

Facsimile

Note:

From Autumn Collins (WORKSAFE BC REQUEST FOR REVIEW)

To:**From:**

Alex Collins

Grease Ducks Ltd.

200 100 Park Royal

West Vancouver

BC

V7T 1A2

Phone:**Phone:**

+16046288881X101

Fax: +16042327747

Fax:

+16046288881

Date: 10/02/2025

Pages: 8

WORKSAFE BC**Request for Review
Review Division**

For office use only

Important: A request for review of a WorkSafeBC decision or order on a:

- **Claim or assessment** matter must be submitted within **90 days** of the date the decision was made
- **Occupational health and safety or claims cost levy** matter must be submitted within **45 days** of the date the decision or order was made

RESET

Worker's last name Collins	First name Autumn	Middle initial S	WorkSafeBC claim number 46632942
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Contact information (Please contact the Review Division in writing if this information changes.)

I am the			
<input checked="" type="checkbox"/> Worker <input type="checkbox"/> Employer Please describe title/position <input type="checkbox"/> Other Please describe			
Last name Collins	First name Autumn	Employer's name Dignity Memorial - Claire Boyle	
Mailing address 5190 Fulwell street			
City Burnaby	Province BC	Postal code V5G 1P2	Email address autumns.collins@outlook.com
Work phone number (Include area code) 604 446 1081	Home phone number (Include area code) 604 446 1081	Fax number (Include area code) NA	
What pronouns do you use (for the purpose of future communications with the Review Division)?			
<input type="checkbox"/> He/Him/His <input checked="" type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Ze/Zir/Zirs <input type="checkbox"/> Other			
The purpose of this question is to clarify our understanding about the background of Review Division's clients as part of implementing the calls to action of the Truth and Reconciliation Commission (TRC).			
Are you an Indigenous person (Includes a person of Indigenous ancestry: Inuit, Metis, First Nations, status and non-status)?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If you self-identify as an Indigenous person, please indicate if you would like to be contacted by an Intake Officer to help you navigate the review process. These experienced staff members can offer neutral support and make sure that cultural sensitivities are respected.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

I request a review of the following WorkSafeBC decision

(Please attach a copy of the decision(s) to this application.)

Please check (✓) one and fill out the requested information in that row.				
<input checked="" type="checkbox"/> Claim decision ▶	WorkSafeBC claim number(s) 46632942	Decision date (yyyy-mm-dd) 2025-08-12		
<input type="checkbox"/> Employer assessment decision ▶	Employer account number(s)	Decision date (yyyy-mm-dd)		
<input type="checkbox"/> Prevention decision ▶	Employer account number(s)	Report number	Order number	Order date (yyyy-mm-dd)

Reason for review

(If there isn't enough space below, additional pages may be attached.)

Are more pages attached?

☒ Yes
☐ No

Please be specific about your reason for review and the outcome you are seeking
See Page Attached.

WORK SAFE BC

Request for Review Review Division

Worker's last name Collins	First name Autumn	Middle initial S	WorkSafeBC claim number 46632A42
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Review method

Read and review is the standard method of review. The review officer reads all submissions received from you and other parties to the review, as well as the WorkSafeBC decision and file, and obtains any additional information in order to make a decision. This method may involve telephone contact with you and other parties in order to clarify issues and gather more information.

In most cases, reviews are decided without an oral hearing. However, in some cases, the review officer may decide that an oral hearing is required, in order to make a decision.

If you believe an oral hearing is necessary or that telephone contact is required, please advise below and provide your reasons. I believe I wrote what's required, however you may contact my physiotherapist or myself regarding any questions. Synergy Rehab, Anshul: (604) 558-8873.

Disclosure (copy of WorkSafeBC file)

Once it is confirmed that you have a valid reviewable matter, you will receive an email notification when the WorkSafeBC file is available online for downloading from worksafebc.com. If you have a representative, the notification will be sent to the representative's email address. Videos, photographs, and audio statements will be delivered by Canada Post on a DVD up to two weeks after your claim file is available online.

☐**No access to email**

Please check (✓) the box if you are a worker without email access.

If you select this box, your claim file will be delivered by Canada Post.

Representation (Please contact the Review Division if this information changes.)

Please check (✓) one

☒ I will represent myself in the review process
 ☐ I have a representative who will handle this review

If you are represented, fill in responses below.

Representative's name		Name of representative's organization	
Representative's mailing address			
City	Province	Postal code	Representatives email address
Representative's phone number (include area code)		Representative's fax number (include area code)	

Authorization

"I request a review under the *Workers Compensation Act*. I acknowledge the Review Division may obtain or view, for the purposes of review only and from any source whatsoever, a copy of records respecting the matter under review. I also acknowledge that WorkSafeBC will disclose information related to this review to the other parties to this review for the express purposes of this review. Further, I authorize the representative identified above to act on my behalf for the purposes of this review, including providing evidence and making submissions. I understand that it is a serious offence to knowingly provide false information in order to induce WorkSafeBC to make a particular decision."

Applicant's name (please print) Autumn Collins	Applicant's signature 	Date signed (yyyy-mm-dd) 2025-08-28
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Please send this form to - **Review Division** via mail or fax — **not both**.

Review Division

Phone 604.214.5411

Toll-free in B.C. 1.888.922.8804

worksafebc.com

Fax

604.232.7747

Toll-free 1.855.433.9728

Mail

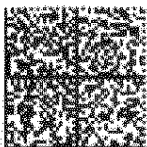
Review Division

WorkSafeBC

PO Box 2071 Stn Terminal

Vancouver BC V6B 3S3

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office, at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.

WORK SAFE BC

Request for Review Review Division

Worker's last name <i>Collins</i>	First name <i>Autumn</i>	Middle initial <i>S</i>	WorkSafeBC claim number <i>46632942</i>
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Checklist before sending in your Request for Review

Have you:

- ☒ Attached a copy of the decision letter you wish to have reviewed?
- ☒ Signed the Request for Review form?
- ☒ Included an up-to-date authorization if the representative is signing the Request for Review form?
Authorizations from representatives are valid for a period of two years.
- ☒ Faxed the Request for Review form? If so, please **do not** mail the original, as only one copy is required by our office. **Please keep your fax confirmation sheet.**

Thank you for completing these steps. This will assist us in the timely processing of your Request for Review.

If you have any questions or are unclear about what information to provide, please contact the Review Division at 604.214.5411 or toll-free in B.C. at 1.888.922.8804.

My Physiotherapist and I have had communication issues with the current agent for the majority of this process regarding my return to work date and my general recovery. David was very insistent that my Physiotherapist originally claimed I can return to full-time on the original date, despite my physiotherapist later changing that date due to my recovery progression. When requested I get another week off to properly strength train my injury before going into a heavy lifting job with no light duties at the request of my Physiotherapist, David insisted I go back to full duties despite the stated limitations that do not align with my workplace's expectations.

When I raised concerns, David claimed he would send me back to work immediately if I had an issue with the 'transition week' he gave me. I was given a lifting limitation of 25lbs with standing limitation of 1 hour total with many breaks, something that was not possible in my job position, which I expressed concern over. My physiotherapist has expressed those limitations to David from her own email. When raising concerns about this, David claimed it was not a limitation that had risk of further injury. To this I ask, 'what is a limitation's meaning then?'. My physiotherapist and I are both furious and confounded at this.

Despite this, I was pushed back into a transition week that caused strain on the injury and subsequently my knees as they had to compensate which had me in physical pain. I took a 2-week break at request of my physiotherapist and a doctor to strength train properly and recover from going back to work too early. My physiotherapist also requested my submission into a WorkSafe rehab program to properly gain strength in my ankle and knees, so I do not injure myself further and cause permanent damage. I was not compensated for the 2 weeks David's insistence caused.

David never acknowledged this request for rehab on my injury and knees; I was not aware he was informed of this request until my Physiotherapist showed me the email she sent from her own device. David continued to say that my 2-week break despite the doctor's note provided would not be supported by WorkSafe and that he would be closing my case (which he has) due to lack of evidence. My physiotherapist should be on file, and she is willing to speak with whoever is required to discuss my case.

I have also been informed that David claimed to approve me for 15 physiotherapy sessions but only approved 7. My physiotherapist had to reach out to him to clarify that he'd agreed to give 15 sessions. Her theory is he's working on too many other cases and mine is being dismissed. Either way, that's not an excuse as to why my case has been treated the way it has when he has been repeatedly informed of the issues regarding my recovery.

**Claims**

Mailing address: PO Box 4700 Stn Terminal, Vancouver BC V6B 1J1

Phone 604.231.8888 | 1.888.967.5377 | Fax 604.233.9777 | worksaf@bc.ca

August 12, 2025

AUTUMN S. COLLINS
5190 FULWELL ST
BURNABY BC V5G 1P2

02810

Your WorkSafeBC Claim number	46632942
Your Customer Care number	96575617964
Date of your injury	2025-05-29

Dear AUTUMN COLLINS:

Thank you for discussing your claim with me on August 8, 2025. I'm writing to summarize our conversation about your return to work, explain the related law and policy, and inform you about my decision on your entitlement to wage-loss benefits.

Background

On May 29, 2025, you strained your right ankle after slipping on a tombstone.

A sprain/strain of the right ankle was accepted, as communicated in our letter of June 5, 2025.

On June 3, 2025, you were assessed by a physician who recommended completion of an x-ray, to begin physiotherapy treatment and to return to work as tolerated.

On June 3, 2025, an x-ray was completed which confirmed no fracture.

On June 10, 2025, you were reassessed by a physician who confirmed you were able to fully weight-bear on the right ankle, noted no bruising or swelling and recommended 2-weeks off work before starting a gradual return to work plan.

On June 11, 2025, you were assessed by a physiotherapist who noted mild swelling, supported the start of a gradual return to work plan of modified duties and recommended ongoing treatments.

On July 29, 2025, your physiotherapist confirmed you are no longer taking pain medication for your injury, your range of motion of the right ankle was within normal limits and supports a full return to your pre-injury hours and duties.

On July 31, 2025, you confirmed improving symptoms and function of the right ankle with some ongoing limitations in balance and strength.

On August 6, 2025, you began a 1-week gradual return to work plan of full pre-injury hours with modified duties with an anticipated return to full pre-injury hours and duties as of August 12, 2025.

On August 8, 2025, you expressed concerns via voicemail regarding ongoing symptoms of pain, reduced tolerance of on the feet activity and fear of further injury.

AUTUMN COLLINS, Claim #46632942

What this letter addresses

This letter addresses your entitlement to wage-loss benefits beyond August 11, 2025.

Facts and evidence

I have considered the following evidence in making my decision:

The reports from your physician on June 10, 2025, confirming your ability to fully weight-bear on the right ankle and support of the start of a gradual return to work plan.

The reports from your physiotherapist on June 11, 2025, supporting the start of a gradual return to work plan.

The reports from your physiotherapist on July 29, 2025, confirming your return to full range of motion of the right ankle, your demonstrated ability to complete all critical job demands while in clinic and support of your return to your full pre-injury hours and duties as of July 29, 2025.

Your reports on July 31, 2025, confirming improvements of your right ankle symptoms and function.

Decision and reasoning

WorkSafeBC pays wage-loss benefits when a worker is temporarily disabled from working because of accepted medical conditions. Item C5-34.00, section 4, *Termination of Wage-Loss Benefits*, of WorkSafeBC's *Rehabilitation Services and Claims Manual*, Volume II (the "RSCM") explains that when a temporary disability ceases, wage-loss benefits are no longer paid. A temporary disability ceases when it either resolves entirely or stabilizes into a permanent impairment.

I have reviewed the evidence and find that your workplace injury has improved to the point at which you are no longer temporarily disabled from work. In particular, I have considered the reporting from your physicians and physiotherapist who confirm progressively improving symptoms and function of the right ankle heavily in my decision making. The reporting from your physiotherapist on July 29, 2025, confirms through objective measures and testing while in clinic, your ability to complete range of motion of the right ankle within normal limits as well as your ability to demonstrate the functional ability to complete the critical job demands of your pre-injury position.

I have also considered and placed less weight on your reporting on August 8, 2025, of ongoing symptoms of pain, reduced tolerance for on the feet activity and fear of further injury. These symptoms and reduced tolerances can be expected at this point on your recovery, and it is reasonable to expect them to improve as you continue to engage in work activity and that there is currently no medical evidence to prevent you from continuing to engage in this work activity nor would it indicate an added risk of further injury.

In view of the evidence, I have decided that your wage-loss benefits will be paid until Aug 11, 2025, as you are no longer temporarily disabled from your pre-injury work as a Funeral Attendant.

If you experience symptoms that need further medical attention, please contact me, and also consult your physician and have them send a report to WorkSafeBC. This additional information will assist me in determining whether your right ankle sprain/strain did not resolve as expected.

AUTUMN COLLINS, Claim #46632942

If you do not understand or agree with this decision, please contact me

Please contact me as soon as possible if you do not understand the reasons for my decision or want to discuss your claim. I can explain the reasons for the decision and/or consider any additional information you might have. If appropriate, I may be able to change the decision within 75 days.



If you disagree with this decision, you can ask the Review Division to review it. You have 90 calendar days to file a request for review. Please see the enclosed *Claims Review and Appeal Guide for Workers and Dependents* for more information.

For further information

Go to worksafebc.com for more information on sections 201(2) and 339(2) of the *Workers Compensation Act* and Chapters 5 and 12 of the *RSCM*.

For general information about our claims process and benefits or to access our online services related to your claim, please visit worksafebc.com. You can view information about your claim file using your claim number and confidential Personal Access Number (click the heading "Claims" and then "Manage a claim").

Please contact me if you have any questions at 604.276.3342 or toll-free at 1.888.967.5377, local 3342, and I would be happy to help.

Sincerely,

Mr David McBeath
Recovery & RTW Specialist
Return to Work Services

Copies to:

Enclosure(s): *Claims Review and Appeal Guide for Workers and Dependents* (CM008)