

A2502403 (Re), 2026 CanLII 101587 (BC WCAT)

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DECISION OF THE WORKERS' COMPENSATION APPEAL TRIBUNAL

WCAT Decision Number: A2502403
WCAT Decision Date: September 14, 2026
Panel: Renee Koizumi

Introduction

- [1] The worker is asking for a left wrist injury to be accepted under their claim, and for wage-loss benefits to be paid beyond May 20, 2024.
- [2] The Workers' Compensation Board¹ (Board) accepted the worker's claim for an aggravation of a pre-existing left triceps repair arising from a work incident on June 21, 2021. Later, the Board accepted a major depressive disorder as a compensable consequence under the claim.
- [3] In a decision dated May 23, 2024, the Board:
- denied the worker's claim for a left wrist injury arising out of and in the course of the worker's employment on June 21, 2021;
 - accepted a left elbow contracture and left ulnar neuropathy under the claim;
 - accepted chronic left elbow pain as a compensable consequence under the claim;
 - ended wage-loss benefits effective May 20, 2024, on the basis that the following conditions were permanent:
 - o left elbow contracture;
 - o left ulnar neuropathy;
 - o left elbow chronic pain;
 - o aggravation of pre-existing left triceps tear, surgically repaired to the extent of near full thickness tear; and
 - o major depressive disorder, single episode severe; and
 - referred the worker for an assessment of entitlement to permanent disability benefits for the permanent conditions.
- [4] A Review Division decision dated September 19, 2025, *Review Reference #R0326989*:
- confirmed the Board's decisions to:

¹ Operating as WorkSafeBC

- o deny a left wrist injury under the claim;
 - o accept a left elbow contracture and left ulnar neuropathy under the claim;
 - o accept left elbow chronic pain as a compensable consequence under the claim;
 - o end wage-loss benefits effective May 20, 2024 for the worker's physical injuries; and,
 - o refer the worker for an assessment of entitlement to permanent disability benefits for the permanent conditions.
- varied the Board's decision to end wage-loss benefits effective May 20, 2024, and to refer the psychological condition for an assessment of entitlement to permanent disability benefits on the basis that the major depressive disorder, single episode severe, remained temporarily disabling beyond May 20, 2024.

[5] The worker appealed the Review Division decision to the Workers' Compensation Appeal Tribunal (WCAT). WCAT invited the employer to participate in the appeal, and it is not participating. The worker's friend represents them, and the worker's representative provided written submissions to WCAT.

Preliminary Matters

[6] Some of the submissions are difficult to follow and have some of the hallmarks of artificial intelligence, such as the inaccurate interpretation of legal concepts. As a result, I have considered what is before me, and what is in dispute.

Not Within the Scope of the Appeal

[7] Item 3.3.1 of the WCAT *Manual of Rules of Practice and Procedure* provides that WCAT has jurisdiction to address any issue determined in either the Review Division decision or the Board decision, which was under review, subject to the statutory limits on WCAT's jurisdiction.

[8] The worker's representative requested remedies related to issues that neither the Review Division nor the Board determined. I do not have jurisdiction to address matters that were not decided in the underlying decisions. As a result, I have not addressed the requests of the worker's representative for a decision that the worker is competitively unemployable, a decision that the worker is entitled to full loss of earnings benefits, and a decision to maintain the worker's income continuity benefits. These are all decisions related to issues that are not within the scope of this appeal.

[9] I have also not addressed the request to order an independent medical assessment because the representative was seeking it to assess the worker's permanent functional impairment. That is not an issue before me on this appeal. There is no other reason to seek an assessment.

- [10] The worker's representative took issue with the Board's administration of the claim. WCAT does not have general supervisory jurisdiction over the Board, and I do not have jurisdiction to address the Board's approach to the administration of the claim.

Issues Not Disputed

- [11] The worker did not dispute all of the issues in the decision. As a result, I have not addressed:
- the acceptance of the left elbow contracture and left ulnar neuropathy under the claim;
 - the acceptance of permanent left elbow chronic pain; and,
 - the referral for an assessment of entitlement to permanent disability benefits for these permanent conditions.

- [12] The worker's representative said the worker's mental health deteriorated recently, and it follows that the worker does not dispute the Review Division decision that their psychological condition had not stabilized by May 20, 2024. I note that after the submissions dated April 6, 2025, in a decision dated March 17, 2026, the Board decided the worker's psychological condition stabilized as permanent and referred the worker for an assessment of their entitlement to permanent disability benefits for their compensable psychological condition. As a result, I will not address the issue of the worker's entitlement to wage-loss benefits for their compensable psychological condition beyond May 20, 2024.

Issues Disputed

- [13] For completeness, I will consider the issue of the worker's entitlement to temporary wage-loss benefits for their compensable physical injuries under sections 191 and 192 of the Act, because, although it was not clear the worker disputed that issue, the submissions did take issue with the stabilization date.

Issue(s)

- [14] The issues are:
1. Whether the worker sustained a left wrist injury arising out of and in the course of their employment on June 21, 2021.
 2. The worker's entitlement to temporary wage-loss benefits beyond May 20, 2024.

Jurisdiction and Method of Appeal

- [15] Section 288(1) of the Act permits the appeal of Review Division decisions on certain matters, including this one, to the WCAT. Section 303(2) of the Act requires that the WCAT apply relevant Board policy to the entitlement decisions appealed to the tribunal.

- [16] The Board's *Rehabilitation Services and Claims Manual, Volume II* contains the applicable policy, in the version that was in effect at the time of the claim.
- [17] The standard of proof in compensation matters is the balance of probabilities, subject to section 303(5) of the Act which provides that where the evidence on an issue is evenly weighted, I must resolve the matter in a manner that favors the worker.
- [18] In the notice of appeal, the worker requested that the appeals proceed in writing, through written submissions. The worker's representative explained that the worker required accommodations due to their compensable psychological condition, cognitive impairment, and housing situation, to participate effectively in virtual hearings without structured support. The appeal does not involve significant credibility issues or factual disputes that I cannot resolve based on the documentary evidence on the worker's claim file, and the submissions and additional evidence. There are no other factors that might require an oral hearing. I conclude that I can decide the appeals fully and fairly in the manner requested by the worker, without an oral hearing.

Analysis, Reasons and Findings

Whether the worker sustained a left wrist injury arising out of and in the course of their employment on June 21, 2021

- [19] I find that the worker sustained a left wrist injury arising out of and in the course of their employment on June 21, 2021. The reasons for my conclusion are that I place significant weight on the September 24, 2024 medical opinion of Dr. Peach, family physician. I have considered that there are some less favorable aspects of the case. However, overall, the evidence weighs in favour of the June 21, 2021 work incident having causative significance in a left wrist injury.
- [20] Section 134 of the Act provides that a personal injury is compensable if it arises out of and in the course of a worker's employment.
- [21] As provided in policy item C3-14.00 (*Arising Out of and In the Course of a Worker's Employment*), a personal injury occurs in the course of a worker's employment if it happened at a time and place and during an activity consistent with, and reasonably incidental to, the obligations and expectations of the worker's employment. For a personal injury to arise out of a worker's employment, the employment must be of causative significance in the occurrence of the injury. Causative significance means more than a trivial or insignificant aspect of the injury.
- [22] Policy item C3-12.00 (*Personal Injury*) also specifies that a speculative possibility that something in the employment had causative significance in producing an injury is not enough.
- [23] Policy item C3-14.00 further states that, when considering medical evidence, the Board must consider whether there is a temporal relationship between the work incident and the injury; whether a physiological association is present between the injury and the work incident, including whether the incident was of sufficient degree and/or duration to be of causative significance to the injury; and any non-work-related medical conditions.

- [24] The worker submits that they sustained a left wrist injury arising out of and in the course of their employment on June 21, 2021.
- [25] The worker's evidence in their teleclaim application dated August 23, 2021, documents that on June 21, 2021, they tripped on a steel plate and fell forward, bracing themselves with both arms. The worker reported that they were wearing a left arm brace at the time of their fall, and they immediately felt a stabbing sensation in their left elbow.
- [26] In this case, I accept that the worker sustained a fall landing on outstretched hands on June 21, 2021.
- [27] A May 9, 2023 MRI report documented findings consistent with scaphoid lunate advanced collapse (SLAC) in the worker's left wrist. The worker's treating physicians subsequently diagnosed the worker with a left wrist SLAC condition.
- [28] What I must determine is whether the June 21, 2021 work incident was of causative significance in producing the worker's left wrist injury, diagnosed as a SLAC wrist.
- [29] I place significant weight on the September 24, 2024 medical report of Dr. Peach that described the worker sustained a very serious injury with complex involvement of the entire left upper limb, not just at the triceps insertion at the elbow.
- [30] Dr. Peach stated that the worker's fall, while bracing themselves with both arms, aligns with the established injury mechanism for scapholunate ligament tears. Dr. Peach documented that the worker reported wrist pain and dysfunction in the early stages of their post surgical rehabilitation.
- [31] Dr. Peach also stated that the triceps injury may have led to altered wrist mechanics, contributing to the development or exacerbation of a SLAC wrist.
- [32] Dr. Peach explained that the significant discrepancy between the worker's current grip strength and the weight of tools they were previously able to handle, suggests that the SLAC wrist injury developed largely because of the fall post initial surgery. The series of events, including the initial injury, surgeries to their left arm, and the gradual manifestation of wrist symptoms during physiotherapy, supports that the SLAC wrist condition was part of the compensable injury.
- [33] Dr. Peach also addressed the delayed symptom reporting and noted that it was crucial to consider that the complex anatomy of the wrist, combined with the overlapping pain patterns from their triceps injury, made it entirely plausible that the worker would have difficulty differentiating and articulating distinct injury sites. Dr. Peach noted that medical literature supported that patients often had difficulty localizing pain in complex anatomical regions, particularly when multiple injuries were present.
- [34] Dr. Peach addressed the progressive nature of a SLAC wrist. Dr. Peach explained that it was recognized that the nature of scapholunate collapse injuries were typically degenerative, in other words, a certain period would have to pass from the time of the critical injury, usually to

the scapholunate interosseus ligament, and to the development of the full-blown condition. Therefore, the argument that the temporal disconnects in reporting of the wrist pain somehow disrupted the causal link seemed to fly in the face of logic. SLAC wrist was known to develop progressively over time, often with a latency period between the initial injury and the onset of significant symptoms. Dr. Peach stated that this natural history aligned with the worker's clinical presentation, where wrist symptoms became more prominent as their triceps injury began to improve.

- [35] Dr. Peach discussed that following the triceps injury and surgeries, the worker likely developed compensatory movement patterns to protect their injured arm. These altered mechanics could have placed additional stress on the scapholunate ligament, accelerating the progression of SLAC wrist. According to Dr. Peach, this phenomenon was well-documented in orthopedic literature.
- [36] Regarding the possibility that the injuries of 2020 and 2021 caused an aggravation or an acceleration of a pre-existing injury, Dr. Peach said this was a far less likely scenario, as the worker never complained of wrist pain on either side in the years leading up to the injury. He explained that the worker's compensable injuries were of a profound nature, and that they were much more likely to cause the SLAC findings.
- [37] Dr. Peach stated that the worker's SLAC wrist condition was causally related to their accepted work injury. The mechanism of injury, early clinical indications, occupational demands, and the progressive nature of SLAC wrist all aligned with this conclusion. He further explained that the delay in symptom reporting was understandable given the complexity of the worker's injuries.
- [38] I rely on the September 24, 2024 medical report of Dr. Peach. I found his opinion that the worker's SLAC wrist condition was causally related to the June 21, 2021 work incident to be thorough, comprehensive, and well reasoned. The medical opinion evidence of Dr. Peach weighs heavily in favor of the June 21, 2021 work incident being of causative significance to the worker's left wrist injury.
- [39] The worker did not report an injury to their left wrist in their teleclaim application, to their employer, or in their conversations with Board officers following the June 21, 2021 work incident. This evidence weighs against the work incident having causative significance in a left wrist injury. However, given the evidence of Dr. Peach, the worker's delay in reporting a left wrist injury is reasonable.
- [40] I have also considered that the worker did not report left wrist symptoms around the time of the June 21, 2021 work incident, even though they were actively seeking treatment.
- [41] The worker attended hand therapy on June 23, 2021 and physiotherapy on June 24, 2021. The corresponding reports did not document that the worker reported any left wrist symptoms to the hand therapist or to the physiotherapist.
- [42] Two orthopedic surgeons assessed the worker in the visiting specialist's clinic. Dr. Chin assessed the worker on August 4, 2021 and October 14, 2021, and Dr. Moola assessed the

worker on December 10, 2021 and March 8, 2022. Neither of these orthopedic surgeons who assessed the worker's left arm documented that the worker reported any symptoms in their left wrist.

[43] I note that the March 11, 2022 physiotherapy post surgical initial report documented that the worker's left wrist range of motion was 75%, however, the physiotherapist did not document that the worker reported any symptoms in their left wrist.

[44] The worker's first report of left wrist symptoms was to the treatment team for an occupational rehabilitation program. The June 21, 2022 occupational rehabilitation program report documented swelling and some discoloration in the left hand and wrist, as well as redness and warmth over the dorsum of the left wrist. The worker also had reduced range of motion in their left wrist, and the worker reported pain in their left wrist. Thus, the first time the worker's medical practitioners documented left wrist symptoms was approximately a year following the June 21, 2021 work incident.

[45] I have considered the worker's October 26, 2024 statement that explained as follows:

I now understand that the arm, wrist, and hand work together as a functional unit, with injuries in one area potentially affecting the others. However, I believed that once the surgery on my tricep[s] was successful and the healing process progressed, the entire arm would regain functionality. This assumption proved incorrect, but it explains why there was no mention of wrist or hand injury in my WorkSafe[BC] claim prior to March 2022. It wasn't until I began using the arm again during supervised physiotherapy that the limitations of my wrist and hand became evident.

[46] The worker's explanation for not reporting their symptoms earlier is reasonable when considered within the context of the September 24, 2024 medical report of Dr. Peach.

[47] I have also considered that the worker focussed on their left elbow pain and swelling prior to the surgery. Dr. Moola performed surgery on January 7, 2022, described as a left elbow contracture, osteocapsular arthroplasty, a left triceps revision repair, and an ulnar nerve release. However, the evidence supports that following the left elbow surgery in January 2022, the worker attended physiotherapy treatments. The March 11, 2022 physiotherapy post surgical initial report similarly does not document that the worker reported any left wrist symptoms. Although this absence of evidence documenting left wrist symptoms following their recovery from surgery is not conclusive on its own, it does not weigh in favor of the work incident having causative significance in a left wrist injury. Again, within the context of the evidence of Dr. Peach, the worker's delay in reporting left wrist symptoms following their left elbow surgery is reasonable.

[48] In his March 2, 2023 clinical opinion, the Board medical advisor ,Dr. Sharma, considered the worker's medical visits and assessments and concluded that there was no relationship between the work incident and the worker's left wrist symptoms. Dr. Sharma explained that the worker returned to work as a welding instructor which required extensive use of their wrist and hand,

and the worker did not mention left wrist pain. Dr. Sharma noted that the worker's first mention of left wrist pain was to the occupational rehabilitation treatment team as documented in the June 15, 2022 report after they had been off work for about six months. Thus, Dr. Sharma relied on the weak temporal connection between the work incident and the onset of left wrist symptoms. However, given Dr. Peach's explanation, it is reasonable that the worker did not report their symptoms earlier.

[49] In this case, after weighing all the available evidence, I conclude that the evidence establishes the necessary causal relationship between the worker's left wrist symptoms and their employment.

[50] I find that it is more likely than not that the worker sustained a left wrist injury, a SLAC wrist, arising out of and in the course of their employment on June 21, 2021.

[51] Given my finding, the Board will have to determine what further benefits flow from this decision that the left wrist injury is accepted under the claim.

The worker's entitlement to temporary wage-loss benefits beyond May 20, 2024

[52] The Board will make further decisions about the worker's entitlement to wage loss for the left wrist injury which I have accepted above. But for the reasons explained below, the worker was not entitled to temporary wage-loss benefits beyond May 20, 2024 for their other accepted conditions (a left triceps tear, aggravation of a pre-existing surgically repaired tear, a left elbow contracture, and ulnar neuropathy).

[53] I reach this conclusion as the evidence supports that the worker's compensable temporary disability from these other conditions stabilized as permanent by May 20, 2024.

[54] Sections 191 and 192 of the Act provides for compensation for disability, known as wage-loss benefits.

[55] Policy item C5-34.00 at 4.3 (*If the Worker's Temporary Disability Stabilizes as Permanent*) explains that if there is a potential for significant change, and the change is likely to be protracted (generally over 12 months) the Board considers the condition permanent and assesses the permanent disability.

[56] I find the evidence supports it was unlikely the worker's physical condition would change significantly over 12 months in the absence of further surgery.

[57] In a team meeting document dated April 30, 2024. Dr. Sharma provided his medical opinion that the diagnosis for the worker's compensable condition remained a left triceps tear, aggravation of a pre-existing surgically repaired tear, a left elbow contracture, and ulnar neuropathy. Dr. Sharma stated that the worker was at maximal medical recovery. Dr. Sharma considered that further physiotherapy treatment was not necessary. I rely on Dr. Sharma's opinion that the worker's compensable physical condition stabilized.

- [58] I acknowledge Dr. Peach's September 24, 2024 medical opinion that following elbow surgery, the worker would rehabilitate with great motivation and have improvement in both the degree of neuropathic pain, presumably related to the aforementioned nerve entrapment, and in strength in the hand intrinsic muscles, which were key in providing grip strength and overall functional strength in their hand, an expected result within three months of a planned surgery. However, the worker did not undergo the surgery at that time, and surgery was not scheduled in the near future, which undermines Dr. Peach's opinion that he expected the worker's condition to improve within three months of the planned surgery.
- [59] I have considered that in May 2024, the worker's surgeon planned for further left triceps surgery. The worker did not undergo the surgery as a result of their psychological condition. The overall evidence does not support that the worker's physical condition was likely to change significantly over the 12-month period in the absence of further surgery.
- [60] I find that the worker has no entitlement to temporary wage-loss benefits beyond May 20, 2024 as their compensable physical conditions stabilized by May 20, 2024, (a left triceps tear, aggravation of a pre-existing surgically repaired tear, a left elbow contracture, and ulnar neuropathy).

Conclusion

- [61] I vary the September 19, 2025 Review Division decision, *Review Reference #R0326989*.
- [62] I find that the worker sustained a left wrist injury, diagnosed as a SLAC wrist, arising out of and in the course of their employment on June 21, 2021.
- [63] I find that the worker has no entitlement to temporary wage-loss benefits beyond May 20, 2024 as their compensable physical conditions stabilized by May 20, 2024, (a left triceps tear, aggravation of a pre-existing surgically repaired tear, a left elbow contracture, and ulnar neuropathy).

Expenses

- [64] The worker did not request the reimbursement of appeal expenses. No appeal expenses are apparent, and as a result, I make no order for the reimbursement of appeal expenses.

Renee Koizumi
Vice Chair