

Houston v. British Columbia (Workers' Compensation Appeal Tribunal)

Decision Summary

Court	B.C. Supreme Court
Citation	2015 BCSC 2447
Result	Judicial Review Allowed
Judge	Mr. Justice Sewell
Date of Judgment	December 29, 2015
WCAT Decision(s) Reviewed	WCAT-2014-02909

Keywords

Judicial review – Evidence – Medical experts applying different diagnostic criteria

Summary:

Following an injury at work, the petitioner developed complex regional pain syndrome (CRPS) in her shoulder. Symptoms of CRPS later developed in her chest wall following a medical intervention then, some years later, in her foot after she broke a toe. The Workers' Compensation Board (the Board) allowed the petitioner's claim for "systemic" CRPS in relation to the development of symptoms in her foot but the worker claimed that she developed systemic CRPS earlier, when symptoms presented in her chest. The Workers' Compensation Appeal Tribunal (WCAT) upheld the Board's decision. The Court allowed the petition for judicial review, finding that WCAT had fundamentally misapprehended the medical evidence firstly, by assuming that medical experts expressing different opinions were applying the same diagnostic criteria for systemic CRPS and, secondly, by concluding without the benefit of any medical evidence that the petitioner was not suffering from CRPS in her chest.

There were two principal medical opinions before WCAT. One opinion was that CRPS becomes "systemic" when symptoms develop at a second *area* of the patient's body and, in the petitioner's case, that happened following the chest injury. The other opinion was that systemic CRPS is defined by the spread of CRPS symptoms to a second *limb*, which did not happen until the petitioner developed CRPS symptoms in her foot. In preferring the second doctor's opinion, WCAT said that the second doctor had interpreted the first doctor's findings as not indicating that the petitioner's CRPS had spread to a second site after the medical intervention in her chest. The Court held that it was patently unreasonable for WCAT to prefer the evidence of the second doctor for the reason given by the WCAT panel because it was clear that the two doctors applied different diagnostic criteria and that the second doctor had not turned his mind to

whether the development of CRPS symptoms in the worker's chest could have marked the onset of systemic CRPS.

The Court also found that WCAT had made a patently unreasonable finding in concluding that the petitioner was not suffering from CRPS in her chest without the benefit of any medical evidence. In its decision, WCAT stated that the chest area symptoms reported by the first doctor did not meet his own diagnostic criteria for CRPS. The Court noted that the record did not reveal any material difference between the reported symptoms in the petitioner's chest and those later reported in her foot.