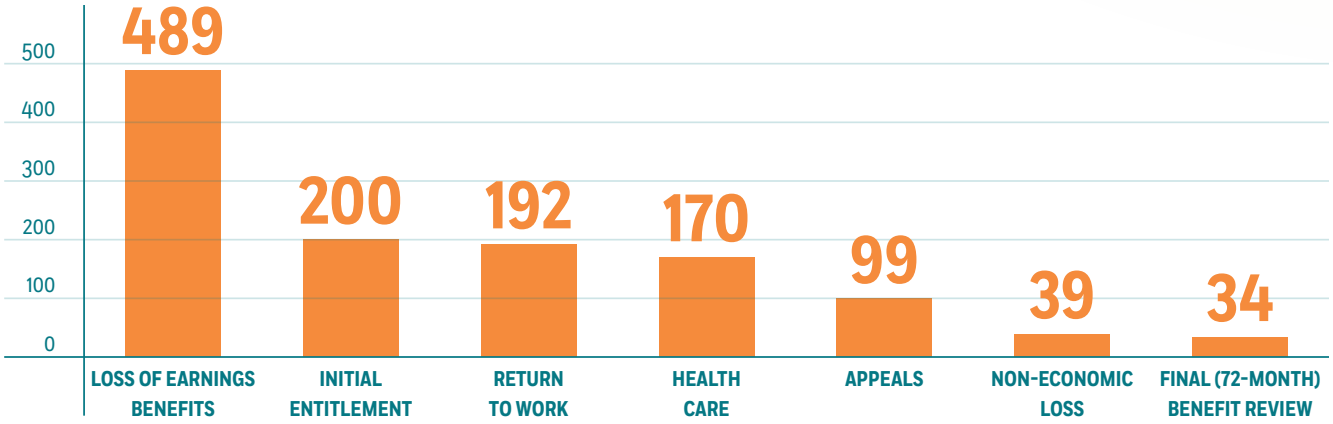

The Commission received **1,580 complaints** in 2024, a **16% decrease** compared to 2023.

[2] When a worker, employer or service provider contacts the Commission, a file is opened. Sometimes a complainant will raise more than one issue when they contact the Commission. We categorize each issue as a complaint. On average, we opened 1.1 issues/complaints per file in 2024.

## Complaints by Fairness Category




## Most Complained-About Subjects in 2024



# System-Wide Issues and Improvements

**The Commission aims to identify systemic issues at an early stage before they become larger problems.**

**In reviewing each complaint, we consider whether it may have broader implications. We also review our complaint statistics to monitor for trends. The Commissioner and staff meet regularly with WSIB management about system-wide fairness issues. Additionally, the Commissioner reports to the WSIB's Board of Directors each quarter.**

**This section includes examples of some systemic issues that were resolved in 2024 or that are currently being addressed.**

## 1 Inconsistencies in the WSIB's Handling of Reconsideration Requests

A worker representative brought four cases to our attention, highlighting issues with the WSIB's handling of reconsideration requests.[3] These issues included:

- **Prematurely marking requests as complete:** Customer Service Representatives were sometimes marking requests as complete instead of referring them to a decision-maker. This caused delays and difficulties in getting reconsideration requests addressed.
- **Unnecessarily requiring Appeals Readiness Forms:** Customer Service Representatives were sometimes requiring these forms for reconsideration requests when they were not needed.

After speaking with a director in Customer Care, the representative told us they were satisfied that the WSIB was taking steps to address their concerns.

Upon receiving another similar complaint, we made inquiries about how the WSIB was addressing this issue. The director explained that these issues stemmed from reconsideration requests in the system-owned (unassigned) claims queue. Previously, a specialized team had been responsible for processing activities from this queue, but that work had recently been expanded to more staff. The director said this may have led to inconsistencies in how reconsideration activities from the queue were being handled.

[3] In accordance with **s. 121 of the *Workplace Safety and Insurance Act***, the WSIB has broad discretion to reconsider a decision and may do so at any time it considers it advisable. Before proceeding with an appeal, a worker/employer may ask the WSIB to reconsider a decision if they have new information that they would like the WSIB to consider.

The director reported that refresher training on the system-owned claims queue was completed in April 2024. In cases where it is unclear if a reconsideration is being requested, Customer Care staff are encouraged to refer the activity for review by a decision-maker. The director confirmed that an Appeals Readiness Form is not necessary for reconsideration requests, and a reminder was issued on the correct process. Additional steps included an audit on the handling of these activities and coaching where necessary.

The director confirmed that an Appeals Readiness Form **is not necessary for reconsideration requests**, and a reminder was issued on the correct process.

## 2 Discrepancy Between Practice and Policy—Loss of Retirement Income Benefit

In late 2023, a worker complained to the Commission that he was struggling to understand how a past overpayment had impacted his Loss of Retirement Income (LRI) Benefit. Through a series of inquiries in 2024, we learned that the WSIB's practice was not in line with its policy when it comes to recovering debts from a worker's LRI benefit account.

For context, the LRI benefit helps replace retirement income lost due to a workplace injury. An injured worker is entitled to LRI benefits if they receive loss of earnings benefits for more than a year. The WSIB sets aside an additional amount equal to 5% of every subsequent loss of earnings payment. The worker also has the option to contribute an additional 5% from their loss of earnings payments. The WSIB places this money in an investment fund for the worker's retirement. At age 65, LRI benefits are paid to most workers as a lump sum, while the rest receive an annuity instead.

The WSIB's *Loss of Retirement Income Benefits Policy (18-03-07)* states that "benefit-related debts (overpayments) are recoverable from an LRI benefit account **only when the LRI benefit is payable**" [emphasis added].

Through our inquiries, we learned that the WSIB's practice was to recover overpayments/adjustments immediately upon discovering them.

We made inquiries with the WSIB's Operational Policy team about possible systemic implications. We were advised that when voluntary contributions are made to the LRI, it is treated like a trust, and the funds should not be touched until age 65. The Policy team confirmed that in some claims where there had been loss of earnings overpayments/adjustments, the WSIB had withdrawn funds from the LRI fund prematurely. This practice does not align with the current version of the *Loss of Retirement Income Benefits Policy*, in place since 2018.

The WSIB established a working group, which met regularly through 2024 to work on solutions.

The WSIB estimates that 1,100–1,200 individuals may be affected. As a first step, the WSIB will be prioritizing an LRI benefit corrective payment for about 240 affected workers over the age of 65 who have left the WSIB system. For others, the WSIB will be returning money to LRI accounts with interest. The vast majority are owed amounts between $20–$100, while a small number are owed larger sums.

The WSIB is also putting in place the necessary measures to prevent this problem from happening in future. We continue to receive progress updates.

The WSIB estimates that **1,100–1,200 individuals** may be affected.

## 3 Communication Restrictions Lead to Confusion

In 2024, we noticed a significant increase in complaints from workers about communication restrictions. We received 31 complaints compared to 11 in 2023 and 13 in 2022.

In particular, we noted an increase in complaints stemming from restrictions where an individual is prohibited from any form of direct communication with the WSIB, and all communication must go through a representative instead.

For context, the WSIB may issue a warning or restrict how an individual can communicate with the WSIB if they engage in abusive or threatening behaviour.

- The first step is often to send the person a written warning about their behaviour.
- The WSIB may prohibit them from visiting WSIB offices in person.
- The WSIB may also prohibit an individual from calling and require them to communicate in writing only.
- A more restrictive option is to require an individual to communicate with the WSIB through a representative only.
- The most restrictive option is anonymous claim management, where the identities of all staff are kept confidential and all communication is in writing. According to internal WSIB guidelines, this is for cases where an individual has "exhibited extreme behaviour that poses a health and safety risk to WSIB employees."

We have, however, seen an increase in cases where **communication restrictions lead to confusion and inconsistencies** in how these claims are handled by WSIB staff.

The Commission recognizes that abusive or threatening behaviour must be taken seriously, and that cases will arise in which the WSIB needs to implement restrictions to manage such behaviour.

We have, however, seen an increase in cases where communication restrictions lead to confusion and inconsistencies in how these claims are handled by WSIB staff.

As noted above, restrictions requiring an individual to communicate through a representative have been generating complaints to the Commission, particularly where workers are unable or unwilling to retain a representative. Options for free legal representation are extremely limited and often involve waiting times of several months.

Examples of the problems we observed include:

- Workers were not given a notice period in which to find a representative; the restriction takes effect immediately. The letter outlining the restriction is sent via regular mail, so they are often unaware of the nature of the restriction and the rationale at the time it takes effect, and they cannot call the WSIB for clarification.
- It is not clear how a claim should be adjudicated if a worker is unable or unwilling to get a representative. The WSIB's Corporate Security team informed us that there should be no direct contact with a worker once the restriction has been put in place. This would essentially make it impossible to adjudicate the claim. We have observed that, as a result, the Operations team does not consistently adhere to the restriction as it attempts to continue adjudicating the claim.
- We have also seen inconsistencies in whether the WSIB will process a worker's Intent to Object Form to initiate an appeal. In one case, the Operations team refused to process an Intent to Object Form until we escalated the matter to a senior director, while another worker with a similar restriction had his appeal processed and was permitted to participate in the hearing before the Appeals Resolution Officer.

The WSIB has established a working group to review how it handles challenging behaviour from its clients. We also escalated the matter to the Chief Operating Officer, who assured us that they would prioritize work on addressing these issues. We continue to receive updates on progress.

# 4 Error in Service Level Tool Discovered After Inquiries About Adjudication Delays

In early 2024, the Commission received several complaints from workers about delayed adjudication after their claim had been referred to the team responsible for adjudicating entitlement for psychotraumatic disability.

In one claim, a worker representative was told the decision could take up to 14–16 weeks due to a backlog. A different worker complained to the Commission that they had been waiting more than nine weeks for a decision.

During our inquiries, the WSIB told us that this particular team was slightly outside its 35-day target to adjudicate these claims due to a high number of referrals in the first quarter of 2024. The WSIB also explained that incoming referrals may be prioritized based on several factors, including whether loss of earnings or financial hardship are involved, so some claims may be adjudicated promptly while others fall outside the 35-day target.

The WSIB later advised that five additional staff were assigned to the team to alleviate the pressure.

In our review of the broader issue, we discovered that the WSIB's Service Level Tool for Customer Care staff suggested that the delays were significantly longer. This tool was created to help frontline staff handle inquiries from the public about decision-making times, by using recent data to help inform current timelines.

After further inquiries, the WSIB discovered that the algorithm used to pull the data is not up to date and caused incorrect information to be displayed for Customer Care staff. This error affects many types of decisions beyond those referenced above.

The WSIB has engaged its IT team and is providing the Commission with regular updates on its progress in resolving this issue. We are also continuing to monitor for any delays in adjudicating entitlement for psychotraumatic disability.

The WSIB has engaged its IT team and is **providing the Commission with regular updates** on its progress in resolving this issue.

# Individual Case Resolutions

**The summaries in this section highlight the types of fairness issues that the Commission can help to resolve.**

## 1 WSIB Apologizes to Worker for Poorly Handled Phone Call

A worker complained about the behaviour of a WSIB Return-to-Work Specialist during a telephone call.

The worker described being spoken to in a harsh tone, with the call abruptly ending before she had a chance to fully speak. When she discussed the incident with a manager, she was informed that staff conduct was an internal matter, and that in any event, her claim had entered a new phase so it would be assigned to a new Return-to-Work Specialist.

The worker told the Commission that she felt her concerns were not taken seriously and that she was seeking an apology.

The Return-to-Work Specialist's memo of the call said he ended the call because the worker was being argumentative and interrupting him, making it difficult to provide a clear explanation.

In our initial inquiry, the manager confirmed that the call recording had not yet been reviewed. We recommended that the call be pulled from the system because the worker's account of the call differed from the memo.

The call recording showed that the worker had not been argumentative and that she had had little opportunity to speak before the call was abruptly terminated by the WSIB Return-to-Work Specialist within three minutes. We shared these observations with the manager.

Upon further review, the manager agreed that the call was not handled appropriately. She apologized to the worker and assured her that corrective actions, including staff coaching and training, were being implemented.

The worker was ultimately satisfied with how the WSIB handled the situation and credited the Commission with helping to resolve her concerns.

# 2 First Responder Complains About Retroactive Final Benefit Review

An association representative for an injured worker complained that the WSIB had unfairly initiated return-to-work efforts when the period for reviewing his loss of earnings benefits had already expired.

The worker, a first responder, was seriously injured in 2014 when an explosion caused the wall of a building to collapse on him. He was found without vital signs and sustained more than 40 broken bones and multiple internal injuries. He had to undergo more than 25 surgeries and was left with vision and hearing problems and scarring to his face. The WSIB also allowed entitlement for post-traumatic stress disorder.

The worker was receiving loss of earnings benefits and had been granted a 34% non-economic loss award in recognition of his permanent impairments.

In accordance with the *Workplace Safety and Insurance Act*, WSIB policy requires a final review of a worker's loss of earnings benefits after six years, after which the benefits can no longer be reviewed. The Act allows an extension of up to two years if the worker is still receiving health care treatment. The review period can also be extended if the worker is engaged in a work transition program.

After the final review, the Act only allows the WSIB to reopen the case and review loss of earnings benefits in certain exceptional circumstances. One exception is if the worker suffers a significant deterioration to their condition.

In this case, the worker was still receiving health care treatment at the six-year mark in 2020, so the final review was deferred by two years. However, the WSIB neglected to conduct the final review in 2022.

> It meant a lot to me, I felt that you guys were there to help me through the system. ... I really needed someone to listen to my story.
>
> — WORKER

In February 2023, the WSIB increased the worker's non-economic loss award by a further 3% to account for his permanent psychological impairment.

In September 2023, the WSIB engaged the worker and the employer in return-to-work planning. Both parties objected.

The employer pointed out that the worker had already tried to return to work three times, without success. They said the WSIB had not provided any information to show that there had been a substantial change in the worker's medical condition.

The worker's representative contended that the WSIB was not allowed to begin the return-to-work process because it should have already completed the final review of loss of earnings benefits.

In response, the WSIB issued a decision letter in November 2023 retroactively conducting the final review that should have taken place 18 months earlier. In the same letter, the WSIB explained that the worsening of the worker's condition allowed it to reopen its review of his loss of earnings benefits and begin exploring return-to-work opportunities.

The representative complained to the Commission that it was unfair for the WSIB to use a worsening of the worker's condition to justify returning him to work at this stage of the claim.

We made inquiries to clarify a few points about the legislative basis for how the claim was being adjudicated. The WSIB said it should have completed the final benefit review in 2022 but it ultimately did not make a difference, because the subsequent worsening in the worker's condition permitted a further review of his benefits.

We still had outstanding questions, so we escalated our inquiries to a senior director. He reviewed the claim holistically and determined that the worker was unlikely to be successful in any return to work. He noted that the worker only had three years until his retirement age and that medical information from 2022, when the final benefit review should have been conducted, indicated that the worker was completely disabled. In the circumstances, the director determined it was not appropriate to review the worker's loss of earnings benefits.

# 3 Employer Raises Concern Over Delay in Video Review

An employer representative complained to the Commission about the WSIB's delay in reviewing critical video evidence related to an allowed claim for a worker. The employer disputed the worker's account of events, so they couriered the WSIB a USB key with CCTV footage of the incident to support their position.

The tracking information showed that the package had been received by the WSIB three weeks earlier. The representative reported that when she escalated her concerns to a manager, she was told that they were still waiting for the exhibit to be added to the claim. The representative expressed frustration over the excessive delay and was dissatisfied that they did not try to locate the exhibit.

In our initial inquiries, we contacted the Claims Records Management team who prioritized the search for the missing exhibit. Initially unsuccessful, the exhibit was found once the courier tracking number was provided by the employer representative. The exhibit was in an unmarked envelope, which had been removed from the courier packaging, making it difficult to identify. Once located, the exhibit was uploaded to the claim file, one month after it had been delivered to the WSIB.

Following a further inquiry, the eligibility adjudicator's manager prioritized the review of the exhibit. After reviewing the video footage, the eligibility adjudicator overturned the previous decision that had allowed initial entitlement in the claim.

The employer representative expressed satisfaction with the resolution, crediting the Commission's intervention in locating the exhibit and ensuring a prompt review.

> I appreciate everything you've done in explaining everything... I have quite a bit more insight now.
>
> – WORKER

## 4 Benefits Restored for Worker After the WSIB Neglects to Apply Recurrence Policy

A worker complained that six months after the WSIB accepted a recurrence of her work-related injury in her claim, a new case manager overturned the decision for no apparent reason.

The WSIB's *Recurrences Policy (15-02-05)* states that a worker may be entitled to benefits for a recurrence of an injury if the worker experiences a significant deterioration that does not result from a new incident and is clinically compatible with the original injury.

The initial recurrence decision applied the policy, as outlined above, and determined that the worker had entitlement to further benefits. The new case manager later overturned this decision on the basis that the worker had previously recovered from her injury and that no new incident had occurred.

When the worker complained to a manager, she was referred to the appeal process.

Upon reviewing the decisions, we noted that the reconsideration decision had not involved the review of any new information, nor had it considered the *Recurrences Policy (15-02-05)* in its analysis.

Following our inquiries, a manager reviewed the claim and determined that entitlement to a recurrence should be restored and payment retroactively adjusted. The manager also proactively assigned the claim to a new case manager.

## 5 WSIB Accepts New Area of Injury for Older Worker

A 70-year-old part-time package handler for a delivery company complained to the Commission that the WSIB had required him to return to work before understanding the full extent of his injury. The WSIB ended his loss of earnings benefits after determining an offer of modified work from the employer was suitable.

The claim had initially been accepted for a lower back strain. However, following an MRI scan and an assessment at a WSIB specialty clinic, the worker was given an occupational diagnosis of a compressed nerve root secondary to a herniated disc in his lower back. A WSIB nurse consultant allowed further treatment for the injury, but it appeared that the case manager had not considered the specialty clinic's updated diagnosis in relation to the loss of earnings benefits.

When the worker complained to a manager, he was referred to the appeal process.

After we raised this matter with a manager, the WSIB conducted a review of the new occupational diagnosis and recognized the new area of injury. The WSIB allowed loss of earnings benefits for the period before the worker had been able to return to his regular job duties.

# 6 Lengthy Delay in Implementing Appeals Decision for Elderly Worker

The union representative of an 88-year-old injured worker complained about a delay in implementing a decision of the Workplace Safety and Insurance Appeals Tribunal. The Tribunal determined that the worker's two lower back claims should be amalgamated into one claim because the second claim was a recurrence of the first injury.

In order to implement the decision, the WSIB had to calculate what benefits the worker should receive and offset any amounts he had already received. This was further complicated by the fact that the worker's two claims were covered by different versions of what is now the *Workplace Safety and Insurance Act*. In addition to retroactive benefits, the Tribunal's decision meant that the worker would start receiving an ongoing monthly benefit. This was also put on hold while the WSIB determined the amount owed to the worker.

The representative complained to the Commission that although the decision had been issued seven months earlier, the WSIB kept telling the worker's family that implementation was in progress, without providing a definitive timeline for when it would be finished. They had escalated their concerns to a manager and received a similar response.

During our inquiries, a manager acknowledged that there had been a delay on the WSIB's part when the Tribunal's decision was first received. He also explained that the WSIB had to redo its calculations because it discovered an error in its initial calculations. He advised that the WSIB was actively working on implementation but that the calculations were complex and that the work spanned several different teams.

We monitored the file for two further weeks, but there appeared to be limited progress, so we escalated our inquiries to a director. The director told us that they had to consult the WSIB's Operational Policy team to get guidance on how to calculate the interest on the retroactive benefits.

In subsequent inquiries, we were advised that the WSIB later discovered further errors in its recalculations which had to be corrected.

Ultimately, the WSIB fully implemented the appeals decision nine months after it was issued, resulting in the worker being paid $279,000 in retroactive benefits, including interest, and ongoing monthly pension benefits.

> "Out of anybody from the government that I've dealt with, you've been the best. The most personal, professional and thorough."
>
> —WORKER REPRESENTATIVE

# 7 WSIB Reconsiders Decision due to Lack of Supporting Evidence From Employer

An injured worker, who had limited English and required a translator, complained to the Commission that the WSIB had prematurely ended her loss of earnings benefits.

The worker, a room attendant at a hotel, had an allowed claim for a broken ankle after she fell. At a return-to-work meeting with her employer and the WSIB, it was agreed that she could return to light duties.

In the weeks after the meeting, the employer had no shifts available for light duties. Two months after the meeting, however, the employer told the WSIB that the worker had declined an offer of light duties the previous week because she wanted to finish her physiotherapy treatment plan first. The WSIB retroactively ended the worker's loss of earnings benefits.

The worker returned to light duties two weeks later but disputed the earlier decision to end her loss of earnings benefits. She maintained she had been available for light duties immediately after the return-to-work meeting.

The worker tried to explain the situation to her case manager verbally and in writing, pointing out that when she ultimately returned to light duties, she was still in physiotherapy treatment.

In our inquiries, a manager noted that the employer had been unable to provide documentary evidence to show that they had offered the worker light duties. As a result, the worker was given the benefit of the doubt and paid loss of earnings benefits for the three-week period in dispute.

As the worker had other questions about her benefits, we also pointed out to the manager that the decision letters in the claim were sent to the worker in English even though she had requested a translator in her initial Form 6 (Worker's Report of Injury/Illness). He immediately agreed to have the relevant decision letters translated into her native language.

> Thanks for going above and beyond to solve my issues, working so hard and taking my issues seriously.
>
> – WORKER

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Fair Practices Commission

Commission des pratiques équitables

**An independent office working to ensure fair practices at the Workplace Safety and Insurance Board of Ontario**

Phone: 416-603-3010 or 1-866-258-4383

**fairpractices.on.ca**