



WORKPLACE SAFETY AND INSURANCE APPEALS TRIBUNAL

DECISION NO. 936/24

BEFORE

B. Morrow: Vice-Chair
S. Chahal: Member Representative of Employers
J. F. Provato: Member Representative of Workers

HEARING INFORMATION

Date: June 27, 2024
Location: Toronto
Format: Oral by videoconference
Post-hearing activity: Completed on July 12, 2024

DATE OF DECISION February 3, 2025

NEUTRAL CITATION 2025 ONWSIAT 130

DECISION(S) UNDER APPEAL: Appeals Resolution Officer (ARO) K. Gordon decision dated May 16, 2023

APPEARANCES

For the worker: J. Sirithar, Lawyer
For the employer: Not participating
Interpreter: D. Wilson
Tribunal Counsel Office: Not applicable

REASONS

1. Introduction

- [1] The worker appeals a decision of an Appeals Resolution Officer (ARO) of the Workplace Safety and Insurance Board (WSIB), dated May 16, 2023. The ARO made the following findings:
1. The worker reached maximum medical recovery (MMR) with no ongoing left knee or lower leg impairment.
 2. The worker does not have ongoing entitlement to health care (HC) and loss of earnings (LOE) benefits.
- [2] The Panel discussed, as a preliminary issue, the late raising of a medical report, dated May 28, 2024, which was issued by the worker's family doctor of 21 years, Dr. S. Mahesan. The worker's representative submitted that he had asked earlier for an update on the worker's current medical status; however, Dr. Mahesan was on vacation when he made the request for a medical report. The worker's representative submitted that the report is relevant since it provides an update on the worker's medical condition over the past three years.
- [3] After considering the submissions of the worker's representative and reviewing the medical report, the Panel determined that it is relevant and that allowing it to be considered as evidence did not raise any prejudice. Accordingly, the Panel elected to allow the report in as evidence for consideration in this hearing.
- [4] As there was insufficient time for the worker's representative to provide closing oral submissions, we agreed to permit the worker's representative to deliver written submissions after the hearing. The worker's representative delivered written submissions and we reviewed them before rendering this decision.

2. Issues

- [5] The issues under appeal are as follows:

1. Whether the worker should be recognized for a permanent impairment (PI) of his left lower leg and left knee and assessed for a non-economic loss (NEL) award for his June 29, 2020 work-related injury to his left lower leg and left knee.
2. Whether the worker is entitled to ongoing HC and LOE benefits from June 17, 2022 to the date of the hearing and ongoing.

3. Background

- [6] The worker started as a stonecutter with the accident employer in 2006. He was injured on June 29, 2020 when, while manually operating a garage door with a chain, he slipped and fell causing his foot to be caught under the garage door. The worker attended the emergency department at the hospital on the date of the accident where he had x-rays of his left leg, which revealed a left tibial fracture. The worker was fitted with a cast and sent home. The worker attended the Fracture Clinic on July 2, 2020 where he was assessed by Dr. R. Kaminker, orthopaedic surgeon, and underwent surgery for an open reduction internal fixation for a left tibial shaft fracture with the insertion of an intramedullary nail and locking screws.
- [7] In a July 16, 2020 decision, the Eligibility Adjudicator allowed initial entitlement for the left tibial fracture and surgery. LOE benefits were paid commencing June 30, 2020.
- [8] Following surgery, the worker underwent physiotherapy treatment and, due to ongoing issues surrounding his left knee, was referred to the WSIB Lower Extremity Specialty Program (LESP) for an assessment. On March 2, 2021, the worker underwent an assessment through the LESP, which was conducted by Dr. C. Peskun, orthopaedic surgeon, and P. Tavajohi-Fini, chiropractor. The assessment recommended that the worker have a left tibia CT scan and a left knee MRI. The worker was seen in follow-up on March 24, 2021 by Dr. Peskin and A. Ingar, chiropractor, who recommended surgical intervention for a left knee arthroscopy with partial medial and lateral meniscectomies and the removal of loose bodies and the locking screws that had been inserted during the first surgery.

- [9] The worker underwent the second surgery on December 1, 2021, and post-operatively he attended multiple follow-up sessions with Dr. Peskun and participated in an active functional treatment program at the LESP.
- [10] In a LESP follow-up assessment report, dated June 17, 2022, Dr. Peskun noted that the worker had achieved full functional recovery with respect to the initial left knee/lower leg injuries sustained because of the June 29, 2020 work-related accident ,with no anticipated formal restrictions/accommodations required at that time.
- [11] In a functional treatment discharge report, dated June 30, 2022, Dr. Peskun discharged the worker from any further supervised treatment and recommended that he continue participating in a home-based self-directed exercise program focused on left knee/lower leg stretching, strengthening and stabilization exercises to continue increasing overall mobility, muscular strength and endurance.
- [12] Noting Dr. Peskun's clinical impressions in the June 17, 2022 follow-up assessment report, the CM, in a decision issued August 8, 2022, determined that the worker had achieved MMR and was able to resume his regular work duties, with no permanent impairment or restrictions and with no entitlement to ongoing benefits.
- [13] The worker objected to the CM's August 8, 2022 decision and appealed it to the ARO, who upheld the CM's determination, in a decision dated May 16 2023.
- [14] The worker appealed the ARO's May 16, 2023 decision, which is the subject of this appeal.

4. Law and policy

- [15] Since the worker was injured in 2020, the *Workplace Safety and Insurance Act, 1997*, S.O. 1997, c. 16, Schedule A (WSIA), applies to this appeal. All legislative references in this decision refer to the WSIA, as amended, unless otherwise stated.
- [16] One of the issues in this appeal is whether the worker should be recognized for a PI of his left lower leg and left knee and assessed for a NEL. If a worker's injury results in

permanent impairment, the worker is entitled to compensation for the non-economic loss. This entitlement comes from section 46 of the WSIA.

[17] Section 2 of the WSIA has two definitions that apply to NEL awards:

“Impairment” means a physical or functional abnormality or loss (including disfigurement) which results from an injury and any psychological damage arising from the abnormality or loss

“Permanent impairment” means an impairment that continues to exist after the worker reaches maximum medical recovery

[18] A permanent impairment does not have to be major to be recognized under the WSIA or the pre-1997 Act. Rather, the degree of permanent impairment is reflected in the NEL rating (*Decision No. 2948/16*, 2017 ONWSIAT 3119).

[19] Decisions of the Workplace Safety and Insurance Appeals Tribunal (WSIAT) apply the test of significant contribution to questions of causation. A significant contributing factor is one of considerable effect or importance (*Decision No. 280*, 1987 CanLII 1996 (ON WSIAT)). It does not need to be the only contributing factor (*Decision No. 915*, 1987 CanLII 1258 (ON WSIAT)).

[20] The standard of proof in workers’ compensation proceedings is the balance of probabilities as modified by the benefit of the doubt provisions in the WSIA (*Decision No. 2096/18R*, 2019 ONWSIAT 1482). As stated in section 124(2) of the WSIA, the benefit of the doubt is resolved in favour of the claimant where it is not practicable to decide an issue because the evidence for and against it is approximately equal in weight.

[21] The WSIB stated that the following policy packages, Revision #9, apply to the subject matter of this appeal:

- Package #212 – Determining MMR and PI
- Package #300 – Decision Making/Benefit of Doubt/Merits and Justice
- Package #359 – LOE Benefits – LOE periods September 1, 2021+

[22] The Panel considered these policies when deciding the issues in the appeal, as required by section 126(1) of the WSIA. In particular, we considered the following documents from the WSIB's Operational Policy Manual:

- Policy 11-01-05, "Determining Permanent Impairment"

[23] Policy 11-01-05, "Determining Permanent Impairment", contains the following relevant definitions:

"Maximum medical recovery (MMR)" means that a plateau in recovery has been reached and it is not likely that there will be any further significant improvement in the work-related injury/disease...

"Significant improvement" means a marked degree of improvement in the work-related injury/disease that is demonstrated by a measurable change in clinical findings.

[24] All policies referred to are from the WSIB's Operational Policy Manual, unless otherwise stated.

5. Analysis and conclusion

[25] The appeal is allowed. The Panel finds that the worker should be recognized for a PI of his left lower leg and left knee, and assessed for a NEL award, and that the worker is entitled to further LOE and HC benefits from June 17, 2022. However, given the limited evidence on file relating to the worker's restrictions, we remit the quantum and duration of LOE and HC benefits from June 17, 2022 and ongoing to the WSIB for further adjudication. The Panel's reasons are set out below.

a. Should the worker be recognized for a PI of his left lower leg and left knee and assessed for a NEL?

[26] The worker provided evidence regarding the nature of his work as a stonecutter, his workplace accident, and the impact his left leg/knee injury has had on his ability to work.

[27] The worker described his job as a stonecutter as physically demanding work that involved a lot of heavy lifting. He recalled that when he suffered the workplace accident on June 29, 2020 and had an x-ray, which confirmed a tibial fracture, he was presented with two options: full casting, which would involve a long recovery process, or surgery,

which would involve the insertion of hardware, comprised of an intramedullary rod and proximal and distal locking screws, and a 4-6 month recovery. He stated that he wanted to get back to work as soon as possible so he opted for the surgery, which he had on July 2, 2020.

- [28] Following the surgery, the worker attended regular check-ups with his surgeon, Dr. Kaminker. On the recommendation of Dr. Kaminker, the worker used a bone stimulator to help promote healing of the fracture and a cane to assist with mobility. The worker also engaged in physiotherapy treatment.
- [29] The worker testified that six months post-injury, he was still not physically able to return to work and he was experiencing pain in his left lower leg. The worker recalled seeing a "WSIB doctor", Dr. Peskun, in early 2021, who recommended the removal of a portion of the hardware, namely the removal of the proximal and distal locking screws, in the hope that doing so would help alleviate the pain in his left leg.
- [30] The worker testified that in April 2021 he was diagnosed with a blockage in his heart. He stated that initially angioplasty was tried to address the blockage; however, angioplasty did not address the issue and he underwent open-heart surgery on April 29, 2021 for a triple bypass procedure. The worker stated that at some point following his bypass surgery, he received a call from the WSIB during which he advised that he had undergone surgery for the heart blockage. The worker recalled that he had lifting restrictions for 3-4 months following his heart surgery.
- [31] The worker recalled that sometime in December 2021, Dr. Peskun performed surgery to remove the hardware in his left leg. The worker recalled that following the surgery he did not walk for 2-3 days and he undertook physiotherapy, funded by the WSIB, that had been recommended by Dr. Peskun. The worker stated that the physiotherapy treatment helped a little; he recalled being pushed to lift more weight and experiencing chest pain and pain in his left leg.
- [32] The worker was asked during the hearing about his efforts to return to work. The worker testified that prior to his second surgery he had wanted to return to work; however, he

was unable to perform his previous duties due to the physical limitations in his left leg and the accident employer had been unable to find him suitable modified duties.

- [33] The worker recalled commencing a return to work (RTW) program in early 2021. The worker stated that he participated in a WSIB RTW program that focused on computer and English language skills. The worker stated that he did not complete the RTW program; he recalled that it was suspended because the physiotherapist he was seeing recommended that he return to work with the accident employer in June 2022.
- [34] The worker also recalled seeing his family doctor in or around May 2022, who advised him to not lift weight greater than 20-30 pounds. The worker recalled that these restrictions were put in place due to his family doctor's concerns about his heart and left leg/knee. The worker recalled that he was experiencing pain in both knees; he stated that his knees were swollen and in pain.
- [35] The worker stated that on June 25, 2022, he went to Sri Lanka with his wife and 13-year-old son to visit his family, who he hadn't seen since 1996. The worker testified that he returned from Sri Lanka on August 19, 2022 and tried to return to work. The worker recalled that his family doctor had issued a letter which indicated that he should return to work performing light work. The worker could not recall any details regarding the kind of light work his doctor had recommended. The worker stated that when he returned to work he was told by the accident employer that there was no modified work for him.
- [36] The worker testified that he then tried to find work elsewhere, including in several Tamal grocery stores. He stated that he had one short trial in a grocery store; however, he was not hired due to difficulties standing and the need to sit often. The worker also testified to working with an electrician in or about December 2023. He initially stated during the hearing that he was experiencing chest pain and after going to the hospital was told he should not do this work, as it was too hard on him physically. The worker then corrected himself, stating that working with the electrician was causing him knee and lower leg pain due to the presence of a rod in his leg that was inserted during the first surgery to

repair the tibial fracture; he indicated that he visited the hospital and was advised that he should avoid climbing ladders.

- [37] The worker testified that he has made no further attempts to find work since December 2023. The worker stated that that he spends his days at home. He stated that even light work at home causes swelling in his left leg. The worker testified that he no longer uses the bone stimulator; he stated that he stopped using it after the second surgery to remove the locking screws. The worker stated that he wears a compression sock to help keep the swelling down in his left leg. The worker stated that a higher sock that would go up to his thigh has been recommended by his family doctor; however, they are \$300 and he does not have the resources to pay for them. The worker stated that he continues to use a cane on the recommendation of his family doctor. He also recalled receiving an injection from his family doctor at some point to help alleviate the pain in his left leg. The worker stated that the injection provided about 2-3 weeks of relief, after which the pain returned. The worker stated that he regularly takes pain medication orally and takes medication to control his blood pressure and blood sugar levels. The worker noted that he was diagnosed with diabetes 2-3 years ago. The worker testified that he is unable to sit and drive for more than 30 minutes at a time due to pain in his left leg.
- [38] The worker testified that he has difficulties assisting with housekeeping duties at home in part because of his difficulty climbing stairs. He stated that as the laundry room is downstairs he is no longer able to assist with laundry. The worker stated that cleaning is also difficult due to his limited mobility and he can longer cut the grass or shovel snow. He stated that his wife is doing all housework. The worker stated that his wife is unemployed and is a home maker and that he is the sole breadwinner for the family.
- [39] The worker was asked about the doctors he had been seeing between June 2022 and May 2024. There is a two-year gap of medical reporting in the case record during this period, except for a Functional Abilities Form (FAF), date November 22, 2023 and a medical report, dated May 28, 2024, prepared by Dr. S. Mahesen, the worker's family doctor, and a WSIB Community Mental Health Progress Assessment Form (mental

health assessment form), completed by Dr. E. Light, psychologist, on April 9, 2024. The worker testified that he sees his family doctor regularly and saw his family doctor once a month during this period. The worker also stated that he sees a heart specialist and did so during this period. The worker did not address Dr. Light's assessment during his testimony.

[40] The worker's representative has submitted that the worker suffered a significant injury to his left leg and knee on June 29, 2020 due to a workplace accident and despite multiple surgeries and extensive medical treatment he has been left with a permanent impairment.

[41] Section 2 of the WSIA defines an "impairment" as "a physical or functional abnormality or loss (including disfigurement) which results from an injury and any psychological damage arising from the abnormality or loss." The same section provides that a "permanent impairment" is an impairment that continues to exist after the worker reaches MMR.

[42] In the Panel's view, it is not contentious, that the worker has reached MMR. In his June 17, 2022 report, Dr. Peskun opined:

[T]he worker has achieved full functional recovery with respect to the initial left knee/lower leg injuries sustained as a direct result of the work-related injury in question and there are no anticipated formal restrictions/accommodations required at this time, strictly with respect to the work-related left knee/lower leg injuries.

[43] In a decision issued August 8, 2022, the CM determined that the worker was able to resume his regular work duties and had recovered from his injuries.

[44] On the strength of Dr. Peskun's opinion, which was made just short of two years post-accident, and the CM's determination, the Panel is satisfied that the worker had reached MMR by June 17, 2022.

[45] The issue to be determined is whether, having reached MMR, the worker was left with a "physical or functional abnormality or loss" and suffers from a PI. The Panel finds that the worker meets the definition of PI for the following reasons.

[46] In their May 16, 2023 decision, the ARO concluded, based on a review of the medical evidence, that the worker had reached MMR with no ongoing left knee or lower left leg impairment. In reaching this conclusion, the ARO placed significant weight on the LESP follow-up assessment report, dated June 17, 2022, and the functional treatment discharge report, dated June 30, 2022. The ARO noted that both reports included assessments by Dr. Peskun, who had examined the worker multiple times and performed the December 1, 2021 surgery to remove the locking screws and repair the worker's meniscus. The ARO noted that in these reports Dr. Peskun opined that the worker had achieved a full functional recovery from his left knee and left lower leg injuries with no further supervised treatment recommended.

[47] The Panel acknowledges the views expressed by Dr. Peskun in the June 30, 2022 discharge report regarding the worker's functional capacity. However, we also note that functional testing completed by Dr. Peskun and his team, which is documented in the June 30, 2022 discharge report, revealed the following:

- worker observed favouring his left lower extremity at times and utilizing relatively slow and deliberate movements while walking
- worker observed utilizing relatively slow and deliberate movements while balancing
- worker appeared to be offloading his left lower extremity slightly while performing floor level reaching while kneeling
- worker observed to utilize relatively slow and deliberate movements and favouring his left lower extremity at times while stair climbing

[48] In the Panel's view, these observations reflect ongoing functional limitations that the worker was experiencing at that time, and based on the worker's testimony, which the Panel found credible, are consistent with the worker's current functional limitations, including ongoing left knee and lower leg pain and swelling, limited mobility and capacity to stand, and difficulty with ladder and stair climbing.

- [49] Furthermore, the Panel notes inconsistencies in the reporting of the worker's functional capacity in June 2022. In the June 17, 2022 follow-up assessment report, which Dr. Peskun co-authored, a full functional recovery with respect to the worker's left knee and lower leg is documented; however, in the same section of the report it is noted that the type of structural injury suffered by the worker to his left knee/lower leg (that is, a tibial fracture with meniscus tears) can "permanently change the biomechanics of the left knee joint and predisposes the joint to accelerated and progressive osteoarthritic changes[.]" and the prospect of further surgical intervention, including a knee replacement. In the Panel's view, this prognosis is consistent with a finding of a functional abnormality that justifies a permanent impairment finding.
- [50] Moreover, when the worker had his tibia surgically repaired on July 2, 2020, hardware was inserted (namely, an intramedullary nail and locking screws) to facilitate the healing of the fracture. While the locking screws were subsequently removed in a second surgery on December 1, 2021 with the hope that doing so would alleviate the worker's discomfort and irritation, the intramedullary nail has remained in place. There is a long line of Tribunal decisions that stand for the principle that even where a fracture fully heals, if there is permanent hardware inserted, that hardware is considered a "physical abnormality" resulting from the injury and can be rated as a PI (see, for example *Decision No. 302/15*, 2015 ON WSIAT 827 and *Decision No. 2476/15*, 2016 ONWSIAT 64). Accordingly, based on this reasoning, the Panel finds that the worker also suffers from a physical abnormality pursuant to the definition PI under section 2 of the WSIA.
- [51] To conclude, the Panel is satisfied on a balance of probabilities that the worker has suffered a "physical or functional abnormality or loss" due to the June 29, 2020 workplace injury and, therefore, should be recognized for a PI of his left leg/knee and assessed for NEL.

b. Is the worker entitled to ongoing HC and LOE benefits from June 17, 2022 to the date of the hearing and ongoing?

- [52] The worker is seeking ongoing HC and LOE benefits from June 17, 2022 to the date of the hearing and ongoing. The worker was invited to provide testimony regarding his

activities, including his efforts to work prior to and after June 17, 2022. To summarize, the worker stated:

- He saw his family doctor in or around May 2022, who advised him to not lift weight greater than 20-30 pounds due to his doctor's concerns about his heart and left leg/knee. The worker recalled that he was experiencing pain in both knees and swelling in both knees.
- He went to Sri Lanka with his wife and 13-year-old son to visit his family. He returned from Sri Lanka on August 19, 2022 and tried to return to work. His family doctor had issued a letter, which indicated that he should return to work performing light work; however, the worker could not recall any details regarding the kind of light work his doctor had recommended. He attempted to return to work with the accident employer and was told that there was no modified work for him.
- He tried to find work elsewhere, including with several Tamal grocery stores. He had one short trial in a grocery store; however, he was not hired due to difficulties standing and the need to sit often.
- He found work with an electrician in or about December 2023. However, assisting the electrician caused him knee and lower leg pain, which he attributes to the presence of the rod in his leg that had been inserted during the first surgery to repair the tibial fracture. He visited the hospital and was advised that he should avoid climbing ladders which, in his mind, ruled out working for the electrician since ladder climbing was required.
- He has made no further attempts to find work since December 2023, spending his days at home performing limited housekeeping tasks in keeping with his physical limitations.

[53] Once again, the Panel found the worker's testimony credible. However, it is not, on its own, sufficient to confirm his restrictions for the purposes of determining ongoing entitlement to benefits from June 17, 2022 and ongoing. As noted earlier in this decision, the worker was asked about the doctors he had seen between June 2022 and

May 2024 and, in particular, the limited medical documentation on file during this two-year period. The worker testified that he sees Dr. Mahesen, his family doctor, regularly and that during this two-year period he was seeing him monthly. The worker also stated that he sees a heart specialist and did so during this two-year period. However, the documentation in the case record does not support the worker's evidence. The only medical documentation on file during this period is a FAF, dated November 22, 2023, and a medical report, dated May 28, 2024, both prepared by Dr. Mahesen, and a mental health assessment form completed by Dr. Light, a psychologist, dated April 9, 2024. While the worker testified that he sees his family doctor regularly and saw his family doctor once a month during this period, there is no documentation on file that supports that contention, apart from the November 22, 2023 FAF and the May 28, 2024 medical report.

- [54] In the November 22, 2023 FAF, Dr. Mahesen commented that the worker physically cannot bend or sit for a long time and is disabled and not fit for work. Although the FAF invites the attending medical practitioner to document the worker's abilities and restrictions in a section of the report reserved for such information, the entire section is left blank with a line struck through it. The report documents a further follow-up on December 22, 2023; however, there is no evidence in the case record that any such follow-up took place.
- [55] In Dr. Mahesen's May 28, 2024 report, he states that the worker has been under his care for 21 years and that he is writing as requested by the worker to explain what happened to the worker over the past few years regarding his medical condition. Dr. Mahesen notes that the worker had bypass surgery on April 29, 2021, and sometime after that surgery he returned to work for four days but could not continue due to increased pain in his left knee and left leg. Dr. Mahesen goes on to state that he recommended light duties after the surgery as the worker was unable to lift heavy stones, but the employer refused that recommendation, and the worker was advised that there were no light duties in the accident employer's workplace. He concludes that the worker is not working as he is unable to work due to left lower limb weakness.

- [56] In Dr. Light's mental health assessment form, dated April 9, 2024, it is noted that he completed an assessment via videoconference and gleaned from his assessment that the worker suffers from pain in his left leg, which the worker rated as a 3 out of 10, with 10 being the worst, and was experiencing symptoms of anxiety, depression, sleep disturbance and sadness. Dr. Light diagnosed the worker with an adjustment disorder with mixed anxiety and depressed mood axis and recommended treatment to help manage his condition. There is no evidence in the file of any follow-up or treatment following this assessment.
- [57] While it appears from the worker's testimony that he has limitations, the extent of his limitations is unclear. Furthermore, there was limited and incomplete medical reporting over the two-year period between June 17, 2022 and the date of the hearing, comprised solely of the two reports completed by the worker's physician, which contain no information regarding any testing conducted and specific physical limitations and/or restrictions, and a mental health assessment completed by Dr. Light, with no evidence of follow-up or treatment. In addition, the Panel notes that the worker was engaged in the early stages of a labour market reentry (LMR) program in June 2022 as the accident employer was unable to provide modified work. WSIB memo # A0080, dated January 31, 2022, outlined the proposed plan for a suitable occupation of "other customer and information services representatives." The worker was to complete English as a second language (ESL) and literacy training skills until May 27, 2022 with customer service for ESL to begin on May 30th to August 26, 2022. Subsequent memo # A0110, dated June 1, 2022, indicated the worker required "another 12 weeks of ESL to get to CLB level 5 (equivalent to Grade 6) to do the Customer Service for ESL program." The WSIB approved this starting June 6, 2022. The Panel understands that LMR was closed and LOE and HC benefits ceased on the basis that the worker was no longer impaired because of the workplace injury in June 2022. Given our finding that the worker had a permanent impairment and LMR was in the early stages in June 2022, we find the worker was entitled to further LOE and HC benefits from June 17, 2022; however, given the limited evidence on file relating to the worker's restrictions, we remit the quantum and duration of LOE and HC benefits to the WSIB for further adjudication.

[58] Accordingly, the Panel has determined that the most reasonable course of action is to refer the matter to the WSIB for an assessment of the worker's limitations and restrictions and given our finding that the worker had a permanent impairment, we find the worker was entitled to further LOE and HC benefits from June 17, 2022; however, given the limited evidence on file relating to the worker's restrictions, we remit the quantum and duration of LOE and HC benefits from June 17, 2022 and ongoing to the WSIB for further adjudication.

DISPOSITION

[59] The appeal is allowed in part as follows:

1. The worker is recognized for a PI of his left lower leg and left knee and shall be assessed for a NEL.
2. We find the worker is entitled to further LOE and HC benefits from June 17, 2022 and ongoing; however given the limited evidence on file relating to the worker's restrictions, we remit the quantum and duration of LOE and HC benefits from June 17, 2022 and ongoing to the WSIB for further adjudication.
3. The nature and duration of benefits flowing from this decision are returned to the WSIB for further adjudication, subject to the usual rights of appeal.

DATED: February 3, 2025

SIGNED: B. Morrow, S. Chahal, J. F. Provato