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To Ontario's MPPs – does Ontario no longer want an honest justice system?

There is increasing evidence that Ontario's auto accident victim's medical files are routinely being altered to suit Ontario's insurers need to save money. Portions of medical reports have been removed, manipulated or even changed entirely without the author's knowledge or consent in order to minimize victim injuries. Signatures have been forged or used without permission in many cases. All of these deceitful acts are done to mislead our justice system and to lower claims costs.

Claimants have long known about the shady and unacceptable deceptive nature of claims handling in Ontario. It's time that our legislators and law-makers acknowledge Ontario's insurance company fraud, whether it be an adjuster, an assessor, assessment centers, treatment facility or the insurer themselves whose policies support or encourage swindling legitimate claimants out of the coverage they paid for.

What are Ontario's legislators going to do about this insurance fraud? Has it become so deeply ingrained in the system and accepted by our lawmakers that it is now a universally accepted deceptive business practice? A recent revelation from a respected Ontario litigation lawyer (below) reveals just how common this practice of deceiving claimants and our courts about the severity of their injuries is.

Is this what you signed up for? Is this what the fight on fraud is all about – just a one sided attack on claimants? When a trier-of-fact lays it out there that "State Farm accepted the opinions of its medical advisors to support its **routine denials of benefits**" (below) isn't it time to acknowledge that the word 'routine' means insurer fraud is happening on a daily basis and harming legitimately injured MVA victims?

Will you continue to slash coverage while calling it fighting fraud or is Ontario going to do something about this systemic disease that threatens the very nature of our justice?

Accident victims deserve better and we depend on our courts for justice when insurers behave badly. Ontario's consumers expect our legislators to act in the best interests of the people of Ontario and we look to you to enact legislation that protects consumers from fraud and unacceptable business practices that cause harm.

Sincerely,
Rhona DesRoches
FAIR, Board Chair
'FAIR – supporting auto accident victims through advocacy and education'

A leaked document from a discussion forum

Dear Colleagues,

I am involved in an Arbitration on the issue of catastrophic impairment where Sibley aka SLR Assessments did the multi-disciplinary assessments for TD Insurance. Last Thursday, under cross-examination the IE neurologist, Dr. King, testified that large and critically important sections of the report he submitted to Sibley had been removed without his knowledge or consent. The sections were very favourable to our client. He never saw the final version of his report which was sent to us and he never signed off on it.

He also testified that he never participated in any "consensus meeting" and he never was shown or agreed to the Executive Summary, prepared by Dr. Platnick, which was signed by Dr. Platnick as being the consensus of the entire team.

This was NOT the only report that had been altered. We obtained copies of all the doctor's file and drafts and there was a paper trail from Sibley where they rewrote the doctors' reports to change their conclusion from our client having a catastrophic impairment to our client not having a catastrophic impairment.

This was all produced before the arbitration but for some reason the other lawyer didn't appear to know what was in the file (there were thousands of pages produced). He must have received instructions from the insurance company to shut it down at all costs on Thursday night because it offered an obscene amount of money to settle, which our client accepted.

I am disappointed that this conduct was not made public by way of a decision but I wanted to alert you, my colleagues, to always get the assessor's and Sibley's files. This is not an isolated example as I had another file where Dr. Platnick changed the doctor's decision from a marked to a moderate impairment.

Maia

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Burwash v. Williams, 2014 ONSC 6828 (CanLII) 2014-11-25 http://canlii.ca/t/gfdrp

[6] Cira is not a party to this litigation. It is a national company in the business of providing medical assessments and health services for several corporate, insurance and medical legal communities through a network of independent health professionals. Cira was created in June 2012 and is a combination of two companies, namely, Riverfront Medical Services ("Riverfront") and Medisys IMA.

[7] The Defendants retained Cira to co-ordinate defence medical examinations of Ms. Burwash conducted pursuant to s. 105 of the *Courts of Justice Act*, R.S.O. 1990, c. C.43.

[8] The Defendants do not object to the production of the files.

[9] The Defendants have requested disclosure of Cira's complete files. The Plaintiffs allege that only partial production of the files has been made to date.

Timing of the Motion

[10] The Plaintiffs assert that they had no reason to suspect that Cira was involved in the review, revision and editing of draft expert reports until the examination for discovery of Dr. St. Pierre when answers and subsequent productions indicated that Cira may be using third parties to review and revise the Defendants' expert reports.

[24] The Plaintiffs provided documents that indicate that there may have been third party manipulation and alteration of the expert reports that the Defendants will rely upon at trial. Relevancy is established since this issue goes straight to the heart of the Plaintiffs' case and the medical evidence they intend to lead to prove damages.

[28] Rule 53.03 of the *Rules of Civil Procedure* is designed to ensure the independence and integrity of the expert witness. The duty of the expert witness is to be of assistance to the court. Each expert witness is required to sign an acknowledgement that they are providing an independent and unbiased opinion. If there is reason to believe that the expert's report or opinion has been influenced by unknown third parties and is therefore not entirely the expert's opinion, the fundamental rationale for accepting expert opinion evidence is no longer present and hence the report is not only not helpful to the court but may become misleading. This is an issue that is directly related to trial fairness.

MC v KE, 2013 CanLII 55435 (ON HPARB), 2013-09-04
http://canlii.ca/t/g0c3g

7. [...]The Respondent notified the Committee that, through the complaints process, she had discovered that Riverfront Medical Services (Riverfront), the company through which the Applicant's assessment was contracted, had changed the Respondent's report without her prior knowledge or consent.

9. As a result of its investigation, the Committee decided to take no further action, noting that the Respondent reported information that she considered to be accurate and that there did not appear to be any indication that the Respondent intentionally falsified factual information in the report or that she misrepresented information about the Applicant's abilities during the assessment.

10. However, the Committee did express concern about the information uncovered during the course of the investigation related to Riverfront having altered the Respondent's report. The Committee noted the "egregious" impact that these changes could have had on the Applicant's entitlement to benefits. In the result, the Committee decided to offer advice to the Respondent about the importance of ensuring that she personally reviews and approves any assessment report she completes prior to the report being issued.

Macdonald v. Sun Life Assurance Company of Canada, 2006 CanLII 41669 (ON SC) — 2006-12-13 http://canlii.ca/t/1q596

[1] In the course of this jury trial I ruled that Dr. Frank Lipson, who had conducted a defence medical of the plaintiff, not be permitted to testify as an expert witness on behalf of the defence. Dr. Lipson had testified that a medical report purportedly signed by him had not been signed by him. He stated that his signature stamp had been affixed to the report without his authority by an individual at Riverfront Medical Evaluations Limited (Riverfront) thecompany who had retained him to conduct the defence medical. I made my ruling based on the evidence before me at the time. The case proceeded and the jury ultimately delivered a verdict awarding the plaintiff damages and that verdict has not been appealed. However, in view of the serious allegations that had been made against Riverfront I felt that Riverfront should be given an opportunity to respond before I delivered the full reasons for my ruling. Subsequent to the conclusion at the trial, counsel for Riverfront appeared before me and called evidence and made submissions.

[2] I have deliberated for a very long time before delivering these reasons. Although the action out of which the problem arose has long been concluded, this case raises vexing issues as to what role may be properly played by organizations such as Riverfront in the formulation of an expert witness' opinion.

[12] Dr. Lipson initially testified that he did not know that the highlighted paragraph of the draft had been deleted from the served report when he signed it. He later testified that Linda Geladaris (Linda) a secretary at Riverfront who was responsible for "quality control" may have phoned him and told him that the highlighted portion didn't really contribute to the report or his diagnosis and that he made the decision to delete it. In response to a question from the bench, Dr. Lipson stated that he now recollected that he made a decision to delete the highlighted portion after receiving a communication from someone at Riverfront. He then stated that the communication might not have been a telephone call but it could have been in the form of an edited report sent to him by email from Riverfront and that he decided to adopt the edited report as his own.

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http://www.fsco.gov.on.ca/en/drs/counselforum/Pages/2011-03-25.aspx

FSCO Minutes - March 25, 2011 – 5. "Doctored" Reports:

Senior Arbitrator Nastasi reported that a recent unit meeting arbitrators reported two separate hearings in which in the middle of testimony by a doctor or assessor, it became clear that the report issued / produced by the Clinic or assessor was not the same report created by the doctor / assessor on the witness stand. Liz put the issue out to the group to assess whether this has been a recent issue or new trend that counsel have also experienced.

Counsel Response:

In the past IR adjusters would contract out to individual assessors and defence counsel could potentially request certain doctors that they liked to work with BUT today - to save money almost 100% of the assessment work is farmed out to Brokers leaving very little choice about who will do the assessment.

Stan P. - 100% of ALL assessments are "doctored" - in that the actual doctors and assessors are not able to do MOST of the report for $2000. The result is that the clinic administrators are the ones setting up most of the report and then doctors actually write a small portion of the actual report.

Eric G - the $2000 cap is "unworkable" - most of the work is done by the broker because of the limited amount of money available to pay for the report.

Suggestion - FSCO needs to look at this in a more systemic way

Query - what is FSCO's or an arbitrators' responsibility when this issue comes up during a hearing ? - When an arbitrator does encounter this during a hearing then they need to report on it and this will have an effect in the future on whether that company or assessor receives any further business

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So You Think You're Covered! The Insurance Industry Rip-Off

by Jokelee Vanderkop http://www.deniedbenefitclaims.com/index.html

pg 144-146 - 'Preparing for Court' - Only with his prodding did I take a closer look and was shocked to see that the signature was not mine although the typed name under it was. I was now more alert. I had never seen this letter despite my name being on it. The content of the letter had, most likely, been innocuously presented by the car insurer's claims advisor to Mr. K.'s legal clerk to type up and sign in my name, possibly under the guise of saving me a trip to their

office to sign it and speed up my getting the funds. The insurer dealt with her for this transaction, rather than her boss, probably counting on her not being up to speed on the legalities. Pleased that I was finally being paid, and not recognizing the underhandedness of this letter, she signed for me without my knowledge and without authorisation. The letter was meant to benefit the insurer by tying payment of all IRBs disbursed to me by the car insurer to repayment of that money. By signing my name, the clerk had me agree to those conditions. I would be no further ahead even if the health carrier paid me and the legal battle with the car insurer would have been for nothing.

Mr. P. was to learn later that the insurer never had any intention of paying me the IRBs it acknowledged owing me that January 2001 unless their claims advisor got my signature on that letter.

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https://www5.fsco.gov.on.ca/AD/4330

Jazey and State Farm [+] Arbitration, 2014-12-09, Reg 403/96. Final Decision FSCO 4330.

State Farm denied Ms. Gowan's treatment plan for the occupational therapy and ergonomic equipment on July 1, 2011. In its documentation, State Farm provided a report by **Ms. Leslie Hisey**, an occupational therapist who had conducted an Insurer's examination to determine the reasonableness of Ms. Gowan's occupational therapy and ergonomic treatment plan. The evidence indicated that that **Ms. Hisey reviewed an incomplete list of medical records and apparently spent slightly over an hour undertaking her assessment**.[7] In her conclusion, she stated that there is little medical evidence to confirm the etiology (the cause) of any motor vehicle accident-related neurological impairments. She opined that she needed greater confirmation of any link between the accident and the alleged impairments. However, State Farm did not bring Ms. Hisey as a witness to elucidate about what information she felt was lacking.

...

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.

.....

State Farm's decision not to bring any of its experts to the Hearing meant that their opinions could not be cross-examined. Thus, I find that State Farm failed to provide a reasonable challenge to Mr. Jazey's evidence respecting the proposed occupational therapy treatment plan and ergonomic equipment as recommended by Ms. Gowan.

....

Mr. Jazey testified that State Farm denied the hot tub treatment plan on June 17, 2011. He stated that State Farm based their decision on the opinion of **Dr. Garson Conn, an orthopedic surgeon**, who had completed an insurer's examination on June 7, 2011, and stated in his report:[9]

He (Jazey) continues to find this (the hot tub) to be helpful. However, from a strictly orthopedic perspective, the installation of a hot tub would not, in my opinion, be considered reasonable and necessary.

That is not to say that Jazey should not use a hot tub if he finds this to be comfortable, but I would think that a warm bath would be satisfactory or very helpful in that regard as well, and I think the necessity of a hot tub, on the basis of what would appear to have been a very successful surgical procedure and given the fact that Jazey had some compromise evident prior to the accident in question, which likely aggravated the symptomatology, is not, in my opinion, an orthopedic requirement and, therefore, I would consider the Treatment Plan not to be reasonable and necessary, as I have already outlined.

Dr. Conn was not called as a witness by State Farm and thus his credentials and statements were not tested by cross-examination. I attach more weight to oral testimony than to untested written reports.

Dr. Christopher Bailey is an orthopedic surgeon specializing in spinal injuries, the Director of Spine Research at Victoria hospital, and an Associate Professor at Western University. In his testimony, **Dr. Bailey respectfully pointed out that Dr. Conn, while an orthopedic surgeon, is not a specialist in spinal orthopedics and spinal rehabilitation.**

...

Dr. Keith Siqueira is an expert in physical medicine and rehabilitation (physiatry). He testified that he disagrees with Dr. Conn and, in his opinion, the hot tub is a significant and necessary aid to assist in pain management and enhanced

functionality, thereby allowing Mr. Jazey to continue to work and remain active. He testified that he has often prescribed hot tubs for his spinal cord injury patients.

When questioned about Dr. Conn's statement, Dr. Siqueira stated:[12]

So, Dr. Conn essentially notes that the hot tub is not an orthopedic requirement. He notes that from an orthopedic perspective the hot tub would not be considered reasonable and necessary. So, a hot tub is not going to fix his bones, all right. So, from an orthopedic requirement perspective, Dr. Conn is correct.

But again it misses the point of this. (It's) a treatment modality that's helping this gentleman. It's reducing his pain. It's helping him more considerably than a hot bath would or a hot shower would. He was using it consistently and it was allowing him to maintain work and function (sic).

In my opinion, the hot tub is absolutely reasonable and necessary given the severity of his injuries.

State Farm did not avail itself of the opportunity to bring any of its experts to the Hearing that would enable their opinions to be cross-examined, and thereby challenge Mr. Jazey's evidence that the cost of the hot tub is reasonable and necessary to assist him in achieving a reasonable degree of mobility and reduction in his pain.
...
I was quite unimpressed that State Farm felt it was not necessary to bring any of its experts to the Hearing. Presentation of these experts would have enabled their opinions to be cross-examined and thereby challenge Mr. Jazey's evidence that the cost of the massage is reasonable therapy and necessary to assist him in achieving a reasonable degree of mobility and reduction in his pain.

I found Mr. Jazey to be a very credible witness. While State Farm in its submissions suggested that Mr. Jazey's memory and recollection was sometimes inconsistent, on a balance of probabilities, I find that I prefer Mr. Jazey's evidence as opposed to the untested evidence of State Farm's "experts". I am willing to give Mr. Jazey the benefit of the doubt that some of the inconsistencies in his testimony that were pointed out by State Farm may be the direct result of the stress and frustration that he is experiencing. However, I make no finding on this latter point.
....
Special Award

If the arbitrator finds that an insurer has unreasonably withheld or delayed payments, the arbitrator, in addition to awarding the benefits and interest to which an insured person is entitled under the *Statutory Accident Benefits Schedule*, shall award a lump sum of up to 50% of the amount to which the person was entitled at the time of the award together with interest on all amounts then owing to the insured (including unpaid interest) at the rate of 2 per cent per month,

compounded monthly, from the time the benefits first became payable under the*Schedule*.

Pursuant to section 282(10) of the *Insurance Act,* **I find that State Farm has unreasonably withheld or delayed payments to Mr. Jazey in denying treatments and withholding payments; State Farm accepted the opinions of its medical advisors to support its routine denials of benefits; and it should have been aware that these denials would cause Mr. Jazey undue stress and financial hardship and reduce the opportunity for him to recover from his injuries**.

In paragraphs 203 to 221 and Schedules C and D of Mr. Jazey's closing submissions, Mr. Jazey has detailed the particulars of his claim for a special award in the amount of $131,408.27, representing 50% of the benefits and interest to which he claims entitlement.

State Farm vigorously opposes Mr. Jazey's entitlement to a special award. State Farm submits that Mr. Jazey "has failed to provide any records or evidence outlining the professional attendant care services provided by the CCAC for the period that the Applicant (Mr. Jazey) required attendant care. This information would provide a professional perspective in detail what attendant care was required, the specified period for which attendant care was required, and what ongoing attendant care may be required."

State Farm also "submits that the evidence led by the Applicant provides no definitive insight into what services, if any, were required in addition to those professional services provided by the CCAC."

Considering all the relevant factors in this matter, I agree with Mr. Jazey's contention that State Farm has acted unreasonably and Mr. Jazey is entitled to a special award.

The *Insurance Act* states that an Arbitrator shall award a lump sum of up to 50% of the amount to which the person was entitled, etc. It does not set a quantum but leaves it to the Arbitrator to determine whether that amount should be one dollar or the maximum of 50%. In this matter, because State Farm has provided some benefits to Mr. Jazey and Mr. Jazey has been able to return to his self-employment, albeit to a limited degree compared to his pre-accident ability, and Mr. Jazey has failed to provide some specific documentation to State Farm, I am fixing the special award at 25% of the amount to which he claims entitlement.

I hereby order that State Farm shall pay a lump sum to Mr. Jazey of 25% of the amount to which he is entitled, which amount shall be $32,852.07.

Maxwell v. Luck, 2014 ONSC 7179 (CanLII)

3. Is the impairment serious?

[18] The court heard from the defence expert medical witness, Dr. Michael Ford, a spine and trauma surgeon at Sunnybrook dealing with serious fracture cases. He is still active as a surgeon and does a significant amount of medico-legal assessments. He does not practice in the area of chronic pain but he is experienced in assessing it as an orthopedic surgeon. He categorically dismisses chronic pain complaints unless, as he said, he can see or understand the mechanism causing the complaint. He dismissed Dr. Alpert's opinion as supposition.

[19] Dr. Ford gave this plaintiff a very cursory examination. It was his last appointment of the day. He took Ms. Maxwell's history in ten to fifteen minutes and the physical examination consisted of Dr. Ford watching her walk, do a neck extension and neck rotation. He never palpated her so he could not have found what Dr. Alpert says he found as his own objective findings during his examination. He found that:

- she had a decreased range of motion doing different movements - he saw these as significant and in the 40% to 70% range;
- she had muscle tightness and tenderness to the touch in the cervical area from C2 to C6 - he could feel the tautness and ropiness in the muscles and ligaments there;
- she had tenderness to palpation over the occipital nerves.

[20] These findings were dismissed by Dr. Ford. He saw this case as simple and uncomplicated, where there were no objective mechanisms causing pain, therefore there could be no valid complaint. He understood that she had stopped working because of her pregnancy and that her complaints from the car accident in 2007 had long since resolved.

[21] **If he had asked a few questions about these answers, he probably would have learned that she could not do the strenuous dances that success at her job demanded, being very dependent on tips; she could no longer do the one recreational activity she loved, horse-riding, though she did try and was hit in the head once and fell off a second time. Dr. Ford simply dismissed Ms. Maxwell and wrote a report concluding without even a full**

examination of the patient, that any complaints she had now must come from her prior or other medical history without any analysis as to what exactly in her past would have caused them but the 2007 collision; all other previous traumas were reported and the treating doctor or chiropractor could see no reason to follow up other than to suggest some rest. I do not accept Dr. Ford's opinion nor do I sense that Dr. Ford has an understanding of the fundamental aspect of those chronic pain cases, which lack objective proof. Nevertheless they are very real to the patient. In finding as I do, I am not to be taken to take away from Dr. Ford as an excellent spinal surgeon who works with serious trauma patients often derived from serious fractures, and displacement and other severe physical trauma. But I question his expertise in the area of chronic pain due to his offhand examination, his failure to test by palpation or to observe a variety of movements, and his very brief approach to her medical history which is by no means a simple one to understand, both orally and through the many records from the treating practitioners.

Speaker's Corner: An expert witness' friendly advice on information he needs from lawyers

Monday, 11 March 2013 09:00 | Written By Dr. Michael Ford |

As an expert witness in the area of orthopedic trauma surgery, lawyers often ask me what they should provide in order to get an objective and informed opinion. That begs the obvious question: Don't lawyers already know what to put in the box? In fact, they don't always know.

What follows, then, is an expert witness checklist offered in the spirit of friendly medical advice.

First, provide the decoded OHIP summary and family physician's notes. Claimants are not always reliable with respect to the description of their past medical history of neck or back pain and the family physician's notes are extremely telling. The OHIP summary comes from the Ministry of Health and is a listing by date of all health services provided by all professionals. We need both to arrive at an accurate picture.

We also need the summary and notes to go back several years prior to the event whether it's a slip and fall or a motor vehicle accident. It's amazing how often I get notes that are from the time of the incident onward. I don't care about that. I want to see the notes predating the event. Why? Because some people are dishonest.

In the notes, I will often find that there is a significant prior history of neck or back pain predating the event. They're not misleading about having the pain; they're being untruthful

about their past medical history. I've had situations where I've asked for the notes and I've seen there have been 50 visits for neck and back pain and 100 treatments from a chiropractor even as the claimants maintain they've never had any problems before the event. Surprisingly, they don't know I'm going to see the records or that I'm going to look at them, which is incredibly naive.

The difficulty is that I have to ask for those notes about 50 per cent of the time as they're not in the box.

Second, we need imaging. The imaging, including X-rays and MRIs, are very rarely in the package and ideally it's best if the lawyers could actually send those on a CD-ROM. I'll see the reports arising from the imaging, but that's a description by an individual of a picture and not the same thing as seeing it. If the report mentions something with respect to potential pathology, I want to see that imaging to ensure that it is in fact significant.

The issue is that radiologists will call things significant in a report that we don't agree with. That's because it's not their backyard; they don't get to see the imaging and then go do the surgery and see what's clinically significant.

I get the imaging in less than 10 per cent of the files and in another 20 per cent I will have to ask for it. Why? I think lawyers for the most part assume the report is as good as seeing the picture. It's important that lawyers not assume. It's vital for me to deliver an opinion that is objective and accurate because I could potentially be up on the stand answering questions about whether I actually saw the pictures and I'll have to respond that I did not. That's not a situation any expert wants to be in.

Ensure the materials are up to date. It's unbelievable how often I'll see someone and all of the records stop two years prior. I'll hear from claimants that they just had an MRI or surgery six months ago but I have no records. There's a lag time between my seeing them and the incident.

The need for current records includes the family doctor's notes, other expert reports, imaging studies, and other tests. Why? Claimants may not offer up the fact that they've had surgery or additional investigations and I need that to know what to look for. To be objective, you can't take what the claimant says at face value.

This is not a situation where you're seeing a patient who's there merely to seek your help with a cure or for treatment. This is, for the most part, an adversarial situation and the individuals are seeing me as a defence expert because the lawyer for the other side wants them to see me. It's a little different when I'm seeing them for plaintiff's counsel but they're still not necessarily being completely honest with their lawyer either. So I need to have as much factual material as possible to come to an objective decision.

In addition, the notes must be legible. When I get the family physician's notes, they're quite often totally and completely illegible. As a doctor, I can't even read this other physician's notes. We're supposed to be able to, but sometimes they're so bad you can't even get a single word or the gist.

So instead of the expert having to ask to go back to the family physician and get them transcribed and typed, lawyers should look at the notes and if they can't read them, they should save everyone time and get them deciphered.

When it comes to surveillance, it's typically useless information. Unless it's one of those rare circumstances where the surveillance shows the claimants doing something they allege they're totally unable to do, it's not pertinent. Lawyers should screen it first to see if it addresses their claim but should otherwise not include it in the package and waste time on the expert's end going through it to come to the same conclusion.

There are a few things we don't need. For instance, correspondence from insurance companies is a total waste. The forms sent to the insurance company for approval of care and benefits aren't useful from a medical perspective, nor is any correspondence between them and counsel.

Psychological reports don't help either except from the perspective of getting more insight into the individual.

Finally, I have a few tips on how to present the information. I'll sometimes get a package that isn't indexed and is just a pile of materials. It's a waste of time and money because I spend more time than I should have to in order to generate a report. At the same time, if the individual is someone who has difficulties with English, an interpreter would help. By the same token, it's surprising how many times an interpreter shows up for no reason. Don't assume the need for one.

It can also be helpful to provide police reports and photos of vehicle damage. Often, there's a discrepancy between the claimant's description of the event and reality.

Dr. Michael Ford is an orthopedic spine and trauma surgeon at Sunnybrook Health Sciences Centre who has more than 20 years of medical legal experience. He can be contacted at michael.ford@sunnybrook.ca This email address is being protected from spambots. You need JavaScript enabled to view it. *or* 416-480-6775*.*