

BRAIN INJURY ASSOCIATION OF NIAGARA  
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# The Anticipated Changes to the Definition of “Catastrophic Impairment” and its Expected Impact

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# Introduction and Overview

- Changes to the important “catastrophic impairment” definition are imminent
- Changes will lead to **uncertainty and delay**
- This presentation will:
  - Review all of the recent developments
  - Discuss the anticipated CAT changes and the concerns
  - Provide an update on where we are heading...



# Review of Recent Developments

- Background:
  - FSCO's Five Year Review
  - CAT Expert Panel:
    - Phase I & Phase II Reports re CAT changes and CAT assessors
    - Concerns Raised by Stakeholders
- Recent Developments:
  - Standing Committee Hearing & Anti-Fraud Task Force
  - **Superintendent's Report (see Tab A of paper)**



# Anticipated CAT Changes and the Concerns

- Review of the new tests/thresholds (see Tab B of paper):
  - ASIA test for spinal cord injuries
  - Spinal Cord Independence Measures for lower limb amputations
  - GOS-E for brain injuries in adults (no more GCS!)
  - WPI test (but can't combine physical & psychological impairments)
  - Children and KOSCHI (automatic CAT designation)
  - DSM IV & GAF (no more marked/extreme impairment)
  - Interim Benefits (of up to \$50,000 extra in certain circumstances)
- Review CAT Assessor Qualifications (see Tab C of paper)

# The ASIA Test

- Applies the American Spinal Injury Association Standards:
  - ‘permanent’ ASIA Grades A/B/C = CAT
  - ‘permanent’ ASIA Grade D = CAT only if:
    - permanent inability to walk independently—i.e. a score of 0-5 on the Spinal Cord Independent Measure item 12 (indoor mobility, ability to walk < 10 m), or
    - urological complications (as defined)
- Concerns: **Uncertainty, Delay and Thresholds**
  - The word “permanent” and its interpretation
  - Threshold too high (i.e. someone having major mobility problems but capable of some indoor structured walking may not qualify)



# Severe Impairment of Ambulatory Mobility

- CAT if:
  - Trans-tibial or higher amputation of one limb, or
  - Severe and permanent alteration of prior structure and function involving one/two limbs resulting in permanent inability to walk independently (i.e. requiring at least bilateral ambulatory assistive devices with a score of 0-5 on the Spinal Cord Independent Measure item 12-indoor mobility, ability to walk < 10 m)
- Concerns: **Uncertainty, Delay and Thresholds**
  - Threshold too high (i.e. someone having major mobility problems but capable of some indoor structured walking may not qualify)

# GOS-E (Extended Glasgow Outcome Scale)

- CAT if:
  - Vegetative after 1 month
  - Severe Disability Upper or Severe Disability Lower after 6 months
  - Moderate Disability Lower after one year (due to brain impairment)
- Concerns: **Uncertainty, Delay and Thresholds**
  - No more simple and quick GCS test
  - Unable to access tests for months
  - Disagreements over levels of function



# WPI Test (Whole Person Impairment)

- CAT if (still AMA Guide 4<sup>th</sup> edition):
  - 55% impairment rating
  - combining physical with psychological impairments forbidden
- Concerns: **Uncertainty, Delay and Thresholds**
  - Unfair and arguably illegal to prevent combination
  - Court challenges will follow and will take years
  - Delay and uncertainty in interim





# Psychiatric Impairments

- CAT if (no longer references marked/extreme disorder):
  - meet certain DSM IV criteria (major depressive disorder, PTSD, psychotic disorder), and
  - GAF (Global Assessment of Functioning) score of 40 or less
- Concerns: **Uncertainty, Delay and Thresholds**
  - Thresholds too high (i.e. GAF score of 40 or less)
  - Interpretation issues re test and thresholds



# Children (under 18) and KOSCHI

- CAT if:
  - Automatic CAT designation if child is in brain injury rehabilitation program and/or if at Level 1 trauma center with positive CT/MRI scan findings, or
  - KOSCHI test:
    - Vegetative after 1 month
    - Severe level of function after 6 months
    - Seriously altered level of function after 9 months
- Concerns: **Uncertainty, Delay and Thresholds**
  - Interpretation issues re test and thresholds



# Interim Benefits

- Ability to access an extra \$50,000 in benefits if:
  - Relying on GOS-E test or WPI test
  - Not an in-patient at a rehabilitation hospital
  - Application part of properly submitted CAT application, and
  - Additional treatment managed by primary treating physician
- Concerns: **Uncertainty, Delay and Thresholds**
  - Reliance on primary treating physician
  - Still need insurer to approve the treatment
  - Not enough \$ to deal with major needs like housing



# CAT Assessors

- Single Evaluator (except teams when WPI test involved):
  - Doctor (or doctorate level neuropsychologist) with 5 years of licensing/registration in Canada
  - Must be trained in the measurement tools used
  - No university-based training required (but recommended)
  - All evaluators to be trained in measurement tools within 1 year
- Concerns:
  - Process of choosing assessors unknown
  - Limited fees for assessments could reduce interest by most qualified



## Where we are Heading...

- Changes to the CAT definition ARE coming
- Draft regulation likely to be announced *soon*
- Final wording of tests is crucial
- Prediction: to be implemented Sept 1, 2013
- Heading for uncertainty and confusion



# Conclusion

- Still a bit of time to influence Government
  - Paramount importance of ongoing rehabilitation
  - Must work together to find innovative solutions
- *Check [www.thomsonrogers.com](http://www.thomsonrogers.com) for updates*



# THANK YOU

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