

In the
Supreme Court
for the
State of Nevada

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WYNN LAS VEGAS, LLC d/b/a WYNN LAS VEGAS,
Appellant and Cross-Respondent,

v.

YVONNE O'CONNELL,

Respondent and Cross-Appellant.

*Appeal from Judgment on Jury Verdict,
Eighth Judicial District Court, State of Nevada in and for the County of Clark
District Court Case No. A-12-671221-C · Honorable Jennifer P. Togliatti*

APPELLANT'S APPENDIX
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LAWRENCE J. SEMENZA III, ESQ. (7174)
CHRISTOPHER D. KIRCHER, ESQ. (11176)
JARROD L. RICKARD, ESQ. (10203)
SEMENZA KIRCHER RICKARD
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
(702) 835-6803 Telephone
(702) 920-8669 Facsimile

*Attorneys for Appellant and Cross-Respondent,
Wynn Las Vegas, LLC*



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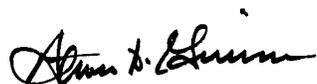
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CLERK OF THE COURT

1 MIL
Lawrence J. Semenza, III, Esq., Bar No. 7174
2 Email: ljs@semenzalaw.com
Christopher D. Kircher, Esq., Bar No. 11176
3 Email: cdk@semenzalaw.com
4 LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
5 Las Vegas, Nevada 89145
Telephone: (702) 835-6803
6 Facsimile: (702) 920-8669

7 Attorneys for Defendant Wynn Las Vegas, LLC
8 d/b/a Wynn Las Vegas

9 **DISTRICT COURT**
10 **CLARK COUNTY, NEVADA**

11 YVONNE O'CONNELL, individually,
12 Plaintiff,
13 v.
14 WYNN LAS VEGAS, LLC, a Nevada
Limited Liability Company, doing business as
15 WYNN LAS VEGAS; DOES I through X;
16 and ROE CORPORATIONS I through X;
inclusive;
17 Defendants.

Case No. A-12-655992-C
Dept. No. V

**DEFENDANT'S MOTION IN LIMINE
[#2] TO EXCLUDE UNRELATED
MEDICAL CONDITIONS AND
DAMAGES CLAIMED BY PLAINTIFF**

LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

19 Defendant Wynn Las Vegas, LLC ("Wynn") hereby moves for an Order excluding any
20 and all evidence, references to evidence, testimony or argument relating to the majority of
21 Plaintiff Yvonne O'Connell's ("Plaintiff") claimed medical injuries, conditions and damages
22 because she cannot prove a causal connection between the Incident and her alleged injuries and
23 conditions. To prove causation and/or aggravation of a previous injury or condition, Nevada law
24 requires Plaintiff to provide expert medical testimony. Plaintiff, however, failed to retain an
25 expert medical witness despite the clear need in order to prove causation in this case. Therefore,
26 the Court should exclude the majority of her claimed medical injuries, conditions and damages.

27 As required by E.D.C.R. 2.47, counsel for Wynn has made a good-faith effort to resolve
28 this matter in a satisfactorily manner but was unsuccessful.

1 This Motion is made and based upon the following points and authorities, the attached
2 declaration of counsel for Wynn as required by E.D.C.R. 2.47, all pleadings and papers on file
3 herein and any oral arguments this Court may entertain at the hearing of this Motion.

4 DATED this 13th day of August, 2015.

5 LAWRENCE J. SEMENZA, III, P.C.

6
7 /s/ Christopher D. Kircher

8 Lawrence J. Semenza, III, Esq., Bar No. 7174

9 Christopher D. Kircher, Esq., Bar No. 11176

10 10161 Park Run Drive, Suite 150

11 Las Vegas, Nevada 89145

12 Attorneys for Defendant Wynn Las Vegas, LLC

13 d/b/a Wynn Las Vegas
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LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

NOTICE OF MOTION

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PLEASE TAKE NOTICE that the undersigned counsel will appear at the Regional Justice Center, located at 200 Lewis Avenue, Las Vegas, Nevada 89155, Eighth Judicial District Court, Las Vegas, Nevada, on the 17 day of Sept., 2015, at 9:00 a.m., before Department V, or as soon thereafter as counsel may be heard, for a hearing on **DEFENDANT'S MOTION IN LIMINE [#2] TO EXCLUDE UNRELATED MEDICAL CONDITIONS AND DAMAGES CLAIMED BY PLAINTIFF.**

DATED this 13th day of August, 2015.

LAWRENCE J. SEMENZA, III, P.C.

/s/ Christopher D. Kircher
Lawrence J. Semenza, III, Esq., Bar No. 7174
Christopher D. Kircher, Esq., Bar No. 11176
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145

Attorneys for Defendant Wynn Las Vegas, LLC
d/b/a Wynn Las Vegas

LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I. INTRODUCTION**

3 This is a simple slip and fall case. Plaintiff alleges she sustained injuries when she slipped
4 on an unidentified liquid ("foreign substance") on the mosaic tile in the atrium of Wynn's property
5 in February 2010 (the "Incident"). Plaintiff has brought a claim for Negligence against Wynn.

6 Plaintiff alleges that she has sustained significant and numerous injuries exclusively as a
7 result of the Incident that has caused her to continue to seek medical treatment over the last five
8 years. This is untrue. Plaintiff has an extensive history of physical issues, including
9 fibromyalgia, back pain, hand pain, abdominal pain, irritable bowel syndrome ("IBS"),
10 gastroesophageal reflux disease ("GERD"), anxiety, stress disorder and Marfan syndrome.

11 In reality, she suffered at most a contusion as a result of the Incident according to her
12 medical records from immediately after the Incident. The medical expenses directly related to her
13 contusion diagnosis total \$1,425.32. To prove a causal connection between the Incident and the
14 other alleged injuries she claims she has sustained, Nevada law requires Plaintiff to provide expert
15 medical testimony at trial. For obvious reasons, however, Plaintiff failed to retain an expert
16 medical witness in this case. Therefore, the Court should exclude all evidence, references to
17 evidence, testimony or argument relating to these unrelated injuries, conditions and medical
18 expenses.

19 **II. PERTINENT FACTUAL BACKGROUND**

20 **A. Plaintiff Allegedly Slips and Falls at Wynn's Property and Suffers a**
21 **Contusion According to Her Medical Provider**

22 On February 8, 2010 at approximately 2:30 p.m., Plaintiff was allegedly walking through
23 the atrium of Wynn's property. As she was walking and not particularly paying attention where
24 she was walking, Plaintiff allegedly slipped on the foreign substance that was located on the tile
25 flower mosaic in Wynn's atrium. Plaintiff claims the foreign substance was green in color and
26 sticky.

27 After her alleged fall, Plaintiff declined medical assistance from Wynn's employees.
28 Plaintiff would stay at Wynn's casino for approximately two more hours, gambling approximately

1 \$1,000 for about an hour. After leaving Wynn's property on her own accord, Plaintiff drove her
2 vehicle to the Rampart Casino where she continued to gamble for some time.

3 Two days later on February 10, 2010, Plaintiff visited UMC Quick Care complaining of
4 "pain over the bilateral low back with contusions and pain radiating to the right buttocks and leg."
5 (Defendant's Expert Report of Victor Klausner, D.O., pg.1, attached hereto as **Exhibit 2**; UMC
6 Quick Care Medical Records, pertinent portions attached hereto as **Exhibit 3**.) An x-ray of the
7 spine revealed, "advanced disc height loss at L-3-L4, L-4-L5, L-5-S1. Endplate osteophytes are
8 present with multilevel degenerative disc disease of the lumbar spine and large quantity of fecal
9 matter in colon." (*Id.*) She was merely diagnosed with a contusion of the lumbar spine and was
10 prescribed medications for pain and inflammation. (*Id.*)

11 The charges associated with Plaintiff's February 10, 2010 visit to UMC Quick Care
12 appears to be \$1,425.32. (UMC Billing Statement, attached hereto as **Exhibit 4**.)

13 **B. Plaintiff Continues to Seek Medical Treatment for Numerous Conditions**
14 **That She Attributes to the Incident at Wynn's Property despite There**
15 **Being No Causal Connection Between the Incident and Her Health Problems**

16 About a month later on March 8, 2010, Plaintiff visited Ascent Primary Care and Dr.
17 Prabhu.¹ (Ex. 2, pg. 1; Ascent Primary Care Medical Records, attached hereto as **Exhibit 5**.) Dr.
18 Prabhu recognized that Plaintiff had a "[h]istory of multiple issues with generalized pain after trip
19 and fall four weeks ago. Back still hurts with history of fibromyalgia², Ehler Danlos syndrome³,
20 IBS and depression." (*Id.*) Plaintiff was diagnosed with lumbago, chronic fatigue syndrome and
21 Ehler Danlos. (*Id.*)

22 ¹ Wynn's expert medical witness, Dr. Klausner, believes that Plaintiff "should have reached maximum
23 medical improvement in four weeks with appropriate physical therapy[.]" which would have been by the
24 time of this visit. (Ex. 2, pg. 16.)

25 ² According to the Mayo Clinic's website, "[f]ibromyalgia is a disorder characterized by widespread
26 musculoskeletal pain accompanied by fatigue, sleep, memory and mood issues. Researchers believe that
27 fibromyalgia amplifies painful sensations by affecting the way your brain processes pain signals." Mayo
28 Clinic Website, <http://www.mayoclinic.org/diseases-conditions/fibromyalgia/basics/definition/con-20019243>.

³ According to the Mayo Clinic's website, "Ehler Danlos syndrome is a group of inherited disorders that
affect your connective tissues — primarily your skin, joints and blood vessel walls." Mayo Clinic
Website, <http://www.mayoclinic.org/diseases-conditions/ehlers-danlos-syndrome/basics/definition/con-20033656>.

1 Ten days later on March 18, 2010, Plaintiff visited another medical provider, Dr.
2 Subramanyam at UMC Primary Care. (Ex. 4, pg. 2; UMC Primary Care Medical Records,
3 pertinent portions attached hereto as **Exhibit 6.**) "She described a history of back, and hand
4 injury in 1989, which led to diagnosis of IBS, GERD, anxiety, stress disorder, Marfan syndrome,
5 fibromyalgia and medication dependence with severe constipation and abdominal pain." (*Id.*) Dr.
6 Subramanyam diagnosed her with "IBS, multilevel degenerative disc disease, [and] increased
7 constipation." (*Id.*)

8 On March 19, 2010, further x-rays were performed and Plaintiff received negative results
9 for her right knee, chest and right hip. (*Id.*; Steinberg Diagnostic Medical Records, pertinent
10 portions attached hereto as **Exhibit 7.**) The x-ray found, however, straightening of the cervical
11 spine with moderate disk degeneration. (*Id.*)

12 At this point, it is clear that Plaintiff suffered *at most* a contusion as a result of the Incident
13 as UMC Quick Care diagnosed her on February 10, 2010. Each of her x-rays were negative and
14 her medical providers treated her for this minor injury. Despite these objective findings by her
15 medical providers, Plaintiff was not satisfied and continued to seek treatment from numerous
16 medical providers for nearly her entire body over the next five years. Unbelievably, she
17 apparently attributes medical issues and treatment for her entire body to the Incident at Wynn's
18 property on February 8, 2010.

19 For example, she apparently attributes to the Incident her alleged pain and/or injuries to
20 the entire right side of her body (right buttocks, right leg, right heel, right arm), to her wrists,
21 hands, neck, head, face, back, spine, chest, abdomen, eyes and heart. In addition, she apparently
22 attributes to the Incident her purported IBS, continuing headaches, blurred vision, pain throughout
23 her body, nausea, difficulty breathing, difficulty walking, frequent urination, joint pain, muscle
24 spasms, trembling, decreased sensation in her hands and feet, carpal tunnel syndrome, trigger
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LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

1 finger, dropping of her left eyelid, weakness, chills, trouble sleeping, heartburn, sexual
2 dysfunction and heart problems.⁴

3 Due to these alleged injuries and conditions she attributes to the Incident, Plaintiff has
4 identified medical damages in the amount of \$37,946.98 from 21 medical providers as follows:

	PROVIDER	AMOUNT
5		
6	1 Jon Sorelle, MD The Minimally Invasive Hand Institute	\$2,625.00
7	2 Steinberg Diagnostics	\$2,605.00
8	3 UMC – Quick Care	\$7,783.56
9	4 Matt Smith Physical Therapy	\$3,235.00
10	5 Timothy Trainor, MD Adv. Orthopedic & Sports Medicine	\$181.00
11	6 John Thompson, MD Desert Oasis Clinic	\$250.00
12	7 Christopher Milford, MD, P.C. Silver State Neurology	\$1,580.00
13	8 Edwin Suarez Physical Therapy	\$670.00
14	9 So. Nevada Pain Center	\$680.00
15	10 Leo Germin, MD Clinical Neurology Specialists	\$2,510.00
16	11 Andrew Cash, MD	\$3,034.42
17	12 Lee Wittenberg, DPM Apache Foot & Ankle	\$310.00
18	13 Suresh Prahbu, MD Ascent Primary Care	\$270.00
19	14 Thomas Dunn, MD Desert Orthopedic Center	\$1,640.00
20	15 Yakov Shaposhnikov, MD Gastrointestinal and Liver Diseases	\$828.00
21	16 Enrique Lacayo, MD	\$175.00
22	17 Nanjunda Subramanyam, MD Nevada Heart and Vascular Center	\$1,440.00

25
26
27 ⁴ Wynn's expert medical witness, Dr. Klausner, attributes her numerous medical conditions to preexisting
28 pathology and/or symptom magnification syndrome, which he discusses in detail in his expert report. (Ex.
2.) As set forth therein, a "person manifests symptoms in order to receive some kind of secondary gain,
whether it is avoidance of responsibility, attention or financial gain." (*Id.* at pg. 13.)

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18	Scott Manthei, MD Nevada Eye and Ear	\$750.00
19	Tyree Carr, MD Nevada Institute of Ophthalmology	\$790.00
20	Las Vegas Radiology	\$3,300.00
21	Open Sided MRI of Las Vegas	\$3,290.00
	TOTAL	\$37,946.98

(Plaintiff's Fourth Supplement to Initial 16.1 Disclosures dated 7/14/15 (minus supplemental documents), attached hereto as **Exhibit 8**.)

Plaintiff attributes all of these purported health issues to the Incident even though numerous of her medical providers *finding no objective symptoms of injury* after performing countless examinations and tests. (See Ex. 2.) Clearly, the majority of Plaintiff's medical issues cannot be related to her alleged slip and fall at Wynn's property. (*Id.*) This is especially true given that she declined medical attention after the Incident, walked out of Wynn's property on her own accord, continued to gamble for hours and her early medical evaluations found nothing more than contusions on her right buttocks and leg. As Wynn's expert medical witness, Dr. Klausner, explains: "There is no reasonable or objective medical argument to suggest that this claimant could have developed neurology injury or inflammatory pathology beyond the two days following the date of injury." (Ex. 2, pg. 11.)

Certainly, Plaintiff would need expert medical testimony to attribute the implausible medical issues she purportedly suffers from to the Incident. However, Plaintiff did not identify an expert medical witness in this case for obvious reasons.

Consequently, the Court should not permit Plaintiff to introduce any evidence, references to evidence, testimony or argument relating to the medical treatment that lacks any causal connection between the Incident and the purported injuries and conditions, which would be all her medical treatment besides her evaluation and x-ray at UMC Quick Care on February 10, 2010.

LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

1 Further, all of Plaintiff's medical damages should be excluded at trial except for the \$1,425.32
2 charged by UMC Quick Care on February 10, 2010.⁵

3 **III. STANDARD OF REVIEW FOR MOTIONS IN LIMINE**

4 E.D.C.R. 2.47 specifically authorizes motions in limine to exclude or admit evidence. *See*
5 *also* NRS 48.015. In Nevada, the granting of a motion in limine is within the Court's
6 discretionary power. *State ex rel. Department of Highways v. Nevada Aggregates & Asphalt Co.*,
7 92 Nev. 370, 376, 551 P.2d 1095, 1098 (1976). The Court's determination is subject to an abuse
8 of discretion analysis. *Id.*

9 A motion in limine is a motion used to preclude prejudicial or objectionable evidence
10 before it is presented to the jury. *See* E.D.C.R. 2.47; *Peat. Marwick Mitchell & Co. v. Superior*
11 *Court*, 200 Cal. App. 3d 272, 288 (Cal. Ct. App. 1988); *Hyatt v. Sierra Boat Co.*, 79 Cal. App. 3d
12 325, 337 (Cal. Ct. App. 1978). The primary advantage of the motion in limine is to avoid the
13 futile attempt of trying to undo the harm done where jurors have been exposed to damaging
14 evidence, even where stricken by the court. This scenario has been described as "the obviously
15 futile attempt to 'unring the bell' in the event a motion to strike is granted in the proceedings
16 before the jury." *Hyatt*, 79 Cal. App. 3d at 337. "A motion in limine is prophylactic in nature,
17 made to exclude evidence before it is offered" *Stein-Brief Group, Inc. v. Home Indem. Co.*,
18 65 Cal. App. 4th 364, 369 (Cal. Ct. App. 1998).

19 Even if evidence is relevant, it must be excluded "if its probative value is substantially
20 outweighed by the danger of unfair prejudice, of confusion of the issues or of misleading the
21 jury." NRS 48.035(1). Furthermore, relevant evidence may be excluded "if its probative value is
22 substantially outweighed by considerations of undue delay, waste of time or needless presentation
23 of cumulative evidence." NRS 48.035(2).

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27 ⁵ Wynn disputes all liability in this case and is not conceding that it is liable for this amount or any other
28 amounts sought by Plaintiff.

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IV. ARGUMENT

A. The Court Should Exclude All Evidence Related to the Majority of Plaintiff's Medical Treatment Because There Is Not a Causal Connection between Her Claimed Injuries and the Incident

To recover on a claim for negligence in Nevada, a plaintiff has the burden of establishing, among other things, that the alleged breach was both the actual and proximate cause of her injuries. *Joynt v. California Hotel & Casino*, 108 Nev. 539, 542, 835 P.2d 799, 801 (1992) (citation omitted); *see also Turner v. Mandalay Sports Entertainment, LLC*, 124 Nev. 213, 217, 180 P.3d 1172, 1175 (2008). To show actual cause, "the [plaintiff must] prove that, but for the [defendant's wrongdoing], the [plaintiff's damages] would not have occurred." *Dow Chemical Co. v. Mahlum*, 114 Nev. 1468, 1481, 970 P.2d 98, 107 (1998) (overruled in part on other grounds by *GES, Inc. v. Corbitt*, 117 Nev. 265, 271, 21 P.3d 11, 15 (2001)). Proximate cause "is essentially a policy consideration that limits a defendant's liability to foreseeable consequences that have a reasonably close connection with both the defendant's conduct and the harm which the conduct created." *Id.*

Here, Plaintiff's medical records from two days after the Incident indicate that she suffered minor contusions as a result of the Incident. Dr. Klausner, the only medical expert disclosed in this case, concludes "that based on the causal relationship to the mechanism of injury, a slip and fall on the right buttocks, and temporal development of symptoms documented two days post injury, to a high degree of medical certainty, the injured body parts resulting from this accident are causally restricted to contusion injury to the lumbosacral spine and right buttocks." (Ex. 2, pg. 11.) This is the extent of Plaintiff's injuries related to the Incident, which Wynn concedes for purposes of this Motion only.

Accordingly, Wynn cannot be responsible for Plaintiff's medical expenses and related damages except for the contusions she allegedly sustained. Therefore, the Court should not

1 permit evidence, references to evidence, testimony or argument regarding any of her alleged
2 medical injuries and conditions that lack any causal connection to the Incident.

3 **B. Plaintiff Cannot Prove a Causal Connection at Trial Because She Failed to**
4 **Retain the Requisite Expert Medical Witness**

5 In this case, expert medical opinion is clearly required to establish a causal connection
6 between the Incident and each alleged injury. The Nevada Supreme Court has stated "because an
7 injury is a subjective condition, an expert opinion is required to establish a causal connection
8 between the incident or injury and disability. Evidence that an injury merely worsened is not
9 sufficient to prove aggravation." *Grover C. Dils Med. Ctr. v. Menditto*, 121 Nev. 278, 288, 112
10 P.3d 1093, 1100 (2005) (internal citations and quotations omitted); *see also Driggers v. Sofamor*,
11 S.N.C., 44 F. Supp. 2d 760, 765 (M.D.N.C. 1998) ("[W]here the exact nature and probable
12 genesis of a particular type of injury involves complicated medical questions far removed from
13 the ordinary experience and knowledge of laymen, only an expert can give competent opinion
14 evidence as to the cause of the injury.") (citation omitted). Stated more concisely, proving
15 causation is too complex and beyond the capability of a layperson to decide in these situations;
16 thus, expert testimony is required. *See Menditto*, 121 Nev. at 288, 112 P.3d at 1100; *see also*
17 *Cunningham*, 33 Kan. App. 2d 1, 199 P.3d 133 (affirming the lower court's decision that the
18 complexity of the patient's medical situation, as well as her preexisting condition of osteoporosis,
19 required expert testimony to establish a disputed material fact that the defendant caused the
20 injury).

23 Here, Plaintiff failed to disclose an expert medical witness in this case. As a result,
24 Plaintiff cannot provide the requisite expert testimony at trial that the Incident caused her
25 purported medical injuries and conditions as opposed to, *e.g.*, her numerous preexisting
26 conditions. Any damages, besides her alleged contusions after the Incident, are purely
27 speculative and not awardable in this case. *See Clark County Sch. Dist. v. Richardson Constr.*,
28

LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

1 *Inc.*, 123 Nev. 382, 397, 168 P.3d 87, 97 (2007) ("The plaintiff has the burden to prove the
2 amount of damages [she] is seeking" and "testimony on the amount may not be speculative.")
3 (citations omitted). Therefore, the Court should exclude all evidence related to the majority of her
4 claimed injuries since she cannot provide the requisite expert medical testimony at trial.

5
6 Moreover, Plaintiff cannot show aggravation or exasperation of a preexisting condition
7 without an expert medical witness. As noted throughout her medical records and by Wynn's
8 expert medical witness, Plaintiff had a history of, *inter alia*, low back and hand pain, IBS, GERD,
9 anxiety, stress disorder, Marfan syndrome, fibromyalgia and abdominal pain. Because she
10 already suffered from these medical conditions, Wynn is not the actual or proximate cause of the
11 medical conditions she has allegedly had over the last five years which she attributes to the
12 Incident. *See, e.g., Pate v. Renfro*, 715 So. 2d 1094 (Ct. App. Fla. 1998) (affirming lower court's
13 decision that the plaintiff's pre-existing knee disease caused his current knee condition rather than
14 an automobile accident with defendant). As the Nevada Supreme Court stated in *Menditto*,
15 "[e]vidence that an injury merely worsened is not sufficient to prove aggravation." *Menditto*, 121
16 Nev. at 288 112 P.3d at 1100. Consequently, all of Plaintiff's remaining claimed injuries and
17 related medical expenses should be excluded at trial because she cannot provide expert testimony
18 to prove a causal connection. Her medical damages should be limited to \$1,425.32 for her UMC
19 Quick Care visit on February 10, 2010.
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LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

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V. CONCLUSION

Based on the foregoing, the Court should grant Wynn's Motion in Limine [#2] and preclude at trial any and all evidence, references to evidence, testimony or argument relating to the majority of Plaintiff's medical issues and expenses because she cannot prove a causal connection between the Incident and her alleged injuries and conditions without testimony from an expert medical witness. Except for the \$1,425.32 for her UMC Quick Care visit on February 10, 2010, Plaintiff's remaining medical damages should be excluded and not referred to at trial.

DATED this 13th day of August, 2015.

LAWRENCE J. SEMENZA, III, P.C.

/s/ Christopher D. Kircher
Lawrence J. Semenza, III, Esq., Bar No. 7174
Christopher D. Kircher, Esq., Bar No. 11176
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145

Attorneys for Defendant Wynn Las Vegas, LLC
d/b/a Wynn Las Vegas

LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

CERTIFICATE OF SERVICE

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Pursuant to Nev. R. Civ. P. 5(b) and NEFCR 9, I certify that I am an employee of Lawrence J. Semenza, III, P.C., and that on this 13th day of August, 2015 I caused to be sent through electronic transmission via Wiznet's online system, a true copy of the foregoing **DEFENDANT'S MOTION IN LIMINE [#2] TO EXCLUDE UNRELATED MEDICAL CONDITIONS AND DAMAGES CLAIMED BY PLAINTIFF** to the following registered e-mail addresses:

NETTLES LAW FIRM
christianmorris@nettlelawfirm.com
kim@nettlelawfirm.com

Attorneys for Plaintiff

/s/ Lawrence J. Semenza, III
An Employee of Lawrence J. Semenza, III, P.C.

EXHIBIT 1

EXHIBIT 1

EXHIBIT 2

EXHIBIT 2

LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

1 **DOE**
2 Lawrence J. Semenza, III, Esq., Bar No. 7174
3 Email: ljs@semenzalaw.com
4 Christopher D. Kircher, Esq., Bar No. 11176
5 Email: cdk@semenzalaw.com
6 LAWRENCE J. SEMENZA, III, P.C.
7 10161 Park Run Drive, Suite 150
8 Las Vegas, Nevada 89145
9 Telephone: (702) 835-6803
10 Facsimile: (702) 920-8669
11 Attorneys for Defendant Wynn Las Vegas, LLC
12 d/b/a Wynn Las Vegas

DISTRICT COURT
CLARK COUNTY, NEVADA

11 YVONNE O'CONNELL, individually,
12 Plaintiff,

Case No. A-12-655992-C
Dept. No. V

13 v.

**DEFENDANT'S DISCLOSURE OF
EXPERT WITNESS AND REPORT
PURSUANT TO NRCP 26(e)**

14 WYNN LAS VEGAS, LLC, a Nevada
15 Limited Liability Company, doing business as
16 WYNN LAS VEGAS; DOES I through X;
17 and ROE CORPORATIONS I through X;
18 inclusive;

Defendants.

19 Defendant Wynn Las Vegas, LLC d/b/a Wynn Las Vegas ("Defendant") hereby submits
20 its Disclosure of Initial Expert Witness and Report pursuant to NRCP 26(e) as follows:
21

EXPERT WITNESSES

- 22
23 1. VICTOR B. KLAUSNER, D.O.
24 801 South Rancho Dr., Ste. F1
25 Las Vegas NV 89106
(702) 474-4454

26 As set forth more fully in the Expert Report attached hereto as Exhibit 1, Dr. Klausner is
27 expected to testify regarding his review of Plaintiff Yvonne O'Connell's ("Plaintiff") medical
28 treatment, diagnosis, records and billing; whether said medical treatment was related to Plaintiff's
alleged injuries; and provide a medical opinion regarding Plaintiff's alleged injuries, treatment

LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

1 and diagnosis, as well as any all professional sources he utilized and reviewed in preparing his
2 report.

3 DOCUMENTS

- 4 1. Exhibit "1", Victor B. Klausner, D.O.'s Independent Medical Record
5 Review and Report;
6 2. Exhibit "2", Victor B. Klausner, D.O.'s Curriculum Vitae;
7 3. Exhibit "3", Victor B. Klausner, D.O.'s Fee Schedule; and
8 4. Exhibit "4", Victor B. Klausner, D.O.'s List of Cases.

9 DATED this 13th day of April, 2015.

10 LAWRENCE J. SEMENZA, III, P.C.

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15 _____
16 Lawrence J. Semenza, III, Esq., Bar No. 7174
17 Christopher D. Kircher, Esq., Bar No. 11176
18 10161 Park Run Drive, Suite 150
19 Las Vegas, Nevada 89145

20 Attorneys for Defendant Wynn Las Vegas, LLC
21 d/b/a Wynn Las Vegas
22
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24
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LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

CERTIFICATE OF SERVICE

1
2 I certify that I am an employee of Lawrence J. Semenza, III, P.C., and that on this 13th
3 day of April, 2015, I caused to be sent through electronic transmission via Wiznet's online system,
4 a true copy of the foregoing **DEFENDANT'S DISCLOSURE OF EXPERT WITNESS AND**
5 **REPORT PURSUANT TO NRCP 26(e)** to the following registered e-mail addresses:

6 Brian D. Nettles, Esq.
7 Christian M. Morris, Esq.
8 NETTLES LAW FIRM
9 christianmorris@nettlelawfirm.com
10 kim@nettlelawfirm.com

11 *Attorneys for Plaintiff*

12 /s/ Olivia A. Rodriguez

13 An Employee of Lawrence J. Semenza, III, P.C.

EXHIBIT 1

EXHIBIT 1

**CENTER FOR OCCUPATIONAL
HEALTH & WELLNESS**

801 South Rancho Drive, Suite F1•Las Vegas, Nevada 89106•Phone 702.474.4454•Fax 702.474.4424
9005 S. Pecos Road, #2610•Henderson, Nevada 89074•Phone 702.474.0472•Fax 702.474.4012

Independent Medical Record Review

Patient Name: O'Connell, Yvonne
DOB: 08/19/1951
Date Of Loss: 02/08/2010

RECORD REVIEW:

02/08/2010

- Review of accident report filed by security personnel from the Wynn hotel detailing a slip and fall incident on a slick floor with a green substance causing a guest fall into indoor landscaping. The guest refused medical treatment at the time of incident.
- Unmarked photographs of the claimant were taken apparently following a slip and fall incident, showing three areas of superficial ecchymosis over the claimant's right buttocks.

02/10/2010 - UMC Peccole Quick Care

- History: Patient slipped and fell on wet floor on 02/08/10. She describes pain over the bilateral low back with contusions and pain radiating to the right buttocks and leg. Diagnosed with contusion of the L/S spine. Normal exam to the cervical spine and chest.
- X-ray of the L/S spine at UMC with advanced disc height loss at L3-L4, L4-L5, L5-S1. Endplate osteophytes are present with multilevel degenerative disc disease of the lumbar spine and large quantity of fecal matter in colon.
- Medications prescribed: Flexaril 10mg, Voltaren 50mg, Tramadol 50mg

03/08/2010 -Ascent Primary Care, Dr. Prabhu

- "History of multiple issues with generalized pain after trip and fall four weeks ago. Back still hurts with history of fibromyalgia, Ehler Danlos syndrome, IBS and depression."
- Diagnosed with lumbago, chronic fatigue syndrome and Ehler Danlos syndrome. Recommend lab work and follow up in one month.

03/09/2010 - Lab work performed at Quest diagnostic: Normal Chem Profile, Normal CBC, Chol 213, Sed Rate 2, TSH 1.3, ANA Negative.

03/18/2010 - UMC Primary Care, Dr. Subramanyam

- complaints including pain over entire right side of body after slip and fall 02/08/10, weakness, fainting, chills, trouble sleeping, blurred vision, lump on back of neck, dizziness, headaches, chest pain, cough, shortness of breath, nausea, change in appetite, severe constipation, heartburn, abdominal pain, neck pain, frequent urination, sexual dysfunction, depression, anxiety and pain/stiffness over hands, wrists, elbows, shoulders, neck, back, hips, knees, toes, feet and jaw.
- She describes a history of back, and hand injury in 1989, which led to diagnosis of IBS, Gerd, anxiety, stress disorder, Marfan syndrome, fibromyalgia and medication dependence with severe constipation and abdominal pain.
- Diagnosis: IBS, multilevel degenerative disc disease, increased constipation.
- Referral for x-ray of the cervical spine, chest, right knee, right hip
- Referral to gastroenterologists and orthopedic spine surgeon.

03/19/2010 - X-ray imaging performed at Steinberg Diagnostic Imaging: Negative right knee, negative chest, negative right hip, straightening of the cervical spine with moderate midcervical disk degeneration.

03/23/2010 - Desert Institute of Spine Care, Dr. Cash, Orthopedic Spine Surgeon

- History of slip and fall at a casino on 02/08/10, falling on her right side and left hand. She describes pain over her right buttocks, right leg, right arm and bilateral wrist. Neck pain ranging from 2 to 8/10 and back pain ranging from 3 to 8/10.
- Prior history of severe back pain and hand injury in 1989 with history of irritable bowel syndrome, Marfan disease and fibromyalgia.
- Diagnosis of traumatic cervical and lumbar radiculopathy with recommendation for cervical and lumbar MR imaging.

03/24/2010 -Gastroenterology – Yakov Shaposhnikov M.D.

- Reason for Visit: Constipation predominant IBS. Abdominal as well as chest pain with more constipation than before.
- Current medications: Miralax, Citrucel, Vitamins
- Assessment: Constipation, Atypical chest pain.
- Treatment: Pt is advised to eat more fiber containing food (fruits and vegetables), to take Amitiza 24 mcg every day, Cardiac workup for the chest pain and recommend colonoscopy.

03/29/2010 - UMC Summerlin Primary Care Cardiology

- Follow-up on atypical chest pain. Resting electrocardiogram with normal sinus rhythm at rate 62. Normal exam with abnormal lung sounds.

04/08/2010 - MRI of the lumbar spine performed at Steinberg Diagnostic Imaging

- Multilevel small degenerative central disc protrusion L2 – L3, L4 – L5 and L5 – S1 with mild spondylosis and no neuroforaminal narrowing. Degenerative disk space narrowing and spondylosis with left paracentral disc bulge without central canal or foraminal narrowing.
- Conclusion: Degenerative disk disease with left paracentral disc bulge L3 – L4 and 2 mm central disk protrusion at L2 – L3, L4 – L5 and L5 – S1. No central canal or neural foraminal narrowing.

04/19/2010 - Desert Institute of Spine Care, Dr. Cash, Orthopedic Spine Surgeon

- The patient describes continued neck and back pain when standing and walking with a limp and increased pain over the right foot.
- "MR imaging of the lumbar spine shows left paracentral disc bulge, L3 – L4, with multiple small disk protrusion at L2 – L3, L4 – L5 and L5 – S1. Severe disk collapse of L3 – L4, moderate at L4 – L5 and L5 – S1."
- Recommendation for physical therapy and evaluation from a podiatrist.

04/26/2010 - Gastroenterology – Yakov Shaposhnikov M.D.

- Discussion: "this patient who has had irritable bowel syndrome for about 10 years, has abdominal and atypical chest pain with constipation and possible diverticulosis. A recommendation is made for EGD and colonoscopy."

04/28/2010 - Matt Smith Physical Therapy, Physical Therapy Evaluation

- History of slip and fall landing on right low back and gluteal on 02/08/10. Pain over lumbosacral area, right greater than the left with severity 10/10.
- Assessment: full weight-bearing with rolling walker, lower extremity strength 3+/5 with comment of Waddell signs, diffuse tenderness over the lumbar spine and gluteal region with comment of Waddell signs, lumbar flexion 20°, lumbar extension 5°, negative sciatic nerve tension.
- Therapeutic plan with active range of motion, home exercise, manual therapy technique and physical therapy modalities in order to improve lumbar range of motion, improved posture and decreased tenderness.

04/29/2010 - UMC Primary Care Clinic, Dr. Subramanyam

- Presents for follow-up on pain and nausea. Complaints of pain over, back, knees, hands, chest and abdomen with the pain level of 10.
- Diagnosis of Gerd, IBS and atypical chest pain.

05/03/2010 - Nevada Heart and Vascular Clinic, Dr. Wesley – cardiologist

- Discussion: "a 58-year-old Caucasian female, highly anxious with a history of irritable bowel disease, gastroesophageal reflux disease and atypical chest pain; however, now stated that radiates to her back. She has a history of possible Marfan syndrome and hypertension which has been well controlled. Her echocardiogram shows normal left ventricular size and function with no valvular abnormality. She most likely has atypical chest pain from gastroesophageal reflux disease; however, we suggest she undergo a CT scan of the chest with contrast to rule out a thoracic aortic aneurysm. She is reluctant to proceed and wishes to complete her gastrointestinal workup.
- Recommend cardiology follow-up in three months.

05/17/2010 -Apache Foot and Ankle Clinic, Dr. Wittenberg, DPM

- "58-year-old female complaints of sharp aching pain to Sural nerve over the lateral aspect of right heel with pain on ambulation in the morning and after rest. Patient relates pain for approximately 3 1/2 months with gradual onset with no trauma. Pain over the lateral aspect of the right heel status post slip and fall on entire right side of body. Pain over plantar aspect of right heel."
- Exam with tenderness over the right foot along the plantar fascia and lateral aspect of the right heel. Ambulating with difficulty.
- X-ray of the right foot on 05/17/10 is negative.
- Diagnosed with right foot plantar fasciitis and right foot heel pain.
- Recommendation for treatment with rest and ice with possible use of medication. Referral for neurodiagnostic studies of the right lower extremity with pain likely stemming from radiculopathy/lumbar disc disease.

05/21/2010 -Matt Smith Physical Therapy, Physical Therapy Re-evaluation

- Description of pain over the lumbosacral area and neck pain radiating into the bilateral upper extremity with paresthesias and weakness in the bilateral hand. Pain aggravated by neck rotation and pain at night with severity 10/10.
- Exam: Full weight-bearing using rolling walker. Neck rotation 60°, neck flexion 60°, and neck extension 30°. Upper extremity strength ranging from 3/5 to 4+/5 with inconsistent resistance. Lumbar flexion 20° and lumbar extension 5°. Diffuse tenderness over the low back and gluteus musculature.
- Continue cervical and lumbar active range of motion, home exercise, manual therapy technique and physical therapy modalities in order to improve cervical/lumbar range of motion, improved posture and decreased tenderness.

06/10/2010 - Clinical Neurology Specialist, Dr. Germin, Neurologist

- Intake form - Slip and fall on 02/08/10 landing on right buttocks. Description of back injury 20 years ago and pain free until recent slip and fall. Symptoms of neck pain, headaches, blurred vision, chest pain, difficulty breathing, pain in arms, difficulty walking, stomach pain, nausea, frequent urination, back pain, joint pain, muscle spasm, decreased sensation in hands and feet and trembling.
- Neurodiagnostic studies of the lower extremities performed with normal nerve conduction velocity and normal EMG testing with no electrodiagnostic evidence of right lower extremity lumbar radiculopathy, peripheral neuropathy or demyelinating neurologic disease.

06/24/2010 - UMC Primary Care, Dr. Subramanyam

- Increased lower abdominal pain for three days with a description of chronic constant pain "all over" at level of 10.
- Await consultation with spine surgeon and recommend CT scan ordered by cardiologist.

07/09/2010 - Southern Nevada Pain Center, Dr. Erkulvrawatr, Pain management consultation

- History of 58-year-old female who sustained a fall of 02/08/10 describing bilateral neck and upper extremity pain at level 10/10 worse with neck movement and physical therapy, bilateral low back pain radiating into the right leg with numbness or weakness with severity 10/10 worse walking.
- Review of symptoms with chest pain, palpitations, shortness of breath, history of chronic low back and History of stroke.
- Exam with tenderness to the whole cervical and lumbar spine, limited lumbar extension, normal neurological exam, normal strength.
- MR imaging of the cervical spine on 05/08/10 with multilevel disk degeneration of the cervical spine from C3 – C4 to C6 – C7.
- MR imaging of the lumbar spine and 04/08/10 with disk degeneration from L3 – L4 to L5 – S1. Large left paracentral disc bulge L3 – L4 and small disk protrusion L2 – L3, L4 – L5 and L5 – S1.
- Diagnosis of cervical disk disease, lumbar disc degeneration and lumbar radiculopathy.
- Plan to continue physical therapy.

09/03/2010 - Southern Nevada Pain Center, Dr. Erkulvrawatr, Pain management

- Pain diagram with description of pain over her whole body excluding left leg and bilateral upper arm at a level of 10/10. Pain described as aching,

throbbing, shooting, stabbing, gnawing, sharp, tender, burning, exhausting, nagging, numb and unbearable.

- "I had to discontinue physical therapy because of second fall of 07/14/10"
- Plan to continue gentle stretching and as she approves return to physical therapy.

09/16/2010 - UMC Primary Care, Dr. Subramanyam

- Follow-up visit with a description of chronic constant pain "all over" at level of 10. With diagnosis of IBS, Gerd, hiatal hernia and low back pain.

10/15/2010 - Southern Nevada Pain Center, Dr. Erkulvrawatr, Pain management

- Pain diagram with description of pain over her whole body excluding left leg and bilateral upper arm at a level of 10/10. Pain described as aching, throbbing, shooting, stabbing, gnawing, sharp, tender, burning, exhausting, nagging, numb and unbearable (all descriptive terms listed on form).
- Plan to continue physical therapy and trial tens unit.

11/01/2010 -Matt Smith Physical Therapy, Discharged Summary (24 sessions)

- Description of lumbosacral pain on the right greater than left at a level of 8/10, neck pain radiating to the bilateral upper extremity with paresthesia and weakness.
- Exam: Full weight-bearing with rolling walker, upper extremity strength ranging from 3/5 to 4+/5 with inconsistent resistance, tenderness to the lower lumbar spine and gluteus musculature, lumbar flexion 20° and lumbar extension 5°, cervical rotation 60°, cervical flexion 60°, and cervical ext. 30°.
- Planning discharge from physical therapy.

01/13/2011 - UMC Primary Care, Dr. Subramanyam

- Follow-up visit for chronic cough and chest congestion with a description of chronic constant pain "all over" at level of 10.
- New diagnosis of bronchitis with prescription for an antibiotic (Zithromax) and cough suppressant (Mucinex DM).

03/09/2011 - UMC Primary Care, Dr. Subramanyam

- Follow-up on abdominal pain with cough, chest congestion and blood in stool. Description of chronic constant pain "all over" at level of 10.
- CBC ordered (Hgb 13) and recommend follow-up with gastroenterologist.
- Stool cultures and parasite analysis performed in 03/23/11 was negative.
- ENT referral and prescription for Zithromax and Flonase nasal spray.

03/09/2011 - Steinberg Diagnostic Imaging, X-ray imaging

- Chest x-ray stable from previous study with minimal scarring in the upper lobes and thoracic spondylosis.
- Sinus x-ray with mild opacification in the inferior left maxillary sinus, which may represent mucosal thickening and sinus disease and an overall density in the S1. Sinus possibly representing polyp or mucosal thickening. Recommend CT scan of the sinuses.

05/09/2011 - Otolaryngology Consult, Nevada Eye And Ear, Dr. Manthei

- CT scan of the sinuses reviewed revealing no significant sinus disease or polyp with deviation of the nasal septum to the right.
- Recommendation made for continued conservative treatment with Flonase nasal spray prior to considering septoplasty surgery.

07/06/2011 - UMC Primary Care, Dr. Subramanyam

- Follow-up on blurred vision and right hip pain. Description of chronic constant pain "all over" at level of 10.
- Referred for x-ray of the right hip and referral to ophthalmologist.

08/11/2011 - Nevada Institute of Ophthalmology, Dr. Carr, Ophthalmologist

- Referred for consultation regarding blurred vision.
- Diagnosis: Mild bilateral cataract, Allergic conjunctivitis, Dry eye syndrome
- Recommendation was made for prescription lenses and use of over-the-counter artificial tears for dryness and irritation.

09/27/2011 - UMC Primary Care, Dr. Subramanyam

- Annual screening examination with description of low back and right hip pain. Description of chronic constant pain "all over" at level of 10.
- Exam reveals range of motion slightly painful over the lower lumbar spine and right hip.
- Diagnostic labs performed that Quest on 09/29/11 with normal chem profile, CBC, and urinalysis. Cholesterol 207 and ALT 46.

09/27/2011 - Steinberg Diagnostic Imaging, X-ray imaging

- X-ray of the right hip with comparison to prior study in 2010, Reveals no fracture or osseous abnormality.
- X-ray of the lumbar spine reveals degenerative disk space narrowing and endplate spurring from L3 to S1 with minimal retrolisthesis of L3 on L4.

09/27/2011 - UMC Primary Care, Dr. Subramanyam

- Follow-up examination with description of low back and right hip pain. Description of chronic constant pain "all over" at level of 10.

09/27/2011 - UMC Primary Care, Dr. Subramanyam

- Description of increased pain over her right hip, right knee and left hand.
- Recommendation for referral to orthopedic surgeon.

02/10/2012 - Advanced Orthopedics, Dr. Trainor – Orthopedic Consultation

- "This six-year-old female. Injured herself two years ago when she fell on a raised curb. She states that she never fully healed. She complains of pain along the entire right lateral side of her body and from her buttocks radiating into the right side below the right knee. She describes constant pain."
- Physical examination with "tenderness to palpation in the upper and lower extremities bilaterally in all locations." No specific medial or lateral joint tenderness to palpation of the knee and no hip pain with log rolling.
- Diagnosed with fibromyalgia and complex regional pain syndrome with no obvious organic problems, of the hip or knee. A recommendation was made for referral to a pain management specialist.

03/06/2012 - Silver State Neurology, Dr. Milford, Neurologist

- History of a six-year-old female with neck pain, bilateral upper extremity pain, numbness and tingling.
- EMG and NCV testing of the bilateral upper extremity shows decreased conduction velocity in the bilateral median sensory nerve and slight increase in spontaneous act to the, motor unit amplitude with increased polyphasic potentials in the bilateral abductor pollicis brevis muscle.
- Conclusion of mild bilateral carpal tunnel syndrome.

03/08/2012 - Minimally Invasive Hand Institute, Dr. Jonathan Sorelle

- History: "The patient had a fall on 02/08/2010. The patient is very tangential with a number of her symptoms." And "the patient has had significant complaints of bilateral hand numbness and tingling and pain since the fall in the right hand worse than left and has been recently worsening."
- Diagnosis: Carpal tunnel syndrome and Trigger finger
- Recommend patient undergo bilateral hand carpal tunnel release surgery and trigger finger release surgery.

03/12/2012 - UMC Primary Care, Dr. Subramanyam

- Follow-up regarding atypical chest pain and lab results.
- Recommend referral back to cardiology.

04/09/2012 - Nevada Heart and Vascular Clinic, Dr. Wesley – Cardiologist

- Evaluation of atypical chest pain with description of chest pain radiating to the back, shortness of breath, palpitations, pre-syncope and dyspnea on exertion.
- Recommendation made for full cardiac workup with Cardiolite stress test, CT angiogram of the chest, echocardiogram and Holter monitor.

05/07/2012 - Nevada Heart and Vascular Clinic, Dr. Wesley – Cardiologist

- Evaluation of atypical chest pain with normal CT scan of the chest and normal Cardiac holter monitor.
- "This concludes an extensive cardiovascular workup with no objective findings to explain her symptoms, which clearly appears to be overlay of chronic anxiety." Final diagnosis of Gerd, anxiety, and palpitations.

05/29/2012 - UMC Primary Care, Dr. Subramanyam

- Follow-up regarding generalized chronic joint pain with description of right knee and right hip painful range of motion.

09/07/2012 -Heart Center of Nevada, Dr. Fotedar – Cardiologist

- Second opinion Cardiac consultation with description of a fall two years prior and description of chest pain radiating to her back, shortness of breath and heart palpitations.
- "This 61-year-old female with a history of a fall a couple of years back has since had multiple cardiac symptoms, including palpitations, chest pain and shortness of breath. She has had a workup done with a holter monitor, echocardiogram and CT scan of the chest which were unremarkable."
- "I had a long discussion with the patient and basically tried to assure her that her Echocardiogram was normal with physiologic mitral and tricuspid regurgitation. The patient was not very happy with this and thought that I was not paying a lot of attention to her Echocardiogram. I spent more than 30 min. trying to explain to her that she does not have significant valvular heart disease based on echocardiogram and clinical examination, and maybe her symptoms cannot be explained by this. I did recommend that she should have a Cardiolite stress tests given her current history of chest pain. At this time, She is not ready to do a Cardiolite stress test."

09/18/2012 - S.P.O.R.T.S., Scott Pensivy PT, Physical Therapy Assessment

- Referral from Dr. Trainor regarding right hip and right knee pain, although the patient wishes to be treated for bilateral hand pain, bilateral foot pain, low back pain, thoracic pain, neck pain and headaches.

- The patient has been seen by a different physical therapist 24 visits. She describes her symptoms as worsening as the therapist was "too aggressive."
- Observation: quote the patient at this time appears to be moderately anxious with her pass out she talks a lot about her injuries. Difficult for physical therapist to ask appropriate questions. Physical therapist attempted to shake the patient's hand and the patient refused due to perception of severe pain.
- Exam: "Hypersensitive reaction to palpation of all body regions." and "unfortunately it was difficult to assess joint function secondary to the patient having severe apprehension of pain throughout passive range of motion of lower extremities. Every motion hurt patient with exam" And "difficult to assess strength secondary to patient's complaint of pain and apprehension throughout the entire exam" and "poor functional status with laboring of all mobility motion" and "sensation was decreased without a specific dermatomal pattern sharp and light touch with hypersensitivity in the lower extremities."
- Assessment: "At this time the patient has several pathologies she is complaining of which includes the entire body, and she was diagnosed with chronic regional pain syndrome. At this time, the patient is in such severe pain that the physical therapist feels he is unable to help this patient. The patient has expressed that other therapist have hurt her with exercise and this physical therapist is concerned that the patient may be in the wrong type setting to start rehabilitation. The patient complaints of too much pain with all motions and physical therapist was unable to assess the areas of concern with any type of consistent testing or objective values for appropriate plan of care."

09/24/2012 - Otolaryngology Consult, Nevada Eye and Ear, Dr. Manthei

- Follow-up with description of left-sided facial pain and drooping of the left eyelid, on and off for one year.
- "On examination, she continues to have no significant findings, other than the deviated septum. I do not appreciate any drooping of her left eyelid; however, she is adamant that her eyebrows do not match. There is no evidence of facial nerve weakness."
- Diagnosed with atypical facial pain and recommendation was made for MRI of the phase to rule out trigeminal neuralgia and recommendation for neurology consultation.

11/05/2012 - UMC Primary Care, Dr. Subramanyam

- Three months follow-up regarding multiple joint pain. Description of chronic constant pain "all over" at level of 10.
- Diagnosed with multiple joint pain and fibromyalgia. Recommend referral to a rheumatologist.

02/05/2013 - UMC Primary Care, Dr. Subramanyam

- Follow-up in regards to multiple joint pain and costochondral pain. Description of chronic constant pain "all over" at level of 10.
- Recommend to follow-up with Dr. Kenneth Grant, rheumatologist.

06/04/2013 - UMC Primary Care, Dr. Subramanyam

- Follow-up in regards to multiple joint pain and costochondral pain. Description of chronic constant pain "all over" at level of 10.
- Diagnosis of irritable bowel syndrome and fibromyalgia.
- Recommendation to follow-up with a physiatrist.

09/04/2013 - UMC Primary Care, Dr. Subramanyam

- Follow-up in regards to multiple joint pain. Description of chronic constant pain "all over" at level of 10.
- Diagnosis of irritable bowel syndrome and fibromyalgia.
- Recommendation follow up with rheumatologist.

01/14/2014 - UMC Primary Care, Dr. Subramanyam

- Follow-up in regards to multiple joint pain. Description of chronic constant pain "all over" at level of 10.
- Diagnosis of irritable bowel syndrome and fibromyalgia.

DISCUSSION:

1. There is objective evidence in the medical records to show that, to a reasonable degree of medical certainty, this claimant suffered a slip and fall on 02/08/2010, suffering minor contusions to her right buttocks. Based on the initial treatment at UMC Peccole Quick Care on 02/10/2010 (two days following the date of injury), this claimant had a diagnosis of lumbosacral contusion with normal examination of the cervical spine and chest. Therefore, based on the causal relationship to the mechanism of injury, a slip and fall on the right buttocks, and temporal development of symptoms documented two days post injury, to a high degree of medical certainty, the injured body parts resulting from this accident are causally restricted to contusion injury to the lumbosacral spine and right buttocks.
2. There is no reasonable or objective medical argument to suggest that this claimant could have developed neurological injury or inflammatory pathology beyond two days following the date of injury. The objective medical evidence to specifically detail the diagnosis and severity of this claimant symptoms include MR imaging of the lumbar spine and neurodiagnostic studies of the right lower

extremity. MRI of the lumbar spine performed at Steinberg Diagnostic Imaging on 04/08/2010 revealed chronic degenerative disk disease and spondylosis without central canal or neural foraminal narrowing, without evidence of acute vertebral body or disc injury. Neurodiagnostic studies of the right lower extremity performed at Clinical Neurology Specialist by Dr. Germin, revealed normal nerve conduction velocity and normal EMG testing with no electrodiagnostic evidence of right lower extremity lumbar radiculopathy, or peripheral neuropathy. Therefore, the objective medical evidence supports the diagnosis of contusion injury to the lumbosacral spine and right buttocks.

3. Subsequent to the claimant's initial evaluation, she has described a wide variety of medical pathology involving multiple body parts. To a reasonable degree of medical certainty, the multiple complaints that are characterized by the claimant's follow-up visit on 03/18/2010 with Dr. Subramanyam (including complaints of pain over entire right side of body, weakness, fainting, chills, trouble sleeping, blurred vision, lump on back of neck, neck pain, dizziness, headaches, chest pain, cough, shortness of breath, nausea, change in appetite, severe constipation, heartburn, abdominal pain, neck pain, frequent urination, sexual dysfunction, depression, anxiety and pain/stiffness over hands, wrists, elbows, shoulders, neck, back, hips, knees, toes, feet and jaw), are related to pre-existing pathology and/or symptom magnification syndrome.
4. On 03/18/2010, this claimant describes a previous history of low back and hand injury in 1989, which led to diagnosis of IBS, GERD, anxiety, stress disorder, Marfan syndrome, fibromyalgia and medication dependence with severe constipation and abdominal pain. Clearly, the multiple somatic pain complaints that this claimant describes are explained by pre-existing fibromyalgia and Marfan syndrome. She also has a documented history of constipation predominant IBS identified by Dr. Shaposhnikov on 03/24/2010, which explains her multiple complaints of nausea, constipation, heartburn and abdominal pain. She had also described atypical chest pain, jaw pain, weakness, dizziness, trouble sleeping, changes in appetite, sexual dysfunction and shortness of breath, which are characterized by anxiety and depression. To a reasonable degree of medical certainty, this claimant has described multiple constitutional symptoms which are directly related to chronic pre-existing medical pathology, and is in no way causally related to the incident which occurred on 02/08/2010.
5. As described above, this claimant has described a wide variety of medical pathology involving multiple body parts, which creates an extremely complex and confusing diagnostic dilemma and difficulty medical management, as outlined in the medical record. However, if the overall pattern of subjective

symptomatology and medical documentation is analyzed a conclusion can be drawn that this claimant fits the criteria for symptom magnification syndrome. Symptom magnification syndrome is defined as, "a self-destructive, socially reinforced behavioral response pattern consisting of displays of symptoms which function to control the life and circumstances of the sufferer"(defined by journal article, "Symptom Magnification Syndrome Structured Interview: Rationale and Procedure", Journal of Occupational Rehabilitation, volume 1; 1991). This claimant fits the criteria of type III Symptom Magnification Syndrome, "the identified patient ", who is a person whose symptoms ensure survival and maintenance of the patient role. In other words, the person manifests symptoms in order to receive some kind of secondary gain, whether it is avoidance of responsibility, attention or financial gain.

The hallmark of this diagnosis is based on lack of objective medical findings with severe subjective symptoms, which cannot be explained by the objective medical findings. A person can also display non-physiologic findings on physical examination, which are typical of symptom magnification behavior and are described as Waddell signs (Spine (Phila Pa 1976).1980 Mar-Apr;5(2):117-25).

Waddell signs are characterized by five nonphysiologic exam findings which suggest symptom magnification: 1. Superficial and Widespread tenderness or Nonanatomic tenderness, 2. Regional weakness or poor effort on strength testing, 3. Distracted straight leg raise testing or pain with axial rotation, 4. Non-anatomic sensory changes, 5. Overreaction or pain response out of proportion with exam. If there are 3 or more signs present then there is high probability that patient has non-organic pain.

Based on thorough evaluation of the medical record, this claimant has displayed four out of the five Waddell signs at one time or another during medical evaluation:

- a. Superficial and Widespread tenderness or Nonanatomic tenderness: Documented by Mathew Smith, PT on 04/28/2010; Documented by Dr. Erkulvrawatr, Pain management specialist on 07/09/2010 and 09/03/2010; Documented by Dr. Trainor, Orthopedic surgeon, on 02/10/2012; Documented by Scott Pensivy, PT on 09/18/2012;
- b. Regional weakness or poor effort on strength testing: Documented by Mathew Smith, PT on 04/28/2010, 05/21/2010 and 11/01/2010; Documented by Scott Pensivy, PT on 09/18/2012;

- c. Non-anatomic sensory changes: Documented by Dr. Subramanyam, primary care physician, on every visit over the course of four years with consistent documentation of “chronic constant pain *all over* at level of 10”; Documented by Dr. Manthei on 09/24/2012; Documented by Dr. Germin, neurologist, on 06/10/2010; Documented by Scott Pensivy, PT on 09/18/2012; Documented by Dr. Jonathan Sorerelle, hand surgeon, on 03/08/2012; Documented by Dr. Erkulvrawatr, pain management specialist on 07/09/2010, 09/03/2010 and 10/15/2010 (see pain diagrams and exam findings).
- d. Overreaction or pain response out of proportion with exam: Documented by Mathew Smith, PT on 04/28/2010; Documented by Dr. Erkulvrawatr, Pain management specialist on 07/09/2010, 09/03/2010 and 10/15/2010 (see pain diagrams and exam findings); Documented by Dr. Trainor, Orthopedic surgeon, on 02/10/2012; Documented by Scott Pensivy, PT on 09/18/2012.

Based on the above documentation, this claimant meets the criteria for four out of five Waddell signs, indicating to a high degree of medical certainty that this claimant is displaying symptom magnification behavior.

Another hallmark of symptom magnification syndrome involves documentation of subjective symptoms that are out of proportion with objective medical findings. This claimant has had multiple medical providers document subjective symptoms that were not substantiated by the objective medical findings:

Dr. Wesley, Cardiologist, described an exhaustive workup for atypical chest pain with the following comment, "This concludes an extensive cardiovascular workup with no objective findings to explain her symptoms, which clearly appears to be overlay of chronic anxiety."

This was followed by a second opinion cardiology consult with Dr. Fotedar on 09/07/2012 who concluded, "I had a long discussion with the patient and basically tried to assure her that her Echocardiogram was normal with physiologic mitral and tricuspid regurgitation. The patient was not very happy with this and thought that I was not paying a lot of attention to her. Echocardiogram. I spent more than 30 min. trying to explain to her that she does not have significant valvular heart disease based on echocardiogram and clinical examination, and maybe her symptoms cannot be explained by this."

This claimant was evaluated Dr. Jonathan Sorerelle, orthopedic hand surgeon, on 03/08/2012 with the following observation, "The patient had a fall on 02/08/2010. The patient is very tangential with a number of her symptoms." And "the patient has had significant complaints of bilateral hand numbness and tingling and pain since the fall in the right hand worse than left and has been recently worsening." Dr. Sorerelle identified this claimant with a "tangential" presentation with multiple symptoms and diagnosed her with bilateral wrist carpal tunnel syndrome. To a high degree of medical certainty, this claimant has developed chronic and progressive carpal tunnel syndrome, unrelated to the incident on 02/08/2010, at which time this claimant fell on her buttocks. This syndrome of peripheral neuropathy is most likely related to her age and connective tissue disorder without causation related trauma. This is proven by Dr. Sorerelle description of symptoms "recently worsening" prior to his examination (two years following the date of injury).

On 09/24/2012, this claimant was evaluated by Dr. Manthei, otolaryngologist, and he concluded, "On examination, she continues to have no significant findings, other than the deviated septum. I do not appreciate any drooping of her left eyelid; however, she is adamant that her eyebrows do not match. There is no evidence of facial nerve weakness."

She was evaluated by Scott Pensivy PT with a physical therapy evaluation, on 09/18/2012 and he described the following findings pathognomonic for symptom magnification, "Hypersensitive reaction to palpation of all body regions." and "unfortunately it was difficult to assess joint function secondary to the patient having severe apprehension of pain throughout passive range of motion of lower extremities. Every motion hurt patient with exam" And "difficult to assess strength secondary to patient's complaint of pain and apprehension throughout the entire exam" and "poor functional status with laboring of all mobility motion" and "sensation was decreased without a specific dermatomal pattern sharp and light touch with hypersensitivity in the lower extremities." His final assessment was, "At this time the patient has several pathologies she is complaining of which includes the entire body, and she was diagnosed with chronic regional pain syndrome." However, this claimant does not meet the criteria for chronic regional pain syndrome which has diagnostic criteria involving objective findings of neuropathic skin changes and peripheral vascular abnormality in the extremities, which does not exist in the medical record. Therefore, the proper diagnostic conclusion in this case would more appropriately be considered as symptom magnification syndrome.

In conclusion, this claimant suffered a slip and fall on 02/08/2010, suffering contusion injury to the lumbosacral spine and right buttocks. There is no objective evidence in the medical record to suggest any other diagnosis. Specifically, MR imaging of the lumbar spine reveals chronic degenerative disk disease and spondylosis with neurodiagnostic studies of the lower extremity revealing no evidence of radiculopathy or peripheral neuropathy. Objective review of the medical record reveals multiple entries indicating criteria for four out of five Waddell signs and multiple medical providers suggesting nonorganic pain behavior with criteria for symptom magnification syndrome. Based on the diagnosis, in the absence of symptom magnification, I believe that this claimant should have reached maximum medical improvement in four weeks with appropriate physical therapy. No further treatment is indicated, as by the nature of symptom magnification syndrome, her subjective symptoms will persist indefinitely until the issue of secondary gain is removed.

If you have any further questions regarding this medical record review, please contact me at 702-474-4454.



Victor Klausner, D.O.

VBK DD: 04/13/2015

The opinions rendered in this case are based on subjective complaints, history given by the patient, clinical exam, objective medical records and diagnostic tests. My opinions are based upon reasonable medical probability. If more information becomes available at a later date, an additional reconsideration may be requested. Such information may or may not change the opinions rendered in this document. This report is a medical/clinical assessment, and opinions are based on the information available at this time.

http://www.epicrehab.com/abstracts/sms_irq_fall_1990.pdf

<http://www.healthpsych.com/articles/biopsychosocial.pdf>

<http://www.atriumexperts.com/blogs/view/psychology-symptom-magnification-waddell-s-behavioral-signs>

http://www.epicrehab.com/abstracts/sms_jor_1991.pdf

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3044800/>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4295636/>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3878786/>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3902045/>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3821113/>

EXHIBIT 2

EXHIBIT 2

VICTOR B. KLAUSNER, D.O.

801 South Rancho Dr., Ste F1
Las Vegas NV 89106
(702) 474-4454

PERSONAL DATA

Date of Birth: November 22, 1965
Place of Birth: Chicago, Illinois
Family: Wife, Cara and Daughter, Noa and Son, Ari

EDUCATION

Undergraduate: University of Illinois, Urbana, Illinois
B.S., Genetics, 1986

Elmhurst College, Elmhurst Illinois
B.S., Chemistry, 1990

Medical: Chicago College of Osteopathic Medicine, Downers Grove, Illinois
Doctor of Osteopathic Medicine, 1995

Chicago Osteopathic Health System, Midwestern University, Chicago, Illinois
Intern, 1995-1996

Columbia Olympia Fields Osteopathic Hospital, Midwestern University
Olympia Fields, Illinois
Resident, Family Medicine, 1996-1998

Columbia Olympia Fields Osteopathic Hospital, Midwestern University
Olympia Fields, Illinois
Fellowship, Sports Medicine, 1998-1999

UCTA Medical Acupuncture Course for Physicians, Santa Monica, California
Course completed 05/25/03

LICENSURE

1999 Nevada State License, #960
1999 California State License, #20A7589
1997 Illinois State License, #036-096141

CERTIFICATION

- 2000-present Certified Medical Review Officer by Medical Review Officer Certification Council
- 1998 Board Certified in Family Practice Medicine by ACOFP
- 1996 National Board of Osteopathic Examiners, Intern Board (Part III)
- 1995 National Board of Osteopathic Examiners, Clinical Board (Part II)
- 1993 National Board of Osteopathic Examiners, Basic Sciences Board (Part I)

EMPLOYMENT

- 2005-present Center For Occupational Health and Wellness, Las Vegas, Nevada
Private Practice/Medical Director
- 2000-2004 Southwest Medical Associates, Las Vegas, Nevada
Clinic Chief, Industrial and Preventive Medicine Clinic
- 1999-2000 Olympia Fields Osteopathic Hospital, Olympia Fields, Illinois
Family Medicine Clinic
- 1998-2000 Olympia Fields Osteopathic Hospital, Olympia Fields, Illinois
Industrial Medicine Clinic
- 1997-1998 Olympia Fields Osteopathic Hospital, Olympia Fields, Illinois
Urgent Care Clinic

TEACHING ACTIVITIES

- 2001-2006 Lake Mead Hospital, North Las Vegas, Nevada
Lecturer, Intern Lecture Series on Sports Medicine Topics
- October 2002 American Osteopathic Association National Convention, Las Vegas, Nevada
Lecturer, Treating The Most Common Low Back Pain Syndromes
- March 2000 Tinley Park Community Education Series, Tinley Park, Illinois
Lecturer, Performance Enhancing Nutritional Supplements
- September 1999 Ward E. Perrin Clinical Refresher Course, Chicago, Illinois
Lecturer, Treatment of Heart Disease With Nutritional Medicine
- 1998 and 1999 Illinois Association of Osteopathic Physicians Family Practice Review Course
Lecturer, Common Upper Extremity Musculoskeletal Injuries
- 1998-1999 Midwestern University, Olympia Fields, Illinois
Osteopathic Medicine Review Course for Family Medicine Residents
Organized and Presented a Twelve Lecture Curriculum

- 1999-2000 Midwestern University, Olympia Fields, Illinois
Musculoskeletal Medicine Review Course for Family Medicine Residents
Organized and Presented a Four Lecture Curriculum
- 1995-2000 Midwestern University, Downers Grove, Illinois
Osteopathic Manipulative Medicine Course for Medical Students
- May 1997 Olympia Fields Osteopathic Hospital, National Leadership Forum
Lecturer, Introduction to Osteopathic Medicine

SPECIAL POSITIONS

- 2011-present President, Nevada Osteopathic Medical Association
- 2010-2011 Vice President, Nevada Osteopathic Medical Association
- 2005-present Vice President, Nevada Board of Oriental Medicine
- 2002-2005 Member of Occupational Health and Safety Committee, Sierra Health Services
- 2001-2005 Member of Continuing Medical Education Committee, Sierra Health Services
- 2000-present Assistant Clinical Instructor, Family Practice Medicine, Midwestern University
- 2000-present Medical Review Officer: City of North Las Vegas, Southern NV Health District
- 1992-1995 Committee Chairman, Student Osteopathic Medical Association
- 1992-1993 President, Undergraduate American Academy of Osteopathy

PUBLISHED MANUSCRIPTS

- 1998 *Nutritional Impact on Lipid Oxidation and Coronary Artery Disease.*
published in Hospital Physician, July 1999
- 1999 *The Sinus Tarsi Syndrome.*
Published in The Physician and Sports Medicine, May 2000

JOURNAL CLUB ACTIVITIES

- 2003-2006 Moderator of monthly Occupational Medicine Journal Club, Las Vegas, NV

AFFILIATIONS

- 1997-present American Osteopathic Academy of Sports Medicine
- 1995-present American College of Osteopathic Family Physicians
- 1991-present American Academy of Osteopathy
- 1991-present American Osteopathic Association

EXHIBIT 3

EXHIBIT 3



CENTER FOR OCCUPATIONAL HEALTH & WELLNESS

LEGAL FEES AND MEDICAL FEE SCHEDULE

DEPOSITION: \$1000.00/HR

Payment is due at the time of the deposition. In the event that the deposition is cancelled by you, you must give 48 hours advanced notice of the date or the fee for a minimum of one hour is forfeited.

REVIEW OF CHARTS:

\$500.00 per hour for a minimum of one hour paid in advance

LEGAL REPORTS:

\$500.00 payable in advance along with a signed authorization for release of information and a statement of specific questions the doctor needs to address.

HALF DAY COURT APPEARANCE: \$2500.00

Payment of \$2500.00 paid two weeks in advance of the court appearance which is non-refundable.

FULL DAY COURT APPEARANCE: \$5000.00

Payment of \$5000.00 paid two weeks in advance of the court appearance which is non-refundable.

IMES:

\$1500.00 paid in advance. If appointment is a no show the fee is non-refundable.

EXHIBIT 4

EXHIBIT 4

List of Cases

Victor Klausner Deposition

Date: 07/24/2013

Re: Jacob Transportation adv. Richard Kettner

File #: 19293

Victor Klausner Medical Records Review

Date: 03/16/2015

Re: Claimant: Jose de Jesus Rodriguez Loza

Clm #: 201419021/DOI: 04/25/2014

Victor Klausner Deposition

Date: 08/07/2013

Re: Christine Henry Jaynes vs Cintas Corporation

Case #:A-10-631540-C

Victor Klausner Deposition

Date: 08/27/2014

Re: Charlcie Holguin & Andrew Holguin adv. Philemon Dunigan

Case #: A-13-684311-C

EXHIBIT 3

EXHIBIT 3

46



UMC QUICK CARE ENCOUNTER

SIGN IN TIME:

2:24

PATIENT NAME: <u>Yvonne Oconnell</u>		DATE: <u>2/10/10</u>	NEW/EST: <u>NEW</u>	PCP: <u>YLOW</u>		
DOB: <u>[redacted]</u>	M/F: <u>F</u>	LMP: <u>[redacted]</u>	MODE OF ARRIVAL: <u>AMB</u>	W/C CARRY OTHER: <u>OTHER</u>		
CHIEF COMPLAINT: <u>Left in a cast last Monday - Up pain at knee - fell the</u> <u>down to get heels to sit.</u>		ACCOMPANIED BY: <u>FAMILY</u> FRIEND <u>SELF</u> OTHER				
PMH / PSH: <u>IBS, thyroidectomy, lumps on left abd.</u>		LAST DT. OR DRUG < 5yrs > <u>[redacted]</u>				
PAIN ASSESSMENT: PED: <u>0 2 4 6 8 10</u>		ADULT: <u>0 1 2 3 4 5 6 7 8 9 10</u>				
LOCATION: <u>RT lateral</u>		FREQUENCY: <u>constant</u> DURATION: <u>last Mond.</u>				
HT: <u>5'8"</u>	WT: <u>160</u> LBS KG	VISUAL ACUITY: RIGHT <u>20/</u> LEFT <u>20/</u>	BOTH: <u>20/</u> CORRECTED/UNCORRECTED			
BP: <u>168</u>	PULSE: <u>101</u>	RESP: <u>18</u>	TEMP: <u>98.6</u>	PULSE OX: <u>[redacted]</u> ISHIIHARA: <u>114</u>		
HAVE YOU HAD A RECENT FALL? YES <u>NO</u>		FALL RISK / BARRIERS ASSESSMENT:		NURSE TO INITIAL STAR FOR PATIENTS AT RISK		
ARE YOU AFRAID OF FALLING IN YOUR EVERYDAY ACTIVITIES? YES <u>NO</u>		ACTION TAKEN: <u>[redacted]</u>				
PHYSICAL LIMITATIONS? YES <u>NO</u>		CURRENT MEDICAL CONDITION / MEDICATIONS YES <u>NO</u>				
AGE: UNDER 5 YEARS OF AGE YES <u>NO</u>		BARRIERS FORM INITIATED: YES <u>NO</u>				
NURSE SIGNATURE: <u>[redacted]</u>		DATE: <u>2-10-10</u>	INTAKE TIME:			
TIME PATIENT PLACED IN ROOM:		ROOM #				
DATE	TIME	PHYSICIAN INITIALS	PHYSICIAN ORDERS / MEDICATIONS / TREATMENTS	DATE	TIME	HCP INITIALS
			<u>H/S spine</u>	<u>2/10/10</u>	<u>16:10</u>	
<input type="checkbox"/> TRANSFER TO EMERGENCY DEPARTMENT		ACCEPTING PHYSICIAN				
DISCHARGE INSTRUCTIONS:		FOLLOW UP WITH UMC PCP IN <u>4-5</u> DAYS			FACILITY OFFICE: 383-2060	
<u>ice, elevate, or ROM</u>		<u>1 bottle of mineral oil</u>			<u>[redacted]</u>	
DISCHARGE BY: <u>YES</u> NO		CONDITION ON DISCHARGE: <u>STABLE</u> UNSTABLE		DIAGNOSIS: <u>Contusion 2nd floor 2 muscles spine</u>		
NON-EMERGENCY		EMERGENCY		MSE ONLY - NO CHARGE		
PHYSICIAN SIGNATURE: <u>[redacted]</u>		STAMP:				
DATE: <u>[redacted]</u>		TIME: <u>[redacted]</u>				
PAIN LEVEL @ DISCHARGE: PED: <u>0 2 4 6 8 10</u>		ADULT: <u>0 1 2 3 4 5 6 7 8 9 10</u>				
MODE AT DISCHARGE: <u>AMB</u> W/C CARRY AMBULANCE		DISPOSITION: <u>HOME</u>		TRANSFER TO: <u>OTHER</u>		
ACCOMPANIED BY: <u>SELF</u>		NAME OF FAMILY MEMBER OR FRIEND				
EDUCATION MATERIAL GIVEN TO PATIENT		<input checked="" type="checkbox"/> Copy of Medication Reconciliation given to Patient <input type="checkbox"/> No Medication Changes or Additions				
I HAVE RECEIVED DISCHARGE INSTRUCTIONS AND ACKNOWLEDGE UNDERSTANDING. MY QUESTIONS HAVE BEEN ANSWERED.		Facility LOS 1 2 3 4 5				
PATIENT SIGNATURE: <u>[redacted]</u>		ENC# 78047453 58 DOB 8/18/1951				
NURSE SIGNATURE: <u>[redacted]</u>		O'CONNELL, YVONNE L				
DATE: <u>2/10/10</u>		Peccole Quick Care				
TIME: <u>1:52</u>		MR# 000-794-300 701 ADM 2/10/2010				

FORM 302 Rev 3/09

ORIGINAL/CHART, COPY/LAB, COPY/RADIOLOGY, COPY/PATIENT

WYNN-O'CONNELL00254

3686

© 1996-2008 T-System, Inc. Circle or check affirmatives, backlash (\) negatives.

19 University Medical Center - Quick Care
URGENT CARE RECORD
 Fall

ENC# 78047453 SB DCB 8/18/1951
 OCONNELL, YVONNE L
 Peccole Quick Care
 MR# 000-794-300 701 ADN 2/10/2010 F

PATIENT NAME: _____
 DATE: _____ TIME: _____ ROOM: _____
 HISTORIAN: patient spouse parent _____
 MODE OF ARRIVAL: ambulatory other _____
 chief complaint: Fall (see QMS)

V/S BP _____ HR _____ RR _____ Temp _____

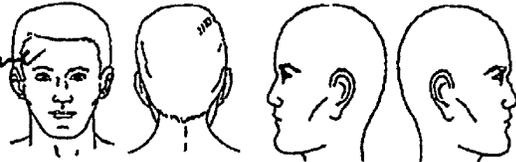
PHYSICAL EXAM

General Appearance
 no acute distress _____ mild / moderate / severe distress _____
 alert _____ anxious / lethargic / unconscious _____
HEAD
 no evidence of trauma _____ see diagram _____
 raccoon eyes / Battle's sign _____
NECK
 non-tender _____ see diagram _____
 painless ROM _____ decreased / limited ROM _____
 trachea midline _____ pain on movement of neck _____

HPI

occurred: just PTA _____ today / yesterday _____ <u>hrs days PTA</u>	where: home school neighbor's _____ park work street _____ <u>nursing home</u>																												
context: tripped / slipped / lost balance _____ alleged battery _____ became dizzy / fainted _____ riding bicycle (wearing helmet) _____ <u>fall from (standing position / from height)</u> <u>stepped on wet floor</u> <u>back came on eyes</u>																													
severity of pain: mild _____ moderate _____ severe (1/10) _____																													
associated symptoms: lost consciousness / dazed _____ seizure _____ memory impairment _____ duration: _____ remembers: _____ injury coming to clinic _____																													
location of pain / injuries: head face mouth _____ neck chest abdomen _____ <u>back upper mid lower</u> radiating to R/L thigh / leg _____	<table border="1"> <tr> <th colspan="2">-right-</th> <th colspan="2">-left-</th> </tr> <tr> <td>shldr</td><td>hip</td><td>shldr</td><td>hip</td> </tr> <tr> <td>arm</td><td>thigh</td><td>arm</td><td>thigh</td> </tr> <tr> <td>elbow</td><td>knee</td><td>elbow</td><td>knee</td> </tr> <tr> <td>f-arm</td><td>leg</td><td>f-arm</td><td>leg</td> </tr> <tr> <td>wrist</td><td>ankle</td><td>wrist</td><td>ankle</td> </tr> <tr> <td>hand</td><td>foot</td><td>hand</td><td>foot</td> </tr> </table>	-right-		-left-		shldr	hip	shldr	hip	arm	thigh	arm	thigh	elbow	knee	elbow	knee	f-arm	leg	f-arm	leg	wrist	ankle	wrist	ankle	hand	foot	hand	foot
-right-		-left-																											
shldr	hip	shldr	hip																										
arm	thigh	arm	thigh																										
elbow	knee	elbow	knee																										
f-arm	leg	f-arm	leg																										
wrist	ankle	wrist	ankle																										
hand	foot	hand	foot																										

Nexus criteria neg _____
 midline tenderness / distracting injury _____
 altered mental status / recent ETOH _____
 focal neuro deficit _____



EYES
 PERLLA _____ unequal pupils R- _____ mm L- _____ mm
 EOMI _____ EOM entrapment / palsy _____
 subconjunctival hemorrhage _____
 palpebral edema _____
ENT
 nml external inspection _____ hemotympanum _____
 no dental injury _____ TM obscured by wax _____
 clotted nasal blood _____
 dental injury / malocclusion _____
 tongue blade test pos / neg _____
RESP / CVS
 chest non-tender _____ see diagram (on reverse) _____
 no ecchymosis _____ rib tenderness / palpable fracture _____
 breath sounds nml _____ crepitus / subcutaneous emphysema _____
 no resp. distress _____ splinting / paradoxical movements _____
 heart sounds nml _____ decreased breath sounds _____
 reg. rate & rhythm _____ wheezes / rales / rhonchi _____
 tachycardia / bradycardia _____

ROS all systems neg except as marked
 dizziness _____ problems urinating _____
 recent illness _____ nausea / vomiting _____
 fever / chills _____ leg / ankle swelling _____
 weakness _____ problems with vision _____
 numbness _____ nasal drainage _____
 neck / back pain _____ rash _____
 shortness of breath _____ anxiety / depression _____
 LNMP _____ preg post-menop _____

ABDOMEN
 non-tender _____ see diagram (on reverse) _____
 no organomegaly _____ tenderness / guarding / rebound _____
 mass / organomegaly _____
 moves with hesitation _____

*NEURO / MS components also addressed in HPI
 reviewed and updated: Past Hx _____ Family Hx _____ Social Hx _____ Med Rec _____
 location: _____ in chart _____ Date: _____
PAST HX (see QMS)
 cardiac disease MI CHF _____ hepatitis / HIV _____
 diabetes Type 1 Type 2 _____ asthma / COPD _____
 diet / oral / insulin _____ concussion x _____

GENITAL / RECTAL
 nml ext. inspection _____ perineal hematoma _____
 nml rectal tone _____ blood at urethral meatus _____
 heme negative stool _____ decreased rectal tone _____
 vaginal bleeding _____

Tetanus immun. UTD / given in QC _____
 Meds- none / see nurses note _____ aspirin coumadin clopidogrel _____
 Allergies- NKDA / see nurses note _____

NEURO / PSYCH
 oriented x4 _____ disoriented to person / place / time / purpose _____
 GCS nml as tested _____ facial asymmetry _____
 sensation nml _____ unsteady / ataxic gait _____
 motor nml _____ sensor / motor deficit _____
 mood / affect nml _____ slurred speech _____
 depressed mood / affect _____

SOCIAL HX smoker _____ PPD _____ drugs _____
 alcohol (recent / heavy / occasional) _____ occupation _____
 married single child _____

FAMILY HX

Glasgow Coma Score SCORE=
 Eyes Open- spontaneously (4) to voice (3) to pain (2) none (1)
 Speech- nml (5) disoriented (4) inappropri (3) incoherent (2) none (1)
 Motor- nml (6) localizes (5) withdraws (4) flexor (3) exten (2) none (1)

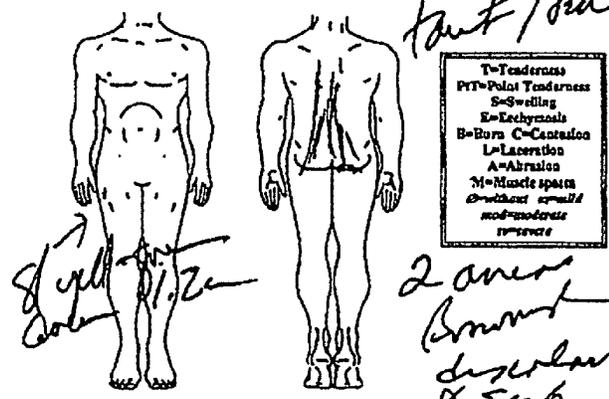
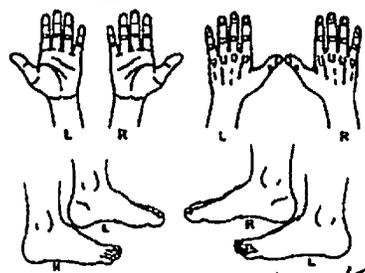
WYNN-O'CONNELL00255

Pt. Name _____

SKIN
 intact _____ see diagram _____
 warm, dry _____ crepitus / diaphoresis _____
 abrasion _____
BACK
 no CVA _____ see diagram _____
 tenderness _____ vertebral point-tenderness _____
 no vertebral _____ CVA tenderness _____
 tenderness _____ muscle spasm / limited ROM _____
EXTREMITIES
 see diagram _____
 atraumatic _____ bony point-tenderness _____
 pelvis stable _____ painful / unable to bear weight _____
 hips non-tender _____ pulse deficit _____ *But full*
 no pedal edema _____
 nml ROM _____
 nml color / temp _____
 joint Exam _____
 limited ROM / ligaments laxity _____
 joint effusion _____

ENC# 78047453 58 DOB 8/18/1951
 OCONNELL, YVONNE L F
 Peccole Quick Care
 MR# 000-794-300 701 ADM 2/10/2010
PROCEDURES

Wound Description / Repair: Time: _____
 length _____ cm location _____
 linear stellate irregular flap Into: subcut / muscle
 clean contaminated moderately / heavily
 distal NVT: neurovasc intact no tendon injury
 anaesthesia: local topical _____ lidocaine / bupivacaine epi / bicarb
 digital block _____
 prep: Shur-Clens / Hibiclens / Betadine _____
 irrigated with saline _____ debrided mod / extensive
 wound explored _____ wound margins revised
 to base / in bloodless field _____ multiple flaps aligned
 no foreign body identified _____
 foreign material removed _____
 repair: Wound closed with: wound adhesive / steri-strips _____
 SKIN- # _____ -0 nylon / prolene / staples _____
 SUBCUT- # _____ -0 vicryl / chromic _____
 OTHER- # _____ -0 _____



T=Tenderness
 PPT=Point Tenderness
 S=Swelling
 E=Echymosis
 B=Burn C=Cantation
 L=Laceration
 A=Abrasion
 M=Muscle spasm
 C=without or with
 mod/moderate
 severe

PROGRESS
 Time _____ unchanged improved re-examined _____

CLINICAL IMPRESSION / DX FALL
 Abrasion _____
 Concussion with LOC w/o LOC _____
 Contusion _____
 Laceration _____
 Fracture _____
 Strain / Strain - cervical thoracic lumbosacral _____

ADDITIONAL NOTES

LABS & XRAYS

ORDERS	Time	Initials
CBC (see lab slip)	_____	_____
UA (see lab slip)	_____	_____
EKG (see lab slip)	_____	_____
HCG serum / urine pos / neg	_____	_____
accu-check	_____	_____

XRAYS Interp. by me Reviewed by me Discsd w/ radiologist
 C-Spine T-Spine LS-Spine CXR
 ___ nml / NAD ___ no fracture ___ nml alignment ___ soft tissues nml
 ___ no infiltrates ___ nml heart size

TREATMENT PLAN / DISCHARGE MEDICATION
 SEE DISCHARGE FORM
 Discussed with Dr. _____
 will see patient in: office / clinic / hospital _____
 Counseled patient / family regarding: _____
 lab results x-rays EKG diagnosis need for follow-up smoking cessation
 drug / alcohol cessation _____
 Time spent counseling: _____ minutes
DISPOSITION: home admitted transferred
FOLLOW-UP: PCP return to clinic
 Time _____
CONDITION: unchanged improved stable
 LOS: 1 2 3 4 5 MSE only _____
PHYSICIAN SIGNATURE: _____
 Date: _____ Time: _____
 Template Complete
PHYSICIAN'S STAMP:

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
DEPARTMENT OF RADIOLOGY
1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Name: OCONNELL, YVONNE L
Sex: F Age: 58Y Date of Birth: 08/18/1951
Location: QCP - Medical Record Number: 000-794-300

Ordering Physician: JOAN LEAKS M.D.
Order Number: 90001 Order Date: 02/10/2010

Final Report

Exam Charge Date: Feb 10 2010 4:18PM
PROCEDURE: QLK 0082 - LK SPINE LUMBOSACRAL LIMITED -- 5435405

CLINICAL HISTORY: Pain

TECHNIQUE: \

COMPARISON STUDIES: \

FINDINGS: Three views of the lumbar spine were obtained. There are five lumbar-type vertebra. Alignment is within normal limits. Vertebral body heights are within normal limits at each level. There is advanced disc height loss at L3-L4, L4-L5, L5-S1. Endplate osteophytes are present. Posterior elements are normally aligned. There is a large quantity of fecal material in the colon.

IMPRESSION:
Marked multilevel degenerative disc disease of the lumbar spine

NI

N. SUBRAMANYAM, M.D.
03-18-13 P02:04 001

Interpreting Radiologist: DIANNE MAZZU M.D.
Dictated at: Feb 10 2010 4:27P
Signed and Finalized by: DIANNE MAZZU M.D. Feb 10 2010 4:27P

Patient: OCONNELL, YVONNE L
DOB: 08/18/1951 Account Number: 008578047453 Seq#: 2906 Medical Record Number: 000-794-300
Order Number: 90001 LK SPINE LUMBOSACRAL LIMITED Exam Charge Date: Feb 10 2010 4:18PM

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
DEPARTMENT OF RADIOLOGY
1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102
(702) 383-2241

Name: OCONNELL, YVONNE L
Sex: F Age: 58Y Date of Birth: 08/18/1951
Location: QCP - Medical Record Number: 000-794-300

Ordering Physician: JOAN LEAKS M.D.
Order Number: 90001

Order Date: 02/10/2010

Final Report

Exam Charge Date: Feb 10 2010 4:18PM
PROCEDURE: QLK 0082 - LK SPINE LUMBOSACRAL LIMITED -- 5435405

CLINICAL HISTORY: Pain

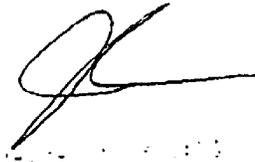
TECHNIQUE: \

COMPARISON STUDIES: \

FINDINGS: Three views of the lumbar spine were obtained. There are five lumbar-type vertebra. Alignment is within normal limits. Vertebral body heights are within normal limits at each level. There is advanced disc height loss at L3-L4, L4-L5, L5-S1. Endplate osteophytes are present. Posterior elements are normally aligned. There is a large quantity of fecal material in the colon.

IMPRESSION:

Marked multilevel degenerative disc disease of the lumbar spine



Interpreting Radiologist: DIANNE MAZZU M.D.

Dictated at: Feb 10 2010 4:27P

Signed and Finalized by: DIANNE MAZZU M.D. Feb 10 2010 4:27P

Patient: OCONNELL, YVONNE L

DOB: 08/18/1951

Order Number: 90001 LK SPINE LUMBOSACRAL LIMITED

Account Number: 008578047453 Seq#: 2906

Medical Record Number: 000-794-300

Exam Charge Date: Feb 10 2010 4:18PM

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1800 W. Charleston Blvd. • Las Vegas, NV 89102 • 702-383-2000

ENCH 10047453 58 DOC 8/18/1951
 O'CONNELL, YVONNE L
 Peccole Quick Care
 NRE 000-704-300 /01 ACM 2/10/2010

PRESCRIPTION / MEDICATION RECONCILIATION
 Short Stay Areas

Patient Name: _____
 Drug Allergies/ADR's: (Can't Remember) Describe Reaction allergic (original) injection
 Drug Allergies/ADR's: _____ Describe Reaction _____
 Allergic to Iodine/Dye? Yes No Describe Reaction None Food Allergies None
 Patient Pregnant or Lactating? Yes No Ht: 5'8" Wt: 160 lb OR KG.
 Patient was not on any medications prior to admission

HOME MEDICATIONS: RECORD ONLY - NOT A PRESCRIPTION
 Vitamins, Over the Counter and Herbal Products are to be included.

Medication Name	Dose	Freq	Route
<u>None</u>			

Information received from: Patient Family/Significant Other Other _____
 Signature of nurse completing form: [Signature] Date: 8-10-10
 Medication List verified with patient (day of surgery) Initials _____ Date 8-10-10

Physicians Instructions: **CONTACT YOUR PRIMARY CARE PHYSICIAN FOR MEDICATION INSTRUCTIONS**

PRESCRIPTION: PHYSICIAN USE ONLY NO NEW PRESCRIPTIONS

DRUGS AND DOSE	QUANTITY	DIRECTIONS	REFILLS
<u>Rexanal</u> <u>60</u>	<u>30</u>	<u>1 q8h</u> <u>prn</u>	<u>0</u>
<u>Volban</u> <u>50</u>	<u>60</u>	<u>1 TID until</u> <u>gone</u>	<u>0</u>
<u>Ultram</u> <u>50</u>	<u>30</u>	<u>1-2 q8h</u> <u>prn</u>	<u>0</u>

Dangerous Abbreviations - Do Not Use

IU ~~U~~ BUG ~~U~~ ~~MS~~ ~~MSO~~ ~~MSO4~~ ~~SS~~

TRAILING ZEROS

AD AS AU
OD OS OU

Physicians Signature: [Signature] Date: _____ Phone #: _____
 Print Name: _____ Time: _____
 DEA# _____ or AS0253219 -

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, LOGOLINE & CHEMICAL SENSITIVE PAPER

WYNN-O'CONNELL00259

3691

EXHIBIT 4

EXHIBIT 4

1800 W. Charleston Blvd.
Las Vegas, NV 89102
(702) 383-2000



Lawrence C. Barnard
Chief Executive Officer

CERTIFICATE OF CUSTODIAN
OF
FINANCIAL RECORDS

STATE OF NEVADA)
) SS
COUNTY OF CLARK)

CASE NO. A-12-655992-C

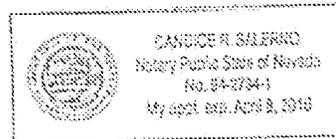
NOW COMES Shelly Taddy who after first duly sworn deposes and says the following:

1. That the deponent is the Director of Patient Accounting and in such capacity the Custodian of Financial Records at University Medical Center of Southern Nevada.
2. That University Medical Center of Southern Nevada is licensed to do business as a hospital in the state of Nevada.
3. The deponent received a subpoena for custodian of records request for financial in connection with the above entitled cause, calling for the production of records pertaining to O'CONNELL, YVONNE.
4. That the deponent has examined the original of those financial records and has made or caused to be made a true and exact copy of them and that the reproduction of them attached hereto is true and complete.
5. That the original of those records was made at or near the time of the acts, events, conditions, opinions or diagnoses recited therein by or from information transmitted by a person with knowledge in the course of a regularly conducted activity of the deponent or the office or institution in which the deponent is engaged.

By Shelly Taddy
SHELLY TADDY
Director of Patient Accounting

SUBSCRIBED AND SWORN to before me this
23rd day of September 2014.

Candice R. Salerno
Notary Public in and for the
County of Clark, State of Nevada



Board of Trustees
Lawrence Waskie, Chair • Chris Ganschlag, Vice Chair • Susan Bragan • Larry Brown • Tom Collins • Mary Beth Sore • Steve Bischoff
Donald G. Bormette, Clark County Attorney

WYNN-O'CONNELL01086

9/22/14 9:59

University Medical Center of So Nevada
1800 West Charleston
Las Vegas, NV 891022386

702 228-4424 Acct# 783587 5 702 883-2000 Fed# 886000436

****PLEASE NOTE****
Balance may not reflect payments,
adjustments, credits or charges
pending posting.

YVONNE L OCONNELL
8764 CAPTAINS PL.
LAS VEGAS NV 89117

Date	Description	Charges	Pmt/Adj	Amt Due	Enc #
	SUMMARY FOR YVONNE WITH DR LEAKS	712.66	712.66-		75047453
2/10/10	PF VISIT NEW LEVEL 2	198.45			
2/10/10	SPINE LUMBOSACRAL LIMITED	514.21			
2/25/10	ADJ TRICARE ALLOWED		609.05-		
11/15/11	PYMT CRC BDR		103.61-		
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	197.08	197.08-		78434586
3/18/10	PF VISIT ESTAB LEVEL 3	197.08			
4/09/10	PYMT OTHER GOVT		49.74-		
4/09/10	ADJ TRICARE ALLOWED		134.91-		
8/24/10	PYMT CC/ATM		12.43-		
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	378.77	378.77-		78547775
3/29/10	PF VISIT ESTAB LEVEL 3	197.08			
4/29/10	ECG	181.69			
4/20/10	PYMT OTHER GOVT		59.54-		
4/20/10	ADJ TRICARE ALLOWED		304.35-		
8/24/10	PYMT CC/ATM		14.88-		
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	197.08	197.08-		78859410
4/29/10	PF VISIT ESTAB LEVEL 3	197.08			
5/11/10	PYMT OTHER GOVT		53.31-		
5/11/10	ADJ TRICARE ALLOWED		130.44-		
6/09/10	PYMT COMMERCIAL		13.33-		
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	197.08	197.08-		79377206
6/24/10	PF VISIT ESTAB LEVEL 3	197.08			
7/14/10	PYMT OTHER GOVT		53.31-		
7/14/10	ADJ TRICARE ALLOWED		130.44-		
8/24/10	PYMT CC/ATM		13.33-		
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	197.08	197.08-		80084718
9/16/10	PF VISIT ESTAB LEVEL 3	197.08			
9/28/10	PYMT OTHER GOVT		54.18-		
9/28/10	ADJ TRICARE ALLOWED		129.36-		
1/13/11	PYMT CC/ATM		13.54-		
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	197.08	197.08-		91251282
1/13/11	PF VISIT ESTAB LEVEL 3	197.08			
2/02/11	PYMT OTHER GOVT		50.79-		

(Continued on Next Page)

Current	30-Days	60-Days	90-Days	120-Days	Total Due
15.07	74.65	.00	90.64	122.87-	57.49

WYNN-O'CONNELLO1087

3694

9/22/14 9:59

University Medical Center of So Nevada
 1800 West Charleston
 Las Vegas, NV 891022386

702 228-4424 Acc# 783557 5 702 383-2000 Fed# 886000436

YVONNE L OCONNELL
 8764 CAPTAINS PL.
 LAS VEGAS NV 89117

****PLEASE NOTE****
 Balance may not reflect payments,
 adjustments, credits or charges
 pending posting.

Date	Description	Charges	Pmt/Adj	Amt Due	Enc #
2/02/11	ADJ TRICARE ALLOWED		129.36-		
3/04/11	PYMT COMMERCIAL		16.93-		
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	197.08	197.08-		81539116
2/07/11	PF VISIT ESTAB LEVEL 3	197.08			
2/23/11	PYMT OTHER GOVT		54.18-		
2/23/11	ADJ TRICARE ALLOWED		129.36-		
4/05/11	PYMT COMMERCIAL		13.54-		
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	197.08	197.08-		81899007
3/09/11	PF VISIT ESTAB LEVEL 3	197.08			
4/01/11	PYMT OTHER GOVT		56.59-		
4/01/11	ADJ TRICARE ALLOWED		126.34-		
5/16/11	PYMT COMMERCIAL		14.15-		
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	197.08	197.08-		82059122
3/23/11	PF VISIT ESTAB LEVEL 3	197.08			
4/06/11	PYMT OTHER GOVT		56.59-		
4/06/11	ADJ TRICARE ALLOWED		126.34-		
5/20/11	PYMT COMMERCIAL		14.15-		
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	206.93	206.93-		83093600
7/06/11	PF VISIT ESTAB LEVEL 3	206.93			
7/15/11	ADJ HMO/PPO				
7/19/11	PYMT OTHER GOVT		56.59-		
7/19/11	ADJ TRICARE ALLOWED		136.19-		
11/15/11	PYMT CC/ATM		14.15-		
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	449.22	449.22-		83779090
9/27/11	PF VISIT ESTAB LEVEL 3	206.93			
9/27/11	PF PREVENT VST EST40-64	242.29			
10/04/11	ADJ HMO/PPO				
10/20/11	PYMT OTHER GOVT		176.32-		
10/20/11	ADJ TRICARE ALLOWED		270.90-		
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	153.70	153.70-		83973230
10/18/11	PF VISIT ESTAB LEVEL 2	153.70			
10/28/11	ADJ HMO/PPO				
11/08/11	ADJ TRICARE ALLOWED		111.05-		
2/19/12	PYMT CC/ATM		42.65-		

(Continued on Next Page)

Current	30-Days	60-Days	90-Days	120-Days	Total Due
15.07	74.65	.00	90.64	122.87-	57.49

WYNN-O'CONNELL01088

3695

9/22/14 9:59

University Medical Center of So Nevada
 1800 West Charleston
 Las Vegas, NV 891022386

702 228-4424 Act# 783557 5 702 383-2000 Fed# 866000436

YVONNE L CONNELL
 8764 CAPTAINS PL
 LAS VEGAS NV 89117

****PLEASE NOTE****
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 adjustments, credits or charges
 pending posting.

Date	Description	Charges	Pmt/Adj	Amt Due	Enc #
SUMMARY FOR YVONNE WITH DR SUBRAMANYAM					
1/10/12	PF VISIT ESTAB LEVEL 3	206.93	206.93-		84755510
1/27/12	ADJ HMO/PPO	206.93			
9/04/13	PYMT OTHER GOVT				
9/04/13	ADJ 835 ELECTRONIC REMIT		53.06-		
9/16/13	ZERO PAYMENT	136.19			
9/20/13	ADJ OTHR GOVT	206.93			
10/08/13	PYMT COMMERCIAL		136.19-		
SUMMARY FOR YVONNE WITH DR SUBRAMANYAM					
3/12/12	PF VISIT ESTAB LEVEL 3	206.93	206.93-		85421699
3/16/12	ADJ HMO/PPO	206.93			
9/03/13	PYMT OTHER GOVT				
9/03/13	ADJ 835 ELECTRONIC REMIT		53.06-		
9/16/13	ZERO PAYMENT	136.19			
9/20/13	ADJ OTHR GOVT	206.93			
10/08/13	PYMT COMMERCIAL		136.19-		
SUMMARY FOR YVONNE WITH DR SUBRAMANYAM					
5/29/12	PF VISIT ESTAB LEVEL 3	206.93	206.93-		86186517
6/05/12	ADJ HMO/PPO	206.93			
6/15/12	PYMT OTHER GOVT				
6/15/12	ADJ TRICARE ALLOWED		58.44-		
7/31/12	PYMT COMMERCIAL		123.88-		
SUMMARY FOR YVONNE WITH DR SUBRAMANYAM					
8/13/12	PF VISIT ESTAB LEVEL 3	217.28	217.28-		86850690
8/18/12	ADJ HMO/PPO	217.28			
8/31/12	PYMT OTHER GOVT				
8/31/12	ADJ TRICARE ALLOWED		58.44-		
8/07/13	ADJ TRICARE ALLOWED		146.84-		
9/07/13	ADJ OTHR GOVT		146.84		
12/24/13	ADJ SMALL BALANCE		161.45-		
12/24/13	ADJ SMALL BALANCE		2.61		
1/30/14	ADJ SMALL BALANCE		2.61		
SUMMARY FOR YVONNE WITH DR SUBRAMANYAM					
11/05/12	PF VISIT ESTAB LEVEL 3	217.28	217.28-		87662110
		217.28			

(Continued on Next Page)

Current	30-Days	50-Days	90-Days	120-Days	Total Due
15.07	74.65	.00	90.64	122.87-	57.49

WYNN-O'CONNELL01089

9/22/14 9:59

University Medical Center of So Nevada
 1800 West Charleston
 Las Vegas, NV 891022386

702 226-4424 Act# 783557 5 702 383 2000 Fed# 886000436

YVONNE L OCONNELL
 9764 CAPTAINS PL
 LAS VEGAS NV 89117

****PLEASE NOTE****
 Balance may not reflect payments,
 adjustments, credits or charges
 pending posting.

Date	Description	Charges	Pmt/Adj	Amt Due	Enc #
11/10/12	ADJ HMO/PPO				
12/04/12	PYMT OTHER GOVT		58.44-		
12/04/12	ADJ TRICARE ALLOWED		144.23-		
9/04/13	PYMT COMMERCIAL		14.61-		
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	217.28	217.28-		88620943
2/05/13	PF VISIT ESTAB LEVEL 3	217.28			
2/19/13	ADJ HMO/PPO				
3/01/13	PYMT OTHER GOVT		58.44-		
3/01/13	ADJ 835 ELECTRONIC REMIT	144.23			
7/19/13	ADJ OTHR GOVT		144.23-		
8/13/13	PYMT COMMERCIAL		14.61-		
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	217.28	340.15-	122.87-	89783526
6/04/13	PF VISIT ESTAB LEVEL 3	217.28			
6/18/13	ADJ HMO/PPO				
6/25/13	PYMT OTHER GOVT		56.65-		
6/25/13	ADJ 835 ELECTRONIC REMIT	141.75			
8/07/13	ADJ OTHR GOVT		141.75-		
8/06/13	ADJ OTHR GOVT		141.75-		
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	217.28	202.17-	15.11	90514209
9/04/13	PF VISIT ESTAB LEVEL 3	217.28			
9/13/13	ADJ HMO/PPO				
9/20/13	PYMT OTHER GOVT		60.42-		
9/20/13	ADJ 835 ELECTRONIC REMIT	141.75			
4/16/14	ADJ OTHR GOVT		141.75-		
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	217.28	141.75-	75.53	91672139
1/14/14	PF VISIT ESTAB LEVEL 3	217.28			
1/25/14	ADJ HMO/PPO		141.75-		
2/04/14	ADJ TRICARE ALLOWED				
	SUMMARY FOR YVONNE WITH DR SUBRAMANYAM	217.28	142.63-	74.65	92642958
5/01/14	PF VISIT ESTAB LEVEL 3	217.28			
5/10/14	ADJ HMO/PPO		141.93-		
8/07/14	ADJ TRICARE ALLOWED				
8/08/14	ADJ HMO/PPO		.77-		
-/20/14	ADJ HMO/PPO		.77		

(Continued on Next Page)

Current	30-Days	60-Days	90-Days	120-Days	Total Due	
15.07	74.55	.00	90.64	122.87-	57.49	WYNN-O'CONNELL01090

3697

9/22/14 9:59

University Medical Center of So Nevada
1800 West Charleston
Las Vegas, NV 89102386

702 228-4424 Act# 783557 5 702 383-2000 Fed# 886000436

YVONNE L OCONNELL
8764 CAPTAINS PL
LAS VEGAS NV 89117

<u>Date</u>	<u>Description</u>	<u>Charges</u>	<u>Pmt/Adj</u>	<u>Amt Due</u>	<u>Enc #</u>
8/20/14	ADJ HMO/PPO			.70-	
SUMMARY FOR YVONNE WITH DR SUBRAMANYAM		249.87	234.80-	15.07	93559243
8/28/14	PF VISIT ESTAB LEVEL 3	249.87			
9/03/14	ADJ HMO/PPO			174.52-	
9/10/14	PYMT OTHER GOVT			60.28-	
9/10/14	ADJ TRICARE ALLOWED				

****PLEASE NOTE****
Balance may not reflect payments,
adjustments, credits or charges
pending posting.

<u>Current</u>	<u>30-Days</u>	<u>60-Days</u>	<u>90-Days</u>	<u>120-Days</u>	<u>Total Due</u>	
15.07	74.65	.00	90.64	122.87-	57.49	WYNN-O'CONNELL01091

3698

EXHIBIT 5

EXHIBIT 5

Ascent Primary Care
653 N. Town Center Dr., Suite 217
Las Vegas, NV 89144
Phone 702-545-0751 Fax 702-818-4817

O'CONNELL, YVONNE (DOB: 8/18/1951 ID: 2699) Mar 08, 2010 Mon 09:40 AM

CC Establish

HPI Multiple issues but mainly generalised pain after trip and fall about 4 weeks ago seen at UMC had several Xray no fracture. Does have hypermobility --Ehler Danlos variant--no records available. Back still hurts, also has fibromyalgia.

ROS GEN: positive fever/chills/night sweats/fatigue/weight loss/loss of appetite
SKIN: Denies rash/itching/change in pigmentation/ moles that have changed in shape or color/
change in hair/nails
HENT:complaints of lightheadedness/frequent headaches/visual problems/eye redness,
irritation/ ear pain, discharge, hearing problems/ nose bleeds, altered smell/ sore throat,
difficulty swallowing, hoarseness, change in voice.
RESP: Denies cough/sputum, wheeze
CVS: Does get chest pain/SOB/Palpitations/ but no syncope/feet swelling
GI: Does get heartburn, nausea, vomiting diarrhea, indigestion, no black stools, jaundice
GU:Denies burning, nocturia, losing control of urine
HEMAT: Denies anemia, easy bruising, blood clots, swelling/tenderness of glands
ENDO: Denies thyroid, diabetes problems
NEURO: Denies seizures, has numbness with unusual sensations, memory loss, twitching,
jerking of lower extremity
PSY: Denies mood changes, nervousness or trouble relaxing

PMH Ehler Danlos
Fibromyalgia
Irritable bowel
Depression

SH Patient denies any tobacco use or recreational drug use, or alcohol consumption.

FH Father had lymphosarcoma, mother had pancreatic CA

Allergies No Known Allergies (Updated by PRABHU on 03/08/2010 09:46 PM)

Meds Patient denies taking any prescriptions, OTC, takes Herbs, and Supplements.

Vitals T: 98 F Wt: 158 lb BP: 132/84 P: 65 RR: 16

PE GEN: Stated age, well groomed, comfortable
HENT: Atraumatic, neg sinus tenderness, Pupils--PERLA, EOM -free & full, TM -normal, no
mastoid tenderness
NECK: No lymphadenopathy, no goiter, No JVD, Neg carotid bruit
RESP: Air entry equal bilaterally, neg crackles rhonchii, wheeze
CVS: S1 S2 normal, No S3/murmur/rub. Pulse-bil equal, no delay
AS: Soft/NT/ND Bowel sounds present. No organomegaly
MUSKLETAL: No synovitis, back normal, no definite hypermobility
DERM: No rash, abnormal moles
PSY: Mood affect normal, no hallucinations, delusions. No suicidal/homicidal ideations

O'CONNELL, YVONNE (DOB: 8/18/1951 ID: 2699) Mar 08, 2010 Mon 09:40 AM

A/P # LUMBAGO (724.2):
EHLERS-DANLOS SYNDROME (756.83):
CHRONIC FATIGUE SYNDROME (780.71):
Check CBC/CMP/TSH
Release records from UMC
RTC in 1 month

Coded: Medium Complexity > 99204

Suresh Prabhu, MD
Electronic Signature

04/18/2014 9:38 AM FAX 17028184817
03/31/2014 04:01 7022563307

ASCENT PRIMARY CARE
MANAGEMENT SOLUTIONS

0007/0008
#4002 P 001/002

Account : 5533
OCONNELL, YVONNE L
8764 CAPTAINS PLACE

D.O.B. : 08/18/1951 62yr Sex : F
Status : 1
Marital :
Race :
Accnt Date : 03/07/10
DOL Visit : 03/08/10
Ref Dr : 0
Doctor : 1 SURESH G PRABHU, M.D.
Last Diags : (1) 724.2 (2) 780.71
PAIN BACK LOWER/LUMBAGO

LAS VEGAS NV 89117
Home: (702) 228-4424
Work:
Cell:
Empl:

P
U

E-Mail :
Soc Sec # :
Patient ID :
Patient ID2:

Bill Type : 11 Class:
Discount : 0 % WP ID: W:wp5533.0
Collection : 0 days Priority : 0

Balance :	0.00	Dt Last Pay : 08/31/10	Amt Last Pay :	21.55	
Balance Fwd:	0.00	Dt Last Stmt : 08/16/10	Amt Last Stmt:	21.55	
Pat Due Bal:	0.00	Last Hist Bal:	0.00	YTD Charges :	0.00
Unappl Cred:	0.00		Budget Pmt :	0.00	

WYNN-O'CONNELL00640

3702

03/10/14

PATIENT FINANCIAL HISTORY BY PT SERVICE

Page 1

Suresh Prabhu, M.D.

Accounts 5533 - 5533 All Dates

Acct Date	Dep #	Name	Dr#	Procedure	Ref DC	Diag	Units	Amount
=====								
5533		O'CONNELL, YVONNE						Previous Balance :
								0.00
03/08/10	0	O'CONNELL, YVONNE	1	99204		NEW PATIENT OFFICE L	724.2	1.00 270.00
04/08/10		Check Payment	2169392			Ino #17		04/08/10 -86.21
04/08/10		Adjustment (39)	2169392			TRICARE		04/08/10 -162.24
08/31/10		Other Payment	CC			Patient		08/31/10 -21.55

TOTALS FOR ACCOUNT 5533		PAYMENTS :	107.76	ADJUSTS :	162.24	CHARGES :	270.00	1.00 0.00
		REFUNDS:	0.00					

			107.76		162.24		270.00	0.00

WYNN-O'CONNELL00541

3703

EXHIBIT 6

EXHIBIT 6

UMC

Primary Care Intake Form

NEW

100
15152
1310
Room# 8

ENCH 78434586 50 DDB 8/18/1951
OCONNELL, YVONNE L
Subramanyam, Nanjunda F
MR# 000-7914-300 701 ALM 3/18/2010

DOB: 137/77 Temp: 96.9 Pulse: 89 Resp: _____
 Weight: 158.0 (kg/lb) Height: 68 (cm/ft)
 Age: 58 LMP: PMP MOA: Ambulator Wheelchair
 Educational Barriers: Yes No
 Smoker: Yes No
 Nutritional: wine Yes No
 ETOH occ. Yes No
 Substance Abuse: DENIES
 Chief Complaint: FOLLOW UP PECOLOGY VISIT
 2/10/10 - SLIP INJURY
 Pain Level: Ped: 0 2 4 6 8 10 Adult: 0 1 2 3 4 6 7 8 9 10
 Location, Duration and Frequency: RIGHT HIP X 1/2 MONTH, CONSTANT
 Are you in a relationship in which you have been hurt/threatened?
 Yes No Domestic Violence ktd given

Allergies and Reactions: DRUG INTOLERANCE
 OZZINISS
 See Med Sheet: Yes No Not currently taking meds:
 Med list updated: Yes No Change
 Have you had a recent fall IN YOUR EVERYDAY ACTIVITIES? YES NO
 Are you afraid of falling? YES NO
 Do you have any physical limitations? YES NO
 USE OF WALKER, CRUTCHES, CANE, BLIND, BOB
 Nurse to titrate stair if pt at risk for fall
 CONTRIBUTING FACTORS:
 Age < 5 Yrs
 Recent ALOC
 PMH SUBSTANCE ABUSE
 CURRENT MEDICAL CONDITION
 MEDICATION
 Strength and Balance Assessment? YES NO Pass All
 Nurse Signature: Jeff Lynn Date: MAR 18 2010 Time: 1310

PHYSICIAN'S NOTES

DATE	TIME	PHYSICIAN INITIALS	PHYSICIAN ORDERS	DATE	TIME	NURSE INITIALS
			3-17 P02:07 OUT			
MAR 18 2010			X-Rs C-spine CXR @ Knee @ Hip	3/18/10	1415	JLH

DISCHARGE INSTRUCTIONS

Follow up with PCP / Orthopedician
 Follow up with ER

DIAGNOSIS

- Lumbar spondylosis
- Radicular palsy
- TBI

Physician/Provider Signature: [Signature] N. SUBRAMANYAM, M.D. Date: MAR 18 2010 Time: 2:00
 Physician LOS 2 4 5
 Return to Clinic in: 2 days weeks months years

Pain Level @ Discharge Ped: 0 2 4 6 8 10 Adult: 0 1 2 3 4 5 6 7 8 9 10

If you do not improve or worsen, return to the clinic or go to the Emergency Room Facility LOS 1 2 3 4

Education Material: CALL REFERRAL DESPT IN LMC.
 Copy of Medication Reconciliation given to patient No Medication Changes or Additions
 I have received and understand the above instructions and all of my questions have been answered.
 Patient Signature: [Signature] Nurse Signature: Jeff Lynn Date: MAR 18 2010 Time: 1415



DOWNTIME ADMISSION INFORMATION
 Vital Works
Must Complete All Information

EMCH 784/34585 58 DOB 8/10/1951
 O'CONNELL, YVONNE L.
 Subramanyam, Nanjunda F
 MPH 000-794-300 701 MPH 3/18/2010

ADMIT TIME:

GUARANTOR INFORMATION	FIRST NAME: <u>YVONNE</u> MI: <u>L</u> LAST NAME: <u>O'CONNELL</u> SEX: M <input type="radio"/> F <input checked="" type="radio"/>	DATE OF BIRTH: <u>8-18-51</u> AGE: <u>58</u>
	HOME ADDRESS: <u>89164 CAPAINS PLACE</u>	HOME PHONE #: <u>702-228-4424</u>
	CITY: <u>Las Vegas</u> STATE: <u>NV</u> ZIP: <u>89117</u>	SOCIAL SECURITY #: <u>4669</u>
	EMPLOYER: <u>N/A</u>	OCCUPATION: <u>RETIRED</u>
	EMPLOYER ADDRESS:	WORK PHONE #:
PATIENT INFORMATION	FIRST NAME: <u>YVONNE</u> MI: <u>L</u> LAST NAME: <u>O'CONNELL</u> SEX: M <input type="radio"/> F <input checked="" type="radio"/>	DATE OF BIRTH: <u>8-18-51</u> AGE: <u>58</u>
	SSN: <u>4669</u> SIGNATURE DATE: <u>3-18-10</u> RELATIONSHIP: <u>Self</u> RACE:	MARITAL STATUS: <u>SIGNIFICANT OTHER</u>
	EMPLOYER: <u>N/A</u>	OCCUPATION: <u>Retired</u>
	NEXT OF KIN: <u>Troy Valdez</u> PHONE: <u>949-228-0959</u>	RELATIONSHIP: <u>Brother</u>
	EMPLOYER: <u>Self</u>	OCCUPATION: <u>Beverage Industry</u>
	EMERGENCY CONTACT: <u>Troy + Holly Valdez</u> PHONE: <u>949-228-0959</u>	RELATIONSHIP: <u>Brother + Sister in Law</u>
PRIMARY INSURANCE	CARRIER NAME: <u>Telere Standards</u>	GROUP#:
	POLICY #: <u>SPASOL - JOHN F. O'CONNELL, 189.12.9264</u>	START DATE:
	RELATIONSHIP:	POLICY HOLDER:
	EMPLOYER:	DATE OF BIRTH: <u>1-4-19</u>
SECONDARY INSURANCE	CARRIER NAME: <u>MOAA MEDIPLUS</u> Hotline: <u>800-247-2192</u>	GROUP#:
	POLICY #: <u>AGP. 1134</u> Certificate: <u>04009.4489392</u>	START DATE #:
	RELATIONSHIP:	POLICY HOLDER:
	EMPLOYER:	DATE OF BIRTH:
SCREENING INFORMATION	NEW <input type="checkbox"/> EST <input type="checkbox"/>	
	CHIEF COMPLAINT: <u>SUP + FALL INJURIES - 2-8-10</u>	
	WORK RELATED? <input checked="" type="radio"/> NO <input type="radio"/> YES DATE OF INJURY: <u>2-8-10</u>	
MEMOS	ID & INS CARD COPIED? NO YES SIGNATURES OBTAINED? NO YES	
	ADMISSION REP: ENTERED BY: DATE:	
	NOTES:	

Slip + Fall 2-8-10; I FELL ENTIRELY ON RIGHT SIDE + Hip Hit something. ALL BELOW SINCE SLIP + FALL.

AMBULATORY CARE MEDICAL HISTORY FORM

Page -2- CIRCLE YES OR NO FOR THOSE THAT APPLY WITHIN THE LAST TWO WEEK PERIOD SINCE SLIP + FALL

SYSTEMIC REVIEW:
 General: Maximum weight 160 Minimum weight _____
 Recent Changes: Yes No
 Have you been in good general health most of your life? Yes No
 Have you recently had? SINCE SLIP + FALL - 2-8-10
 Weakness Fever Chills
 Night Sweats Fainting Problems Sleeping
 Do you have any of the following?:
Skin:
 Skin disease Yes No
 Have you ever had a transfusion Jaundice Yes No
 Hives, eczema or rash Yes No
 Head-Eyes-Ears-Nose-Throat
 Dry eyes or mouth Yes No
 Bleeding Gums - Frequent or Constant Yes No
 Blurred Vision DRIVING WITH GLASSES NOW Date of Last Eye Exam 2003 DIFFICULT
 Sneezing or runny nose LEFT LUMP BACK Yes No
 Nosebleeds - Frequent DE NECK RETURNED Yes No
 Chronic sinus trouble SINCE SLIP + FALL Yes No
 Ear disease Yes No
 Impaired hearing 2-8-10. Yes No
 Dizziness or sensation of room spinning Yes No
 Frequent or severe headaches Yes No
Respiratory:
 Asthma or Wheezing Yes No
 Difficulty breathing PAIN INSIDE Yes No
 Any trouble with lungs Yes No
 Pleurisy or Pneumonia SINCE SLIP + FALL Yes No
 Cough up Blood FALL Yes No
 Persistent cough for 3-6 months Yes No
Cardiovascular:
 Chest pain, pressure or tightness Yes No
 Shortness of breath with walking or lying down Yes No
 Difficulty walking two blocks Yes No
 Palpitations Yes No
 Swelling of hands, feet or ankles Yes No
 Needs to sleep with 2 or more pillows Yes No
 Heart Murmur Yes No
Gastrointestinal: NAUSEA
 Vomiting blood or food: A LOT OF PAIN INSIDE Yes No
 Gallbladder disease Yes No
 Change in appetite Yes No
 Hepatitis/Jaundice Yes No
 Painful bowel movements NO Bowel movements Yes No
 Bleeding with bowel movements Yes No
 Black stools I HAD CONTROLLED IBS Yes No
 Hemorrhoids or piles GERD + STRESS Yes No
 Recent change in bowel habits DISORDER WITH DIET, JUICING, EXERCISE Yes No
 Frequent diarrhea DANCING, ELIMINATION OF STRESS Yes No
 Heartburn or indigestion STRESS Yes No
 Cramping or pain in the abdomen STRESS Yes No
 Does food stick in throat ETC - SINCE SLIP + FALL Yes No
Endocrine:
 Hormone therapy OUT OF CONTROL Yes No
 Any change in hat or glove size Yes No
 Any change in hair growth Yes No
 Do you feel colder than before or skin feel dryer Yes No

ENCL 70434586 58 DOB 8/18/1951
 O'CONNELL, YVONNE L
 Subramanyam, Nanjunda F
 MR# 000-794-300 701 ADM 3/18/2010

Neck:
 Stiffness Sept, 2009 Summerlin Hospital emergency Rx antibiotics Yes No
 Enlarged glands LAST LUMP BACK OF NECK Yes No
Genitourinary:
 Loss of urine DISAPPEARED SINCE SLIP + FALL, IT RETURNED Yes No
 Blood in urine Yes No
 Frequent urination LIQUID DIET + WATER Yes No
 Burning or painful on urination Yes No
 Night time urinating Yes No
 Kidney trouble Yes No
 Problem stopping/starting flow of urine Yes No
 Testicular mass Yes No
 Prostate trouble Yes No
 Sexual dysfunction SINCE SLIP + FALL Yes No
STD/AIDS Risk
 Gynecological:
 First day of last period STOPPED AGE 55
 Age period started 12
 How long do periods last? _____ days
 Frequency of periods every _____ days
 Pain with periods Yes No
 Number of pregnancies 0
 Number of miscarriages _____
 Date of last cancer smear and results 2003 2 Abnormal
 Breast lump Disappeared 2002 - cysts Yes No
 Abnormal Vaginal Discharge Yes No
 Breast Discharge Yes No
 Skin change of Breast Yes No
 Nipple retraction Yes No
Locomotor-Musculoskeletal:
 Stiffness or pain in joints (check all that apply) FULL HANDS TO SIT
 Finger Hands Wrist Elbows Shoulders Neck Back
 Hip Knee Toes Foot Jaw
 Weakness of muscles or joints Yes No
 Any difficulty in walking Yes No
 Any pain in calves or buttocks on walking Yes No
 Is pain relieved by rest SOME POSITIONS - Yes No
Neuro-Psychiatric:
 Transient blindness Tremor Numbness in fingers Weakness
 Have you ever had counseling for your mental health? Yes No
 Have you ever been advised to see a psychiatrist? 1989 Yes No
 Do you ever have, or have had fainting spells? Yes No
 Convulsions Yes No
 Paralysis Yes No
 Problems with coordination Yes No
 Domestic violence 1989 Yes No
 Depression Symptoms (difficulty sleeping, loss of appetite loss of interest in activities, feelings of hopelessness) 1989 + Yes No
Hematologic: NOW SINCE SLIP + FALL
 Are you slow to heal after cuts SINCE SLIP + FALL = Yes No
 Anemia Agar Cut = Pus + Infection Spread Yes No
 Phlebitis or blood clots in veins 1989 Yes No
 Have you had difficulty with bleeding excessively after tooth extraction or surgery? Yes No
 Have you ever had abnormal bruising or bleeding? Yes No

Source of information, if other than patient: _____ Signature: _____

Provider [Signature] Signature of Patient Yvonne O'Connell Date 3-18-10

1310

WYNN-O'CONNELL01058

UMC PRIMARY CARE PROBLEM LIST

ALLERGIES DRUG INTOLERANCE
DIZZINESS

ENCH 78434586 58 DOB 8/18/1951
 OCONNELL, YVONNE L.
 Subramanyam, Nandjunda
 MRN 000-794-300 701 ADM 3/18/2010

#	Start Date	Date Reslvd	SIGNIFICANT PROBLEMS	Start Date	Date Reslvd	ACUTE PROBLEMS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22				Yes/No		TOBACCO
23				Yes/No		ETOH OCC - WINE
24				Yes/No		SUBSTANCE ABUSE
HOSPITALIZATIONS			SURGERIES/PROCEDURES		BARRIERS	
			THYROIDECTOMY		Social	<input checked="" type="checkbox"/>
			BREAST BIOPSY			
					Nutritional	<input checked="" type="checkbox"/>
					Functional	<input checked="" type="checkbox"/>

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25 University Medical Center - Primary Care
PHYSICIAN RECORD
 General Adult

ENC# 78434506 58 DOB 8/18/1951
 OCONNELL, YVONNE L
 Subramanyam, Nanjunda
 MR# 000-794-300 701 ADM 3/18/2010 F

PATIENT NAME: _____

DATE: MAR 18 2010 TIME: 1:30

HISTORIAN: patient spouse other _____

chief complaint: _____

Subacute redness to
(R) leg
to ankle slip 2/10/10
See in OC

HPI

started / duration: just prior to arrival	onset / timing:
today	sudden onset
yesterday	gradual onset
hrs / days ago	gone now better worse

Hx TB & Carcinoma

severity: mild moderate severe _____
 Interferes with activities of daily living:
 sleep work school appetite household activities

associated symptoms:

modifying factors:

comorbid diseases:
See above

See in OC
Subacute redness to
(R) leg
to ankle slip 2/10/10

Similar symptoms previously _____
 Recently seen by doctor office / ER / hospitalized OC

BP _____ / _____ Temp _____ P _____ New _____ Est _____
 R _____ Wt _____ Ht _____ Age _____ LMP _____
 Tobacco Use: Yes Amt _____ x yrs _____ No
 Alcohol Use: Yes Amt _____ x yrs _____ No
 Recreational Drugs: Yes _____ No
 Educational Barriers: Y / N Nutritional Barriers Y / N
 Pain Assessment (1-10) _____
 Nurse / MA Sig _____

ROS

CONST	FEMALE GENITAL
fever	LMP
subjective / to _____ °F / °C	postmenopausal / hysterectomy
chills	abnml bleeding / discharge
fatigue	
ENT	SKIN / MS
sore throat	rash
nasal drainage / congestion	back pain
PULMONARY / CVS	leg pain
cough	foot swelling
sputum	NEURO / EYES
trouble breathing	headache
choke pain	blackout
GI	loss feeding / power
abdominal pain	arm leg face R/L
nausea / vomiting / diarrhea	difficulty walking
black / bloody stools	difficulty with speech
GU	double vision
problems urinating	confusion
frequent urination	<input checked="" type="checkbox"/> all systems neg. except as marked

reviewed and updated: _____ Past Hx _____ Family Hx _____ Social Hx _____
 Location: _____ in chart Date: _____

Past Hx negative
 ALLERGIES: NKA
 CURRENT MEDS: none See above

Social Hx _____
Family Hx _____

PHYSICAL EXAM

General Appearance
 acute distress _____ mild / moderate / severe distress _____
 alert _____ anxious / lethargic _____

ENT
 ENT inspection _____ scleral icterus / pale conjunctivae _____
 oral pharynx _____ purulent nasal drainage _____
 pharyngeal erythema / exudate _____

NECK
 inspection _____ thyromegaly _____
 thyroid _____ lymphadenopathy (R/L) _____
 JVD present _____
 carotid bruits _____

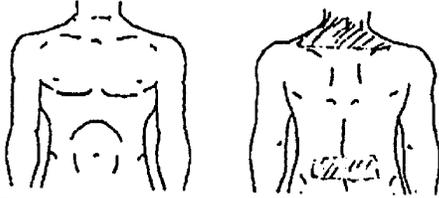
RESPIRATORY
 no resp. distress _____ see diagram (on back) _____
 normal breath sounds _____ wheezing _____
 chest non-tender _____ rales / rhonchi _____

WYNN-O'CONNELL01061

Pl Name _____

CYS
 reg. rate & rhythm
 no murmur
 no gallop
 Irregularly irregular rhythm
 extrasystoles (occasional / frequent)
 tachycardia / bradycardia
 murmur grade 1/6 sys / dias
 gallop (S3 / S4)
 friction rub

ENCH 78434586 581 DOB 8/18/1951
 O'CONNELL, YVONNE L
 Subramanyam, Narjunda
 MRN 000-794-300 701 ADM 3/18/2010



T=tenderness R=rebound W=weak mod=moderate sv=severe
 Example: Tsv indicates severe tenderness.

ABDOMEN
 soft, non-tender
 no organomegaly
 nml bowel sounds
 tenderness
 guarding / rebound
 hepatomegaly / splenomegaly / mass
 abnml bowel sounds / bruits

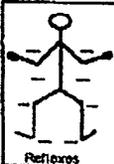
RECTAL
 non-tender
 heme neg stool
 nml prostate
 black / bloody / heme pos. stool
 tenderness / mass / nodule

BACK
 nml inspection
 CYA tenderness (R/L)
R.M. p. 10/11

SKIN
 nml color
 warm, dry
 no rash
 cyanosis / pallor / diaphoresis
 skin rash / abnml growths

EXTREMITIES
 non-tender
 no pedal edema
 nml pulses
 calf tenderness Down
 pedal edema
 varicose veins On hip
 decreased pulse(s)
Can't feel pulse

NEURO / PSYCH
 oriented x3
 CN's nml as tested
 no motor / snsry deficit
 nml reflexes
 nml mood / affect
 disoriented
 to person / place / time
 facial droop / EOM palsy
 weakness / sensory loss
 depressed mood / affect



CLINICAL IMPRESSION

TREATMENT PLAN

return to work / school in _____ days / weeks

LABS & X-RAYS

CBC _____ UA _____ Fecal occult _____
 CMP _____ blood _____

X-RAYS

CXR
 nml / NAD no infiltrates nml heart size nml mediastinum

reviewed / discussed with patient
 labs / radiology / diagnostic studies / old records

CONSULTS / REFERRALS

DISCHARGE MEDICATIONS see medication log

Diclofenac
per Med

FOLLOW-UP PLANS

will see in office in _____ Day / Week / Month

HEALTH EDUCATION / COUNSELING / SCREENS

Counseled patient regarding:
 Labs Diagnosis Follow-up
 Weight reduction Diet and exercise Alcohol cessation
 Med compliance
 Smoking cessation counseling provided _____ time spent _____ mins
 Discussed plan / triggers / challenges / risk / Rx given _____
 Screens completed fall weight mammogram immunization _____

Total face-to-face time: _____ minutes visit dominated by counseling

Diagnosis _____

Discharge Pain Assessment (1-10) _____ LOS: 1 2 3 4 5

Sign In: _____ Apt _____ Chartback _____

Nurse: _____ D/C: _____

PHYSICIAN SIGNATURE

Date MAR 18 2010 time: _____

PHYSICIAN'S STAMP:

ORDERS	Time	Initials

General Adult - 25

N. SUBRAMANYAM, M.D.

WYNN-O'CONNELL01062

ENCH 78434586 58 DOB 3/18/1951
O'CONNELL, YVONNE L
Subramanyam, Nanjunda F
MRN 000-794-300 701 AUN 3/18/2010

UNIVERSITY MEDICAL CENTER

DEPARTMENT OF AMBULATORY CARE

CONTRACT FOR CONTROLLED MEDICATION USE

Controlled medications, which include narcotics, can be very useful, but have a high potential for misuse and abuse. As such, these medications, along with others, are closely monitored and controlled by local and federal government. However, if these substances are used properly they are effective in pain management or in the management of anxiety disorders. If used excessively, they can cause adverse effects such as vomiting, constipation, lethargy or even death. To help insure these medications are used properly, I agree to the following conditions:

1. I am responsible for my controlled medications.
2. If the prescription slip or medication itself is lost, misplaced, stolen or used up sooner than it should have been according to the directions I agree it will not be replaced.
3. I will not request nor accept controlled medication from any other physician or individual while I am receiving medication from the doctor who's name is printed below.
4. Refills of controlled medications will be made in person and only by appointment during our regular business hours, Monday through Friday. Refills will not be made at night, on weekends, or in the Quick Care..
5. I will not request "Name Brand Medically Necessary" unless I am paying for my controlled medication.
6. Furthermore, I understand that if I violate any of the above conditions, or decline to take a urine test for controlled medication or illegal drugs at the doctor's request, my controlled medication prescription and/or treatment at this office will end immediately. If the violation concerns obtaining controlled medications from another provider, as described above, I may also be reported to the other physicians that have prescribed medications to me, local medical establishments, other government authorities and possibly to my health plan.
7. In addition, I have been informed about controlled medication effects. These include but are not limited to:
 - A. A tolerance of the medication over a period of time which may require more medicine to achieve the same level of pain or anxiety control.
 - B. With higher doses of medications especially those that are taken on a daily basis dependency may and does frequently occur which means that I may suffer from severe withdrawal symptoms if I should stop my medications.
8. Lastly, I understand that the main goal of treatment with controlled medications is to improve my ability to function and or work. In furtherance of that goal, and in consideration of being given potent narcotic pain medication or anxiety medication to help me reach that goal, I agree to help myself by following better health habits, specifically involving exercise, weight control and/or limiting the use of unhealthy substances.

Patient signature: Yvonne O'Connell Date: 3-18-10

I HAVE A HISTORY OF
DRUG INTOLERANCE, AND
MY IBS/CONSTIPATION IS
NOW LIFE-THREATENING.

Physician signature: [Signature] Date: MAR 18 2010

UMC SUMMERLIN PRIMARY CARE
 2031 N. Buffalo Dr.
 Las Vegas, NV 89128
 Phone: (702) 383-2650
 Fax: (702) 256-2213

ENCH 78434586 SB 000 8/18/1951
 O'CONNELL, YVONNE L.
 Subramanyam, Nanjunda
 MRN 000-794-300 701 ADM 3/18/2010

UMC REFERRAL FORM

PATIENT MUST COMPLETE THE FOLLOWING:

Today's Date: _____ Insurance: _____ Employer: _____
 Insured Name: Yvonne O'Connell ID #: _____
 Patient Name: Yvonne O'Connell DOB: 8-18-51 SSN: 4669
 Address: 8964 Captains Place City: Las Vegas State: NV Zip Code: 89117
 Hm Phone: 702-228-4424 Wk Phone: N/A
 Best day/time for appointment: 1st choice 2nd choice
 Release of appointment information: Ok to leave appointment information and instructions on my answering machine or voice mail YES NO
 Ok to give appointment information to: (name of friend/relative)

Your physician has ordered the referral or procedure described below. As the patient, you are responsible for making certain this occurs. As a service to you, however, our Referral Office will work with you to schedule a convenient appointment. If you do not hear from the Referral Office prior to the "needed by" date listed below, please call the UMC Central Referral Office at 383-2650. Please note that an authorization received from your insurance company does not guarantee eligibility, coverage of benefits, or payment of claims. Patient, or authorized representative, also consents to the release of medical records to the Referral Physician (specialist) and the Physician Referral Department.

Yvonne O'Connell
 (Patient Signature or Telephone Consent by) (Date) 3-18-10

COMPLETE THE FOLLOWING FOR A SPECIALIST OR DIAGNOSTIC REFERRAL

Referring For: Specialty Back Surgeon This referral was completed by Primary/Quick Care. Sent to Physician Referral for documentation only.
 Specialist Name: _____ Patient established with or requested this specialist.
 Specialist Address: _____ For Physician Referral office use only
 Procedure: _____ CPT Code: _____
 Diagnosis: Multifid. Degenerative disc disease CPT Code: _____
low backache & pain ICD9 Code: _____
radiating to leg ICD9 Code: _____
 Clinical Hx: _____ ICD9 Code: _____
From Summerlin Primary Care

Current Medications: _____
 Allergies: _____
 Needed By: _____ days 1 wk 2 wks 4 wks 6 wks 2 mos
 White - Referral Office Yellow - Chart Pink - Patient Blue - Log Book

FAXED
 MAR 18 2010

Physician Signature [Signature]
 Printed/Stamped Name Nanjunda Subramanyam, MD
 NPI # 1043274459

Form # 99-075 (revised 2/07)

EXHIBIT 7

EXHIBIT 7

3/19/2010 11:36 SDMI

D 1/1

3/22/10

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS

Phone: (702) 732-6000 www.sdmi-lv.com Fax: (702) 732-6071

Patient Name: Yvonne L OConnell

Patient: **Yvonne L OConnell**
SDMI #: 533385.0
Pt. DOB: 08/18/1951
Pt. Sex: Female
Referral ICD 9:
SDMI Location: NW
Date of Service: 03/19/10

Physician: Nanjunda Subramanyam
Dr. Fax: (702) 256-2213
Dr. Phone: (702) 383-2650
Dr. Addr.: 2031 N Buffalo Dr Las Vegas, NV 89128
Cc:
Cc:

CERVICAL SPINE PLAIN FILM

CLINICAL HISTORY:

Pain

TECHNIQUE:

AP, lateral, open-mouth odontoid and bilateral oblique views were obtained of the cervical spine.
Comparison: None

FINDINGS:

There is straightening of the normal cervical lordosis which is nonspecific and may be positional or due to muscle spasm. There is moderate midcervical degeneration. The vertebral body heights are also maintained. Odontoid is intact. Bilateral neural foramen are patent. No evidence of fractures or dislocations. The prevertebral soft tissue appears normal.

IMPRESSION:

1. Straightening of the normal cervical lordosis is nonspecific and may be positional or due to muscle spasm.
2. Moderate midcervical degeneration

Interpreted by: Stephen Chen M.D. 03/19/2010 11:36 AM

Document approved by: Stephen Chen M.D. Date:03/19/2010 11:36 AM

**INFORM PATIENT
ABNORMAL TEST RESULTS
IF N/A SEND LETTER
MAKE / KEEP APPOINTMENT**

03-23-10 10:22 CUT
NJ

N. SUBRAMANYAM, M.D.

Physician Access To Images and Reports Is Available Online at www.sdmi-lv.com

2767 N. Tanya Way, Las Vegas, Nevada 89128
4 Sunset Way, Building D, Henderson, Nevada 89014

2950 S. Maryland Parkway,
Las Vegas, Nevada 89109

2850 Sierra Heights, Henderson, Nevada 89052
9070 W. Post Road, Las Vegas, Nevada 89143

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WYNN-O'CONNELL00241

3715

3/19/2010 11:39 SEMI

D 1/1

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS

Phone: (702) 732-6000 www.sdmi-lv.com Fax: (702) 732-6071

Patient Name: Yvonne L. OConnell

Patient: Yvonne L OConnell
SDMI #: 533385.0
Pt. DOB: 08/18/1951
Pt. Sex: Female
Referral ICD 9:
SDMI Location: NW
Date of Service: 03/19/10

Physician: Nanjunda Subramanyam
Dr. Fax: (702) 256-2213
Dr. Phone: (702) 383-2650
Dr. Addr.: 2031 N Buffalo Dr Las Vegas, NV 89128
Cc:
Cc:

RIGHT HIP PLAIN FILM

CLINICAL HISTORY:

Pain trauma

TECHNIQUE:

AP and oblique views of the right hip were obtained. Comparison: None

FINDINGS:

No evidence of fractures or dislocations. Joint spaces are preserved. The femoral head is normal in contour without collapse.

IMPRESSION:

Negative right hip.

Interpreted by: Stephen Chen M.D. 03/19/2010 11:38 AM

Document approved by: Stephen Chen M.D. Date:03/19/2010 11:38 AM

NS
N. SUBRAMANYAM, M.D.
03-23-10 10:22:22 OUT

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4 Sunset Way, Building D, Henderson, Nevada 89014

2950 S. Maryland Parkway,
Las Vegas, Nevada 89109

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WYNN-O'CONNELL00242

3716

3/19/2010 11:27 SDMI

1/1

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS

Phone: (702) 732-6000 www.sdmi-lv.com Fax: (702) 732-6071

Patient Name: Yvonne L. O'Connell

Patient: Yvonne L. O'Connell
SDMI #: 533385.0
Pl. DOB: 08/18/1951
Pl. Sex: Female
Referral ICD 9:
SDMI Location: NW
Date of Service: 03/19/10

Physician: Nanjunda Subramanyam
Dr. Fax: (702) 256-2213
Dr. Phone: (702) 383-2650
Dr. Addr.: 2031 N Buffalo Dr Las Vegas, NV 89128
Cc:
Cc:

CHEST RADIOGRAPH

CLINICAL HISTORY:

Chest pain

TECHNIQUE:

Frontal and lateral chest radiographs were obtained. Comparison: None

FINDINGS:

Lungs are well aerated and expanded. No pleural effusions or pneumothoraces. The cardiomeastinal silhouette and pulmonary vasculature appear normal. The bony thorax is intact. Spondylosis in the thoracic spine.

IMPRESSION:

Negative chest.

Interpreted by: Stephen Chen M.D. 03/19/2010 11:26 AM

Document approved by: Stephen Chen M.D. Date:03/19/2010 11:26 AM

NC

N. SUBRAMANYAM, M.D.

03-23-10 4:22:22 001

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2767 N. Tenny Way, Las Vegas, Nevada 89128
4 Sunset Way, Building D, Henderson, Nevada 89014

2950 S. Maryland Parkway,
Las Vegas, Nevada 89109

2830 Sienna Heights, Henderson, Nevada 89052
9070 W. Post Road, Las Vegas, Nevada 89148

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WYNN-O'CONNELL00243

3717

3/19/2010 12:46 SDMI

D 1/1

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS

Phone: (702) 732-6000 www.sdmi-lv.com Fax: (702) 732-6071

Patient Name: Yvonne L OConnell

Patient: Yvonne L OConnell
SDMI #: 533385.0
Pt. DOB: 08/18/1951
Pt. Sex: Female
Referral ICD 9:
SDMI Location: NW
Date of Service: 03/19/10

Physician: Nanjunda Subramanyam
Dr. Fax: (702) 256-2213
Dr. Phone: (702) 383-2650
Dr. Addr.: 2031 N Buffalo Dr Las Vegas, NV 89128
Cc:
Cc:

RIGHT KNEE PLAIN FILM

CLINICAL HISTORY:

Pain

TECHNIQUE:

AP, lateral, oblique and sunrise views of the right knee. Comparison: None

FINDINGS:

There are no fractures or dislocations. No osteolytic or osteoblastic lesions. No evidence of joint space narrowing.

IMPRESSION:

Negative right knee.

Interpreted by: Stephen Chen M.D. 03/19/2010 12:46 PM

Document approved by: Stephen Chen M.D. Date:03/19/2010 12:46 PM

NI

N. SUBRAMANYAM, M.D.

03-23-10 10:21 OUT

Physician Access To Images and Reports Is Available Online at www.sdmi-lv.com

2767 N. Tenaya Way, Las Vegas, Nevada 89128
4 Sunset Way, Building D, Henderson, Nevada 89014

2950 S. Maryland Parkway,
Las Vegas, Nevada 89109

2850 Sierra Heights, Henderson, Nevada 89052
5070 W. Post Road, Las Vegas, Nevada 89148

This message and any attached documents may be confidential and may contain information protected by state and federal medical privacy statutes. They are intended only for the use of the addressee. If you are not the intended recipient, any disclosure, copying, or distribution of this information is strictly prohibited. If you received this transmission in error, please accept our apologies and notify the sender.

3/24/10 @ 0915 - SPOKE w/ PT. TO KEEP PLU APPT. ON 3/29/10 @ 245. PT STAYS OK.

WYNN-O'CONNELL00244

3718

EXHIBIT 8

EXHIBIT 8

NETTLES LAW FIRM

1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1 BRIAN D. NETTLES, ESQ.
2 Nevada Bar No. 7462
3 CHRISTIAN M. MORRIS, ESQ.
4 Nevada Bar No. 11218
5 NETTLES LAW FIRM
6 1389 Galleria Drive, Suite 200
7 Henderson, Nevada 89014
8 Telephone: (702) 434-8282
9 Facsimile: (702) 434-1488
10 brian@nettleslawfirm.com
11 christian@nettleslawfirm.com
12 Attorneys for Plaintiff

ELECTRONICALLY SERVED
07/14/2015 11:01:59 AM

10 DISTRICT COURT
11 CLARK COUNTY, NEVADA

12 YVONNE O'CONNELL, an individual,
13 Plaintiff,

14 vs.

15 WYNN LAS VEGAS, LLC, a Nevada Limited
16 Liability Company, doing business as WYNN
17 LAS VEGAS; DOES I through X; and ROE
18 CORPORATIONS I through X, inclusive,
19 Defendants.

CASE NO. A-12-655992-C

DEPARTMENT NO. V

PLAINTIFF'S FOURTH SUPPLEMENT
TO INITIAL 16.1 DISCLOSURES

20
21 Plaintiff, YVONNE O'CONNELL, by and through her attorneys of record BRIAN D.
22 NETTLES, ESQ. and CHRISTIAN M. MORRIS, ESQ. of the NETTLES LAW FIRM, hereby
23 submits her Fourth Supplement to Early Case Conference Disclosures pursuant to NRCP 16.1,
24 as follows (**supplemented documents are in bold**):

25 I. WITNESSES

26 Pursuant to NRCP 161 (a) (1) (A), the name and, if known, the address and telephone
27 number of each individual likely to have information discoverable under Rule 26(b), including
28 for impeachment or rebuttal, identifying the subjects of the information:

NETTLES LAW FIRM

1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

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1. Yvonne O'Connell
c/o Nettles Law Firm
1389 Galleria Drive, Suite 200
Henderson, NV 89014

This witness, Plaintiff, is expected to testify regarding the facts and circumstances contained in the Complaint on file herein.

2. Person Most Knowledgeable
Wynn Las Vegas, LLC
c/o Lawrence J. Semenza, III, Esq.
LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

This witness is expected to testify regarding the facts and circumstances contained in the Complaint on file herein.

3. Jon Sorelle, M.D. and/or
Person Most Knowledgeable/Custodian of Records
The Minimally Invasive Hand Institute
8960 W. Tropicana Ave.
Las Vegas, NV 89147
Phone:(702) 739-4263

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

4. Person Most Knowledgeable/Custodian of Records
Steinberg Diagnostics
2950 S. Maryland Pkwy.
Las Vegas, NV

NETTLES LAW FIRM

1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1 Phone: (702) 732-6000

2 This individual is expected to testify as a treating physician and as an expert regarding
3 the injuries sustained, past present and future medical treatment and impairment, prognosis,
4 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
5 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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14 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
15 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
16 any party in this action that contradict the same.

- 17 5. Person Most Knowledgeable/Custodian of Records
18 UMC Quickcare
19 1800 West Charleston Blvd.
20 Las Vegas, NV 89102
21 Phone: (702) 383-2000

22 This individual is expected to testify as a treating physician and as an expert regarding
23 the injuries sustained, past present and future medical treatment and impairment, prognosis,
24 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
25 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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expected to testify include any and all facts and opinions in the said medical records, and that the
medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

6. Person Most Knowledgeable/Custodian of Records
Matt Smith Physical Therapy
9499 W. Charleston Blvd., Suite 220
Las Vegas, NV 89117
Phone: (702) 933-9394

NETTLES LAW FIRM

1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1 This individual is expected to testify as a treating physician and as an expert regarding
2 the injuries sustained, past present and future medical treatment and impairment, prognosis,
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13 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
14 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
15 any party in this action that contradict the same.

- 7. Timothy Trainor, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Advanced Orthopedic & Sports Medicine
8420 W. Warm Springs Rd.
Las Vegas, NV
Phone: (702) 740-5327

15 This individual is expected to testify as a treating physician and as an expert regarding
16 the injuries sustained, past present and future medical treatment and impairment, prognosis,
17 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
18 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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28 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

- 8. John A. Thompson, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Desert Oasis Clinic
6316 S. Rainbow Blvd., Suite 100
Las Vegas, NV 89118
Phone: (702) 310-9350

NETTLES LAW FIRM

1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1 This individual is expected to testify as a treating physician and as an expert regarding
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14 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
15 any party in this action that contradict the same.

- 16 9. Christopher Milford, M.D., P.C. and/or
17 Person Most Knowledgeable/Custodian of Records
18 Silver State Neurology
19 9811 W. Charleston Blvd., Ste. 2-357
20 Las Vegas, NV 89117
21 Phone: (702) 256-3637

22 This individual is expected to testify as a treating physician and as an expert regarding
23 the injuries sustained, past present and future medical treatment and impairment, prognosis,
24 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
25 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

9. Person Most Knowledgeable/Custodian of Records
Edwin Suarez Physical Therapy
4955 S. Durango Dr. #100
Las Vegas, NV 89113
Phone: (702) 489-9785

NETTLES LAW FIRM

1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

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- 11. Edson Erkulvrawatr, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Southern Nevada Pain Center
6950 W. Desert Inn Rd., Ste. 110
Las Vegas, NV 89117
Phone: (702) 259-5550

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

- 12. Leo Germin, M.D.
Person Most Knowledgeable/Custodian of Records
Clinical Neurology Specialists
1691 W. Horizon Ridge Pkwy., Ste. 100
Henderson, NV 89012
Phone: (702) 804-1212

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1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1 This individual is expected to testify as a treating physician and as an expert regarding
2 the injuries sustained, past present and future medical treatment and impairment, prognosis,
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14 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
15 any party in this action that contradict the same.

13. Andrew Cash, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Nevada Institute of Spine Care
9339 W. Sunset Road, Ste. 100
Las Vegas, NV89148
Phone: (702) 630-3472

15 This individual is expected to testify as a treating physician and as an expert regarding
16 the injuries sustained, past present and future medical treatment and impairment, prognosis,
17 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
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any party in this action that contradict the same.

14. Lee Wittenberg, DPM and/or
Person Most Knowledgeable/Custodian of Records
Apache Foot & Ankle Specialist LLC
9710W. Tropicana Ave., Ste. 115
Las Vegas, NV 89147
Phone: (702) 362-2622

NETTLES LAW FIRM
1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1 This individual is expected to testify as a treating physician and as an expert regarding
2 the injuries sustained, past present and future medical treatment and impairment, prognosis,
3 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
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14 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
15 any party in this action that contradict the same.

15 15. Suresh Prahbu, M.D. and/or
16 Person Most Knowledgeable/Custodian of Records
17 Ascent Primary Care
18 653 N. Town Center Dr., Ste. 217
19 Las Vegas, NV 89144
20 Phone: (702) 545-0751

21 This individual is expected to testify as a treating physician and as an expert regarding
22 the injuries sustained, past present and future medical treatment and impairment, prognosis,
23 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
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set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

24 16. Person Most Knowledgeable/Custodian of Records
25 University Medical Center
26 1800 West Charleston Blvd.
27 Las Vegas, NV 89102
28 Phone: (702) 383-2000

28 This individual is expected to testify as a treating physician and as an expert regarding
the injuries sustained, past present and future medical treatment and impairment, prognosis,

NETTLES LAW FIRM

1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
2 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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11 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
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13 any party in this action that contradict the same.

- 14 17. Thomas Dunn, M.D. and/or
15 Person Most Knowledgeable/Custodian of Records
16 Desert Othopaedic Center
17 2800 East Desert Inn Road, Suite 100
18 Las Vegas, NV 89121-3609
19 Phone: (702) 731-1616

20 This individual is expected to testify as a treating physician and as an expert regarding
21 the injuries sustained, past present and future medical treatment and impairment, prognosis,
22 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
23 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

- 23 18. Yakov Shaposhnikov, M.D. and/or
24 Person Most Knowledgeable/Custodian of Records
25 Gastrointestinal and Liver Diseases
26 2020 Goldring Avenue
27 Las Vegas, NV 89106

27 This individual is expected to testify as a treating physician and as an expert regarding
28 the injuries sustained, past present and future medical treatment and impairment, prognosis,
disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records

NETTLES LAW FIRM

1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
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11 any party in this action that contradict the same.

12
13 17. Enrique Lacayo, M.D. and/or
14 Person Most Knowledgeable/Custodian of Records
15 2020 Goldring Avenue
16 Las Vegas, NV 89106

17 This individual is expected to testify as a treating physician and as an expert regarding
18 the injuries sustained, past present and future medical treatment and impairment, prognosis,
19 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
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31 any party in this action that contradict the same.

32
33 18. Nanjunda Subramanyam, M.D. and/or
34 Person Most Knowledgeable/Custodian of Records
35 Nevada Heart and Vascular Center
36 1820 Desert Inn Rd., Suite A
37 Las Vegas, NV 89169

38 This individual is expected to testify as a treating physician and as an expert regarding
39 the injuries sustained, past present and future medical treatment and impairment, prognosis,
40 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
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NETTLES LAW FIRM
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Henderson, NV 89014
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5 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
6 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
7 any party in this action that contradict the same.

19. Scott Manthei, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Nevada Eye and Ear
2598 Windmill Pkwy.
Henderson, NV 89074

9 This individual is expected to testify as a treating physician and as an expert regarding
10 the injuries sustained, past present and future medical treatment and impairment, prognosis,
11 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
12 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
13 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
14 also a treating physician and thereby not retained or specially employed to provide expert
15 testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree,
16 let us know immediately or your failure to object will be deemed a stipulation that said
17 documents are not required under the rule. Further, this expert is expected to testify consistent
18 with the medical records related to the treatment of the Plaintiff for the subject incident, and
19 other incidents having relevance to this action. The facts and opinions to which the expert is
20 expected to testify include any and all facts and opinions in the said medical records, and that the
21 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
22 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
23 any party in this action that contradict the same.

20. Tyrec Carr, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Nevada Institute of Ophthalmology
2800 N. Tenaya Way, #102
Las Vegas, NV 89128

23 This individual is expected to testify as a treating physician and as an expert regarding
24 the injuries sustained, past present and future medical treatment and impairment, prognosis,
25 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
26 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
27 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
28 also a treating physician and thereby not retained or specially employed to provide expert
testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree,
let us know immediately or your failure to object will be deemed a stipulation that said
documents are not required under the rule. Further, this expert is expected to testify consistent
with the medical records related to the treatment of the Plaintiff for the subject incident, and
other incidents having relevance to this action. The facts and opinions to which the expert is

1 expected to testify include any and all facts and opinions in the said medical records, and that the
2 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
3 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
4 any party in this action that contradict the same.

4 21. Troy Valdez – brother
5 4 Starling Lane
6 Aliso Viejo, CA 92656
7 (949) 254-4550
8 (949) 228-0959

9 This witness is expected to testify concerning his knowledge of Plaintiff's health and
10 circumstances prior to and after the incident surrounding Plaintiff's allegations contained in the
11 Complaint on file herein.

10 22. Holly Valdez – sister in law
11 4 Starling Lane
12 Aliso Viejo, CA 92656
13 (949) 254-4550
14 (949) 228-0959

15 This witness is expected to testify concerning her knowledge of Plaintiff's health and
16 circumstances prior to and after the incident surrounding Plaintiff's allegations contained in the
17 Complaint on file herein.

16 23. Dave Brobeck – Holly Valdez' father
17 217 Monarch Bay Drive
18 Dana Point, CA 92629
19 (949) 499-9811

20 This witness is expected to testify concerning his knowledge of Plaintiff's health and
21 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
22 on file herein.

21 24. Gaye Brobeck – Holly Valdez' mother
22 217 Monarch Bay Drive
23 Dana Point, CA 92629
24 (949) 499-9811

25 This witness is expected to testify concerning her knowledge of Plaintiff's health and
26 circumstances prior to and after the incident surrounding Plaintiff's allegations contained in the
27 Complaint on file herein.

27 25. David Brobeck – Holly Valdez' brother
28 20 Blue Heron Lane
Aliso Viejo, CA 92656
(949) 859-3793

1 This witness is expected to testify concerning his knowledge of Plaintiff's health and
2 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
3 on file herein.

4 26. Mele Brobeck -- Holly Valdez' sister in law
5 20 Blue Heron Lane
6 Aliso Viejo, CA 92656
7 (949) 859-3793

8 This witness is expected to testify concerning her knowledge of Plaintiff's health and
9 circumstances prior to and after the incident surrounding Plaintiff's allegations contained in the
10 Complaint on file herein.

11 27. Larry Muro -- Troy Valdez' friend
12 4739 Mascagni St.
13 Ventura, CA 93003
14 (805) 616-0274

15 This witness is expected to testify concerning his knowledge of Plaintiff's health and
16 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
17 on file herein.

18 28. Janine Muro -- Troy Valdez' friend
19 4739 Mascagni St.
20 Ventura, CA 93003
21 (805) 616-0274

22 This witness is expected to testify concerning her knowledge of Plaintiff's health and
23 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
24 on file herein.

25 29. Jim Holloway -- Troy Valdez' friend
26 2834 Serang Place
27 Costa Mesa, CA 92626
28 (714) 241-7777

30 This witness is expected to testify concerning his knowledge of Plaintiff's health and
circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
on file herein.

31 30. Renee Holloway -- Troy Valdez' friend
32 2834 Serang Place
33 Costa Mesa, CA 92626
34 (714) 241-7777

1 This witness is expected to testify concerning her knowledge of Plaintiff's health and
2 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
on file herein.

3 31. Allen Stroub – Plaintiff's Cousin
4 7009 Bandolero Way
5 Bakersfield, CA
(805) 838-7187

6 This witness is expected to testify concerning his knowledge of Plaintiff's health and
7 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
on file herein.

8
9 32. Helen Stroub – Plaintiff's Cousin
10 7009 Bandolero Way
11 Bakersfield, CA
(805) 838-7187

12 This witness is expected to testify concerning her knowledge of Plaintiff's health and
13 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
on file herein.

14 33. Person Most Knowledgeable/Custodian of Records
15 Las Vegas Radiology
16 7500 Smoke Ranch Road, Suite 100
17 Las Vegas, Nevada 89128
(702) 254-5004

18 This individual is expected to testify as a treating physician and as an expert regarding
19 the injuries sustained, past present and future medical treatment and impairment, prognosis,
20 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
21 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
22 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
23 also a treating physician and thereby not retained or specially employed to provide expert
24 testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree,
25 let us know immediately or your failure to object will be deemed a stipulation that said
26 documents are not required under the rule. Further, this expert is expected to testify consistent
27 with the medical records related to the treatment of the Plaintiff for the subject incident, and
28 other incidents having relevance to this action. The facts and opinions to which the expert is
expected to testify include any and all facts and opinions in the said medical records, and that the
medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

34. Person Most Knowledgeable/Custodian of Records
Open Sided MRI of Las Vegas

1 630 South Rancho, Suite G
2 Las Vegas, Nevada 89106
(702) 932-2740

3 This individual is expected to testify as a treating physician and as an expert regarding
4 the injuries sustained, past present and future medical treatment and impairment, prognosis,
5 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
6 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
7 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
8 also a treating physician and thereby not retained or specially employed to provide expert
9 testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree,
10 let us know immediately or your failure to object will be deemed a stipulation that said
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12 with the medical records related to the treatment of the Plaintiff for the subject incident, and
13 other incidents having relevance to this action. The facts and opinions to which the expert is
14 expected to testify include any and all facts and opinions in the said medical records, and that the
15 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
16 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
17 any party in this action that contradict the same.

18 Plaintiff reserves the right to call any witness designated by any other party to this
19 proceeding.

20 Discovery is continuing and Plaintiff reserves the right to supplement this list as
21 additional information becomes available.

22 II. DOCUMENTS, DATA COMPILATIONS AND TANGIBLE THINGS

23 Pursuant to NRCP 161 (a)(1)(B), a copy of or a description by category and location of
24 all documents, data compilations, and tangible things that are in the possession, custody, or
25 control of the party and which are discoverable under Rule 26(b):

- 26 1. Medical Records and Billing Statement
27 Jon Sorelle, M.D.
28 The Minimally Invasive Hand Institute
8960 W. Tropicana Ave.
Las Vegas, NV 89147
Bate numbered PLTF000001 through PLTF000018 and attached hereto.
2. Diagnostic Records and Billing Statement
Steinberg Diagnostics
2950 S. Maryland Pkwy.
Las Vegas, NV

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1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

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- Bate numbered PLTF000019 through PLTF000033 and attached hereto.
- 3. Medical Records and Billing Statement
UMC Quickcare
1800 West Charleston Blvd.
Las Vegas, NV 89102
Bate numbered PLTF000034 through PLTF000289 and attached hereto.
- 4. Physical Therapy Records and Billing Statement
Matt Smith Physical Therapy
9499 W. Charleston Blvd., Suite 220
Las Vegas, NV 89117
Bate numbered PLTF000290 through PLTF000374 and attached hereto.
- 5. Medical Records and Billing Statement
Timothy Trainor, M.D.
Advanced Orthopedic & Sports Medicine
8420 W. Warm Springs Rd.
Las Vegas, NV
Bate numbered PLTF000375 through PLTF000396 and attached hereto.
- 6. Medical Records and Billing Statement
John A. Thompson, M.D.
Desert Oasis Clinic
6316 S. Rainbow Blvd., Suite 100
Las Vegas, NV 89118
Bate numbered PLTF000397 through PLTF000407 and attached hereto.
- 7. Medical Records and Billing Statement
Christopher Milford, M.D., P.C.
Silver State Neurology
9811 W. Charleston Blvd., Ste. 2-357
Las Vegas, NV 89117
Bate numbered PLTF000408 through PLTF000431 and attached hereto.
- 8. Physical Therapy and Billing Statement
Edwin Suarez Physical Therapy
4955 S. Durango Dr. #100
Las Vegas, NV 89113
Bate numbered PLTF000432 through PLTF000443 and attached hereto.
- 9. Medical Records and Billing Statement
Edson Erkulvrawatr, M.D.
Southern Nevada Pain Center
6950 W. Desert Inn Rd., Ste. 110
Las Vegas, NV 89117
Phone: (702) 259-5550

- 1 Bate numbered PLTF000444 through PLTF000526 and attached hereto.
- 2 10. Medical Records and Billing Statement
- 3 Leo Germin, M.D.
- 4 Clinical Neurology Specialists
- 5 1691 W. Horizon Ridge Pkwy., Ste. 100
- 6 Henderson, NV 89012
- 7 Bate numbered PLTF000527 through PLTF000535 and attached hereto.
- 8 11. Medical Records and Billing Statement
- 9 Andrew Cash, M.D.
- 10 Nevada Institute of Spine Care
- 11 9339 W. Sunset Road, Ste. 100
- 12 Las Vegas, NV 89148
- 13 Bate numbered PLTF000536 through PLTF000584 and attached hereto.
- 14 12. Medical Records and Billing Statement
- 15 Lee Wittenberg, DPM
- 16 Apache Foot & Ankle Specialist LLC
- 17 9710W. Tropicana Ave., Ste. 115
- 18 Las Vegas, NV 89147
- 19 Bate numbered PLTF000585 through PLTF000598 and attached hereto.
- 20 13. Medical Records and Billing Statement
- 21 Suresh Prahbu, M.D.
- 22 Ascent Primary Care
- 23 653 N. Town Center Dr., Ste. 217
- 24 Las Vegas, NV 89144
- 25 Bate numbered PLTF000594 through PLTF000598 and attached hereto.
- 26 14. Medical Records
- 27 Thomas Dunn, M.D. and/or
- 28 Desert Orthopaedic Center
- 2800 East Desert Inn Road, Suite 100
- Las Vegas, NV 89121-3609
- Bate numbered PLTF000599 through PLTF000627 and attached hereto.
- 23 15. Medical Records and Billing Statement
- 24 Yakov Shaposhnikov, M.D. and/or
- 25 Gastrointestinal and Liver Diseases
- 26 2020 Goldring Avenue
- 27 Las Vegas, NV 89106
- 28 Bate numbered PLTF000628 through PLTF000649 and attached hereto.
- 27 16. Medical Records and Billing Statement
- 28 Enrique Lacayo, M.D.
- 2020 Goldring Avenue

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Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

- 1 Las Vegas, NV 89106
- 2 Bate numbered PLTF000650 through PLTF000677 and attached hereto.
- 3 17. Medical Records and Billing Statement
- 4 Nanjunda Subramanyam, M.D.
- 5 Nevada Heart and Vascular Center
- 6 1820 Desert Inn Rd., Suite A
- 7 Las Vegas, NV 89169
- 8 Bate numbered PLTF000678 through PLTF000683 and attached hereto.
- 9 19. Medical Records and Billing Statement
- 10 Scott Manthei, M.D.
- 11 Nevada Eye and Ear
- 12 2598 Windmill Pkwy.
- 13 Henderson, NV 89074
- 14 Bate numbered PLTF000684 through PLTF000699 and attached hereto.
- 15 20. Medical Records and Billing Statement
- 16 Tyree Carr, M.D.
- 17 Nevada Institute of Ophthalmology
- 18 2800 N. Tenaya Way, #102
- 19 Las Vegas, NV 89128
- 20 Bate numbered PLTF000700 through PLTF000716 and attached hereto.
- 21 21. Photograph of Plaintiff and friend dancing pre-accident
- 22 Bate numbered PLTF000717 and attached hereto.
- 23 22. Photographs of Plaintiff and her brother, Troy Valdez, her sister-in-law, Holly
- 24 Valdez and her niece pre-accident
- 25 Bate numbered PLTF000718 and attached hereto.
- 26 23. Photograph of Plaintiff and her cousins, Allen and Helen Stroub pre-accident
- 27 Bate numbered PLTF000719 and attached hereto.
- 28 24. Photographs of Plaintiff's injury area and bruising
- 29 Bate numbered PLTF 000720 and PLTF 721
- 30 25. Authorization for the Release of Protected Health Information executed by
- 31 Plaintiff for benefit of Defendant
- 32 26. Medical Records and Billing Statement
- 33 Las Vegas Radiology
- 34 8530 W. Sunset Road
- 35 Las Vegas, Nevada 89113
- 36 (702) 254-5004
- 37 Bate numbered PLTF000722 through PLTF000728 are attached hereto.

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27. **Medical Billing Statement**
Thomas Dunn, M.D.
Desert Orthopedic Center
2930 W. Horizon Ridge Pkwy, #100
Henderson, Nevada 89052
(702) 731-1616
Bate numbered PLTF000729 through PLTF000748 are attached hereto.

28. **Medical Records and Billing Statement**
Open Sided MRI
630 South Rancho, Suite G
Las Vegas, Nevada 89106
(702) 932-2740
Bate numbered PLTF000749 through PLTF000752 are attached hereto.

Plaintiff reserves the right to offer any document(s) produced during this litigation including, but not limited to, documents produced by other parties and document attached as exhibits to pleadings and depositions.

Discovery is continuing and Plaintiff reserves the right to supplement this list as additional information becomes available.

III. COMPUTATION OF DAMAGES

Pursuant to NRCP 16 1(a)(1)(C), a computation of any category of damages claimed by the disclosing party, making available for inspection and copying as under Rule 34 the documents or other evidentiary matter, not privileged or protected from disclosure, on which such computation is based, including materials bearing on the nature and extent of injuries suffered:

A. **MEDICAL DAMAGES:**

PROVIDER	AMOUNT
Jon Sorelle, M.D. The Minimally Invasive Hand Institute	\$ 2,625.00
Steinberg Diagnostics	\$ 2,605.00
UMC - Quick Care	\$ 7,783.56
Matt Smith Physical Therapy	\$ 3,235.00

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1389 Galleria Drive Suite 200
 Henderson, NV 89014
 (702) 434-8262 / (702) 434-1486 (fax)

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Timothy J. Trainor, M.D. Advanced Orthopedic & Sports Medicine	\$ 181.00
John A. Thompson, M.D. Desert Oasis Clinic	\$ 250.00
Christopher Milford, M.D., P.C. Silver State Neurology	\$ 1,580.00
Edwin Suarez Physical Therapy	\$ 670.00
Southern Nevada Pain Center	\$ 680.00
Leo Germin, M.D. Clinical Neurology Specialists	\$ 2,510.00
Andrew Cash, M.D. Desert Institute of Spine Care	\$ 3,034.42
Lee Wittenberg, DPM Apache Foot & Ankle	\$ 310.00
Suresh Prahbu, M.D. Ascent Primary Care	\$ 270.00
Thomas Dunn, M.D. Desert Orthopaedic Center	\$ 1,640.00
Yakov Shaposhnikov, M.D. Gastrointestinal and Liver Diseases	\$ 828.00
Enrique Lacayo, M.D.	\$ 175.00
Nanjunda Subramanyam, M.D. Nevada Heart and Vascular Center	\$ 1,440.00
Scott Manthei, M.D. Nevada Eye and Ear	\$ 750.00
Tyree Carr, M.D. Nevada Institute of Ophthalmology	\$ 790.00
Las Vegas Radiology	\$ 3,300.00
Open Sided MRI of Las Vegas	\$ 3,290.00
TOTAL	\$ 37,946.98

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B. ADDITIONAL DAMAGES:

Plaintiff has also suffered loss of enjoyment of life due to ongoing pain, in an amount to be proved at trial.

IV. INSURANCE POLICY

Pursuant to NRCP 161(a) (1) (D), for inspection and copying as under Rule 34 any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in the action or to indemnify or reimburse for payments made to satisfy the judgment and any disclaimer or limitation of coverage or reservation of rights under any such insurance agreement:

Plaintiff is unaware of any insurance agreement(s).

DATED this 14th day of July, 2015.

NETTLES LAW FIRM

/s/ Christian Morris
BRIAN D. NETTLES, ESQ.
Nevada Bar No. 7462
CHRISTIAN M. MORRIS, ESQ.
Nevada Bar No. 11218
1389 Galleria Drive, Suite 200
Henderson, Nevada 89014
Attorneys for Plaintiff

NETTLES LAW FIRM

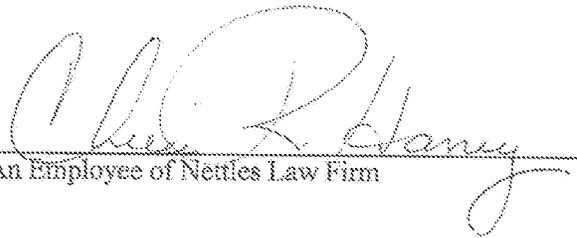
1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

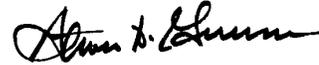
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CERTIFICATE OF SERVICE

Pursuant to NEFCR 9, NRCP 5(b) and EDCR 7.26, I certify that on this 14th day of July, 2015, I served the foregoing *Plaintiff's Fourth Supplement To Initial Disclosures* to the following parties by electronic transmission through the Wiznet system:

Lawrence J. Semenza, III, Esq.
Christopher D. Kircher, Esq.
Lawrence J. Semenza, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
(702) 835-6803
Fax: (702) 920-8669
Attorneys for Defendant
Wynn Las Vegas, LLC dba
Wynn Las Vegas


An Employee of Nettles Law Firm



CLERK OF THE COURT

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OPP
BRIAN D. NETTLES, ESQ.
Nevada Bar No. 7462
CHRISTIAN M. MORRIS, ESQ.
Nevada Bar No. 11218
NETTLES LAW FIRM
1389 Galleria Drive, Suite 200
Henderson, Nevada 89014
Telephone: (702) 434-8282
Facsimile: (702) 434-1488
brian@nettlslawfirm.com
christian@nettlslawfirm.com
Attorneys for Plaintiff

**DISTRICT COURT
CLARK COUNTY, NEVADA**

YVONNE O'CONNELL, an individual,

Plaintiff,

vs.

WYNN LAS VEGAS, LLC, a Nevada
Limited Liability Company, doing business
as WYNN LAS VEGAS; DOES I through
X; and ROE CORPORATIONS I through X,
inclusive,

Defendants.

CASE NO. A-12-655992-C

DEPARTMENT NO. V

**PLAINTIFF'S OPPOSITION TO
WYNN'S MOTION IN LIMINE [#2] TO
EXCLUDE UNRELATED MEDICAL
CONDITIONS AND DAMAGES
CLAIMED BY PLAINTIFF AND
MOTION FOR SANCTIONS FOR
VIOLATION OF HIPPA PROTECTED
INFORMATION**

Plaintiff, Yvonne O'Connell, by and through her counsel, Brian D. Nettles, Esq. and
Christian M. Morris, Esq., of the Nettles Law Firm, submits the following *Opposition to
Defendant's Motion in Limine [#2] to Exclude Unrelated Medical Conditions and Damages
Claimed by Plaintiff and Motion for Sanctions for Violation of HIPPA Protected Information.*

....
....

NETTLES LAW FIRM
1389 Galleria Dr. Suite 200
Henderson, NV 89014
702-434-8282 / 702-434-1488 (fax)

NETTLES LAW FIRM
1389 Galleria Dr. Suite 200
Henderson, NV 89014
702-434-8282 / 702-434-1488 (fax)

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This Opposition and Motion are made and based upon the attached memorandum of points and authorities, all papers and pleadings on file herein and such oral argument as the court may allow at hearing on this matter.

DATED this 26th day of August, 2015.

NETTLES LAW FIRM



BRIAN D. NETTLES, ESQ.
Nevada Bar No. 7462
CHRISTIAN M. MORRIS, ESQ.
Nevada Bar No. 11218
1389 Galleria Drive, Suite 200
Henderson, Nevada 89014
Attorneys for Plaintiffs

MEMORANDUM OF POINTS AND AUTHORITIES

I.

STATEMENT OF FACTS

The present case arises out of an incident on or about February 8, 2010, where Plaintiff Yvonne O'Connell was a customer and invited guest of Defendant Wynn Las Vegas at their hotel and casino located at 3131 Las Vegas Boulevard South, Las Vegas, Nevada. Plaintiff was at the location on this day for purposes of gambling and dining. When Plaintiff was walking near the south entrance of the casino through the Atrium Walkway, on the shadowed, multi-colored floor, she suddenly and unexpectedly slipped and fell in a large pool of liquid substance present on the floor. As a result of the fall the Plaintiff sustained injuries. The pool of liquid which caused the fall had been present on the floor for such a long period of time that it had footprints in it and had begun to dry. All evidence presented shows the pool of liquid substance was approximately seven (7) feet long. The substance on the floor was recorded as being witnessed by multiple employees of Wynn as well as the Plaintiff.

II.

ARGUMENT

A. Plaintiff's Medical Treatment and Medical Bills Are Clearly Related to Her Fall at Wynn Based on the Medical Records Disclosed by Plaintiff and the Testimony of Plaintiff's Medical Experts.

Defendant Wynn insists that nearly all of Plaintiff's medical treatment for injuries resulting from the subject incident be excluded due to a lack of causal connection. However, this clearly misstates the discovery which has occurred in this matter. There is more than ample evidence that directly conflicts with Defendant's argument. The day of the subject incident, Plaintiff immediately experienced pain in her right buttocks, right leg, right arm, right wrist, neck and back (essentially her entire right side). Very soon after, Plaintiff sought medical care at UMC Peccole Quick Care for pain in her lower back, right buttocks and leg. Plaintiff received x-rays of her spine, which showed marked multilevel degenerative disc disease of the lumbar spine. There, Plaintiff was diagnosed with contusion of the L/S spine. Additional evidence of causation arises from Dr. Dunn's treatment of Plaintiff, who found that she had sustained injuries to her spine as a result of the fall. **Dr. Dunn recommended that Plaintiff undergo an anterior cervical decompression and fusion at C4-C5, C5-C6, and C6-C7 with allograft.** Plaintiff also sought further treatment for bilateral knee pain with Dr. Tingey, who diagnosed her with bilateral knee meniscus tears. **Dr. Tingey recommended that Plaintiff undergo bilateral knee arthroscopy with partial medial meniscectomy of the right knee and partial medial and lateral meniscectomy of the left knee.** The above medical providers directly relate the injuries sustained and the need for surgery to the fall at Wynn; and have been disclosed accordingly. These examples reveal much more evidence of a causal connection between Plaintiff's injuries, the subject incident, and her ongoing medical treatment than the grossly understated and misleading assertions made by the Defendant.

Furthermore, Plaintiff's disclosed treating medical experts will testify as to medical records review and to causation because the physicians developed these opinions as a direct result of assessment of the scope of the injury. Also, Plaintiff's treating experts will also testify

1 as to past and future cost of treatment because the physician is directly involved in the patient
2 billing. As such, Plaintiff's medical treatment for her injuries from the subject incident should
3 not be excluded prior to being heard at trial.

4 **B. Plaintiff Retained Numerous Expert Medical Witnesses**

5 In its Motion, Defendant argues that Plaintiff failed to disclose any expert medical
6 witnesses and names Dr. Klausner as the only medical expert disclosed in this case. Despite
7 these assertions, Defendant overlooks critical disclosures previously made by the Plaintiff.
8 Specifically, Jon Sorelle, M.D. is expected to testify as a treating physician and as an expert
9 regarding the injuries sustained, past, present and future medical treatment and impairment,
10 prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and
11 necessity of all care and billing as it relates to this incident. Additional expert medical witnesses
12 expected to testify for Plaintiff include but are not limited to: Thomas Dunn, M.D., Leo Germin,
13 M.D., Andrew Cash, M.D., and Dr. Tingey. All of the medical providers will serve as witnesses
14 and are expected to testify as a treating physicians and as experts regarding the injuries sustained,
15 past, present and future medical treatment and impairment, prognosis, disability, pain and
16 suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing
17 as it relates to this incident. *See, Plaintiff's Fourth Supplement to Initial 16.1 Disclosures*
18 *attached hereto as Exhibit 1.* This non-exhaustive list shows that Plaintiff has indeed disclosed
19 expert medical witnesses in this case. As a result, Plaintiff can provide more than requisite expert
20 testimony at trial to show that her medical injuries and treatment resulted from the subject
21 incident.

22 **C. Defendant Should be Sanctioned for Violation of HIPPA Omnibus Rule and**
23 **NRS Chapter 239B**

24 In support of Defendant's instant Motion in Limine, Defendant attached the report of Dr.
25 Klausner. The report contained Plaintiff's Date of Birth and a review of Plaintiff's medical
26 treatment; containing personal and embarrassing details. Such information has now become
27 public record and such a filing is a complete violation of NRS Chapter 239B which address the
28 filing of personal information with governmental agencies. In the event Defendant wished to

NETTLES LAW FIRM
1389 Galleria Dr. Suite 200
Henderson, NV 89014
702-434-8282 / 702-434-1488 (fax)

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submit this report to the Court for consideration, Defendant should have made a motion under SRCR 3(4) due to the compelling privacy interests of Plaintiff, which far outweigh the public interest in access. The HIPPA Breach Notification Rule was specifically expanded to include dates of birth and private medical information. The HIPPA Breach Notification Rule was contained in the HIPPA Omnibus Rule passed in 2013 and has been in effect since that time.

III.

CONCLUSION

Based on the foregoing law, facts, and analysis, Plaintiff respectfully requests this Court to DENY Defendant's Motion in Limine to Exclude Unrelated Medical Conditions and Damages Claimed by Plaintiff and grant the Motion for Sanctions.

DATED this 20th day of August, 2015.

NETTLES LAW FIRM



BRIAN D. NETTLES, ESQ.
Nevada Bar No. 7462
CHRISTIAN M. MORRIS, ESQ.
Nevada Bar No. 11218
1389 Galleria Drive, Suite 110
Henderson, Nevada 89014
Attorneys for Plaintiffs

NETTLES LAW FIRM
1389 Galleria Dr. Suite 200
Henderson, NV 89014
702-434-8282 / 702-434-1488 (fax)

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CERTIFICATE OF SERVICE

Pursuant to NEFCR 9, NRCF 5(b) and EDCR 7.26, I certify that on this 27th day of August, 2015, I served the foregoing *Plaintiff's Opposition to Defendant's Motion in Limine [#2] to Exclude Unrelated Medical Conditions and Damages Claimed by Plaintiff and Motion for Sanctions for Violation of HIPPA Protected Information* to the following party by electronic transmission through the Wiznet system:

Lawrence J. Semenza, III, Esq.
Christopher D. Kircher, Esq.
Lawrence J. Semenza, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
(702) 835-6803
Fax: (702) 920-8669
Attorneys for Defendant
Wynn Las Vegas, LLC dba
Wynn Las Vegas

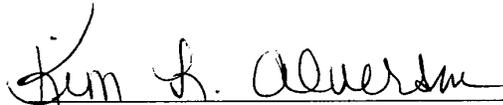

An Employee of the
NETTLES LAW FIRM

EXHIBIT 1

NETTLES LAW FIRM

1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1 BRIAN D. NETTLES, ESQ.
2 Nevada Bar No. 7462
3 CHRISTIAN M. MORRIS, ESQ.
4 Nevada Bar No. 11218
5 NETTLES LAW FIRM
6 1389 Galleria Drive, Suite 200
7 Henderson, Nevada 89014
8 Telephone: (702) 434-8282
9 Facsimile: (702) 434-1488
10 brian@nettlslawfirm.com
11 christian@nettlslawfirm.com
12 Attorneys for Plaintiff

ELECTRONICALLY SERVED
07/14/2015 11:01:59 AM

**DISTRICT COURT
CLARK COUNTY, NEVADA**

12 YVONNE O'CONNELL, an individual,
13 Plaintiff,

CASE NO. A-12-655992-C

14 vs.

DEPARTMENT NO. V

15 WYNN LAS VEGAS, LLC, a Nevada Limited
16 Liability Company, doing business as WYNN
17 LAS VEGAS; DOES I through X; and ROE
18 CORPORATIONS I through X, inclusive,

PLAINTIFF'S FOURTH SUPPLEMENT
TO INITIAL 16.1 DISCLOSURES

19 Defendants.

20
21 Plaintiff, YVONNE O'CONNELL, by and through her attorneys of record BRIAN D.
22 NETTLES, ESQ. and CHRISTIAN M. MORRIS, ESQ. of the NETTLES LAW FIRM, hereby
23 submits her Fourth Supplement to Early Case Conference Disclosures pursuant to NRCP 16. 1,
24 as follows (**supplemented documents are in bold**):

25 I. **WITNESSES**

26 Pursuant to NRCP 161 (a) (1) (A), the name and, if known, the address and telephone
27 number of each individual likely to have information discoverable under Rule 26(b), including
28 for impeachment or rebuttal, identifying the subjects of the information:

NETTLES LAW FIRM

1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

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1. Yvonne O'Connell
c/o Nettles Law Firm
1389 Galleria Drive, Suite 200
Henderson, NV 89014

This witness, Plaintiff, is expected to testify regarding the facts and circumstances contained in the Complaint on file herein.

2. Person Most Knowledgeable
Wynn Las Vegas, LLC
c/o Lawrence J. Semenza, III, Esq.
LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

This witness is expected to testify regarding the facts and circumstances contained in the Complaint on file herein.

3. Jon Sorelle, M.D. and/or
Person Most Knowledgeable/Custodian of Records
The Minimally Invasive Hand Institute
8960 W. Tropicana Ave.
Las Vegas, NV 89147
Phone:(702) 739-4263

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

4. Person Most Knowledgeable/Custodian of Records
Steinberg Diagnostics
2950 S. Maryland Pkwy.
Las Vegas, NV

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Phone: (702) 732-6000

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

- 5. Person Most Knowledgeable/Custodian of Records
UMC Quickcare
1800 West Charleston Blvd.
Las Vegas, NV 89102
Phone: (702) 383-2000

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

- 6. Person Most Knowledgeable/Custodian of Records
Matt Smith Physical Therapy
9499 W. Charleston Blvd., Suite 220
Las Vegas, NV 89117
Phone: (702) 933-9394

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1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1 This individual is expected to testify as a treating physician and as an expert regarding
2 the injuries sustained, past present and future medical treatment and impairment, prognosis,
3 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
4 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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13 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
14 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
15 any party in this action that contradict the same.

- 10 7. Timothy Trainor, M.D. and/or
11 Person Most Knowledgeable/Custodian of Records
12 Advanced Orthopedic & Sports Medicine
13 8420 W. Warm Springs Rd.
14 Las Vegas, NV
15 Phone: (702) 740-5327

15 This individual is expected to testify as a treating physician and as an expert regarding
16 the injuries sustained, past present and future medical treatment and impairment, prognosis,
17 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
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26 expected to testify include any and all facts and opinions in the said medical records, and that the
27 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
28 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

- 24 8. John A. Thompson, M.D. and/or
25 Person Most Knowledgeable/Custodian of Records
26 Desert Oasis Clinic
27 6316 S. Rainbow Blvd., Suite 100
28 Las Vegas, NV 89118
Phone: (702) 310-9350

1 This individual is expected to testify as a treating physician and as an expert regarding
2 the injuries sustained, past present and future medical treatment and impairment, prognosis,
3 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
4 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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13 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
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15 any party in this action that contradict the same.

- 10 9. Christopher Milford, M.D., P.C. and/or
11 Person Most Knowledgeable/Custodian of Records
12 Silver State Neurology
13 9811 W. Charleston Blvd., Ste. 2-357
14 Las Vegas, NV 89117
15 Phone: (702) 256-3637

15 This individual is expected to testify as a treating physician and as an expert regarding
16 the injuries sustained, past present and future medical treatment and impairment, prognosis,
17 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
18 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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27 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
28 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

- 25 10. Person Most Knowledgeable/Custodian of Records
26 Edwin Suarez Physical Therapy
27 4955 S. Durango Dr. #100
28 Las Vegas, NV 89113
Phone: (702) 489-9785

NETTLES LAW FIRM

1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1 This individual is expected to testify as a treating physician and as an expert regarding
2 the injuries sustained, past present and future medical treatment and impairment, prognosis,
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14 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
15 any party in this action that contradict the same.

- 11 11. Edson Erkulvrawatr, M.D. and/or
12 Person Most Knowledgeable/Custodian of Records
13 Southern Nevada Pain Center
14 6950 W. Desert Inn Rd., Ste. 110
15 Las Vegas, NV 89117
16 Phone: (702) 259-5550

17 This individual is expected to testify as a treating physician and as an expert regarding
18 the injuries sustained, past present and future medical treatment and impairment, prognosis,
19 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
20 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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28 expected to testify include any and all facts and opinions in the said medical records, and that the
29 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
30 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
31 any party in this action that contradict the same.

- 24 12. Leo Germin, M.D.
25 Person Most Knowledgeable/Custodian of Records
26 Clinical Neurology Specialists
27 1691 W. Horizon Ridge Pkwy., Ste. 100
28 Henderson, NV 89012
Phone: (702) 804-1212

NETTLES LAW FIRM

1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1 This individual is expected to testify as a treating physician and as an expert regarding
2 the injuries sustained, past present and future medical treatment and impairment, prognosis,
3 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
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14 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
15 any party in this action that contradict the same.

- 16 13. Andrew Cash, M.D. and/or
17 Person Most Knowledgeable/Custodian of Records
18 Nevada Institute of Spine Care
19 9339 W. Sunset Road, Ste. 100
20 Las Vegas, NV89148
21 Phone: (702) 630-3472

22 This individual is expected to testify as a treating physician and as an expert regarding
23 the injuries sustained, past present and future medical treatment and impairment, prognosis,
24 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
25 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

14. Lee Wittenberg, DPM and/or
Person Most Knowledgeable/Custodian of Records
Apache Foot & Ankle Specialist LLC
9710W. Tropicana Ave., Ste. 115
Las Vegas, NV 89147
Phone: (702) 362-2622

1 This individual is expected to testify as a treating physician and as an expert regarding
2 the injuries sustained, past present and future medical treatment and impairment, prognosis,
3 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
4 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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14 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
15 any party in this action that contradict the same.

15 15. Suresh Prahbu, M.D. and/or
16 Person Most Knowledgeable/Custodian of Records
17 Ascent Primary Care
18 653 N. Town Center Dr., Ste. 217
19 Las Vegas, NV 89144
20 Phone: (702) 545-0751

21 This individual is expected to testify as a treating physician and as an expert regarding
22 the injuries sustained, past present and future medical treatment and impairment, prognosis,
23 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
24 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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expected to testify include any and all facts and opinions in the said medical records, and that the
medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

24 16. Person Most Knowledgeable/Custodian of Records
25 University Medical Center
26 1800 West Charleston Blvd.
27 Las Vegas, NV 89102
28 Phone: (702) 383-2000

28 This individual is expected to testify as a treating physician and as an expert regarding
the injuries sustained, past present and future medical treatment and impairment, prognosis,

1 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
2 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
3 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
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11 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
12 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
13 any party in this action that contradict the same.

14
15 17. Thomas Dunn, M.D. and/or
16 Person Most Knowledgeable/Custodian of Records
17 Desert Othopaedic Center
18 2800 East Desert Inn Road, Suite 100
19 Las Vegas, NV 89121-3609
20 Phone: (702) 731-1616

21 This individual is expected to testify as a treating physician and as an expert regarding
22 the injuries sustained, past present and future medical treatment and impairment, prognosis,
23 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
24 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

18. Yakov Shaposhnikov, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Gastrointestinal and Liver Diseases
2020 Goldring Avenue
Las Vegas, NV 89106

This individual is expected to testify as a treating physician and as an expert regarding
the injuries sustained, past present and future medical treatment and impairment, prognosis,
disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records

NETTLES LAW FIRM

1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
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10 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
11 any party in this action that contradict the same.

12
13 17. Enrique Lacayo, M.D. and/or
14 Person Most Knowledgeable/Custodian of Records
15 2020 Goldring Avenue
16 Las Vegas, NV 89106

17 This individual is expected to testify as a treating physician and as an expert regarding
18 the injuries sustained, past present and future medical treatment and impairment, prognosis,
19 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
20 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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27 other incidents having relevance to this action. The facts and opinions to which the expert is
28 expected to testify include any and all facts and opinions in the said medical records, and that the
medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

21 18. Nanjunda Subramanyam, M.D. and/or
22 Person Most Knowledgeable/Custodian of Records
23 Nevada Heart and Vascular Center
24 1820 Desert Inn Rd., Suite A
25 Las Vegas, NV 89169

26 This individual is expected to testify as a treating physician and as an expert regarding
27 the injuries sustained, past present and future medical treatment and impairment, prognosis,
28 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
also a treating physician and thereby not retained or specially employed to provide expert
testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree,
let us know immediately or your failure to object will be deemed a stipulation that said

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1 documents are not required under the rule. Further, this expert is expected to testify consistent
2 with the medical records related to the treatment of the Plaintiff for the subject incident, and
3 other incidents having relevance to this action. The facts and opinions to which the expert is
4 expected to testify include any and all facts and opinions in the said medical records, and that the
5 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
6 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
7 any party in this action that contradict the same.

- 19. Scott Manthei, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Nevada Eye and Ear
2598 Windmill Pkwy.
Henderson, NV 89074

9 This individual is expected to testify as a treating physician and as an expert regarding
10 the injuries sustained, past present and future medical treatment and impairment, prognosis,
11 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
12 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
13 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
14 also a treating physician and thereby not retained or specially employed to provide expert
15 testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree,
16 let us know immediately or your failure to object will be deemed a stipulation that said
17 documents are not required under the rule. Further, this expert is expected to testify consistent
18 with the medical records related to the treatment of the Plaintiff for the subject incident, and
19 other incidents having relevance to this action. The facts and opinions to which the expert is
20 expected to testify include any and all facts and opinions in the said medical records, and that the
21 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
22 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
23 any party in this action that contradict the same.

- 20. Tyree Carr, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Nevada Institute of Ophthalmology
2800 N. Tenaya Way, #102
Las Vegas, NV 89128

23 This individual is expected to testify as a treating physician and as an expert regarding
24 the injuries sustained, past present and future medical treatment and impairment, prognosis,
25 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
26 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
27 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
28 also a treating physician and thereby not retained or specially employed to provide expert
testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree,
let us know immediately or your failure to object will be deemed a stipulation that said
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with the medical records related to the treatment of the Plaintiff for the subject incident, and
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1 expected to testify include any and all facts and opinions in the said medical records, and that the
2 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
3 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
4 any party in this action that contradict the same.

- 5 21. Troy Valdez – brother
6 4 Starling Lane
7 Aliso Viejo, CA 92656
8 (949) 254-4550
9 (949) 228-0959

10 This witness is expected to testify concerning his knowledge of Plaintiff's health and
11 circumstances prior to and after the incident surrounding Plaintiff's allegations contained in the
12 Complaint on file herein.

- 13 22. Holly Valdez – sister in law
14 4 Starling Lane
15 Aliso Viejo, CA 92656
16 (949) 254-4550
17 (949) 228-0959

18 This witness is expected to testify concerning her knowledge of Plaintiff's health and
19 circumstances prior to and after the incident surrounding Plaintiff's allegations contained in the
20 Complaint on file herein.

- 21 23. Dave Brobeck – Holly Valdez' father
22 217 Monarch Bay Drive
23 Dana Point, CA 92629
24 (949) 499-9811

25 This witness is expected to testify concerning his knowledge of Plaintiff's health and
26 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
27 on file herein.

- 28 24. Gaye Brobeck – Holly Valdez' mother
29 217 Monarch Bay Drive
30 Dana Point, CA 92629
31 (949) 499-9811

32 This witness is expected to testify concerning her knowledge of Plaintiff's health and
33 circumstances prior to and after the incident surrounding Plaintiff's allegations contained in the
34 Complaint on file herein.

- 35 25. David Brobeck – Holly Valdez' brother
36 20 Blue Heron Lane
37 Aliso Viejo, CA 92656
38 (949) 859-3793

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This witness is expected to testify concerning his knowledge of Plaintiff's health and circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint on file herein.

- 26. Mele Brobeck – Holly Valdez' sister in law
20 Blue Heron Lane
Aliso Viejo, CA 92656
(949) 859-3793

This witness is expected to testify concerning her knowledge of Plaintiff's health and circumstances prior to and after the incident surrounding Plaintiff's allegations contained in the Complaint on file herein.

- 27. Larry Muro – Troy Valdez' friend
4739 Mascagni St.
Ventura, CA 93003
(805) 616-0274

This witness is expected to testify concerning his knowledge of Plaintiff's health and circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint on file herein.

- 28. Janine Muro – Troy Valdez' friend
4739 Mascagni St.
Ventura, CA 93003
(805) 616-0274

This witness is expected to testify concerning her knowledge of Plaintiff's health and circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint on file herein.

- 29. Jim Holloway – Troy Valdez' friend
2834 Serang Place
Costa Mesa, CA 92626
(714) 241-7777

This witness is expected to testify concerning his knowledge of Plaintiff's health and circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint on file herein.

- 30. Renee Holloway – Troy Valdez' friend
2834 Serang Place
Costa Mesa, CA 92626
(714) 241-7777

1 This witness is expected to testify concerning her knowledge of Plaintiff's health and
2 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
on file herein.

3 31. Allen Stroub – Plaintiff's Cousin
4 7009 Bandolero Way
5 Bakersfield, CA
(805) 838-7187

6 This witness is expected to testify concerning his knowledge of Plaintiff's health and
7 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
on file herein.

8 32. Helen Stroub – Plaintiff's Cousin
9 7009 Bandolero Way
10 Bakersfield, CA
11 (805) 838-7187

12 This witness is expected to testify concerning her knowledge of Plaintiff's health and
13 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
on file herein.

14 33. Person Most Knowledgeable/Custodian of Records
15 Las Vegas Radiology
16 7500 Smoke Ranch Road, Suite 100
17 Las Vegas, Nevada 89128
(702) 254-5004

18 This individual is expected to testify as a treating physician and as an expert regarding
19 the injuries sustained, past present and future medical treatment and impairment, prognosis,
20 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
21 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
22 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
23 also a treating physician and thereby not retained or specially employed to provide expert
24 testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree,
25 let us know immediately or your failure to object will be deemed a stipulation that said
26 documents are not required under the rule. Further, this expert is expected to testify consistent
27 with the medical records related to the treatment of the Plaintiff for the subject incident, and
28 other incidents having relevance to this action. The facts and opinions to which the expert is
expected to testify include any and all facts and opinions in the said medical records, and that the
medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

34. Person Most Knowledgeable/Custodian of Records
Open Sided MRI of Las Vegas

1 630 South Rancho, Suite G
2 Las Vegas, Nevada 89106
3 (702) 932-2740

4 This individual is expected to testify as a treating physician and as an expert regarding
5 the injuries sustained, past present and future medical treatment and impairment, prognosis,
6 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
7 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
8 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
9 also a treating physician and thereby not retained or specially employed to provide expert
10 testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree,
11 let us know immediately or your failure to object will be deemed a stipulation that said
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14 other incidents having relevance to this action. The facts and opinions to which the expert is
15 expected to testify include any and all facts and opinions in the said medical records, and that the
16 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
17 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
18 any party in this action that contradict the same.

19 Plaintiff reserves the right to call any witness designated by any other party to this
20 proceeding.

21 Discovery is continuing and Plaintiff reserves the right to supplement this list as
22 additional information becomes available.

23 **II. DOCUMENTS. DATA COMPILATIONS AND TANGIBLE THINGS**

24 *Pursuant to NRCP 161 (a)(1)(B), a copy of or a description by category and location of*
25 *all documents, data compilations, and tangible things that are in the possession, custody, or*
26 *control of the party and which are discoverable under Rule 26(b):*

- 27 1. Medical Records and Billing Statement
28 Jon Sorelle, M.D.
The Minimally Invasive Hand Institute
8960 W. Tropicana Ave.
Las Vegas, NV 89147
Bate numbered PLTF000001 through PLTF000018 and attached hereto.
2. Diagnostic Records and Billing Statement
Steinberg Diagnostics
2950 S. Maryland Pkwy.
Las Vegas, NV

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- Bate numbered PLTF000019 through PLTF000033 and attached hereto.
- 3. Medical Records and Billing Statement
UMC Quickcare
1800 West Charleston Blvd.
Las Vegas, NV 89102
Bate numbered PLTF000034 through PLTF000289 and attached hereto.
- 4. Physical Therapy Records and Billing Statement
Matt Smith Physical Therapy
9499 W. Charleston Blvd., Suite 220
Las Vegas, NV 89117
Bate numbered PLTF000290 through PLTF000374 and attached hereto.
- 5. Medical Records and Billing Statement
Timothy Trainor, M.D.
Advanced Orthopedic & Sports Medicine
8420 W. Warm Springs Rd.
Las Vegas, NV
Bate numbered PLTF000375 through PLTF000396 and attached hereto.
- 6. Medical Records and Billing Statement
John A. Thompson, M.D.
Desert Oasis Clinic
6316 S. Rainbow Blvd., Suite 100
Las Vegas, NV 89118
Bate numbered PLTF000397 through PLTF000407 and attached hereto.
- 7. Medical Records and Billing Statement
Christopher Milford, M.D., P.C.
Silver State Neurology
9811 W. Charleston Blvd., Ste. 2-357
Las Vegas, NV 89117
Bate numbered PLTF000408 through PLTF000431 and attached hereto.
- 8. Physical Therapy and Billing Statement
Edwin Suarez Physical Therapy
4955 S. Durango Dr. #100
Las Vegas, NV 89113
Bate numbered PLTF000432 through PLTF000443 and attached hereto.
- 9. Medical Records and Billing Statement
Edson Erkulvrawatr, M.D.
Southern Nevada Pain Center
6950 W. Desert Inn Rd., Ste. 110
Las Vegas, NV 89117
Phone: (702) 259-5550

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- 1 Bate numbered PLTF000444 through PLTF000526 and attached hereto.
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10. Medical Records and Billing Statement
Leo Germin, M.D.
Clinical Neurology Specialists
1691 W. Horizon Ridge Pkwy., Ste. 100
Henderson, NV 89012
Bate numbered PLTF000527 through PLTF000535 and attached hereto.
 11. Medical Records and Billing Statement
Andrew Cash, M.D.
Nevada Institute of Spine Care
9339 W. Sunset Road, Ste. 100
Las Vegas, NV89148
Bate numbered PLTF000536 through PLTF000584 and attached hereto.
 12. Medical Records and Billing Statement
Lee Wittenberg, DPM
Apache Foot & Ankle Specialist LLC
9710W. Tropicana Ave., Ste. 115
Las Vegas, NV 89147
Bate numbered PLTF000585 through PLTF000598 and attached hereto.
 13. Medical Records and Billing Statement
Suresh Prahbu, M.D.
Ascent Primary Care
653 N. Town Center Dr., Ste. 217
Las Vegas, NV 89144
Bate numbered PLTF000594 through PLTF000598 and attached hereto.
 14. Medical Records
Thomas Dunn, M.D. and/or
Desert Othopaedic Center
2800 East Desert Inn Road, Suite 100
Las Vegas, NV 89121-3609
Bate numbered PLTF000599 through PLTF000627 and attached hereto.
 15. Medical Records and Billing Statement
Yakov Shaposhnikov, M.D. and/or
Gastrointestinal and Liver Diseases
2020 Goldring Avenue
Las Vegas, NV 89106
Bate numbered PLTF000628 through PLTF000649 and attached hereto.
 16. Medical Records and Billing Statement
Enrique Lacayo, M.D.
2020 Goldring Avenue

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- Las Vegas, NV 89106
Bate numbered PLTF000650 through PLTF000677 and attached hereto.
- 17. Medical Records and Billing Statement
Nanjunda Subramanyam, M.D.
Nevada Heart and Vascular Center
1820 Desert Inn Rd., Suite A
Las Vegas, NV 89169
Bate numbered PLTF000678 through PLTF000683 and attached hereto.
- 19. Medical Records and Billing Statement
Scott Manthei, M.D.
Nevada Eye and Ear
2598 Windmill Pkwy.
Henderson, NV 89074
Bate numbered PLTF000684 through PLTF000699 and attached hereto.
- 20. Medical Records and Billing Statement
Tyree Carr, M.D.
Nevada Institute of Ophthalmology
2800 N. Tenaya Way, #102
Las Vegas, NV 89128
Bate numbered PLTF000700 through PLTF000716 and attached hereto.
- 21. Photograph of Plaintiff and friend dancing pre-accident
Bate numbered PLTF000717 and attached hereto.
- 22. Photographs of Plaintiff and her brother, Troy Valdez, her sister-in-law, Holly Valdez and her niece pre-accident
Bate numbered PLTF000718 and attached hereto.
- 23. Photograph of Plaintiff and her cousins, Allen and Helen Stroub pre-accident
Bate numbered PLTF000719 and attached hereto.
- 24. Photographs of Plaintiff's injury area and bruising
Bate numbered PLTF 000720 and PLTF 721
- 25. Authorization for the Release of Protected Health Information executed by Plaintiff for benefit of Defendant
- 26. Medical Records and Billing Statement
Las Vegas Radiology
8530 W. Sunset Road
Las Vegas, Nevada 89113
(702) 254-5004
Bate numbered PLTF000722 through PLTF000728 are attached hereto.

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27. **Medical Billing Statement**
Thomas Dunn, M.D.
Desert Orthopedic Center
2930 W. Horizon Ridge Pkwy, #100
Henderson, Nevada 89052
(702) 731-1616
Bate numbered PLTF000729 through PLTF000748 are attached hereto.

28. **Medical Records and Billing Statement**
Open Sided MRI
630 South Rancho, Suite G
Las Vegas, Nevada 89106
(702) 932-2740
Bate numbered PLTF000749 through PLTF000752 are attached hereto.

Plaintiff reserves the right to offer any document(s) produced during this litigation including, but not limited to, documents produced by other parties and document attached as exhibits to pleadings and depositions.

Discovery is continuing and Plaintiff reserves the right to supplement this list as additional information becomes available.

III. COMPUTATION OF DAMAGES

Pursuant to NRCP 16 1(a)(1)(C), a computation of any category of damages claimed by the disclosing party, making available for inspection and copying as under Rule 34 the documents or other evidentiary matter, not privileged or protected from disclosure, on which such computation is based, including materials bearing on the nature and extent of injuries suffered:

A. **MEDICAL DAMAGES:**

PROVIDER	AMOUNT
Jon Sorelle, M.D. The Minimally Invasive Hand Institute	\$ 2,625.00
Steinberg Diagnostics	\$ 2,605.00
UMC – Quick Care	\$ 7,783.56
Matt Smith Physical Therapy	\$ 3,235.00

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Timothy J. Trainor, M.D. Advanced Orthopedic & Sports Medicine	\$ 181.00
John A. Thompson, M.D. Desert Oasis Clinic	\$ 250.00
Christopher Milford, M.D., P.C. Silver State Neurology	\$ 1,580.00
Edwin Suarez Physical Therapy	\$ 670.00
Southern Nevada Pain Center	\$ 680.00
Leo Germin, M.D. Clinical Neurology Specialists	\$ 2,510.00
Andrew Cash, M.D. Desert Institute of Spine Care	\$ 3,034.42
Lee Wittenberg, DPM Apache Foot & Ankle	\$ 310.00
Suresh Prahbu, M.D. Ascent Primary Care	\$ 270.00
Thomas Dunn, M.D. Desert Orthopaedic Center	\$ 1,640.00
Yakov Shaposhnikov, M.D. Gastrointestinal and Liver Diseases	\$ 828.00
Enrique Lacayo, M.D.	\$ 175.00
Nanjunda Subramanyam, M.D. Nevada Heart and Vascular Center	\$ 1,440.00
Scott Manthei, M.D. Nevada Eye and Ear	\$ 750.00
Tyree Carr, M.D. Nevada Institute of Ophthalmology	\$ 790.00
Las Vegas Radiology	\$ 3,300.00
Open Sided MRI of Las Vegas	\$ 3,290.00
TOTAL	\$ 37,946.98

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B. ADDITIONAL DAMAGES:

Plaintiff has also suffered loss of enjoyment of life due to ongoing pain, in an amount to be proved at trial.

IV. INSURANCE POLICY

Pursuant to NRCP 161(a) (1) (D), for inspection and copying as under Rule 34 any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in the action or to indemnify or reimburse for payments made to satisfy the judgment and any disclaimer or limitation of coverage or reservation of rights under any such insurance agreement:

Plaintiff is unaware of any insurance agreement(s).

DATED this 14th day of July, 2015.

NETTLES LAW FIRM

/s/ Christian Morris

BRIAN D. NETTLES, ESQ.
Nevada Bar No. 7462
CHRISTIAN M. MORRIS, ESQ.
Nevada Bar No. 11218
1389 Galleria Drive, Suite 200
Henderson, Nevada 89014
Attorneys for Plaintiff

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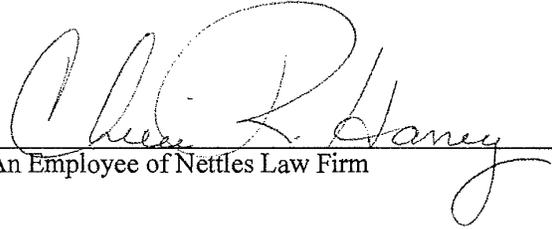
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(702) 434-8282 / (702) 434-1488 (fax)

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CERTIFICATE OF SERVICE

Pursuant to NEFCR 9, NRCP 5(b) and EDCR 7.26, I certify that on this 14th day of July, 2015, I served the foregoing *Plaintiff's Fourth Supplement To Initial Disclosures* to the following parties by electronic transmission through the Wiznet system:

Lawrence J. Semenza, III, Esq.
Christopher D. Kircher, Esq.
Lawrence J. Semenza, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
(702) 835-6803
Fax: (702) 920-8669
Attorneys for Defendant
Wynn Las Vegas, LLC dba
Wynn Las Vegas


An Employee of Nettles Law Firm

CERTIFICATE OF SERVICE

I hereby certify that on May 1, 2017, I electronically filed the foregoing with the Supreme Court of Nevada by using the Court's electronic filing system.

I certify that all participants in the case are registered and that service will be accomplished by the Supreme Court of Nevada's electronic filing system.

s/ Kirstin E. Largent