



Carrier's unreasonable expectation for recovery time

Region 3 Hospital

This member fractured her pelvis, SI joints and sacrum. Diagnostic imaging during the qualifying period and beyond showed the fractures clearly. Her treating physicians were also very clear in their clinical notes that she could not return to her job as a critical care nurse due to her severe limitations.

In its initial denial letter, the insurer did not dispute the injuries, but alleged the member should have recovered within three to four months, and therefore was not totally disabled throughout the qualifying period.

After we submitted the appeal, the insurer again denied the claim, but this time alleged there was no evidence of an acute fracture related to a traumatic event. It is important to note that the author of the second denial letter was not the same as the first. It was clear that the author of the second denial letter did not properly review the file and actually contradicted what her colleague had previously written.

Ironically, in the month before her injury, the member had undergone a bone scan for an unrelated issue, which showed no fractures. As the insurer already had these scans and its reasons for denying the claim had changed, ONA wrote to the claims specialist and asked for clarity on the insurer's position so we could assess if a second appeal was warranted. The insurer informed us it would re-open the file and review. Less than a month later, the member had her benefits approved.

The appeal process was prolonged because the member's physicians did not submit their reports in a timely manner. It is satisfying that our persistent follow-ups with them ended in a win for the member.

Benefits were reinstated retroactively to November 29, 2013. And more good news? The member returned to full duties as of July 3, 2014.

(Front Lines, September 2015 edition)