

Impairment Assessment

What You Need To Know



Impairment Assessment

Purpose of this document

Most work-related injuries do not result in impairment, but in some situations, a worker may not fully recover.

The purpose of this resource is to provide workers and employers with information related to an impairment assessment.

Please connect with us if you have questions or concerns about impairment assessments.

The Workers Compensation Board is here to help!

Contact Information



902-368-5680 or toll-free in Atlantic Canada 1-800-237-5049



benadmin@wcb.pe.ca



wcb.pe.ca



14 Weymouth Street, Charlottetown



WCB of PEI, P.O. Box 757, Charlottetown, PE, C1A 7L7

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What is impairment?

“Impairment” is a medically measurable and permanent reduction in function or structure, or an abnormality of psychological, physiological, or anatomical function or structure, resulting from a work-related injury or illness.

Most work-related injuries do not result in impairment, but in some situations, a worker may not fully recover. In these cases, the Workers Compensation Board (WCB) determines a worker’s eligibility for an impairment assessment. This determination is made after the normal healing time has passed.

What is an impairment assessment?

An impairment assessment is an in-person assessment of a work-related injury or illness that is arranged by the WCB and is completed by a health care provider with extensive training and certification from the American Board of Independent Medical Examiners. This assessment is based on the *American Medical Association Guides to the Evaluation of Permanent Impairment 6th Edition* (AMA Guides).

What are the AMA Guides?

The AMA Guides are an internationally recognized tool for evaluating impairment. The AMA Guides were developed by the American Medical Association. The *Workers Compensation Act* **General Regulations** stipulate the use of the Guides in assessing impairment. The AMA Guides are used by many WCB’s throughout North America.

Can any health care provider do an impairment assessment?

No. Health care providers need specific training and certification to perform impairment assessments. The nature and specificity of these assessments means that if you were assessed by several health care providers with this certification, they should reach the same impairment rating.

Why should I have an impairment assessment?

The purpose of an impairment assessment is to determine whether or not a worker is entitled to certain benefits, and to determine the amount of a one-time lump sum payment called an Impairment Award.

For workers with an accepted claim for occupational hearing loss, impairment is determined by the WCB based on the results of a worker’s audiogram and using the AMA Guides. An in-person assessment is not required.

When a worker has an accepted claim for a psychological injury, and where the WCB has determined that the worker is eligible for an impairment assessment, the worker meets with a psychologist and completes a series of questionnaires. The results of the questionnaires are sent to the American Board of Independent Medical Examiner certified health care provider who provides the impairment rating.

When is a referral made for an impairment assessment?

A referral is made when the WCB determines, based on medical evidence, that a worker has reached maximum medical recovery from their work-related injury or illness but still has symptoms consistent with the definition of impairment.

Maximum medical recovery is when a worker is no longer in active treatment and when further medical improvement is not anticipated. The time frame to reach maximum medical recovery depends on the nature of a worker’s injury and their recovery.

What happens at the impairment assessment?

The WCB arranges impairment assessment appointments and confirms appointment details with workers.

Prior to the date of the assessment, the assessing health care provider reviews the worker's medical file related to the work-related injury or illness including previous consultations and investigations.

At the appointment, the health care provider performs a brief physical examination that is limited to the area of the body that is injured. They will also ask questions about the injury or illness. The appointment usually takes approximately 30 minutes.

What happens after an impairment assessment?

After the assessment, the health care provider uses the AMA Guides to determine the impairment rating. This is an objective and standardized process based on the information collected during the impairment assessment. Some factors considered when determining the impairment rating are diagnosis, symptoms, physical examination findings, effects on function, and objective investigations.

The health care provider will then submit a detailed report to the WCB. It typically takes one to four weeks to receive this report. The details in this report enable the WCB to determine the amount of the Impairment Award the worker will receive based on the percentage of whole person impairment.

For each one per cent of whole person impairment, a worker receives one per cent of the maximum annual earnings in effect at the time of injury.

Example: For a worker determined to have five per cent whole person impairment for an injury that happened in 2023, their Impairment Award would be calculated as follows:

$5\% \times \$65,000$ (Maximum Annual Earnings for 2023) = \$3,250

The worker would receive a one-time lump sum payment of \$3,250. This is the Impairment Award. The WCB calculates and issues Impairment Awards and payments. Workers receive a letter outlining details of the Impairment Award.

How much is an impairment rating?

Most impairment ratings are 5% or less whole person impairment. Here are some examples to illustrate impairment ratings.

- A city inspector falls in a parking lot and injures their shoulder. They are diagnosed with a full thickness rotator cuff tear. They have surgery to repair the tear and they complete a course of rehabilitative physiotherapy. Following this, there is a small amount of muscle wasting. The impairment rating is 4%.
- A worker on shift on an assembly line sustains an amputation of the majority of their middle and index fingers of one hand. There is normal healing of the stumps of the fingers, and there is no resulting tenderness, abnormal scarring, or nerve abnormalities. The impairment rating is 17%.
- A worker is diagnosed with carpal tunnel syndrome due to repetitive work in a fish plant. Nerve testing confirms the diagnosis and the worker undergoes carpal tunnel release surgery. The worker has residual numbness and pain. However, the worker is independent with activities of daily living. Repeat nerve testing shows persisting mild nerve dysfunction. The impairment rating is 1%.

What if a worker disagrees with the outcome of an impairment assessment?

After a worker has had an opportunity to review the letter outlining details of their Impairment Award, they can **request internal reconsideration** if they disagree with the award.

What if a worker receives an Impairment Award and their condition gets worse?

A worker can request a reassessment of their impairment. To be reassessed, there must be a medically documented and measurable change in a worker's work-related injury or illness. A reassessment can only be done 16 months after the most recent impairment rating

Is a worker entitled to other services if they have received an Impairment Award?

Workers who have received an Impairment Award are eligible for ongoing **health care benefits** related to their work-related injury or illness. This may include supportive care such as physiotherapy, chiropractic treatment, massage therapy or psychological care from a counsellor or psychologist. Workers are advised to contact the WCB before starting any treatment to make sure the type and location of treatment is approved. The aim of supportive care treatment is to assist a worker to maintain the level of function they had at the time the Impairment Award was issued.

If a worker has received an Impairment Award and also has a loss of earning capacity they may be eligible for **Vocational Rehabilitation Services** and Extended Wage Loss **Benefits**.

If a worker has an impairment rating of 10% or greater, they may be eligible for an allowance under **WCB Support for Personal Independence policy (POL-82)**.

For more information

If you have questions that aren't covered here or you need more information, please speak with your Case Coordinator. You can reach us by phone at **902-368-5680** or toll-free in Atlantic Canada at **1-800-237-5049**.

You can also reach us by email at **benadmin@wcb.pe.ca**

