

Reasons for Decision:

Order # AP1516-0284

The appellant appealed that the appellant's request for disability benefits to continue was denied.

The Department reported at the hearing that the appellant was found eligible for disability benefits for <time period removed> on <date removed> due to a <health condition removed>. The appellant was advised that the appellant would need to submit <health conditions removed> reports for further extension. On <date removed>, the Department received a reapplication from the appellant for disability benefits. The appellant stated the appellant is still recovering from the appellant's <health conditions removed> and has been referred to a <reference removed> specialist. The appellant did not provide the reports that were requested previously, however submitted a report from the appellant's <reference removed> that discussed the appellant's <reference removed> condition. This report was not accepted by medical panel. The department tried contacting the appellant's doctor for supporting documentation and has never received a return call.

The appellant reported at the hearing that the appellant had broken <reference removed> in <date removed> then broke <reference removed> in <date removed>. The appellant has also had a <reference removed> in <date removed>. The appellant's original Disability Assessment Report completed by the appellant's doctor on <date removed>, indicated the appellant's diagnosis as <reference removed>. The doctor checked that the appellant was not able to work for <reference removed> months until the appellant's symptoms are better. The doctor also stated that the appellant was being referred to an <reference removed>.

The appellant advised that the appellant sees a <reference removed.> twice a week and sent a letter from the appellant's <reference removed> to the Department. The appellant stated that the appellant has continuous trouble lifting things due to <reference removed> causing the appellant to drop things. The appellant also advised that the appellant's <reference removed> get inflamed causing the appellant to not be able to stand for long periods. The appellant has had an appointment with the <reference removed> who has indicated to the appellant that he will not schedule the appellant for surgery until the appellant quits <reference removed>. The appellant advised the appellant has tried many different quit <reference removed> aids with no success. The appellant stated that the appellant would like to quit and have the surgery as the appellant would like to get back to work in the appellant's field of customer service. The appellant indicated that the appellant will review the forms with the appellant's doctor again to obtain further medical information to submit to the Department.

After carefully reviewing the written and verbal information, the Board has determined that the medical information provided to the Department in <date removed> had sufficient information to meet the eligibility criteria under Section 5 (1) (a) of the Manitoba Assistance Act. The doctor reported that the appellant was unable to work for seven to twelve months due to a <reference removed> and is being referred to an <reference removed>. The appellant submitted a report from the appellant's <reference removed> in <date removed> and the Department advised that their medical panel did not use this report, that it was not accepted. No explanation was provided to the appellant as to why this information was not used. The Board finds that the medical panel should have reviewed the new medical information submitted by the appellant, and then if found ineligible provide an explanation as to why. Therefore, the Board has rescinded the decision of the Director and orders the Department to provide retroactive payment under Section 5 (1) (a) effective <date removed> for three months to meet the original doctor's request of up to twelve months.

During that period the Board encourages the appellant to follow the surgeon's advice of preparation needed to proceed with the surgery in order to move forward with the appellant's wanting to get back into the work force.

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