

Automobile Injury Compensation Appeal Commission

**IN THE MATTER OF an Appeal by [The Appellant]
AICAC File No.: AC-09-080**

PANEL: Mr. Mel Myers, Q.C., Chairperson
Dr. Sheldon Claman
Mr. Neil Cohen

APPEARANCES: The Appellant, [text deleted], appeared on his own behalf;
[text deleted] was present as Interpreter
Manitoba Public Insurance Corporation ('MPIC') was
represented by Mr. Kirk Kirby.

HEARING DATE: May 23, 2013

ISSUE(S): Whether the two-year determination was proper.

RELEVANT SECTIONS: Sections 81(1)(a), 81(2)(a)(i), 110(1)(d) of The Manitoba
Public Insurance Corporation Act ('MPIC Act')

**AICAC NOTE: THIS DECISION HAS BEEN EDITED TO PROTECT THE PERSONAL HEALTH INFORMATION
OF INDIVIDUALS BY REMOVING PERSONAL IDENTIFIERS AND OTHER IDENTIFYING INFORMATION.**

Reasons For Decision

[The Appellant] [text deleted] was involved in a motor vehicle accident on September 16, 2004 when his vehicle was rear-ended while he was stopped in traffic. The Appellant experienced neck and back pain. At the time of the motor vehicle accident the Appellant worked as a butcher.

After the motor vehicle accident the Appellant saw a number of doctors, including [Appellant's Doctor #1], [Appellant's Doctor #2], and [Appellant's Doctor #3]. The Appellant's file was referred by MPIC to [MPIC's Doctor], a member of MPIC's Health Care Services. In [MPIC's

Doctor's] memorandum of April 5, 2005, he opined that the Appellant's low back and neck pain was related to the motor vehicle accident. [MPIC's Doctor] stated that if the Appellant could frequently change positions and work in a standing position he might be able to function with less pain. In April 2005 [Appellant's Doctor #1] confirmed that the Appellant was taking Amitriptyline, Tylenol #3 and Ibuprofen for his injury.

On April 11, 2005 the Appellant attended the [Rehabilitation (Rehab) Clinic] for a Work Hardening Intake Assessment.

In a May 11, 2005 report from [Appellant's Doctor #3], he noted that the Appellant still had low back and right leg pain and heightened sensitivity to pain and recommended a strength training program.

[MPIC's Doctor] reviewed the medical file again on July 14, 2005 and noted that it was difficult to determine the Appellant's objective degree of function because of his subjective pain-focused behaviours that he displayed with [Appellant's Doctor #3] and at [Rehab Clinic]. Notwithstanding this, [MPIC's Doctor] concluded that the Appellant would need further treatment and that a work hardening/strengthening program was indicated. The Appellant began the reconditioning/work hardening program in July 2005 at [Rehab Clinic]

On August 8, 2005 the Appellant saw [Appellant's Physiatrist], for an assessment. [Appellant's Physiatrist] reported that he thought the Appellant would benefit from some myofascial trigger point needling treatment.

On September 30, 2005 the Appellant completed [Rehab Clinic's] Work Hardening Program. [Rehab Clinic] reported that:

1. The Appellant had the ability to perform the duties of light strength.
2. His pre-accident duties were of medium strength.
3. The Appellant presented with self-limiting behaviours and that he did not provide a maximal effort.
4. The Appellant's actual abilities were inaccurately represented by the test results.

[MPIC's Doctor] reviewed the file again on January 26, 2006 and noted:

1. The Appellant's degree of pain and functional ability had not been altered by the Work Hardening Program.
2. The Appellant was not capable of returning to work as a butcher.
3. Because of the inconsistencies and variations in the Appellant's reporting surveillance might be useful.

The Commission notes that MPIC conducted surveillance of the Appellant on September 10, 24 and November 5, 2005. Throughout this period of time the Appellant continued to receive Income Replacement Indemnity ("IRI") benefits.

The case manager arranged for an independent medical examination with [Independent Doctor] on November 27, 2006. In a report dated February 9, 2007 [Independent Doctor]:

1. Concluded that the Appellant no longer had any motor vehicle accident related injuries.
2. Was of the view the Appellant had a dysfunctional pain behaviour, pre-existing musculoskeletal and cardiovascular deconditioning, frozen right shoulder, diabetes, elevated BMI, obesity, and prior osteoarthritis.

3. Found no significant objective findings related to the motor vehicle accident.
4. Determined that the Appellant's minor strain resulted from the motor vehicle accident which would have resolved and any ongoing impairment was related to his pre-existing conditions.

In the month of March 2007 [Rehab Clinic] did a Functional Abilities Evaluation. In a report to MPIC dated March 16, 2007, [Rehab Clinic] concluded the Appellant had the ability to work at a sedentary strength level. The report also noted that the Appellant had not made a fully consistent effort during the course of the evaluation.

[MPIC's Doctor] reported on May 29, 2007 that the Appellant had suffered from mechanical neck and back pain as a result of the motor vehicle accident. However, [MPIC's Doctor] was of the view that the Functional Capacity Evaluation could not be relied upon since he was unable to determine the exact measured function. Based on his review of the totality of the medical documentation on file and having regard to the job requirements in the Physical Demand Analysis on file, it was his opinion that the Appellant did not demonstrate significant functional deficit in the surveillance tapes that would likely affect his ability to perform the essential duties of his occupation.

MPIC's case manager retained [Independent Career Management Consultant] of [text deleted] to assist with the two-year determination process. [Independent Career Management Consultant] provided to MPIC a Transferable Skills Analysis Report on September 25, 2007 which reviewed the Appellant's education, language abilities, work history, volunteer experience, social interests, and identified a number of employment options, such as glass finishing, machine operator, light

duty cleaner, machine operator - food and beverage processing, plastic products assembler, finisher and inspector.

[Independent Career Management Consultant] also provided a Labour Market Survey for the occupation of plastic products assembler, finisher and inspector. The employment prospects were fair for this occupation.

Case Manager's Decision – October 4, 2007:

The case manager wrote to the Appellant on October 4, 2007 and stated that based on the medical information on his file:

1. He was capable of doing the employment of a plastic products assembler, finisher and inspector.
2. Had the physical capacity to perform the duties of the determined occupation with “medium level job demands”.

The case manager further informed the Appellant that:

1. As of the date of the determination of the Appellant's employment (October 5, 2007) the Appellant had one year from that date to secure employment in accordance with Section 110(1)(d) or (e) of the MPIC Act.
2. During the Appellant's one year job search period, [Independent Career Management Consultant] would provide the Appellant with assistance in resume preparation and locating employment in the determined field if required.
3. On October 5, 2008, the Appellant's IRI benefits would be reduced by either his actual net earnings or the net earnings from Schedule C income level pursuant to Manitoba Regulation in accordance with Section 115 of the MPIC Act.

The case manager also provided a video of various duties in respect of the plastic products assembler position to [MPIC's Doctor] and asked him to advise whether the Appellant was capable of doing this job. [MPIC's Doctor] suggested to MPIC's case manager that [Appellant's Physiatrist] should be asked specifically about the Appellant's employability. Accordingly [Appellant's Physiatrist] was asked for his opinion and he indicated that the Appellant would have significant difficulty performing the determined employment or any job that required repetitive motion, prolonged standing, sitting, bending, reaching/lifting at any level.

[MPIC's Doctor] was then again asked to opine on whether the Appellant was able to perform the determined employment of a plastic products assembler. In a report dated August 7, 2008, [MPIC's Doctor] noted that there was a conflict between the medical opinions of [Appellant's Physiatrist] and [Independent Doctor] regarding the Appellant's ability to perform the determined employment. After reviewing the videotapes of September 10, September 24 and November 5, 2005, [MPIC's Doctor] concluded that:

1. He could not confirm that the Appellant's limitations referred to in [Appellant's Physiatrist's] reports were present outside of his clinic.
2. That the videotapes supported [Independent Doctor's] opinion.
3. The determined employment was "light" and the Appellant would probably have the ability to do light duties and therefore he had the ability to do the plastic products assembler job.
4. Although [Appellant's Doctor #1] supported [Appellant's Physiatrist's] views, these views were largely based on subjective reports of pain limitations and were not supported by the videotapes.

Case Manager's Decision – August 15, 2008:

In a letter dated August 15, 2008 to the Appellant, the case manager confirmed the previous two year determination decision. As a result, the Appellant made an Application for Review of the case manager's decision.

Internal Review Hearing - November 6, 2008:

The Internal Review Officer met with the Appellant, his friend and translator, [text deleted] on November 6, 2008. The Appellant informed the Internal Review Officer that:

1. He disagreed that [Appellant's Physiatrist's] opinions were based on subjective complaints.
2. He continued to have low back pain radiating into his right leg which made it difficult to sit or stand for more than 20 minutes at a time.
3. He had not tried to work at the determined employment.
4. He could not do a repetitive job and that perhaps he could do a flexible job where he could take breaks and change positions.

Following the November 6, 2008 meeting the Internal Review Officer forwarded the videotapes from September 10, September 24 and November 5, 2005 to [Appellant's Physiatrist] and asked him to comment on whether these videotapes affected his views about the Appellant's ability to do the work of a plastic products assembler. [Appellant's Physiatrist] was also provided with a detailed job description of the job of a plastic products assembler.

[Appellant's Physiatrist] provided a report on January 18, 2009 indicating that his overall impression was that the Appellant appeared to have little restriction on his ability to do a number of physical tasks for at least four hours. He also felt that he could not say that the Appellant

could not do this type of work for eight hours a day, 5 days a week and there was nothing that would preclude him from trying this job. He recommended a gradual return to work program to help manage any of the Appellant's increases in pain since he had not worked since 2004.

The Internal Review Officer forwarded [Appellant's Psychiatrist's] report to [MPIC's Doctor] for his comments. In a memorandum dated March 12, 2009, [MPIC's Doctor] noted that [Appellant's Psychiatrist] appeared to have changed his views to more closely agree with [Independent Doctor's] views which supported [MPIC's Doctor's] earlier conclusions that the Appellant had the ability to do the determined employment. [MPIC's Doctor] said that [Appellant's Psychiatrist's] January 18, 2009 report did not change his opinion.

Internal Review Officer's Decision – April 17, 2009:

The Internal Review hearing continued on November 6, 2009. The Appellant and his friend and translator, [text deleted], were present. On April 17, 2009 after considering the submission of the Appellant and reviewing the information on MPIC's file the Internal Review Officer concluded that the evidence supported the two-year determination that the Appellant was capable of working as a plastic products assembler/finisher.

Notice of Appeal:

On July 7, 2009 the Appellant filed a Notice of Appeal which stated that:

“Unable to perform full time employment as a plastic products assembler or other full time employment involving prolonged sitting or standing or repetitive motion throughout an 8 hr. workday. Additional details to be determined once file has been provided by MPI. File was requisitioned from case manager on April 27, 2009 but not yet received.”

Appeal Hearing – May 23, 2013:

In attendance at the hearing were the Appellant, Mr. Kirby as counsel for MPIC, and the interpreter, [text deleted].

The Appellant testified at the hearing and stated that:

1. As a result of the injuries he sustained in the motor vehicle accident he was unable to return to work as a butcher and MPIC erred in terminating his IRI benefits.
2. Since the motor vehicle accident he was unable to sit or stand for any long periods of time or carry out repetitive motions throughout an eight hour workday.
3. He suffered from severe hip pain on a constant basis and the pain radiated into his right lower extremity.
4. As a result, he had difficulty walking and was unable to bend.
5. He was referred to the physiatrist ([Appellant's Physiatrist]) by his family doctor, [Appellant's Doctor #1].
6. [Appellant's Physiatrist] treated the Appellant with myofascial trigger point injections.
7. He also completed a Work Hardening Program at [Rehab Clinic] in September of 2005 but there was no improvement in his condition.
8. Due to the constant pain, he was unable to continue his previous employment as a butcher.

The Appellant was given the opportunity of reviewing a portion of MPIC's video surveillance of September 10, 24 and November 5, 2005. In response to a series of questions from MPIC's legal counsel in respect of the videotapes, the Appellant testified that:

1. In respect of the discrepancies between his physical ability to walk, stand or bend and the activities shown on the videotapes, he stated that he had good days and he had bad days.

2. He was unable to explain why [Appellant's Physiatrist] initially assessed him as being unable to carry out the duties of a plastic products assembler but upon reviewing the videotapes [Appellant's Physiatrist] stated that the Appellant would be capable of carrying out these activities if provided with a graduated return to work.

[Rehab Clinic's Chiropractor] is a chiropractor presently in private practice in [text deleted] who testified at the appeal hearing and stated:

1. In 2005 however, he was employed by [Rehab Clinic] and supervised the Appellant's Work Hardening and reconditioning program.
2. He had provided to MPIC Work Hardening assessments as well as a final Work Hardening Discharge Report dated September 30, 2005 .
3. He had reviewed this report and noted:
 - a. The Appellant's revised Oswestry score indicated that he was in the "crippled" category.
 - b. Upon reviewing the videotapes he concluded that contrary to the Appellant's functional and pain limitations, the Appellant was actually quite active and functional to drive, shop, walk, bend and carry items apparently with no signs of pain and contrary to the Appellant's evaluation, he demonstrated no difficulty in lifting heavy items.
 - c. In his view the Appellant did not provide maximal efforts towards his rehabilitation.

Submission:

In his submission to the Commission, the Appellant repeated that as a result of his motor vehicle accident injuries he was unable to return to work as a butcher and that MPIC erred in terminating his IRI benefits.

In his submission, MPIC's legal counsel stated that:

1. [Independent Doctor] had provided several medical reports and concluded that there was no objective evidence to determine that the Appellant was unable to carry out the determined employment.
2. The Functional Ability Evaluation conducted in March 2007 by [Rehab Clinic] reported that the Appellant had the ability to work at a sedentary strength level.
3. This evaluation indicated that the Appellant did not appear to provide a fully consistent effort.
4. The initial medical report from [Appellant's Psychiatrist] concluded that the Appellant was unable to carry out the determined employment.
5. [MPIC's Doctor's] reports indicated there was a difference of opinion between [Appellant's Psychiatrist] and [Independent Doctor].
6. [MPIC's Doctor] agreed with [Independent Doctor] that the Appellant's determined employment was light and that the Appellant probably had the ability to perform light duties and therefore had the ability to work as a plastic products assembler/finisher, inspector.

MPIC's legal counsel also submitted that:

1. The Internal Review Officer, after interviewing the Appellant on November 6, 2008 forwarded the videotapes to [Appellant's Psychiatrist] from September 10, 24 and November 5, 2005 and asked him to comment on whether the videotapes affected his

view on the Appellant's ability to work as a plastic products assembler/finisher, inspector.

2. [Appellant's Psychiatrist] reviewed the videotapes and reported to the Internal Review Officer in January 2009 that he had reversed his position in respect of the Appellant's physical capacity to carry out the determined employment. [Appellant's Psychiatrist] concluded that the Appellant did not demonstrate any restrictions on his ability to do a number of physical tasks and there was nothing to preclude the Appellant from attempting to do the determined employment.

MPIC's legal counsel also referred to the testimony of [Rehab Clinic's Chiropractor] who authored the [Rehab Clinic] Discharge Report and who testified the Appellant perceived himself as a "cripple" in contrast to the videotapes which demonstrated no signs of the Appellant suffering from any deficit which would prevent him from carrying out the duties of the determined employment.

MPIC's legal counsel therefore submitted that the Appellant had not established on a balance of probabilities that he would have been unable to carry out the determined employment and requested the Commission to dismiss the Appellant's appeal.

Discussion:

The Appellant asserted that as a result of his motor vehicle accident injuries he was unable to carry out his employment as a butcher or undertake the determined employment. However, the Commission finds that the Appellant has failed to establish on a balance of probabilities that he was unable to carry out the determined employment as a plastic products assembler/finisher, inspector.

The Commission notes that in April 2005, the Appellant participated in a work hardening assessment and subsequent reconditioning program at [Rehab Clinic]. As part of that program he was requested to complete a self-assessment in which he indicated a 7/10 pain level and his Oswestry score was 74% which placed him in the “crippled” category. In [Rehab Clinic’s] report of September 2005, it was reported that throughout the program the Appellant presented with self-limiting behaviours. It was [Rehab Clinic’s Chiropractor’s] view that the Appellant did not provide maximal effort towards his rehabilitation.

In June 2005, the Appellant provided a Level of Function document in which he indicated that he could not:

- “Walk longer than 15 minutes
- Stand longer than 15 minutes
- Sit longer than an hour
- Lift more than 10 – 20 lbs
- Overhead lift more than 5 lbs
- Push more than 10 lbs
- Fully squat down
- Drive longer than half hour”

As a result of these significant self-reported limitations, MPIC undertook an investigation of the Appellant’s functional abilities outside of the clinical setting on September 10, 24 and November 5, 2005. Contrary to the Appellant’s reported functional and pain limitations, these videotapes indicated:

1. The Appellant was quite active and functional.
2. He appeared to drive, shop, walk, bend and carry items with no appearance of pain.
3. He had no difficulties in lifting heavy items. On one occasion he was observed bending into the trunk of a vehicle and lifted out a large toolbox and carrying that box some distance.

The Commission notes that [Rehab Clinic's Chiropractor] testified there was a significant discrepancy between the Appellant's demonstrated function outside of the clinical setting and the reported functional limitation portrayed in the Clinic.

The Appellant's physician referred him for treatment to [Appellant's Psychiatrist], [text deleted]. [Appellant's Psychiatrist] wrote to MPIC and stated that he had seen the Appellant on August 8, 2005, December 19, 2006 and December 4, 2007 and he was able to communicate with the Appellant through an Interpreter.

In [Appellant's Psychiatrist's] report to [Appellant's Doctor #1] of August 8, 2005, he stated that:

1. The Appellant has problems of ongoing pain which limited all his activity since the motor vehicle accident.
2. He has marked difficulty walking, standing and sitting and had difficulty finding a comfortable position to lie in.
3. The pain was most severe over both hips with radiation to the right leg. The Appellant felt numb from the pain in his back and hips.
4. The more the Appellant moved the more his pain increased and he had difficulty walking because of it.
5. He experienced less pain when he was sitting.

[Appellant's Psychiatrist] reported that in his meetings with the Appellant on December 19, 2006 and December 4, 2007 the Appellant continued to complain about severe pain in his hips and right lower extremity which prevented him from carrying out his normal activities.

The Commission notes that in January 2009 [Appellant's Physiatrist] wrote to the Internal Review Officer in reply to a letter of November 21, 2008 which asked him to review the videotapes of September 10, 24 and November 5, 2005.

In his report to the Internal Review Officer [Appellant's Physiatrist] reversed his opinion about the Appellant's physical capacity to carry out the duties of the determined employment.

[Appellant's Physiatrist] stated:

"The video taken September 10, 2005 noted that the subject of interest was active either driving or walking for a total of 3 hours and 55 minutes. On September 24, 2005, the videoed activity showed the subject was primarily standing and bending for a total time of 1 hour and 17 minutes. The last tape of November 5, 2005 revealed that he was moving around his yard for 2 minutes. In the videos, the subject was seen doing activities that included:

- Getting in and out of his vehicle without apparent restriction.
- Shopping for groceries in a cash and carry food store. The time of video taping was about 31 minutes. The subject was observed to be able to bend, lift, reach, push a cart, pull and twist with the cart and walk while shopping. There was no apparent restriction in any of the activities attempted. His movements were slow and methodical. He carried and lifted a number of boxes. The weights of these could not be determined on the video footage supplied.
- Unloading the cart and putting groceries in the back of his vehicle. He was noted to bend, lift and reach.
- Unloading his vehicle at his home (including lifting, carrying and bending).
- Checking tires and using air hose at service station.
- Performing activities including:
 - Standing
 - Bending
 - Lifting/carrying

The overall impression gained was that the subject of the video showed the ability to walk slowly. The longer time that he was up, the more he tended to show some favor for his right lower extremity, however. He was noted to be able to enter and exit his vehicle without significant restriction. It was possible for him to bend and get up without difficult (sic) (slight to full bend at waist). He bent his knees for the deep bends. He could stand for at least 6 minutes. He was able to remain active through a number of activities for close to 4 hours. The amount he could lift was not apparent from the videos but there seemed to be some effort exerted in several of the sequences. Overall, there appeared to be little restriction in his ability to do a number of physical tasks for at least 4 hours. No comment can be given regarding his ability to do tasks over 8 hours, over many days in a row or in other words, activity required to maintain a job."

After reviewing the video, [Appellant's Physiatrist] was no longer of the view that the Appellant was physically incapable of carrying out his determined employment. Contrary to the Appellant's complaints of extreme pain which adversely affected his ability to walk, stand and bend, [Appellant's Physiatrist] noted that the Appellant was able to perform the activities of standing, bending, lifting and walking without any difficulty.

The Commission further notes that [Appellant's Physiatrist] saw the Appellant on August 8, 2005 when the Appellant reported his inability to walk and stand in a normal fashion due to the extreme pain in his back and right lower extremity.

[Appellant's Physiatrist] noted however, that in the video of September 10, 24 and November 2005 that the Appellant was capable of carrying out these activities in a normal fashion. [Appellant's Physiatrist] also examined the job profile for plastic products assembler/finisher, inspector in his report to the Internal Review Officer of January 19, 2009 and stated:

“...There has been nothing seen on the video or gained from the physical examination that would preclude his ability to try working in a light to medium demand job, preferably with the ability to change positions frequently. From the job description, the Plastic Products Assemblers and Finisher job falls into this category...

The video tapes show that the subject can participate in a number of physical activities including bending, sitting, standing and walking for about 4 hours at a time. While there is nothing on the tapes that show that he has the stamina or tolerance for activity over 4 hours (on one occasion (September 25, 2005), there is nothing on the tapes to indicate that he is not able (sic) participate in longer periods of activity. The only way to tell whether he could do the job proposed would be for him to actually engage in the activity.”

The Commission also notes that [MPIC's Doctor] stated that [Appellant's Physiatrist] had reversed his position after reviewing the videotapes and agreed with [Independent Doctor] and [MPIC's Doctor] that the Appellant did not suffer any injuries as a result of the motor vehicle

accident which would prevent him from carrying out the determined employment. [MPIC's Doctor] stated that:

“It appeared from my review of [Appellant's Physiatrist's] letter that he had altered his opinion after reviewing the videotapes. In his previous reviews, he had indicated that the claimant would not have been able to perform the jobs as he reviewed them based upon the physical limitations he had seen in the examination. In his new letter, he concluded that the claimant showed a number of physical activities including bending, sitting, standing and walking in the videotapes. He indicated that while there was nothing on the tape to show that he had the stamina or tolerance for activity over fours (sic), there was nothing on the tapes to indicate that he would not be able to participate in longer periods of activity. He stated that a return to work would be appropriate based on his review of the videotaped information. He gave advice regarding a graded return to work in the conclusion of his letter.

Conclusions

Based upon my review of the totality of the medical documentation on file, my opinion would not be altered by the newly submitted medical documentation on file. It appeared that [Appellant's Physiatrist's] opinion had been altered to more closely agree with that of [Independent Doctor's] opinion on file. Both of these opinions appeared to support the conclusion I had drawn in my prior reviews on file regarding impairment and disability.”
(underlining added)

Decision:

The Commission finds that the Appellant failed to establish on a balance of probabilities that he was incapable of performing the determined employment. The Appellant's testimony about his inability to walk, bend, sit or lift in a normal fashion is contradicted by the medical reports of [Independent Doctor], [MPIC's Doctor], [Rehab Clinic's Chiropractor] and [Appellant's Physiatrist].

[Appellant's Physiatrist] who treated the Appellant, initially reported the Appellant was incapable of carrying out the normal activities of bending, sitting and lifting as a result of the injuries he suffered in the motor vehicle accident. However, upon reviewing the videotapes of September 10, 24 and November 5, 2005 [Appellant's Physiatrist] concluded there was no apparent restrictions that would prevent the Appellant from carrying out these activities in a

normal fashion. As a result, [Appellant's Physiatrist], an experienced physiatrist, reversed his opinion on the Appellant's capacity to carry out the determined employment.

The Commission finds that the videotapes corroborate the opinions of [MPIC's Doctor], [Independent Doctor] and [Rehab Clinic's Chiropractor] and the subsequent opinion of [Appellant's Physiatrist] that the Appellant was physically capable of carrying out the duties of the determined employment. The Commission finds there is no medical evidence to the contrary. In these circumstances the Commission gives little weight to the Appellant's testimony that he was physically incapable of performing the duties of the determined employment.

For these reasons, the Commission rejects the Appellant's testimony that as a result of the motor vehicle accident injuries he was incapable of carrying out his determined employment. The Commission finds that the Appellant has failed to establish that he was unable to carry out the duties of the determined employment due to the motor vehicle accident injuries. As a result the Commission dismisses the Appellant's appeal and confirms the decision of the Internal Review Officer dated April 17, 2009.

Dated at Winnipeg this 22nd day of June, 2013.

MEL MYERS, Q.C.

DR. SHELDON CLAMAN

MR. NEIL COHEN