

The following is taken from your claim file and your contact with the Workers' Advisers Office ("WAO"). You are 21 years old (born October 28, 2003). Sadly, you suffered injuries on October 17, 2022 when working with XYLIA Spa Limited, during which you were criminally assaulted through indecent sexual exposure and touching.

The claim was accepted for a Post Traumatic Stress Disorder ("PTSD") as a permanent condition.

You first contacted the WAO for assistance with two decisions you received from WorkSafeBC ("WSBC"), the first being the March 25, 2025 plateau decision and the second being the June 4, 2025 Vocational Rehabilitation ("VR") Plan in Retail Sales. During your July 18, 2025 telephone conference with the WAO, you raised concerns with the plateau decision, and specifically whether you could return to work, the occupational limitations set on your claim, and the suitability of the VR Plan in Retail Sales.

In its June 4, 2025 decision, WSBC determined that an occupation in Retail Sales was a suitable VR Plan.

The only issue to be addressed in a potential review of the VR Plan was whether the Plan was suitable in light of your accepted PTSD, occupational limitations and restrictions, and your employment and vocational experiences.

The evidence that you could present to support a review could include your Written Statement and the Functional Opinion as to the suitability of the Plan.

A Written Statement should be presented in the form of a letter to the Review Division. It should include a date, your name and your WSBC claim number. It should also be "signed" (a typed or printed signature is fine). The Statement needs to be legible; preferably typed.

With respect to the suitability of work in Retail Sales, your Statement should include your comments on the following:

1. Purpose and Introduction:

Provide a brief statement in which you identify yourself and the purpose of the Statement. For example, "I am the worker, (name) and this is my Statement in support of my position that the position in Retail Sales is neither suitable nor reasonably available."

2. Retail Sales Duties:

Describe your understanding of the duties needed to be performed in Retail Sales.

3. Description of Injury Limitations Effect on Duties:

Describe how your PTSD and accepted occupational restrictions or limitations would affect your ability to perform the duties required in Retail Sales.

Please remember that the suitability of the VR Plan is primarily assessed with reference to the accepted conditions, restrictions/limitations.

If you wish to reference non-compensable conditions, you can include those as well in your Statement, so long as their affect is secondary to the accepted PTSD.

4. Additional Training Not Provided by WSBC:

If applicable, describe any training you believe you need to receive to enhance your chances of finding work in Retail Sales that has not been approved by WSBC. You should describe the training and the efforts you made to have WSBC approve the training. Finally, summarize any response you received from WSBC to your training request.

5. Job Search Efforts:

Describe your continuing efforts to find employment in Retail Sales. If you believe that you have sustained additional occupational limitations and/or restrictions arising from the PTSD that affect your ability to work, including in Retail Sales, you may then want to obtain an Opinion that supports those additional limitations/restrictions.

You should review the enclosed Opinion Questions (Appendix Two) with your Doctor/s. You should provide your Doctor/s with copies of the documents referenced within the Appendix (under Documents).

Your Doctor/s must provide medical reasons that explain their opinions. A simple “yes” or “no” answer will likely not be given significant weight by the decision maker. It is important that your Doctor/s provide an opinion as to the probability or likelihood that the occupation in Retail Sales is not reasonably suitable and, if applicable, that you have suffered additional occupational restrictions/limitations due to the PTSD.

Ms. Zimmerman-Quast is seeking a Specialist Opinion that supports that the targeted occupation in Retail Sales is not suitable in light of her PTSD and accepted occupational limitations and/or restrictions.

Background, Opinion and Evidence

Ms. Zimmerman-Quast suffered injuries while working on October 17, 2022, during which she was subjected to a sexual assault when a client inappropriately exposed himself and inappropriately touched Ms. Zimmerman-Quast.

The claim was accepted for PTSD as a permanent condition, with the following occupational restriction:

Should not provide massage services to unknown males, alone. Able to provide massage services to women but may require time to employ coping strategies.

Should not work at the Index Location, where the injury occurred, due to significant risk of

decompensation.

When considering whether a targeted occupation is reasonably suitable to a worker, the assessment will focus on whether the occupation is suitable in light of the accepted permanent condition/s, occupational restrictions/limitations, the long term wage rate on the claim, and the employment and educational experiences of the worker.

WSBC defines occupational restrictions and limitations related to injuries as follows:

Medical Restrictions:

Activities that a worker should not perform because of risk of significant harm.

“Should not” = Physician Imposed.

Objective Physical Limitations:

Objective limitation = incapacity that is not changeable through more effort.

Activities that a worker cannot perform due to lack of physical capacity (not due to pain or fatigue). “Cannot” = Physician Described.

Subjective Limitations (= Tolerance):

Subjective limitations = Activities the worker is reporting they cannot or prefer not to perform due to pain/fatigue/other unpleasant symptoms. Would the worker perform these in some circumstances, but not others? “Cannot” = Patient Described

It has been suggested to Ms. Zimmerman-Quast that she obtain and provide you with copies of any documentation that you believe is necessary for your assessment, and for certain she should provide you with those documents listed below (under Documents).

When providing your opinion, please ensure that you state and make reference to the facts and clinical records that support each of your opinions.

You should provide your assessment directly to Ms. Zimmerman-Quast. Unless you are otherwise notified by Ms. Zimmerman-Quast, you should not provide your opinion to either WSBC or the Review Division.

All worker’s compensation appeals are time sensitive, so Ms. Zimmerman-Quast would appreciate it if you could provide her with your opinion as soon as possible, and well in advance of any deadlines that she advises you of. If you think you will need additional time to complete your assessment, please then provide Ms. Zimmerman-Quast with an estimated date for the delivery of your opinion.

Documents:

1. WSBC Decision dated June 4, 2025.
2. Written Statement from Ms. Zimmerman-Quast.

Questions:

1. Please describe your qualifications by education, training and/or experience in the diagnosis, treatment and assessment, including functional, of psychological disorders, including PTSD.
2. How long has Ms. Zimmerman-Quast been your patient?
3. With respect to the accepted PTSD, please provide your opinion as to whether Ms. Zimmerman-Quast remained disabled from working, either in part or total, due to the PTSD.
4. In your opinion, has Ms. Zimmerman-Quast sustained any restrictions and/or limitations (impacting her vocational capacity) as a result of her accepted PTDS in addition to those already accepted by WSBC (as described)? If so, please describe

these restrictions and/or limitations and provide your detailed analysis and reasons for forming that opinion.

5. Please provide your opinion as to whether a position in Retail Sales would be a reasonably suitable occupation for Ms. Zimmerman-Quast in light of her PTSD and her occupational restrictions/limitations.

Please refer to any objective evidence and provide your detailed analysis and reasons in support of your opinions.