LICENCE APPEAL TRIBUNAL

TRIBUNAL D'APPEL EN MATIÈRE DE PERMIS

Safety, Licensing Appeals and Standards Tribunals Ontario

Tribunaux de la sécurité, des appels en matière de permis et des normes Ontario

Citation: P.P. vs. Portage La Prairie Mutual Insurance Company, 2018 ONLAT 17-008689/AABS

Date: October 29, 2018
Tribunal File Number: 17-008689/AABS

In the matter of an Application pursuant to subsection 280(2) of the *Insurance Act,* RSO 1990, c I.8., in relation to statutory accident benefits.

[The applicant]

Applicant

and

Portage La Prairie Mutual Insurance Company

Respondent

DECISION

ADJUDICATOR: Dawn J. Kershaw

APPEARANCES:

For the Applicant: Karen Hulan, Counsel

For the Respondent: Geoffrey Keating, Counsel

Held in Writing: **August 1, 2018**

OVERVIEW

[1] On August 11, 2015, the applicant was involved in a motor vehicle accident. The applicant sought benefits from the respondent pursuant to the *Statutory Accident Benefits Schedule - Effective September 1, 2010* (the "*Schedule").* The respondent denied payment of certain benefits and the applicant applied to the Licence Appeal Tribunal – Automobile Accident Benefits Service ("the Tribunal") for resolution of this dispute.

PRELIMINARY ISSUE

[2] The respondent took exception to the applicant exceeding the Tribunal's page limits for her submissions. The applicant conceded she did so and acquiesced to the respondent's request that it be permitted to add pages to its submissions, which it never did. It also never asked the Tribunal for permission to do so after the applicant conceded this point.

[3] The respondent alleged prejudice without providing any specifics. Therefore, I find no prejudice.

[4] I have decided this case based on the submissions as received by the Tribunal.

ISSUES IN DISPUTE

[5] The parties agree that the issues in dispute are as follows:

(a) Is the applicant entitled to receive a weekly income replacement benefit ("IRB") in the amount of $258.33 per week for the period from December 9, 2017 to date and ongoing? (Issue 1)

(b) Is the applicant entitled to a medical benefit in the amount of $1,579.04 for occupational therapy recommended by Joyce Sharp in a treatment plan denied by the respondent on June 13, 2016? (Issue 2)

(c) Is the applicant entitled to a medical benefit in the amount of $1,170.00 for physiotherapy services recommended by Talbot Trail Physiotherapy in a treatment plan denied by the respondent on September 9, 2016? (Issue 3)

(d) Is the applicant entitled to a medical benefit in the amount of $2,633.75 physiotherapy services recommended by Talbot Trail Physiotherapy in a treatment plan denied by the respondent on September 9, 2016? (Issue 4)

(e) Is the applicant entitled to a medical benefit in the amount of $1,400.00 for occupational therapy recommended by Joyce Sharp in a treatment plan denied by the respondent on March 3, 2017? (Issue 5)

(f) Is the applicant entitled to a medical benefit in the amount of $3,299.75 for occupational therapy recommended by Susan Gauvin in a treatment plan denied by the respondent on June 23, 2017? (Issue 6)

(g) Is the applicant entitled to a medical benefit in the amount of $2,248.89 for speech language therapy recommended by Adrienne Bulhoes in a treatment plan denied by the respondent on June 23, 2017? (Issue 7)

(h) Is the applicant entitled to a medical benefit in the amount of $1,629.29 for occupational therapy recommended by Monique McDonald in a treatment plan denied by the respondent on August 1, 2017? (Issue 8)

(i) Is the applicant entitled to interest on any overdue payment of benefits? (Issue 9)

RESULT

[6] I find that the applicant is entitled to:

(a) Payment for all treatment plans, except the portion of the treatment plan in Issue 2 that is for the weighted vest;

(b) IRB in the amount of $258.33 per week for the period from December 9, 2017 to date and ongoing; and

(c) Interest on any overdue payment of benefits.

BACKGROUND

[7] The now 55 year old applicant was a passenger in a vehicle that, on August 11, 2015, was rear ended when stopped at a red light. The applicant exited the vehicle and was then hit by the same vehicle.

[8] At the time of the accident, the applicant had been off work since March 23, 2015 and was scheduled to return on September 8, 2015. Though she did return on this day, she only worked until September 18, 2015. The applicant states that her family doctor indicated she could not work.

[9] The first medical note after the accident is a September 24, 2015 emergency room (“ER”) record from approximately six weeks after the accident. It sets out that the

applicant had worsening vertigo, headaches, fatigue, nausea and memory issues. The applicant advised she hit her head in the accident and from being punched by a family member. The ER doctor concluded the applicant had peripheral vertigo from Meniere's disease, and the rest of her symptoms were perhaps concussion-related.

[10] The applicant first saw her family doctor on October 1, 2015.

[11] The applicant remained off work until May 2016 when she tried an unsuccessful graduated return. It appears she received some Employment Insurance and some short-term disability benefits until April 15, 2016, and then IRB from April 17, 2016 to December 9, 2017. She was also approved for Canada Pension Plan ("CPP") disability benefits, effective November 2016.

[12] I turn first to an assessment of the various recommended treatment plans.

THE LAW

[13] I must determine if the disputed treatment plans are reasonable and necessary, pursuant to section 25(1)(3) of the *Schedule*.

[14] The onus is on the applicant to prove, on a balance of probabilities, that a proposed treatment plan is reasonable and necessary. There is no definition of reasonable and necessary in the *Schedule.*

OCCUPATIONAL THERAPY TREATMENT PLAN ($1,579.04) - DENIED June 13/16 (ISSUE 2)

[15] In a treatment plan dated November 11, 2015, the occupational therapist, Joyce Sharpe ("OT"), wrote that the applicant described constant dizziness with nausea, headaches, tinnitus, facial swelling, fatigue, short term memory disturbance, difficulty moderating emotions, irritability, communication disturbance (slurring and word-finding difficulties), poor focus, sound sensitivity and difficulty reading. She wrote that the applicant had unsuccessfully attempted to return to work, but she was unable to execute her duties.

[16] She recommended services for what she termed the applicant's "post-concussional syndrome", namely to improve the applicant's focus and the effectiveness of other cognitive skills, improve activity tolerance and reduce dizziness. She wrote that the treatment plan was meant to: outline the applicant's pre-accident and current functional status; recommend an in-home assessment and an assessment of attendant care needs; recommend purchasing a weighted compression vest; and determine treatment, equipment and other service needs and therapies.

[17] There is disagreement over whether or not the applicant suffered a concussion. The respondent takes the position that, in the absence of a diagnosis of post-concussional syndrome from someone who is qualified to make such a diagnosis, the treatment plan is not reasonable and necessary.

[18] The September 24, 2015 CT scan of the applicant's head showed no acute intracranial abnormality. When the applicant saw her family doctor, Dr. Szczerbowski, on October 1, 2015, more than seven weeks after the accident, she wrote that the applicant was fine at the time of the accident and did not attend the ER. She also wrote that the applicant developed a headache and dizziness all the time when she returned to work on September 3, 2015. She wrote that the applicant was unbalanced, and had frontal L > R head swelling, palpable tenderness of her lumbar spine area and bruises on her right knee and the back of her calf.

[19] The respondent denied the treatment plan on December 29, 2015 as a result of Dr. Abram's section 44 insurer's examination, dated December 8, 2015, which determined that the treatment plan was not reasonable and necessary because the applicant's physical injuries were minor and she was subject to the monetary limits set out in the *Minor Injury Guideline* ("MIG"). The applicant subsequently was removed from the MIG. Dr. Abram then concluded, in a June 1, 2016 addendum, that there was no necessity for attendant care. In addition, Dr. Kertesz, a neurologist, concluded in an August 26, 2016 addendum that there was no scientific evidence that a weighted vest could help dizziness.

[20] I agree, in part, with the respondent's submission, namely that the medical evidence did not definitively support a concussion. For instance, while there were records from the family doctor and the ER doctor that listed symptoms consistent with a concussion, there were other plausible explanations for this symptomology (e.g., the applicant informed the ER doctor that she had been punched in the head, some of these symptoms pre-dated the accident, etc.).

[21] Even still, I find it more likely than not that the applicant suffered a concussion in the accident. While the applicant's facial swelling was not recorded until more than seven weeks after the accident and the only medical record that mentioned the applicant hitting her head in the accident was the ER note, Dr. Szczerbowski also referred to the applicant as having "post-concussion", and Dr. Kertesz conceded the applicant may have suffered a concussion. The medical evidence also shows that the applicant's complaints of dizziness had improved prior to the accident and returned after.

[22] As such, I find the treatment plan is reasonable and necessary in part. The OT proposed assessing the applicant's pre- and post-accident functioning and the need for attendant care, if any, as well as any further services and treatment. This

proposal was eminently reasonable given the applicant's pre-existing symptoms, as well as the possibility of a concussion that was caused by the accident. My finding also is supported by the insurer's neurologist who conceded that the applicant may have suffered a mild concussion.

[23] With respect to the weighted vest, I accept the expert opinion of the neurologist that there is no scientific evidence of its utility, and that it was not reasonable and necessary from a neurological perspective. I prefer the neurologist's opinion because he relies on scientific evidence that such a vest is not useful for neurological symptoms like the applicant's.

[24] This treatment plan is reasonable and necessary, with the exception of the weighted vest.

PHYSIOTHERAPY TREATMENT PLANS ($1,170.00) & ($2,633.75) - DENIED August 10/16 (ISSUES 3 & 4)

[25] Both treatment plans recommended treatment for concussion, "other and unspecified injury of the nerve root of the cervical spine" and headache. The July 27, 2016 treatment plan recommended a traction unit to aid treatments and allow for maintenance afterward, in light of a June 30, 2016 neck MRI that showed impingement of the C6 nerve root.

[26] The August 4, 2016 treatment plan recommended further physiotherapy for difficulties concentrating, drive, prolonged positioning, dressing, sleeping and activities of daily living.

[27] It was written in the March 4, 2016 clinical note from the applicant's acupuncture clinic that the applicant had complaints of a concussion, dizziness, headaches, daily nausea, terrible speech and tinnitus. Dr. Szczerbowski completed a Disability Certificate on March 8, 2016 in which she stated the applicant was off work from September 17, 2015 to April 30, 2016 for collision-related injuries and depression, and was to attempt a return to work on May 1, 2016. On June 14, 2016, the applicant attended the hospital with persistent right-sided neck pain radiating into her right arm, aggravated by movement and increasing her nausea. She attended physiotherapy two to three times a week, beginning on June 16, 2016 and her neck symptoms improved with treatment.

[28] Dr. Szczerbowski subsequently completed a return to work form, dated August 18, 2016, and stated that the applicant had severe cervical discopathy, dizziness and headaches.

[29] Dr. Kertesz examined the applicant on June 7, 2016 and also completed an addendum, dated August 26, 2016, based on a paper review. Dr. Kertesz concluded that the applicant did not complain of headaches; her dizziness pre-dated the accident; and she showed no evidence of neurological injury or significant post-concussive symptoms. Dr. Kertesz opined that the impingement and the other spondylotic changes were not caused by the accident. Therefore, Dr. Kertesz concluded that the treatment plan was not reasonable and necessary and that further treatment was not likely to help and could promote dependence.

[30] Based on my review of these medical reports, I find the physiotherapy treatment plans reasonable and necessary in light of the applicant's continued dizziness, neck pain, headaches and other symptoms, including difficulties with daily activities.

[31] The applicant improved somewhat with physiotherapy treatments. Dr. Kertesz's opinion did not persuade me otherwise, particularly since he too identified a possible concussion. The fact that the applicant did not mention headaches when she saw him does not change my opinion, given that the medical providers who saw her most frequently identified headaches. In addition, Dr. Kertesz did not explain his conclusion that the MRI findings were not caused by the accident. While the findings may have been degenerative, and, therefore not caused by the accident per se, Dr. Kertesz did not conclude that the applicant's symptoms were not caused by the accident. My finding also is supported by the November 2016 opinion from Dr. Sequeira (a specialist in physical medicine and rehabilitation) that the applicant would benefit from working with a physiotherapist to manage unsteadiness and challenge her vestibular system.

[32] With respect to the cervical spine traction unit, I accept the physiotherapist's opinion that this would help her maintain gains from treatment. As noted above, the neurologist addressed the weighted vest, but not this unit. In November 2016, Dr. Sequeira supported the benefit of this unit.

OCCUPATIONAL THERAPY TREATMENT PLAN ($1,400.00) – DENIED January 25, 2017 (ISSUE 5)

[33] In this treatment plan, the OT recommended the applicant complete an in-home assessment. The OT proposed this assessment because of the applicant's persistent symptoms, including: dizziness, headaches, fatigue, light and sound sensitivity, blurry vision, short term memory issues, emotional lability, slurring and word-finding difficulties. The respondent denied this proposed assessment on the basis of its own in-home OT assessment and report.

[34] Throughout the applicant's physiotherapy treatment between July and November 2016, the applicant had dizziness, nausea and pain. The physiotherapist also noted

that memory was an issue. The applicant also saw Dr. Sequeira in November 2016 for neck and arm pain. The applicant described dizziness, light-headedness and unsteadiness. Dr. Sequeira concluded that her symptoms were consistent with the MRI findings.

[35] The respondent's OT, Ms. Auger, concluded (in her February 24, 2017 report) that occupational therapy was not reasonable and necessary. The applicant submits that Ms. Auger did not test her driving and only observed her walking and standing for two to three minutes a time before concluding she was functional. The OT also wrote that the applicant had housekeeping problems because of dizziness, but deferred to the respondent's neurologist who wrote that the dizziness was not accident-related. She recommended a grab bar in the bathroom due to dizziness.

[36] The respondent submits that Ms. Auger's report stated that the applicant reported independence in self-care and community mobility. The respondent submits it would be unusual for the applicant's ability to deteriorate without explanation. It also points out that the applicant continued to attend the gym, often daily.

[37] Ms. Auger's report concluded the applicant was functional. However, Ms. Auger's report stated that the applicant reported dizziness with many of the movements. In addition, she did not test the applicant's lifting and carrying ability because of safety concerns due to poor balance with sitting and walking, even though she then concluded the applicant was functional in these areas. Ms. Auger also reported that the applicant returned to driving, but preferred to stay within her area, and avoided going further than about 40 minutes.

[38] Given the applicant's symptoms and Ms. Auger's own observations, I find that the proposed OT assessment was reasonable and necessary.

[39] Dr. Kertesz's conclusion that the applicant's symptoms were not related to the accident, but instead were related to Meniere's and psychosocial and psychological issues pre-dating the accident, does not change my opinion. Although the applicant had dizziness pre-accident, by the time of the accident, she had improved and was approved to return to work. In addition, he conceded she may have suffered a concussion.

OCCUPATIONAL THERAPY TREATMENT PLAN ($3,299.75) – DENIED June 23, 2017 (ISSUE 6)

SPEECH LANGUAGE THERAPY TREATMENT PLAN ($2,248.89) – DENIED December 21, 2017 (ISSUE 7)

OCCUPATIONAL THERAPY TREATMENT PLAN ($1,629.29) – DENIED August 1, 2017 (ISSUE 8)

[40] Given the findings listed below about the applicant's and respondent's medical evidence, I find that these treatment plans are reasonable and necessary

[41] The applicant's family doctor referred her to an Acquired Brain Injury program, whose assessors determined that it was suitable for the applicant. These treatment plans resulted from that program. They were denied based on Ms. Auger's OT paper reviews of June 23 and July 21, 2017, in which she concluded that the applicant did not have a brain injury. This conclusion was based on the other insurer's examination reports.

[42] The applicant submits that Ms. Auger did not refer to the more recent Disability Certificate from the applicant's family doctor, dated May 30, 2017. In this Certificate, he stated that the applicant sustained injuries as a direct result of the accident, including: depression, anxiety disorder, post-MVA injuries 2015, trapezius spasm, DDD spondylotic changes, falls due to balance problems, cognitive impairment, memory deterioration and gastritis – reflux.

[43] Dr. Castillo, an otolaryngologist, did an insurer's examination on August 16, 2017, and he disagreed with the respondent's neurologist's conclusion that the dizziness was not accident-related. Instead, he stated that this symptom was consistent with post-traumatic dizziness secondary to head injury. He recommended that full laboratory vestibular function studies be done in a brain trauma centre.

[44] The applicant also had a neuropsychological assessment with Dr. Harnadek on September 14, 2017, who diagnosed her with mild functional impairment of speed of verbal processing, concentration and encoding/acquisition into memory. He diagnosed her with unspecified mild neurocognitive disorder. He opined she had largely recovered in a physical sense, but continued to experience difficulties because of her emotional functioning and fatigue.

[45] Dr. Tuff completed an insurer's examination on September 27, 2017 and concluded that the applicant had developed somatic symptom disorder and had decreased mental efficiency secondary to psychological and somatic conditions.

[46] The respondent's denials were based on the conclusion that the applicant did not suffer a concussion, but as I noted before, even Dr. Kertesz, the respondent's neurologist conceded she may have had a concussion. In addition, Dr. Castillo disagreed with Dr. Kertesz's conclusions and recommended studies in a brain trauma centre.

[47] Given these findings, I find that the treatment plans are reasonable and necessary.

IRB POST-104 WEEKS

[48] The applicant submits she is entitled to IRB post-104 weeks. The respondent paid the applicant IRB up to December 9, 2017 (i.e., past the 104 week mark), and it now takes the position she is no longer entitled to IRB.

[49] In order to establish her entitlement, the applicant must prove on a balance of probabilities that she suffers a complete inability to engage in any employment for which she is suited by way of education, training and experience.

[50] The applicant takes the position that the accident has to be a significant contributing factor, but need not be the only cause. The applicant concedes she had dizziness pre-accident, but submits that post-accident it was exacerbated and the nature of it changed. She worked before the accident, despite depression and dizziness, but was not able to work after the accident. This inability to work was caused by her loss of balance, nausea, neck and arm pain with numbness, depression, increased anxiety, suicidal ideation and attempt, headaches, fatigue, photo- and phono-sensitivity, memory disturbance, reduced concentration and slurred speech.

[51] The applicant submits that Dr. Szczerbowski provided her with nine return to work forms, in which she advised that the applicant could not return to work because of post-concussion symptoms. She also stated that the applicant's pre-existing conditions were exacerbated by the accident. The applicant points out that Dr. Tuff, one of the respondent's IE assessors, also diagnosed her with somatic symptom disorder, and then noted an exacerbation of her pre-existing mood and substance use disorder. Dr. Tuff also recommended psychotherapy.

[52] The applicant then submits that the alternative jobs listed in the vocational evaluation are not suitable because of her limited education, lack of transferrable skills and her physical and psychological limitations. She has a Grade 9 education and received her Ontario Secondary School Diploma in her 30s. She graduated with a two year Educational Assistant college diploma at 48. Dr. Tuff reported that the applicant did not do well in school. The applicant's work history includes working: in a hospital kitchen, as a Personal Support Worker and as an Educational Assistant. Aptitude

testing rated her as average in three areas; below average in three areas; and borderline in one area.

[53] Finally, the applicant submits that the vocational assessment identified five alternate occupations of food counter and kitchen helper, only one of which has good job prospects. In addition, all but one of the jobs was in London while the applicant lives in a rural area outside London. She submits that she could not commute, given her sitting difficulties.

[54] The respondent, for its part, points out that the applicant drives 17 kilometres to the gym, and about 44 kilometres to her doctors in London. In reply, the applicant argues that it is a 12 minute drive to the gym on rural roads, and—for the most part—her husband drove her to her doctors in London. She recently switched family doctors to one who is 5 minutes from her home.

[55] The respondent's denial of post-104 IRB is based on the IE reports of Drs. Death, Tuff and Castillo, as well as Ms. Bauer (i.e., the professional who conducted the vocational assessment).

[56] Dr. Death opined that the applicant was not entitled to post-104 IRB from a physical perspective, because she only sustained soft tissue injuries.

[57] Dr. Tuff concluded that the nature and magnitude of the applicant's somatic symptom disorder would not meet the post-104 test. That is, while he did provide her with this diagnosis, he opined that, from a purely neuropsychological perspective, the applicant does not suffer a complete inability to perform any occupation to which she is reasonably suited by education, training and experience, and her neurocognitive impairments were not of a nature or magnitude to render her completely disabled in that respect. Dr. Tuff further opined that the applicant did not qualify purely from a psychological perspective either. He recommended that the applicant's forgetfulness continue to be monitored. He also opined that the applicant's pre-existing mood and substance use disorder were transiently worsened by the accident.

[58] Dr. Castillo wrote that the applicant's dizziness was related to a head injury, but the respondent submitted that this opinion fell outside his area of expertise. He, nevertheless, concluded the applicant did not meet the post-104 test.

[59] Ms. Bauer reported that, with on the job training, the applicant could work as a customer service information clerk, community and social service worker, front desk clerk, teacher assistant or food service counter attendant/food preparer. These job prospects were rated as fair to good in the London area, including the applicant's rural area. The applicant points out that Ms. Bauer's report stated that the applicant could "in principle" consider "some occupations within the following minor group areas, providing they are within her physical restrictions".

[60] In addition to its position that the applicant could engage in alternate employment, the respondent submits that the applicant's work history proves she was not capable of full-time, consistent work, even before the accident.

[61] The respondent also relies on a report obtained by the applicant from Dr. Harnadek, dated March 15, 2018, in which it states that the applicant's neuropsychological impairments do not prevent the applicant from doing her regular employment in a regular manner. It takes the position that the conclusions reached by its IE assessors are therefore unchallenged.

[62] For the reasons that follow, I find that the applicant is entitled to post-104 IRB. I begin my assessment with Dr. Harnadek's report, which the respondent misquoted. Dr. Harnadek wrote that the applicant's neuropsychological impairments do not prevent the applicant from doing her regular employment in a "total" manner, not a "regular" manner as the respondent wrote. In addition, the respondent omitted the last part of Dr. Harnadek's sentence, where he wrote:

> While her neuropsychological impairments do not prevent the applicant from doing her regular employment in a total manner, they likely do reduce her accuracy, proficiency and productivity while at work.

[63] Dr. Harnadek further writes that the applicant has not yet received optimal treatment of her psychological difficulties and assistance with sleep hygiene, and, therefore, he cannot comment on the likely permanence of her situation. He also referred to the possibility that the applicant's neuropsychological condition may worsen if her psychological functioning worsens. He went on to write that the applicant was experiencing cognitive impairments that affect her daily functioning.

[64] It was generally accepted by both the IE assessors and the applicant's doctors that she continues to have psychological difficulties, and that these were worsened by the accident. Dr. Harnadek concluded that the applicant's cognitive impairments were affecting her daily function. He also concluded that they were affecting her accuracy, proficiency and productivity at work. Dr. Castillo also found that dizziness was a result of a head injury. He acknowledged that the neurologist, Dr. Kertesz, opined that it was not, but, despite that, he maintained his position.

[65] The applicant continues to have psychological difficulties as well as dizziness. Even the IE assessors acknowledge ongoing difficulties, though their conclusions about her ability to work differ from the applicant's doctors. In light of the applicant's cognitive impairments that include ongoing forgetfulness; dizziness; and mood difficulties, I find that the applicant is entitled to post-104 IRB. I find that the applicant has proved, in light of the impairments she continues to have, that she suffers a

complete inability to engage in any employment for which she is suited by way of education, training and experience.

[66] My finding is also supported by the available jobs in the applicant's area. Given her mood difficulties and dizziness, I find the applicant would not be able to work as counter or kitchen help on a regular basis. Further, the applicant has tried to return to work without success.

[67] With respect to the respondent's position that the applicant would have ceased working even if the accident had not occurred, I would highlight that, at the time of the accident, the applicant was approved to return to work. I cannot surmise that she would not have been successful despite her work history.

[68] In conclusion, I find that the applicant is entitled to post-104 IRB.

DEDUCTIBILITY OF LONG TERM DISABILITY BENEFITS

[69] The respondent took the position in its submissions that it is entitled to deduct from any IRB payable any long-term benefits available to the applicant, even if she failed to apply for them. This was the first time the respondent articulated this position.

[70] The applicant argues that the respondent is estopped from seeking such a deduction.

[71] I find that because this issue was not before me until the respondent provided its written submissions, it would be unfair for me to determine this issue. By the same token, I find that it is not appropriate for me to decide whether the respondent is estopped from raising this issue in the future.

CONCLUSION

[72] I order as follows:

(a) The applicant is entitled to receive a weekly income replacement benefit in the amount of $258.33 per week for the period from December 9, 2017 to date and ongoing (Issue 1);

(b) The applicant is entitled to a medical benefit in the amount of $1,579.04 for occupational therapy recommended by Joyce Sharp in a treatment plan denied by the respondent on June 13, 2016, LESS the cost of the weighted vest (Issue 2);

(c) The applicant is entitled to a medical benefit in the amount of $1,170.00 for physiotherapy services recommended by Talbot Trail Physiotherapy in a treatment plan denied by the respondent on September 9, 2016 (Issue 3);

(d) The applicant is entitled to a medical benefit in the amount of $2,633.75 physiotherapy services recommended by Talbot Trail Physiotherapy in a treatment plan denied by the respondent on September 9, 2016 (Issue 4);

(e) The applicant is entitled to a medical benefit in the amount of $1,400.00 for occupational therapy recommended by Joyce Sharp in a treatment plan denied by the respondent on March 3, 2017 (Issue 5);

(f) The applicant is entitled to a medical benefit in the amount of $3,299.75 for occupational therapy recommended by Susan Gauvin in a treatment plan denied by the respondent on June 23, 2017 (Issue 6);

(g) The applicant is entitled to a medical benefit in the amount of $2,248.89 for speech language therapy recommended by Adrienne Bulhoes in a treatment plan denied by the respondent on June 23, 2017 (Issue 7);

(h) The applicant is entitled to a medical benefit in the amount of $1,629.29 for occupational therapy recommended by Monique McDonald in a treatment plan denied by the respondent on August 1, 2017 (Issue 8); and,

(i) The respondent is liable to pay interest on any overdue payments, in accordance with s. 51 of the *Schedule* (Issue 9).

Released: October 29, 2018

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Dawn J. Kershaw
Vice-Chair