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November 16, 2021

**RESPONSE REQUIRED
EVERY DAY COUNTS**

Procedural Services Branch
99 Wellesley Street West
Room 1405, Whitney Block
Toronto ON M7A 1A2

Dear Sir or Madam:

URGENT

Re: Social Policy Committee – Bill 27

I am a solicitor who for over 30 years has been representing injured workers that have WSIB claims and appeals at both the WSIB and WSIAT.

In the past 3 years I have noticed that there is a marked shortage of staff at the WSIB, resulting in injured workers (WSIB claimants), who have submitted an Appeals Readiness Form. I am currently having to wait approximately six months for a WSIB Appeals Resolution Officer decision.

Especially when WSIB clients have psychiatric/psychological conditions caused by their workplace accident injuries and impairments, the waiting period for WSIB decisions can be catastrophic to injured workers, resulting in these conditions worsening and often becoming permanent.

I've noticed that some case managers are very reluctant to provide decisions regarding Maximum Medical Recovery (MMR) dates and/or maximum psychological recovery dates for each individual permanent injury and/or impairments, thereby stalling **WSIB Non-Economic Loss (NEL) benefit decisions for individual workplace accident permanent physical and/or psychological impairments until all of the injuries and impairments have collectively reached maximum medical recovery for physical and/or psychological recovery. The delay in WSIB providing decisions has caused suicidal ideation in several of my WSIB claimant clients.**

The aforesaid tactic and strategy by WSIB Case Managers has resulted in delaying decision-making and payment of WSIB Personal Care Allowance (PCA) benefits and Independent Living Allowance (ILA) benefits as the WSIB waits, in many workplace accidents where the injuries are catastrophic, until 60% NEL permanent impairment has

been rated by the WSIB NEL Case Manager before paying these PCA and ILA benefits to **WSIB claimants that should have received them well prior to the date that they receive them.**

I am also very concerned about WSIB decision-making when there is frequent change-over in case managers handling an individual WSIB file in that each newly-assigned case manager needs to spend time to review the previous case manager's notes and medical reports and clinical notes and records filed on the claimant's file. This leads to substantial delays in the handling of the WSIB claim, further affecting the rehabilitation of the injured party and his/her entitlement to WSIB benefits.

I'm also very concerned about the shortage of staff including lack of sufficient case managers at the WSIB. How can one case manager at the WSIB handle reasonably 200 files or more? I understand that the WSIB has recently hired 100 new staff members who are presently being trained. This is a very insufficient number, based on the number of claims presently at the WSIB and the response time of WSIB staff to claimants, their representative, and their physicians and other medical professionals. In some recent claims, I wrote 6 letters to one case manager in order to get a response from the WSIB (months later). Yet the WSIB imposes strict deadlines to their decisions on workers and/or their representatives.

Recently I was retained on a WSIB file. I requested up-to-date access from the WSIB from inception (being 1969) to date. When I reviewed the file, I was unable to locate the decision letter. I requested the decision letter from the WSIB as to when the WSIB increased the WSIB claimant's chronic pain permanent disability award. WSIB wrote to me that they also could not locate the decision letter although medical practitioners recommended the increase in the chronic pain permanent disability benefits. So in 2021, further to my request (28 years subsequent to providing the injured worker with increased benefits), the WSIB provided me with a decision letter to which I filed an Intent to Object Form. This WSIB error is unacceptable. What are the consequences to the WSIB for filing a decision letter twenty-eight years after implementing the decision.

I have noticed that the WSIB does not provide injured workers' medical doctors, physiotherapists, and other treatment practitioners with the proper guidelines respecting reimbursement for their medical reports, photocopies and other documentation required by the WSIB in order for physicians to receive proper remuneration for services performed.

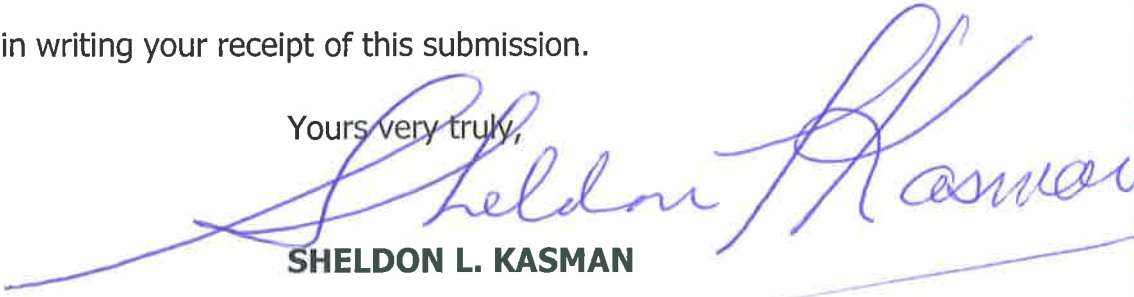
I have been advised that some WSIB staff (that are not in the NEL department) do not have a copy of the *AMA Guides, 3^d Edition Revised*, which the WSIB uses in assessing Non-Economic Loss Benefits ratings.

The WSIB urgently requires additional staff to carefully review individual files rather than having so many files so that they can address them in a timely manner. By returning WSIB "surplus" funds to employers instead of hiring additional staff, the WSIB is at risk of WSIB claimants having prolonged psychological and physical conditions because of the time lag in responding to claimants. This results in the Ministry of Health (funded by the tax-payers) having to pay increased amounts for psychiatric and medical treatment that could have been avoided if the WSIB were able to respond to claimants in prompter manner. Any WSIB surplus funds should be used to assist WSIB claimants, as per the WSIB's mandate.

The WSIB definitely should not be returning to employers fees paid to the WSIB. Any funds deemed to be "surplus" should be used to promptly hire more staff so that injured workers' claims can be handled more expediently and humanely.

Please acknowledge in writing your receipt of this submission.

Yours very truly,


SHELDON L. KASMAN

SLK/jrk