

Dr. Andrew Kertesz, Neurologist

**Jazey and State Farm** [+] Arbitration, 2014-12-09, Reg 403/96  
<https://www5.fSCO.gov.on.ca/AD/4330>

Following up on Ms. Hisey's request, Dr. Andrew Kertesz, a neurologist, completed an Insurer's assessment in October 2011 for State Farm, in which he concluded:

His condition is likely related to pre-existing cervical spondylosis, which became symptomatic after the accident.

...

The abnormalities on the MRI are related to pre-existing, documented cervical spondylosis. It is unlikely that a minor rear-end collision would produce such abnormalities. The fact that he became symptomatic after the MVA suggests some contribution but not causation by the whiplash.

...

No, from the neurological point of view the Treatment and Assessment Plan dated May 26, 2011 for \$26,628.75 is not consistent with the impairment or the severity of Jazey's injury sustained in the subject accident. It is unlikely that such an extensive purchase of equipment and occupational therapy intervention 3 years after a minor accident, and 2 years after neck fusion would be improving his neurological status and it is not required from a neurological point of view.

I find Dr. Kertesz's opinion unsubstantiated. He was not present at the Hearing to explain why he should be considered as an expert in the implications of motor vehicle accident injuries upon an individual's body.

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**Boyd and St. Paul** [+] Arbitration, 2014-11-13, Reg 34/10.  
<https://www5.fSCO.gov.on.ca/AD/4320>

St. Paul relies on the medical opinions of Dr. John Harrington, orthopaedic surgeon, and Dr. Andrew Kertesz, neurologist, who assessed Mrs. Boyd as part of a multidisciplinary CAT IE in October 2013, to determine if her impairments were catastrophic. From the perspective of their

medical disciplines, these assessors concluded Mrs. Boyd did not meet the test for catastrophic impairment because she did not suffer a total loss of use of her left arm. Dr. Harrington's opinion was that Mrs. Boyd did not meet the "strict definition of catastrophic impairment . . .," problematic in itself but more so because there is little discussion in his report (and even less in Dr. Kertesz') relating their objective findings about the limited active and passive mobility and weakness of Mrs. Boyd's left arm and hand to actual useful function, i.e. to her ability to carry out specific tasks, consistently and repetitively, on a daily basis.