WORKERS COMPENSATION APPEAL TRIBUNAL

BETWEEN:

[PERSONAL INFORMATION]
CASE ID # [PERSONAL INFORMATION]

APPELLANT

AND:

WORKERS COMPENSATION BOARD OF PRINCE EDWARD ISLAND

RESPONDENT

DECISION # 227

Appellant	Maureen Peters, representing the Worker
Respondent	Brian Waddell, Solicitor representing the Workers Compensation Board
Place and Date of Hearing	April 7, 2016 Rodd Royalty Charlottetown 14 Capital Drive Charlottetown, Prince Edward Island
Date of Decision	November 4, 2016

Facts and Background

1. This is an appeal of Internal Reconsideration Decision number IR#[PERSONAL INFORMATION] dated February 23, 2015. [Appeal Record Tab 1]

2. On February 10, 2014 the Appellant initiated a claim for Workers Compensation benefits by filing a Workers Report Form 6 in which he claimed he was unable to work due to pain in his left foot, a condition which had developed gradually over time but had increased to the point where he could not do his work [PERSONAL INFORMATION]. [Appeal Record Tab 3]

3. On October 17, 2003 in Case # [PERSONAL INFORMATION] a claim was approved for bilateral planter fasciitis which occurred in April 2002. That diagnosis was provided by Dr. Doug Tweel, the Appellant's family physician. The mechanism of injury was noted as walking as a [PERSONAL INFORMATION]. The claim was closed on April 29, 2005.

4. The Appellant was employed on a permanent full time basis as a [PERSONAL INFORMATION] at the time of the claim. The Appellant had previously worked at [PERSONAL INFORMATION] for a number of years. [Appeal Record Tab 3]

5. Dr. Doug Tweel filed a Physician's Report dated February 10, 2014. He noted soreness in the left foot in the area of the 3rd and 4th metatarsals, with gradual onset over a couple of years and no acute injury. [Appeal Record Tab 5]

6. There were additional Physician Reports dated February 20, March 6 and March 25, 2014. In all the reports, the examination findings noted osteoarthritis in the Appellant's left foot and anxiety regarding his work duties in both the short and long term. [Appeal Record Tab 5]

7. A physiotherapy report to the Appellant's physician of April 4, 2014 noted the Appellant continued to feel pain in the left mid foot which increased with weight bearing. The report recommended that he continue with more sedentary duties for a further two weeks at which time he would begin a four week ease back program culminating in a full return to his normal duties. [Appeal Record Tab 7]

8. At the request of a Board Entitlement Officer, the Board's Medical Officer, Dr. Steven O'Brien reviewed the Appellant's file. On April 16, 2014, Dr. O'Brien provided his opinion that the diagnosis of left foot osteoarthritis was not reasonably related to his work as the disease is generally considered to be degenerative in nature and related to aging. [Appeal Record Tab 8]

9. A further Physician's Report Form 8 dated May 1, 2014 from Dr. Tweel noted the Appellant was starting an ease back program that week and recommended a continuation of physiotherapy once per week. [Appeal Record Tab 9]

10. On May 22, 2014, a second request was made to Dr. O'Brien which asked for his opinion whether the Appellant's left foot osteoarthritis could be reasonably considered a recurrence of his prior, accepted claim for bilateral plantar fasciitis.

11. Dr. O'Brien advised that the left foot osteoarthritis was not reasonably related to a recurrence of his earlier bilateral plantar fasciitis, noting his comments in his April 16, 2014 opinion that osteoarthritis is generally degenerative in nature, a disease related to aging. [Appeal Record Tab 10]

12. The Board Entitlement Officer by letter dated June 5, 2015, notified the Appellant that the Board's decision was that his claim of February 10, 2014, in relation to his left foot was denied.

13. The Entitlement Officer first rejected the claim as a recurrence of the earlier bilateral plantar fasciitis injury on the basis that the current claim was not

medically compatible with the earlier one, citing both the opinion of the Board Medical Officer and an absence of objective medical evidence on the file to support a connection between the two claims.

14. The Entitlement Officer then rejected the February 10, 2014 claim as a new accident, again relying on the opinion of Dr. Steven O'Brien, concluding that there was insufficient evidence to support a finding that the Appellant's left foot problems constituted a personal injury by accident arising out of and in the course of employment as required by the Workers Compensation Act. [Appeal Record Tab 11]

15. A request for internal reconsideration on behalf of the Appellant was signed by the Worker Advisor and dated August 22, 2014. [Appeal Record Tab 14]

16. The Request for Internal Reconsideration was denied by the Internal Reconsideration Officer (the "IRO") with written reasons in her letter dated February 23, 2015. [Appeal Record Tabs 1, 19]

Issue

17. Was the decision of the Internal Reconsideration Officer to deny the Appellant's claim for benefits appropriate?

Appellant's Argument

18. Subsection 6(1) of the Act provides that the Board shall pay compensation to any worker who suffers "personal injury by accident arising out of and in the course of employment". [Appellant's Factum Tab 2]

19. The term "accident" is defined in subsection 1(1)(a) of the Act as follows:

> *1. (1) In this Act*
> *(a) "accident" means, subject to subsection 1.1 a chance event occasioned by a physical or natural cause, and includes*
> *(i) A willful and intentional act that is not the act of the worker,*
> *(ii) any*
> *(A) event arising out of and in the course of employment, or*
> *(B) thing that is done and the doing of which arises out of and in the course of employment, and*
> *(iii) an occupational disease*
> *and as a result a worker is injured.*

[Applicant's Factum Tab 2]

20. The Appellant argued that the Appellant was a [PERSONAL INFORMATION], a position which required him to [PERSONAL INFORMATION] for the remainder of his work time while carrying [PERSONAL INFORMATION].

21. The Appellant submitted that the requirements of his work met the definition of "accident" as something "… that is done and the doing of which arises out of, and in the course of employment", or alternatively created a workplace hazard which occasioned an injury to his left foot over time.

22. The Appellant stated that he had recorded on a [PERSONAL INFORMATION] document, "An Injury Without a Specific Incident" dated February 10, 2014 that during the 90 days prior to the onset of his symptoms, his [PERSONAL INFORMATION]. The Appellant submitted that the change in intensity of the work immediately prior to the onset of the Appellant's most severe symptoms demonstrated a clear connection between his duties and his left foot symptoms, both in time and in the mechanism of injury. Thus, the Appellant stated that the IRO should have found the left foot symptoms were reasonably related to the Appellant's work duties. [Appeal Record Tab 3]

23. The Appellant provided caselaw for the Tribunal to review. In Decision no. 2010-01067, the British Columbia Workers' Compensation Appeal Tribunal had a similar situation in which a [PERSONAL INFORMATION] of long standing

developed significant left foot pain while [PERSONAL INFORMATION] and without any specific incident or trauma causing this pain. The worker in that case attributed her pain to her normal duties of [PERSONAL INFORMATION]. The Tribunal, at paragraph 30, distinguished between the normal daily activity of walking and the duties of a letter carrier:

> *[30] While the activity of walking while [PERSONAL INFORMATION] is a commonplace everyday activity, I find the duration of walking the worker was exposed to in the course of her employment is a hazard of the employment itself. Normal daily activities do not require individuals to [PERSONAL INFORMATION]. . . . I find the motion of carrying two [PERSONAL INFORMATION] over [PERSONAL INFORMATION] is a motion that has enough work connection to characterize the activity as a motion that exposed the worker to a risk of her employment.*

[Appellant's Factum Tab 3]

24. In the above case, the BC Tribunal noted that the worker's duties had intensified in the period immediately prior to her claim. The Tribunal considered the conflicting medical evidence regarding causation of the worker's foot problems and found a significant causal link between the worker's employment duties and her foot problems.

25. In a second BC case, the BC Tribunal had to consider a [PERSONAL INFORMATION] developing foot pain while in the course of normal duties and without a specific incident or trauma occurring to the foot. In Decision No. 2011-00145, the worker had an earlier claim for left foot pain five years earlier denied on the basis of pre-existing osteoarthritis, and was claiming injury in relation to a different area of the same foot. The Tribunal at paragraph 70 noted:

> *[70] I recognize that it seems counterintuitive that an activity that was accomplished day in and day out without ill effect could, with no change in intensity or duration, all of a sudden result in an injury. But physiology is complicated. I note that Board policy recognizes in the case of conditions such as epicondylitis where the pathophysiological cause is thought to be an accumulation of microtears over time, the same forces applied through*

> *the same structures with the same degree of repetition can at some point simply overwhelm the body's ability to recover (sec item #27.31). It is not such a leap to accept that other parts of the body, notably weight-bearing bones, might likewise reach a state of overwhelm under certain predisposing conditions.*

[Appellant's Factum Tab 4]

26. In that same case, the Tribunal noted its earlier decision in case 2010-01067 and adopted the conclusions from that decision that, "… prolonged occupational [PERSONAL INFORMATION] under weight, such as those to which the workers in that case and this were exposed, are not natural body motions/activities and thus may be associated with a degree of risk.". [Appellant's Factum Tab 4]

27. The Appellant asked the Tribunal to note that in Decision No. 2011-00145, the BC Tribunal found in favour of the worker despite the presence of osteoarthritis in the worker's foot which is a factual similarity to the Appellant's situation.

28. The Appellant submitted that the Tribunal must not discount his claim due to pre-existing osteoarthritis, but must examine all evidence to determine the question of causative significance of his work duties and his left foot symptoms.

29. The Appellant provided the Tribunal with a Discussion Paper on Osteoarthritis prepared for the Ontario Workplace Safety and Insurance Appeals Tribunal (OWSIAT) in November 2008 by Dr. Marvin Tile, Orthopaedic Surgeon, Sunnybrook Health Science Centre and Professor Emeritus, Department of Surgery, University of Toronto, which noted:

> *2. Chronic Strain*
>
> *In more chronic types of repetitive trauma, such as having [PERSONAL INFORMATION] in one's work, the symptoms of OA may be increased, but the objective findings on clinical and x-ray exam might not. There is no evidence that the arthritic process is accelerated by repetitive stress, but the joint may be more symptomatic.*

[Appellant's Factum Tab 5]

30. The Appellant submitted that the evidence in favour of a workplace causation for his left foot symptoms is at least equal to the evidence suggesting an alternative causation and that, accordingly, the issue should be resolved in his favour as provided for in section 17 of the Act:

> *17. Notwithstanding anything in this Act, on any application for compensation the decision shall be made in accordance with the real merits and justice of the case and where it is not practicable to determine an issue because the evidence for or against the issue is approximately equal in weight, the issue shall be resolved in favour of the claimant. 1994, c. 67, s. 17*

[Appellant's Factum Tab 2]

31. In the alternative, the Appellant submitted that if the Tribunal accepted that his left foot osteoarthritis was a pre-existing condition, his work as a [PERSONAL INFORMATION] should be found to have caused an aggravation of that condition and he should be compensated for the "full injurious result" pursuant to subsection 6(9) of the Act:

> *6(9) Where an accident caused personal injury to a worker and that injury is aggravated by some pre-existing physical condition inherent in the worker at the time of the accident, the worker shall be compensated for the full injurious result until such time as the worker, in the opinion of the Board, has reached a plateau in medical recovery.*

[Appellant's Factum Tab 2]

32. Finally, the Appellant provided the Tribunal with an excerpt from Worker's Compensation in Canada, a leading authority on Workers' Compensation issues. Terrence Ison discussed situations where disability may be a result of both workplace activities and a pre-existing condition:

> *5.4.1 Pre-existing causal factors. Where a worker is disabled from work following an injury that arose out of and in the course of employment,*

> *compensation is payable whether the employment was the sole cause of the disablement, or whether other Actors, such as weaknesses of the body, were contributory. If the worker was employed with his other limitations or disablements prior to the injury, the subsequent disability is attributable to the injury and compensable as such. Similarly, where an employment event aggravates a pre-existing non-compensable injury, the aggravation is a compensable injury, and the worker is entitled to compensation for as long as the aggravation causes an absence from work.*

[Appellant's Factum Tab 6]

Respondent's Argument

33. The Respondent's position was that the Appellant's injury was neither a recurrence of a prior accident from 2002 nor a personal injury arising by reason of repetitive strain.

34. On October 17, 2003 in Case [PERSONAL INFORMATION] a claim was approved for bilateral planter fasciitis which occurred in April 2002. That diagnosis of bilateral planter fasciitis was provided by Dr. Tweel. The mechanism of injury was noted as walking as [PERSONAL INFORMATION]. This claim closed effective April 29, 2005.

35. The Respondent submitted that there was insufficient evidence to support that the Appellant's current symptoms arose out of or in the course of employment. The Respondent submitted that there was no indication of repetitive strain injury or recurrence of the Appellant's 2002 Injury.

36. The Respondent maintained that the osteoarthritis was a degenerative disease related to the aging process and that the medical evidence on the file indicated that it could not be reasonably related to the workplace activity described on the claim such as walking to [PERSONAL INFORMATION].

37. The Worker's Report Form 6 stated that his condition developed over a period of time. The Appellant circled his left foot as the area affected. The Appellant also indicated on Form 6 that this was a recurrence of the earlier work related condition. [Appeal Record Tab 3]

38. The Respondent referred to a [PERSONAL INFORMATION] document dated February 10, 2014, in which the Appellant indicated ongoing aggravation and symptoms for 15 years which had been getting worse over the years. [Appeal Record Tab 3]

39. The Respondent looked to the Employer's Report of Accident – Form 7 dated February 11, 2014 in which the Appellant stated the injury was work related and was a non-specific injury/incident that has been ongoing for the past 15 years. [Appeal Record Tab 4]

40. The Respondent reviewed Dr. Tweel's reports from February 10 and 20, 2014. On February 10, 2014, Dr. Tweel noted the gradual onset nature of the injury and on February 20, 2014 and Dr. Tweel provided the diagnosis of "O/A (osteoarthritis) left foot/anxiety". [Appeal Record Tab 5]

41. The Appellant's case # [PERSONAL INFORMATION] indicated that the Appellant's claim was initiated by an injury of April 19, 2002 which was diagnosed "Progressive injury to tendons in both feet and in the heel area. Inflammation ongoing with considerable pain".

42. The Respondent commented that the claim was closed April 29, 2005 and no further medical information was received, thereby indicating that the Appellant's bilateral plantar fasciitis had healed.

43. The Respondent argued that the long period of time from the original 2002 injury to 2015 made the relationship between the Appellant's left foot and his claim for plantar fasciitis unlikely.

44. The "Recurrence" policy – POL 60, at Section 2 states as follows:

> *Recurrence claims are acceptable when:*
>
> - *the conditions causing the current physical or functional abnormality (i.e., impairment) are medically compatible with the previous work injury; and*
>
> - *no other variables have intervened as a significant cause of the current impairing conditions.*

45. Policy POL-60 at paragraphs 6, 3 and 4 outline circumstances where recurrence claims are accepted. "Recurrence" is defined at paragraph 6 as:

> *"Recurrence" means a return of disabling conditions, supported by objective medical evidence that can be reasonably related to an injury caused by a previous work-related accident. Recurrence of the condition must be medically compatible with the previous injury, and decisions to accept or deny recurrences must rely on medical evidence supporting this relationship.*

46. Policy POL 60 at paragraph 3 provides as follows:

> *Medical Compatibility*
>
> - *To assess medical compatibility, the worker's medical history is compared with the current condition to determine the probability that the current symptoms are a direct result of the injury which initiated the original claim.*
>
> - *Matters such as pre-existing conditions, the passage of time, the effects of natural physical deterioration processes or aggravating lifestyle factors, and the anatomical area which was originally accepted as part of the claim will be considered when assessing these cases.*

47. "Continuity of Symptoms" in POL 60 reads as follows:

Continuity of Symptoms

- *Continuity of symptoms, supported by medical reports, during the period between recovery from the original injury and the onset of the current condition is a reliable indicator of a direct causal relationship.*

- *Specific indicators that may assist in determining continuity of symptoms includes:*
  (i) evidence of continuing medical care since the original injury;
  (ii) work restrictions or job modifications following the original injury; or
  (iii) continuing Extended Wage Loss Benefits entitlement for the original injury.

[Respondent's Factum Tab 3]

48. The Respondent looked to the Board medical advisor, Dr. Steven O'Brien, regarding the medical compatibility of the condition and in his opinion of May 27, 2014 he stated:

> *Plantar fasciitis, which would be an inflammation of the fascia of the sole of the foot, would not be a cause of osteoarthritis in [PERSONAL INFORMATION] left foot; and therefore, [PERSONAL INFORMATION] left foot osteoarthritis would not be reasonably related to a recurrence of the worker's bilateral plantar fasciitis that was originally diagnosed under Claim # [PERSONAL INFORMATION].*

[Appeal Record – Tab 10]

49. The Respondent argued that there was no medical evidence from Dr. Tweel or any other physician to suggest the symptoms the Appellant experienced were a recurrence of a previous work injury.

50. The Respondent also considered whether the claim was a new accident occurring over a period of time such that the left foot osteoarthritis was a personal injury arising out of the course of his employment. For that analysis, Section 1 of the

Act must be reviewed. In subsection 1(1)(a) of the Act, "accident" is defined as follows:

> *1. (1) In this Act*
> *(a) "accident" means, subject to subsection 1.1 a chance event occasioned by a physical or natural cause, and includes*
> *(i) A willful and intentional act that is not the act of the worker,*
> *(ii) any*
> *(A) event arising out of and in the course of employment, or*
> *(B) thing that is done and the doing of which arises out of and in the course of employment, and*
> *(iii) an occupational disease*
> *and as a result a worker is injured.*

[Respondent's Factum Tab 2]

51. The Respondent commented that there was no evidence that an accident or event occurred while the Appellant was performing his duties but rather only that he felt left foot pain. Nor was there evidence that this constituted a, "thing that is done and the doing of which".

52. The Respondent also argued that given that the "repetitive strain injury" policy only refers to the upper extremities, it does not allow for adjudication in relation to the lower extremities of the body. As such, POL-91 "Repetitive Strain Injury" provides that:

> *A repetitive strain injury is a condition that may include, but is not limited to, tendinitis, bursitis and neurovascular disturbances. The Workers Compensation Board will adjudicate repetitive strain injuries of the upper extremities using the principles set out in this policy...*

[Respondent's Factum Tab 4]

53. Dr. O'Brien stated in his medical opinion of April 16, 2014:

> *The diagnosis of osteoarthritis is generally considered to be a degenerative disease related to the aging process. In Current Medical Diagnosis & Treatment 2013, page 810, it states "Osteoarthritis, the most common form of joint disease, is chiefly a disease of aging".*

> *In Occupational Medicine Practice Guidelines, 3"1 Edition, Volume 4, "Lower Extremity Disorders", under Foot & ankle, page 1119, it states, "The relation of "chronic strain" or degenerative joint disease to work in the absence of specific traumatic exposures has not been documented in well-designed studies".*

[Appeal Record Tab 8]

54. The Respondent further provided the Tribunal with Board Policy POL-71 "Arising Out of and In the Course of Employment" which defined "arising out of employment" as:

> *An injury that must be linked to or originate from or be the result of in whole or in part an activity or action undertaken because of a worker's employment.*

[Respondent's Factum Tab 5]

55. The Respondent quoted Ison at paragraphs 3.3.22:

> *Sometimes an organ of the body is deteriorating, possibly through disease that has reached a critical point at which it is likely to become a manifest disability. Some immediate activity might trigger the final breakdown, but if it is not one thing it would most likely be another, so that it is only by chance whether the breakdown happens at work, at home, or elsewhere. The disability is one that the Worker would not have escaped regardless of any work activity... The causative significance of the work activity is so slight that the disability is treated as a resulting from the deteriorating condition and it not compensable, except in Quebec.*

[Respondent's Factum Tab 6: Ison, Workers Compensation in Canada, 2nd Edition, Butterworths]

56. The Respondent provided the Tribunal with a decision of this PEI tribunal in WCAT decision # 207. In that case, the Worker had been working for an employer for over 40 years and had a recurrence claim from 1999. He then complained of low back pain in the absence of an accident or event. The Worker

argued that his low back symptoms were a direct result of over 40 years of heavy manual labour with the same employer.

57. WCAT denied his appeal on the basis that they could not find the relation between the previous workplace injury and the medical evidence nor did they find evidence of an accident. [Respondent's Factum Tab 7: WCAT Decision # 207]

58. The Respondent also referred to Decision #188. In that case, a Worker at a cheese factory was trying to establish that his right shoulder injury arose out of in the course of his employment. The Worker had been employed since 1973 as a cheese maker. The worker filed a claim in February 2012 indicating that he was suffering from right shoulder and hand symptoms which had developed over time. He completed a progressive injury questionnaire and the doctor in question found a discreet event in moving a large cheese table. The tribunal found that the injury in question did not arise out of or in the course of the employment and thus the circumstances are not compensable. [Respondent's Factum Tab 8: WCAT Decision #188]

59. The Respondent concluded that after weighing the evidence, the evidence did not support that Worker had an accident or chance event or a repetitive injury or a thing that is done or any other event which would justify coverage under the Act.

Analysis/Decision

60. The primary argument in the case centers around the Workers Compensation Board Policy – POL 60, "Recurrence". Section 2 of POL-60 states,

> *Recurrence claims are acceptable when:*
>
> - *the conditions causing the current physical or functional abnormality (i.e., impairment) are medically compatible with the previous work injury; and*

- *no other variables have intervened as a significant cause of the current impairing conditions.*

61. Policy POL-60 at paragraphs 3, 4 and 6 outline circumstances where recurrence claims are accepted and are listed earlier in this Decision.

62. The Appellant had a claim for bilateral plantar fasciitis which occurred in April 2002. The claim was closed in April 2005. The Tribunal accepts that the Appellant had [PERSONAL INFORMATION] in the months leading up to his claim.

63. In terms of recurrence, the Tribunal finds that there is no objective medical evidence that could be reasonably related to an injury caused by a previous work related accident nor do we find that the condition is medically compatible with the previous injury. There is simply little medical evidence supporting that relationship.

64. In terms of medical compatibility, the Appellant's medical history as compared with his current condition would suggest a very low probability that the current symptoms are a direct result of the injury which initiated the original claim.

65. Also with regard to medical compatibility and continuing of symptoms, is the proximity of time between the physical complaint and the accident. There is a long period of time from the original 2002 injury and the new claim in 2014 which the Tribunal suggests makes the relationship between the Appellant's left foot and his claim for plantar fasciitis quite unlikely.

66. Again, the Appellant was treated for planter fasciitis in 2002, the claim was closed in 2005 and the Appellant was not seen again until 2015 at which time he was treated for osteoarthritis.

67. Dr. Steven O'Brien in his opinion of May 27, 2014 stated that,

> *Plantar fasciitis, which would be an inflammation of the fascia of the sole of the foot, would not be a cause of osteoarthritis in [PERSONAL INFORMATION] left foot; and therefore, [PERSONAL INFORMATION] left foot osteoarthritis would not be reasonably related to a recurrence of the worker's bilateral plantar fasciitis that was originally diagnosed under Claim #: 73576.*

[Appeal Record – Tab 10]

68. The Tribunal finds that there is no medical evidence from Dr. Tweel or any other physician to suggest that the symptoms the Appellant experienced in his left foot was a recurrence of the previous work injury.

69. The Tribunal finds that the passage of time mitigates against a claim for recurrence and that the Appellant's current symptoms are not medically compatible with the previous work injury in 2002.

70. Subsection 1(1)(a) of the Act states:

> *1. (1) In this Act*
> *(a) "accident" means, subject to subsection 1.1 a chance event occasioned by a physical or natural cause, and includes*
> *(i) A willful and intentional act that is not the act of the worker,*
> *(ii) any*
> *(A) event arising out of and in the course of employment, or*
> *(B) thing that is done and the doing of which arises out of and in the course of employment, and*
> *(iii) an occupational disease*
> *and as a result a worker is injured.*

71. Upon review of Section 1 of the Act, there is no evidence that an accident or event occurred while the Appellant was performing his duties but rather only that he felt left foot pain while he was doing so nor that there was any evidence that this constitute a "thing that is done and the doing of which arises out of and in the course of employment".

72. The Tribunal reviewed the Decisions that were provided by the Appellant and the Respondent and the Tribunal finds that the case most similar to the Appellant's situation is Case #207 – the Worker who had been working over 40 years in with an employer and had a recurrence claim from 1999 and had then complained of low back pain in the absence of an accident or event. That Worker had 40 years of heavy manual labour with the same employer; however, this Tribunal could not find the relationship between the previous workplace injury and the medical evidence nor evidence of an accident.

73. Given all the information provided to the Tribunal and upon review of the medical evidence, the Tribunal finds that the Appellant's injuries are neither a recurrence of a prior accident from 2002 nor a personal injury arising by reason of repetitive strain. There is simply insufficient evidence to support that the Appellant's symptoms arose out of or in the course of employment. There is no indication of a repetitive strain injury or recurrence of the Appellant's 2002 injury.

74. The Tribunal finds that the decision to deny the Appellant's claim was appropriate and, therefore, the Appellant's claim is denied.

75. We thank counsel for their materials and submissions.

Dated this 4th day of November, 2016.

P. Alanna Taylor, Chair
Workers Compensation Appeal Tribunal

Concurred:

Eugene (Stu) Lavers, Employer Representative

Elizabeth (Libba) Mobbs, Worker Representative