Yufe, Robert S. – Neurologist

Kraja and Wawanesa Mutual [+] Arbitration, 2015-08-19 FSCO 4602

The Insurer argues that there is "absolutely no evidence of a brain impairment in this case." It points out that no obvious head trauma was noted by ambulance or hospital personnel immediately after the accident; a CT scan taken on the day of the accident was normal; Mr. Kraja was able to actively clench his eyes, implying consciousness; his condition seemed to improve when he was assessed by the emergency room physician in that he became verbally responsive and was able to move all his extremities on command; and, he was discharged from hospital within three hours, into the care of his family physician.

However, the Insurer's bald assertion is unsupported by the evidence…….

Dr. Robert Yufe, neurologist, also testified at the hearing, but he gave conflicting evidence. At first, Dr. Yufe said that the emergency physician's diagnosis of concussion could not be supported by the physician's own notes. However, he did not explain that statement. Later, he agreed that the Applicant may have sustained a concussion. By the end of his cross-examination, Dr. Yufe stated that the diagnosis of concussion was valid and that he had never challenged it.

Henry and Aviva Canada [+] Arbitration, 2012-03-01, Reg 403/96.
Interim Order

Relevance 9. FSCO 1361.
Dr. Yufe, neurologist, concluded that the Applicant did not meet the threshold for catastrophic determination using either the Glasgow Coma scale or the Glasgow Outcome Scale. [See note 9 below] He characterized Mr. Henry as evasive, deceitful and blustering. He found that Mr. Henry was making manipulative attempts to benefit from the accident....
...Mr. Henry submits that the test of need/urgency is met by the fact that he and his boys and his wife need help now, not later in life and Mr. Henry is not able to provide for his family but needs to receive help from them instead. This reversal of roles causes irreparable harm whereas an interim benefits award only creates a potential prejudice to Aviva as it is subject to a final order and must be repaid if Mr. Henry is not successful at the arbitration hearing.

Mr. Henry makes a compelling argument that while he is accused of lying about his condition in a manipulative attempt to benefit from it, Aviva, in turn, may have either negligently or

maliciously relied on surveillance of an unidentifiable black male filmed walking in the middle of the night and used the surveillance to taint its medical evidence. Although the case is one of symmetrically serious accusations requiring a hearing, Aviva's termination of benefits to a man in a wheelchair has asymmetrical consequences in the interim which go to the root of family relationships which may not be reparable.

Aviva's argument is that Mr. Henry should be denied interim benefits due to credibility issues, competing medical opinions, and routine financial hardship, concluding that because his family is providing his care, Mr. Henry is not in a worse position from the accident. Mr. Henry responds that a person died in the accident, a person who was sitting beside him in the vehicle, he spent 4 months hospitalized, is still in a wheelchair today, and the only help he can afford is from his family. This is not a routine accident with routine consequences.

Grape and Liberty Mutual - 2 [+] Arbitration, 2001-07-20, Reg 672.
Final Decision

Relevance 65. FSCO 1223.
In November 1998, Liberty Mutual had Mr. Graper assessed by Dr. Robert S. Yufe, a neurologist, and Dr. Paul H. Grant, an orthopaedic surgeon, both at AssessMed, and by Dr. Denton Buchanan, a clinical psychologist at Herrold & Vernon Disability Management Inc. A comprehensive career evaluation was performed by Ms. Kirsten Cherian, a Certified Vocational Kinesiologist, and Mr. Denys Remedios, a Senior Vocational Consultant at Herrold & Vernon.

Dr. Grant concluded that Mr. Graper was not disabled from an orthopaedic point of view. Mr. Graper reportedly told him he still had aching pain in the left knee that was aggravated by prolonged standing and relieved by hot baths. Mr. Graper felt the knee had improved and did not affect his daily function. Dr. Grant observed patellofemoral crepitus in the left knee, as well as insignificant instability and 15 percent loss of flexion. He recommended that Mr. Graper avoid prolonged standing or walking, or repetitive climbing, kneeling, squatting or crawling. He felt these problems could be avoided by pacing.

Neurologist Dr. Yufe recorded Mr. Graper’s complaints of constant headaches, resulting in vomiting, and stuttering brought on by fatigue and headaches. Mr. Graper’s occasional stuttering was evident to Dr. Yufe. It was a recurrent problem during his testimony at the hearing. Mr. Graper reportedly told Dr. Yufe that he would vomit at work “3-4 times per day. He would have to excuse himself from the classroom and leave because of the vomiting. He would then return to

class shortly after." In response to Liberty Mutual's request for a diagnosis, Dr. Yufe reported that Mr. Graper sustained a "moderately severe head injury" in the accident. He noted that Mr. Graper "has sensory loss in the face in the distribution of the right V1 and V2 dermatomes" as a result of the facial fractures. He did not find evidence of significant cognitive impairment.

Dr. Yufe believed the headaches and vomiting were "most likely due to analgesic rebound or medication induced headaches, although I have no way of proving this. One does not normally see persistent vomiting following an isolated right frontal lobe lesion. There was no history to indicate a concomitant brain stem or posterior fossa lesion that could cause persistent vomiting on a neurological basis." Nor did he think the vomiting was related to the hiatus hernia. He concluded,

> From a neurological perspective, I did not think that there would be any reason at present why Mr. Graper is unable to return to his pre-injury occupation as a Grade 8 music and math teacher. His main problem, as he mentioned to me today, seemed to be vomiting. I do not believe that he has been evaluated by a gastroenterologist and I believe that this should be done....
>
> ....

Mr. Seppanen testified that in terminating benefits, he relied on the assessment reports prepared at Liberty Mutual's request in November 1998. The IME assessors - Dr. Grant, Dr. Yufe and Dr. Buchanan - could find no orthopaedic, neurological or neuropsychological barriers to Mr. Graper's returning to work. However, Mr. Graper did not claim his orthopaedic injuries were disabling. The neurologist, Dr. Yufe, rejected Liberty Mutual's suggestion that Mr. Graper's vomiting resulted from a hiatus hernia. He felt it was more likely related to his headaches or medication. On this point, he agreed with Dr. Gardner-Nix. Liberty Mutual did not follow up on his recommendation that gastroenterological problems be explored.

Dr. Yufe suggested that Mr. Graper's headaches were likely medication-induced. But Dr. Gardner-Nix had discussed this issue in her report of September 1998, when she said "we will need a gradual taper of [Mr. Graper's] analgesic medications to cope with rebound which he is obviously experiencing from the years of taking too much analgesia." Dr. Gardner-Nix is a pain specialist at Mount Sinai, a major teaching hospital. Her 11-page curriculum vitae reflects her expertise in malignant and non-malignant pain. If Liberty Mutual was concerned about Dr. Yufe's suggestion that Mr. Graper might be having medication-induced headaches, an appropriate course would have been to ask Dr. Gardner-Nix for her comments. Another option would have been to consult another pain specialist. The Insurer did neither. In any event, an

insurer is responsible for iatrogenic problems resulting from medication prescribed to treat accident-related injuries. [See note 23 below.]

Paunova and Allstate Insurance – 2 Decision Date: **2005-08-10**

Dr. Robert S. Yufe, a neurologist, conducted an assessment of Ms. Paunova in November 2000 on behalf of Allstate. He also gave evidence at the hearing. He concluded in his November 10, 2000 report that there were indications of a mild head injury, but no neurological signs of traumatic brain injury, injury to the spinal cord, cervical or lumbar nerve roots, peripheral nerves or muscles. In a follow up report, dated April 14, 2003 after reading a much more detailed medical record for Ms. Paunova, Dr. Yufe wrote that there was nothing in the record that would change his earlier opinion that Ms. Paunova had not suffered any neurological impairments. He did offer the view that the overwhelming weight of the medical evidence was that Ms. Paunova had suffered a Major Affective Disorder.

Dr. Yufe's diagnosis was post-concussion syndrome with post-traumatic headache with features of both tension and migraine type. In his opinion, from a neurological perspective, there was nothing to prevent Ms. Paunova from working at her pre-accident job or any other job for which she was reasonably suited by reason of her education, training or experience. When questioned by counsel for Ms. Paunova, Dr. Yufe conceded that a brain injury, with behavioural sequalae, could result from a relatively minor trauma and yet not be detectable on a CT scan or MRI.