

Automobile Injury Compensation Appeal Commission

**IN THE MATTER OF: An appeal by [the Appellant]
AICAC File No.: AC-98-127**

PANEL: Mr. J.F. Reeh Taylor, Q.C. (Chairperson)
Mr. Charles T. Birt, Q.C.
Mrs. Lila Goodspeed

HEARING DATE: November 27th, 1998

ISSUE: Is the Appellant's left shoulder condition (i.e. adhesive capsulitis) causally related to the motor vehicle accident of February 18th, 1997?

APPEARANCES: Manitoba Public Insurance Corporation (MPIC)
represented by Ms Joan McKelvey
the Appellant appeared on her own behalf

RELEVANT SECTIONS: Section 136(1) of the MPIC Act and Section 5 of Regulation 40/94

AICAC NOTE: THIS DECISION HAS BEEN EDITED TO PROTECT THE APPELLANT'S PRIVACY AND TO KEEP PERSONAL INFORMATION CONFIDENTIAL. REFERENCES TO THE APPELLANT'S PERSONAL HEALTH INFORMATION AND OTHER PERSONAL IDENTIFYING INFORMATION HAVE BEEN REMOVED.

REASONS FOR DECISION

THE FACTS:

On February 18th, 1997, the Appellant was driving her car when another car slid through a stop sign and struck her vehicle on the driver's side. She could not open her door and had to hit it with her left shoulder to force it open. There was no bruising to her left shoulder but she consulted her family doctor, [text deleted], the next day and was

diagnosed as having a sore neck and shoulder muscles and suffering from a mild whiplash.

Approximately a month later the Appellant, on her own initiative, consulted [Appellant's physiotherapist #1], of [text deleted] because of pain radiating from her neck into her left shoulder. She advised the physiotherapist that she could not lie on her left shoulder and had only limited function with it and was also having discomfort in her left temporomandibular joint. [Appellant's physiotherapist #1] diagnosed the Appellant as having suffered a type one Whiplash Associated Disorder (i.e. WAD 1) and started her on a program of gentle stretching exercises. After ten sessions [Appellant's physiotherapist #1] felt the Appellant had improved to the point where she was discharged from her care on April 24th, 1997.

The Appellant gave evidence that after her discharge from the physiotherapy program the pain in her shoulder/neck area slowly got worse and she had decreasing movement of her arm. The Appellant felt that her situation got to the point where she needed help and she returned to [Appellant's physiotherapist #1] on September 17th 1997. She was given an exercise program to improve her shoulder motion and help with the stiffness in the T4 and C4 areas of her spine and after four visits was discharged on September 26th, 1997. She did not return to see [Appellant's physiotherapist #1].

On October 2nd, 1997 the Appellant consulted her family doctor, [text deleted] who noted that she was not getting better and was tender in the area of her left shoulder and neck. The doctor believed she might have a rotator cuff injury to her left shoulder and

recommended that she treat her problem with ice, heat and rest. [The Appellant] advised her doctor that she was going to see a chiropractor to see if he could help her shoulder problem.

On October 6th, 1997 the Appellant consulted [text deleted], a chiropractor, and after his examination he diagnosed her as having adhesive capsulitis in her left shoulder, left rotator cuff tendonitis, left subscapularis hypertonicity, left sided cervical and upper thoracic subluxation/hypomobilities. He gave her a number of treatments and after the sixth one on November 7th, 1997 he discharged the Appellant because he could not help her with her left shoulder capsulitis.

[the Appellant] then consulted [text deleted], a physiotherapist, on December 8th, 1997 and he made a similar diagnosis of adhesive capsulitis in her left shoulder. He believed she needed a program to mobilize her left shoulder and learn methods of pain control; with this, he felt, she should recover in three to six months. She was referred to the Rehabilitation Department at the [hospital] where the treating physiotherapist confirmed that she had adhesive capsulitis in her left shoulder and developed a treatment program for this problem.

In order to get admittance to the program at [hospital] she had to be referred by her treating physician and she saw [Appellant's doctor #1] on December 9th, 1997 who gave her the referral. [Appellant's doctor #1's] notes of this visit indicate that the Appellant believed that her shoulder problem was related to her automobile accident. [Appellant's doctor #1] states that the shoulder symptoms did not start until March. There was no

documented shoulder injury on her first visit after the accident and she did not think the two matters were related.

The Appellant continued with physiotherapy at the [hospital] throughout 1998 and at one point was referred for acupuncture which apparently did not prove to be very helpful. In April of 1998 she consulted [Appellant's doctor #2] at the [text deleted] and he also confirmed the diagnosis of adhesive capsulitis of the left shoulder. She was give two cortisone injections in her shoulder and advised to continue with physiotherapy and do stretching exercises at home.

ISSUE:

[The Appellant] believes that her shoulder condition, i.e. adhesive capsulitis, occurred as a result of her automobile accident of February 18th, 1997. She bases this on the fact that she has had pain continuously in her left shoulder since the accident.

Unfortunately none of the Appellant's caregivers provides any evidence or opinion that support the proposition that there is a causal relationship between the accident and the Appellant's current shoulder problems. We believe that this matter is best summed up in a memorandum from [text deleted], medical consultant to MPIC, dated October 30th, 1998 which reads:

It is my opinion that [the Appellant's] left shoulder condition (i.e. adhesive capsulitis) was not causally related to the motor vehicle collision of February 18th, 1997. If one were to assume that this condition did develop from the motor vehicle collision then one would expect the clinical presentation to be different than that outlined in the medical reports I previously reviewed. In individuals

who develop an adhesive capsulitis following a traumatic event usually there is documentation of initial pain and limitation of shoulder movement. These symptoms would gradually worsen over time despite conservative treatment that is often used to treat more common shoulder conditions. As the pain persists, shoulder range of motion slowly deteriorates to the point that functional limitations are noted. In time the pain slowly subsides but the limitation of shoulder movement persists. Over a period of many months, the movement gradually improves, as does the shoulder function. During my years of clinical practice I have never come across a situation where an individual sustained a minor injury to the neck/shoulder region which improved with treatments but then subsequently developed adhesive capsulitis many months after the minor trauma. I am unaware of any medical literature that identifies patients with adhesive capsulitis that would present in this manner.

After reviewing all of the evidence we are not convinced on a balance of probabilities that the Appellant's adhesive capsulitis in her left shoulder was caused by her motor vehicle accident of February 18th, 1997.

DISPOSITION:

For the reasons stated above we are obliged to dismiss the appeal and confirm the decision of the Acting Review Officer dated August 18th, 1998.

J. F. REEH TAYLOR, Q.C.

CHARLES T. BIRT, Q.C.

LILA GOODSPEED