

Adjudicative approach document

McIntyre Powder and Parkinson's disease claims
June 23, 2020

Initial entitlement

The WSIB recognizes Parkinson's disease resulting from occupational exposure to McIntyre Powder as an occupational disease.

Initial entitlement is allowed for Parkinson's disease that occurs due to the nature of one or more employments in which the worker was exposed to McIntyre Powder.

Claims for initial entitlement for Parkinson's disease will be adjudicated on a case-by-case basis. In all cases, entitlement decisions for Parkinson's disease must be based on the merits and justice of the case, taking into account all of the facts and circumstances.

Purpose

The purpose of this adjudicative approach document is to provide entitlement guidelines for claims of Parkinson's disease in Ontario miners with McIntyre Powder exposure.

Guidelines

Determining initial entitlement

In determining the work-relatedness of Parkinson's disease claims, the decision-maker will consider whether:

1. the nature of the worker's employment resulted in exposure to McIntyre Powder;
2. the worker has an established diagnosis for Parkinson's disease; and
3. the exposure to McIntyre Powder preceded the diagnosis of Parkinson's disease.

If established, the above will generally be considered persuasive evidence that the worker's employment made a significant contribution to the worker's Parkinson's disease.

Gathering evidence – factors to investigate

When determining entitlement, the non-exhaustive list of factors below should be investigated during the information-gathering phase of adjudication.

- a) The nature of the worker's employment resulted in exposure to McIntyre Powder
 - Was the worker an underground gold or uranium miner in Ontario between 1943 and 1979?
 - Was exposure to McIntyre Powder indicated on the worker's Master Examination Record¹ (i.e., mining card)?

¹ Master Examination Records, commonly known as the 'mining cards', are records collected from 1928-1987 pertaining to annual chest examinations among miners carried out by provincial chest clinics. Each mining card provides a summary of the annual chest examination and related employment and exposure information, such as examination dates, name of mine and job held, and if the miner had received aluminum prophylaxis (i.e., McIntyre Powder).

- If McIntyre Powder exposure was not indicated on the worker's mining card, can it be determined that the worker was likely exposed to McIntyre Powder based on the review of available historical records?

b) The worker's Parkinson's disease has been established

- Has a medical diagnosis of Parkinson's disease² been confirmed?
- If a medical diagnosis of Parkinson's disease has not been confirmed, have other forms of parkinsonism been ruled out, such as secondary parkinsonism, hereditary degenerative parkinsonism, or atypical parkinsonism?
- If a medical diagnosis of Parkinson's disease is not clear from the available medical information, a clinical opinion from a medical consultant may be requested to clarify whether the diagnosis is likely Parkinson's disease and not other forms of parkinsonism.

c) The McIntyre Powder exposure preceded diagnosis of Parkinson's disease

- Did the worker's initial exposure to McIntyre Powder occur before the onset of Parkinson's disease?

Weighing the evidence

In considering entitlement for Parkinson's disease, a decision-maker must gather all of the relevant information in order to assess and weigh each piece of evidence to determine whether the worker's Parkinson's disease is work-related.

The key issue to be determined, as part of the assessment of work-relatedness, is whether the worker's exposure to McIntyre Powder was a significant contributing factor in the worker's Parkinson's disease.

When assessing work-relatedness more generally, the decision-maker should consider information gathered as part of the assessment of the factors above, but also any other information that may have bearing on decision-making.

Claims will be reviewed on their own merit, having regard to circumstances of the individual case.

² Parkinson's disease is classified by the World Health Organization (WHO) under the International Classification of Diseases under ICD-9 (9th Revision) code 332.0, or the more recent ICD-10 (10th Revision) code G20.