

*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.*

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*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*

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**APPELLANT'S APPENDIX**  
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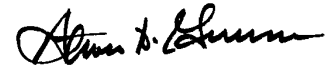
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CLERK OF THE COURT

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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;  
and ROE CORPORATIONS I through X;  
16 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**

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 satisfactory 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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**NOTICE OF MOTION**

**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

## **MEMORANDUM OF POINTS AND AUTHORITIES**

### **I. INTRODUCTION**

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

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

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

### **II. PERTINENT FACTUAL BACKGROUND**

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

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

After her alleged fall, Plaintiff declined medical assistance from Wynn's employees. 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.<sup>1</sup> (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 fibromyalgia<sup>2</sup>, Ehler Danlos syndrome<sup>3</sup>,  
20 IBS and depression." (*Id.*) Plaintiff was diagnosed with lumbago, chronic fatigue syndrome and  
21 Ehler Danlos. (*Id.*)

22 <sup>1</sup> 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 <sup>2</sup> 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>.

<sup>3</sup> 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



finger, dropping of her left eyelid, weakness, chills, trouble sleeping, heartburn, sexual dysfunction and heart problems.<sup>4</sup>

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

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

<sup>4</sup> Wynn's expert medical witness, Dr. Klausner, attributes her numerous medical conditions to preexisting 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.)

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
	<b>TOTAL</b>	<b>\$37,946.98</b>

(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.

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.<sup>5</sup>

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

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).

21 Here, Plaintiff failed to disclose an expert medical witness in this case. As a result,  
22 Plaintiff cannot provide the requisite expert testimony at trial that the Incident caused her  
23 purported medical injuries and conditions as opposed to, *e.g.*, her numerous preexisting  
24 conditions. Any damages, besides her alleged contusions after the Incident, are purely  
25 speculative and not awardable in this case. *See Clark County Sch. Dist. v. Richardson Constr.*,  
26  
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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 Moreover, Plaintiff cannot show aggravation or exasperation of a preexisting condition  
6 without an expert medical witness. As noted throughout her medical records and by Wynn's  
7 expert medical witness, Plaintiff had a history of, *inter alia*, low back and hand pain, IBS, GERD,  
8 anxiety, stress disorder, Marfan syndrome, fibromyalgia and abdominal pain. Because she  
9 already suffered from these medical conditions, Wynn is not the actual or proximate cause of the  
10 medical conditions she has allegedly had over the last five years which she attributes to the  
11 Incident. *See, e.g., Pate v. Renfro*, 715 So. 2d 1094 (Ct. App. Fla. 1998) (affirming lower court's  
12 decision that the plaintiff's pre-existing knee disease caused his current knee condition rather than  
13 an automobile accident with defendant). As the Nevada Supreme Court stated in *Menditto*,  
14 "[e]vidence that an injury merely worsened is not sufficient to prove aggravation." *Menditto*, 121  
15 Nev. at 288 112 P.3d at 1100. Consequently, all of Plaintiff's remaining claimed injuries and  
16 related medical expenses should be excluded at trial because she cannot provide expert testimony  
17 to prove a causal connection. Her medical damages should be limited to \$1,425.32 for her UMC  
18 Quick Care visit on February 10, 2010.

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1 **V. CONCLUSION**

2 Based on the foregoing, the Court should grant Wynn's Motion in Limine [#2] and  
3 preclude at trial any and all evidence, references to evidence, testimony or argument relating to  
4 the majority of Plaintiff's medical issues and expenses because she cannot prove a causal  
5 connection between the Incident and her alleged injuries and conditions without testimony from  
6 an expert medical witness. Except for the \$1,425.32 for her UMC Quick Care visit on February  
7 10, 2010, Plaintiff's remaining medical damages should be excluded and not referred to at trial.

8 DATED this 13th day of August, 2015.

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

10  
11 /s/ Christopher D. Kircher

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

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

14 10161 Park Run Drive, Suite 150

15 Las Vegas, Nevada 89145

16 Attorneys for Defendant Wynn Las Vegas, LLC

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**CERTIFICATE OF SERVICE**

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@nettleslawfirm.com  
kim@nettleslawfirm.com

*Attorneys for Plaintiff*

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



# EXHIBIT 1

# EXHIBIT 1

**DECLARATION OF CHRISTOPHER D. KIRCHER, ESO. IN SUPPORT OF  
DEFENDANT'S MOTION IN LIMINE [#2] TO EXCLUDE UNRELATED MEDICAL  
CONDITIONS AND DAMAGES CLAIMED BY PLAINTIFF**

I, CHRISTOPHER D. KIRCHER, ESQ., states and declares as follows:

1. My law firm represents Defendant Wynn Las Vegas, LLC d/b/a Wynn Las Vegas ("Wynn") in its lawsuit against Plaintiff Yvonne O'Connell ("Plaintiff"). I make this Declaration in support of Plaintiff's Motion in Limine [#2] to Exclude All Unrelated Medical Conditions Medical Conditions and Damages Claimed by Plaintiff ("Motion"). All of the statements contained in this Declaration are made on the basis of personal knowledge and I am competent to testify as to the truth of these statements if called upon do to so.

2. On Wednesday, August 12, 2015 at 3:30 p.m., I held a telephone conference with Plaintiff's counsel, Christian Morris, Esq., and conducted an EDCR 2.47 conference in a good faith effort to confer on the subject of Wynn's Motion, the other motions in limine that Wynn intends to file and Plaintiff's motion in limine that she intends to file with the Court.

3. During the EDCR 2.47, the parties were unable to resolve this matter satisfactorily because Plaintiff's counsel would not agree to exclude any and all evidence, references to evidence, testimony or argument at trial relating to Plaintiff's unrelated medical expenses and injuries.

4. At this time, the parties are unable to resolve the pending issues relating to Wynn's Motion and the other motions in limine. As such, Wynn is filing the instant Motion and the other motions in limine. Wynn's Motion is not brought for any proper purpose or to delay these proceedings.

I declare under the penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

EXECUTED on this 13th day of August, 2015, at Las Vegas, Nevada.

/s/ Christopher D. Kircher  
CHRISTOPHER D. KIRCHER, ESQ.

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# EXHIBIT 2

# EXHIBIT 2

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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.

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Attorneys for Defendant Wynn Las Vegas, LLC

d/b/a Wynn Las Vegas

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

YVONNE O'CONNELL, individually,

Plaintiff,

v.

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

Dept. No. V

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

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

**EXPERT WITNESSES**

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

As set forth more fully in the Expert Report attached hereto as Exhibit 1, Dr. Klausner is  
expected to testify regarding his review of Plaintiff Yvonne O'Connell's ("Plaintiff") medical  
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

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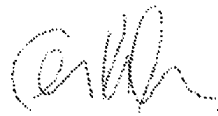
1 and diagnosis, as well as any all professional sources he utilized and reviewed in preparing his  
2 report.

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.

11  
12 

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14  
15 Lawrence J. Semenza, III, Esq., Bar No. 7174  
16 Christopher D. Kircher, Esq., Bar No. 11176  
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**CERTIFICATE OF SERVICE**

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

Brian D. Nettles, Esq.  
Christian M. Morris, Esq.  
NETTLES LAW FIRM  
christianmorris@nettleslawfirm.com  
kim@nettleslawfirm.com

*Attorneys for Plaintiff*

/s/ Olivia A. Rodriguez

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

# **EXHIBIT 1**

# **EXHIBIT 1**

**CENTER FOR OCCUPATIONAL  
HEALTH & WELLNESS**

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*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."

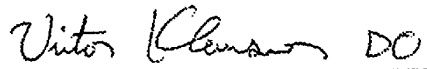
This claimant was evaluated Dr. Jonathan Sorerelle, orthopedic hand surgeon, on 03/08/2012 with the following observation, "The patient had a fall on 02/08/2010. The patient is very tangential with a number of her symptoms." And "the patient has had significant complaints of bilateral hand numbness and tingling and pain since the fall in the right hand worse than left and has been recently worsening." Dr. Sorelle 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. Sorelle 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.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.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  
  
UCLA 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<br>Musculoskeletal Medicine Review Course for Family Medicine Residents<br>Organized and Presented a Four Lecture Curriculum |
| 1995-2000 | Midwestern University, Downers Grove, Illinois<br>Osteopathic Manipulative Medicine Course for Medical Students  |
| May 1997  | Olympia Fields Osteopathic Hospital, National Leadership Forum<br>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 | <i>Nutritional Impact on Lipid Oxidation and Coronary Artery Disease.</i><br>published in <u>Hospital Physician</u> , July 1999 |
| 1999 | <i>The Sinus Tarsi Syndrome.</i><br>Published in <u>The Physician and Sports Medicine</u> , 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

Cln #: 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



## UNIC QUICK CARE ENCOUNTER

**SIGN IN TIME:**

224

[illegible]

3686

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

19 University Medical Center - Quick Care  
URGENT CARE RECORD  
Fall

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

HPI

occurred: just PTA today / yesterday <u>hrs days PTA</u>	where: home school neighbor's <u>park work street</u> <u>nursing home</u>														
context: tripped / slipped / lost balance became dizzy / fainted <u>fall from (standing position / from height)</u> <u>Slipped on wet floor</u> <u>Back not came on right = Suck</u>															
severity of pain: <u>mild</u> moderate severe (1/10)															
associated symptoms: lost consciousness / dazed duration: _____ remembers: _____ seizure memory impairment injury coming to clinic															
location of pain / injuries: head face mouth neck chest abdomen <u>back upper mid lower</u> <u>radiating to R/L thigh / leg</u>	<table border="1"> <tr> <th>-right-</th> <th>-left-</th> </tr> <tr> <td>shldr hip</td> <td>shldr hip</td> </tr> <tr> <td>arm thigh</td> <td>arm thigh</td> </tr> <tr> <td>elbow knee</td> <td>elbow knee</td> </tr> <tr> <td>f-arm leg</td> <td>f-arm leg</td> </tr> <tr> <td>wrist ankle</td> <td>wrist ankle</td> </tr> <tr> <td>hand foot</td> <td>hand 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														

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 \_\_\_\_\_

\* 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 \_\_\_\_\_

Tetanus immun. UTD / given in QC \_\_\_\_\_  
Med: none / see nurses note \_\_\_\_\_ aspirin coumadin clopidogrel \_\_\_\_\_  
Allergies: NKDA / see nurses note \_\_\_\_\_

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

FAMILY HX

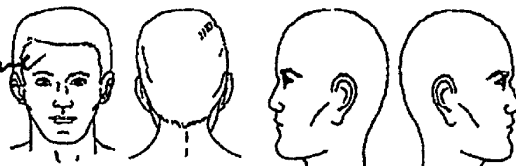
ENC# 78047453 SB DOB 8/18/1951  
OCCONNELL, YVONNE L  
Peccole Quick Care  
MR# 000-794-300 701 ADM 2/10/2010 F

V/S BP \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ Temp \_\_\_\_\_

PHYSICAL EXAM

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

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 \_\_\_\_\_ TM obscured by wax  
clotted nasal blood \_\_\_\_\_  
no dental injury \_\_\_\_\_ 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

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

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

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



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

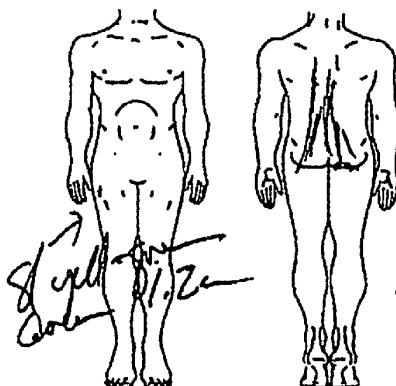
WYNN-O'CONNELL00255

Pt. Name \_\_\_\_\_

**SKIN**  
 intact \_\_\_\_\_  
 warm, dry \_\_\_\_\_  
**BACK**  
 no CVA \_\_\_\_\_  
 tenderness \_\_\_\_\_  
 no vertebral \_\_\_\_\_  
 tenderness \_\_\_\_\_  
**EXTREMITIES**  
 asymptomatic \_\_\_\_\_  
 pelvis stable \_\_\_\_\_  
 hips non-tender \_\_\_\_\_  
 no pedal edema \_\_\_\_\_  
 nml ROM \_\_\_\_\_  
 nml color / temp \_\_\_\_\_

see diagram \_\_\_\_\_  
 crepitus / diaphoresis \_\_\_\_\_  
 abrasion \_\_\_\_\_  
 see diagram \_\_\_\_\_  
 vertebral point-tenderness \_\_\_\_\_  
 CVA tenderness \_\_\_\_\_  
 muscle spasm / limited ROM \_\_\_\_\_

see diagram \_\_\_\_\_  
 bony point-tenderness \_\_\_\_\_  
 painful / unable to bear weight \_\_\_\_\_  
 pulse deficit \_\_\_\_\_  
 joint Exam \_\_\_\_\_  
 limited ROM / ligaments laxity \_\_\_\_\_  
 joint effusion \_\_\_\_\_



T=Tenderness  
 PPT=Point Tenderness  
 S=Swelling  
 E=Ecchymosis  
 B=Burn C=Contusion  
 L=Laceration  
 A=Abrasion  
 M=Muscle spasm  
 C=without or mild  
 mod-moderate  
 severe

### 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** ☐ Interpret by me ☐ Reviewed by me ☐ Discard w/ radiologist

C-Spine T-Spine LS-Spine CXR

\_\_\_ nml / NAD \_\_\_ no fracture \_\_\_ nml alignment \_\_\_ soft tissues nml

\_\_\_ no infiltrates \_\_\_ nml heart size

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

anesthesia: 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

### PROGRESS

Time \_\_\_\_\_ unchanged improved re-examined

### CLINICAL IMPRESSION / DX

FALL

Abrasion \_\_\_\_\_

Concussion with LOC w/o LOC

Contusion \_\_\_\_\_

Laceration \_\_\_\_\_

Fracture \_\_\_\_\_

Strain / Strain - cervical thoracic lumbar

### 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

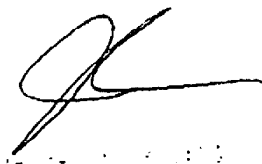
TECHNIQUE: \

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.

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Marked multilevel degenerative disc disease of the lumbar spine



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

PRESCRIPTION / MEDICATION RECONCILIATION  
Short Stay Areas

ENCL 10047453 58 DUC 8/18/1951  
O'CONNELL, YVONNE L  
Pecole Quick Care  
MRN 000-794-300 /01 ADM 2/10/2010

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: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Patient Pregnant or Lactating? Yes ☐ No ☒ Ht: 5'8 Wt: 160 (B) 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
None			

Information received from: Patient ☒ Family/Significant Other ☐ Other \_\_\_\_\_  
 Signature of nurse completing form: \_\_\_\_\_ 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
Flexal 60	30	1 98 <sup>o</sup> - some	0
Voltan 50	60	1 TID until some	0
Ultrax 50	30	1-2 98 <sup>o</sup> some	0

Dangerous Abbreviations-  
Do Not Use  
 IU, U, UG, MS, MSO, SS, TRAILING ZEROS  
 AD AS AU  
 OD OS OU

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Time: \_\_\_\_\_  
 DEA# \_\_\_\_\_ or AS0253219 -

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, LOGOLINE & CHEMICAL SENSITIVE PAPER

Form 444-A (1/09)

Original - Pharmacy

Copy - Patient

Copy - Chart

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

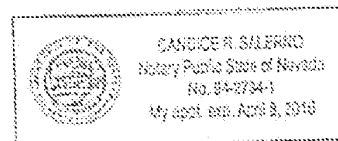
NOW COMES Shelly Taddy who after first duly sworn deposes and says the following:

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 Waskley, Chair • Chris Ganschlag, Vice Chair • Susan Bragan • Larry Brown • Tom Collins • Mary Beth Snow • Steve Bischof  
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 AcL# 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			103.51-		
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
7/16/10 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'CONNELL01087

9/22/14 9:59

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

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

YVONNE L OCONNELL  
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 #
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				
10/23/11	PYMT OTHER GOVT		178.32-		
10/26/11	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

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# 886000436

YVONNE L OCONNELL  
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-		84765510
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-		85421899
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		133.88-		
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  
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 #
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-		
9/06/13	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			
1/28/14	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-		
~120/14	ADJ HMO/PPO		.77		

(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'CONNELL01090

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

Date	Description	Charges	Pmt/Adj	Amt Due	Enc #
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				

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pending posting.

Current	30-Days	60-Days	90-Days	120-Days	Total Due	
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  
MUSKELETAL: No synovitis, back normal, no definite hypermobility  
DERM: No rash, abnormal moles  
PSY: Mood affect normal, no hallucinations, delusions. No suicidal/homicidal ideations

AmazingCharts.com.

Page 1 of 2

The information on this page is confidential.  
Any release of this information requires the written authorization of the patient listed above.

WYNN-O'CONNELL00538



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  
O'CONNELL, YVONNE L  
8764 CAPTAINS PLACE

D.O.B. : 08/18/1951 62yr Sex : F  
Status : 1  
Marital :  
Race :  
Acct 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

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

ASCENT PRIMARY CARE  
MANAGEMENT SOLUTIONS

0008/0008  
#4002 P.002/002

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	Inc #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
REFUNDS:			0.00					0.00
			107.76		162.24		270.00	0.00

WYNN-O'CONNELL00641

3703

# EXHIBIT 6

# EXHIBIT 6



### Primary Care Intake Form

## Koorn

ENCL 78434586 58 DDB 8/18/1951  
O'CONNELL, YVONNE L  
Subramanyam, Nanjunda F  
MRH 000-7914-300 701 AUM 3/18/2010

DOB: 1/31/71 Temp: 96.9 Pulse: 89 Resp: 18		Allergies and Reactions: DRUG INTOLERANCE	
Weight: 158.0 (kg/lb) Height: 68 (cm/inch)		01221055	
Age: 58 LMP: PMP MOA: Ambulatory Wheelchair		See Med Sheet: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Change Not currently taking meds: <input type="checkbox"/>	
Educational Barriers: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Smoker: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Have you had a recent fall in your everyday activities? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Substance Abuse: DENIES		Are you afraid of falling? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Complaint: FALLEN UP PECCOLE QC VISIT		Do you have any physical limitations? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
2/10/10 - SLIP INJURY		USE OF WALKER, CRUTCHES, CANE, BLIND, BOB	
Pain Level: Ped: 0 2 4 6 8 10 Adult: 0 1 2 3 4 6 7 8 9 10		CONTRIBUTING FACTORS:	
Location and Frequency: RIGHT HIP X 1/2 month, constant		<input type="checkbox"/> Age < 5 Yrs	
Are you in a relationship in which you have been hurt/threatened?		<input type="checkbox"/> Recent ALOC	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Domestic Violence kit given <input type="checkbox"/>		<input type="checkbox"/> PMH SUBSTANCE ABUSE	
		<input type="checkbox"/> CURRENT MEDICAL CONDITION	
		<input type="checkbox"/> MEDICATION	
		Strength and Balance Assessment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Pass <input type="checkbox"/> All <input type="checkbox"/>	
		Nurse Signature: JESSICA Date: MAR 18 2010 Time: 1310	
PHYSICIAN'S NOTES			
DATE TIME PHYSICIAN INITIALS		PHYSICIAN ORDERS	
MAR 18 2010 10:07 OUT		X-Rays C-spine	
		CXR	
		B Kne B Hip	
DISCHARGE INSTRUCTIONS			
FOLLOW UP G.S. DR. / ANNE LUGAN			
FOLLOW UP DR. EA			
DIAGNOSIS			
1. Low back pain			
2. Red. cut. prom			
3. TBI			
Physician/Provider Signature: N. SUBRAMANYAM, M.D. Date: MAR 18 2010 Time: 2:00			
Physician LOS 4 5 <input checked="" type="checkbox"/> 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			
Education Material: CALL REPERAL DEPT. IN 1 WK.			
Copy of Medication Reconciliation given to patient <input type="checkbox"/> No Medication Changes or Additions			
I have received and understand the above instructions and all of my questions have been answered.			
Patient Signature: X. SPONE Date: MAR 18 2010 Time: 1415			
Nurse Signature: JESSICA			
Form # 480 (Revised 9/09)			
WYNN-O'CONNELL01056			



# **DOWNTIME ADMISSION INFORMATION** **Vital Works** Must Complete All Information

EMCH 78434583 58 DOB 8/10/1951  
 O'CONNELL, YVONNE L.  
 Subramanyam, Nanjunda F  
 NPH 000-794-300 701 AM 3/18/2010

ADMIT TIME:
-------------

GUARANTOR INFORMATION	FIRST NAME: <u>YVONNE</u>	MR. <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>8964 CAPTAINS 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>	MR. <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>		
	EMPLOYER:		OCCUPATION:			
PRIMARY INSURANCE	CARRIER NAME: <u>Tulare Standard</u>				GROUP#:	
	POLICY #: <u>SPASOL - JOHN F. O'CONNELL, 189.12.9264</u>				START DATE:	
	RELATIONSHIP:	POLICY HOLDER:			DATE OF BIRTH: <u>1-4-19</u>	
	EMPLOYER:					
SECONDARY INSURANCE	CARRIER NAME: <u>MORA MEDIPLUS</u> <u>Hotline: 800-247-2192</u>				GROUP#:	
	POLICY #: <u>AGP. 1134</u> <u>Certificate: 04009.4489392</u>				START DATE #:	
	RELATIONSHIP:	POLICY HOLDER:			DATE OF BIRTH:	
	EMPLOYER:					
SCREENING INFORMATION	NEW <input type="checkbox"/> EST <input type="checkbox"/>					
	CHIEF COMPLAINT: <u>Slip + 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:					

Form 801-057A

ATTACH COPY OF ID, MSP, INS CARD

WYNN-O'CONNELL01057

3706

**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

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:

Sign disease

Have you ever had a transfusion Jaundice

Hives, eczema or rash

Head-Eyes-Ears-Nose-Throat

Dry eyes or mouth

Bleeding Gums - Frequent or Constant

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

Impaired hearing 2-8-10 ☒ Yes ☐ No

Dizziness or sensation of room spinning

Frequent or severe headaches

Respiratory:

Asthma or Wheezing

Difficulty breathing PAIN INSIDE ☒ Yes ☐ No

Any trouble with lungs

Pleurisy or Pneumonia

Cough up Blood

Persistent cough for 3-6 months

Cardiovascular:

Chest pain, pressure or tightness

Shortness of breath with walking or lying down

Difficulty walking two blocks

Palpitations

Swelling of hands, feet or ankles

Needs to sleep with 2 or more pillows

Heart Murmur

Gastrointestinal: NAUSEA

Vomiting blood or food: A LOT OF PAIN ☒ Yes ☐ No

Gallbladder disease INSIDE ☒ Yes ☐ No

Change in appetite

Hepatitis/Jaundice

Painful bowel movements NO BOWEL MOVEMENTS ☒ Yes ☐ No

Bleeding with bowel movements

Black stools I HAD CONTROLLED IBS ☒ Yes ☐ No

Hemorrhoids or piles GERD + STRESS ☒ Yes ☐ No

Recent change in bowel habits DISORDER WITH ☒ Yes ☐ No

Frequent diarrhea DIET, JUICING, EXERCISE ☒ Yes ☐ No

Heartburn or indigestion DANCING, ELIMINATING ☒ Yes ☐ No

Cramping or pain in the abdomen DEPRESSION OF STRESS ☒ Yes ☐ No

Does food stick in throat ETC. SINCE ☒ Yes ☐ No

Endocrine: SLIP + FALL ☒ Yes ☐ No

Hormone therapy OUT OF CONTROL ☒ Yes ☐ No

Any change in hat or glove size

Any change in hair growth

Do you feel colder than before or skin feel dryer

ENCH 70434586 58 DOB 8/18/1951

O'CONNELL, YVONNE L

Subramanyam, Nanjunda

MRH 000-794-300 701 ADM 3/18/2010

Neck:

Stiffness

Enlarged glands

Genitourinary:

Loss of urine

Blood in urine

Frequent urination LIQUID DIET + WATER ☒ Yes ☐ No

Burning or painful on urination

Night time urinating

Kidney trouble

Problem stopping/starting flow of urine

Testicular mass

Prostate trouble

Sexual dysfunction SINCE SLIP + FALL ☒ Yes ☐ No

STD/AIDS Risk

Gynecological:

First day of last period

Age period started

How long do periods last?

Frequency of periods every

Pain with periods

Number of pregnancies

Number of miscarriages

Date of last cancer smear and results 2003 2 Abnormal

Breast lump Disappeared 2002 - cysts ☒ Yes ☐ No

Abnormal Vaginal Discharge

Breast Discharge

Skin change of Breast

Nipple retraction

Locomotor-Musculoskeletal:

Stiffness or pain in joints (check all that apply) ALL HURTS TO SIT

☒ Finger ☒ Hands ☒ Wrist ☒ Elbows ☒ Shoulders ☒ Neck ☒ Back

☒ Hip ☒ Knee ☒ Toes ☒ Foot ☒ Jaw

Weakness of muscles or joints

Any difficulty in walking

Any pain in calves or buttocks on walking

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?

Convulsions

Paralysis

Problems with coordination

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 ☒ Yes ☐ No

Are you slow to heal after cuts SINCE SLIP + FALL ☒ Yes ☐ No

Anemia: NOT CUT = PUS + INFECTION SPREAD ☒ Yes ☐ No

Phlebitis or blood clots in veins INFECTION ☒ 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

Form 02-110 4/06

Signature of Patient

Yvonne O'Connell Date 3-18-10

1310

WYNN-O'CONNELL01058





# UMC PRIMARY CARE PROBLEM LIST

**ALLERGIES** DRUG INTOLERANCE  
ALLERGIES  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

#	Start Date	Date Resolved	SIGNIFICANT PROBLEMS	Start Date	Date Resolved	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	
<b>HOSPITALIZATIONS</b>			<b>SURGERIES/PROCEDURES</b>		<b>BARRIERS</b>	
			TONSILLECTOMY		Social: <input checked="" type="checkbox"/>	
			BREAST BIOPSY			
					Marital: <input checked="" type="checkbox"/>	
					Functional: <input checked="" type="checkbox"/>	

Form # 05-078 - 11/05

WYNN-O'CONNELL01060

3709

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25 University Medical Center - Primary Care  
PHYSICIAN RECORD  
General Adult

ENC# 78434506 58 DOB 8/18/1951  
O'CONNELL, 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:

Leukemia. Yvonne L.  
(R) Leg  
T. cells. Slip 2/10/10  
Seen in OC

HPI

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

Hx. TBI & Contusion

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

associated symptoms:

modifying factors:

comorbid diseases:

Serious Neck and Rib  
pain

Similar symptoms previously:

Recently seen by doctor office / ER / hospitalized

BP / Temp P New Est  
R WL HI 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

fever  
subjective / to °F / °C  
chills  
fatigue  
ENT  
sore throat  
nasal drainage / congestion  
PULMONARY / CVS  
cough  
sputum  
trouble breathing  
chest pain  
GI  
abdominal pain  
nausea / vomiting / diarrhea  
black / bloody stools  
GU  
problems urinating  
frequent urination

FEMALE GENITAL

LMP  
postmenopausal / hysterectomy  
abnml bleeding / discharge  
SKIN / MS  
rash  
back pain  
leg pain  
foot swelling  
NEURO / EYES  
headache  
blackout  
loss of feeling / power  
arm leg face R / L  
difficulty walking  
difficulty with speech  
double vision  
confusion  
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

Social Hx

Family Hx

PHYSICAL EXAM

General Appearance

no acute distress  
alert

mild / moderate / severe distress  
anxious / lethargic

ENT

ENT inspection  
oral pharynx

scleral icterus / pale conjunctivae  
purulent nasal drainage  
pharyngeal erythema / exudate

NECK

ENT inspection  
thyroid

thyromegaly  
lymphadenopathy (R / L)  
JVD present  
carotid bruits

RESPIRATORY

no resp. distress  
normal breath sounds  
chest non-tender

see diagram (on back)  
wheezing  
rales / rhonchi

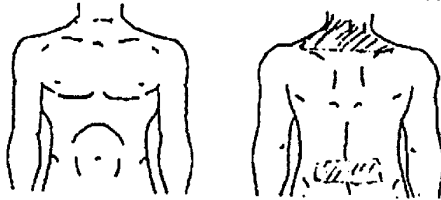
WYNN-O'CONNELL01061

Pl Name \_\_\_\_\_

**CYS**

☒ reg. rate & rhythm  
☒ no murmur  
☒ no gallop

irregularly irregular rhythm  
extrasystoles (occasional / frequent)  
tachycardia / bradycardia  
murmur grade 1/6 sys / diast  
gallop (S3 / S4)  
friction rub



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

CVA tenderness (R/L)

**SKIN**

☒ nml color  
☒ warm, dry  
☒ no rash

cyanosis / pallor / diaphoresis  
skin rash / abnml growths

**EXTREMITIES**

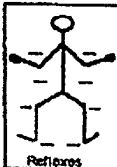
☒ non-tender  
☒ no pedal edema  
☒ nml pulses

calf tenderness None  
pedal edema None  
varicose veins None  
decreased pulse(s) None

**NEURO / PSYCH**

☒ oriented x3  
☒ CN's nml as tested  
☒ no motor / sensory deficit  
☒ nml reflexes  
☒ nml mood / affect

disoriented  
to person / place / time  
facial droop / EOM palsy  
weakness / sensory loss  
depressed mood / affect



ENCH 78434586

DOB 8/18/1951

O'CONNELL, YVONNE L

Subramanyam, Nanjunda

MRN 000-794-300 701 ADM 3/18/2010

**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

**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 AUM 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

Physician signature: [Signature] Date: MAR 18 2010

I HAVE A HISTORY OF  
DRUG INTOLERANCE, AND  
my IBS/constipation is  
Now LIFE-THREATENING.

Form# 03-04

White - Patient Chart

Yellow - Patient Copy

WYNN-O'CONNELL01073

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

ENCH 78434586 SB DOB 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: <u>Yvonne O'Connell</u>	ID #:	
Patient Name: <u>Yvonne O'Connell</u>	DOB: <u>8-18-51</u>	SSN: <u>4669</u>
Address: <u>8764 Captains Place</u>	City: <u>Las Vegas</u>	State: <u>NV</u> Zip Code: <u>89117</u>
Home Phone: <u>702-228-4424</u>	Wk Phone: <u>N/A</u>	
Best day/date/time for appointment:	<input type="checkbox"/> 1 <sup>st</sup> choice	<input type="checkbox"/> 2 <sup>nd</sup> choice
Release of appointment information:	<input checked="" type="checkbox"/> Ok to leave appointment information and instructions on my answering machine or voice mail <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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 383-1060. 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: <u>Back Surgeon</u>	<input type="checkbox"/> This referral was completed by Primary/Quick Care. Sent to Physician Referral for documentation only.
Specialist Name:	<input type="checkbox"/> Patient established with or requested this specialist.
Specialist Address:	For Physician Referral office use only
Procedure:	CPT Code:
Diagnosis: <u>Mult. level Degenerative disc disease</u>	CPT Code:
<u>Lumbosacral &amp; pain</u>	ICD9 Code:
<u>radiating to leg</u>	ICD9 Code:
Clinical Hx:	ICD9 Code:
<u>From Summerlin Primary Care</u>	
Current Medications:	
Allergies:	
Needed By: _____ days	<input checked="" type="radio"/> 1 wk <input type="radio"/> 2 wks <input type="radio"/> 4 wks <input type="radio"/> 6 wks <input type="radio"/> 2 mos
White - Referral Office	Yellow - Chart <input checked="" type="radio"/> 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)

WYNN-O'CONNELL01076

3713

# 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](http://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 CUI  
NJ

N. SUBRAMANYAM, M.D.

Physician Access To Images and Reports Is Available Online at [www.sdmi-lv.com](http://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  
9070 W. Post Road, Las Vegas, Nevada 89148

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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](http://www.sdmi-lv.com) Fax: (702) 732-6071

Patient Name: Yvonne L. OConnell

Patient: Yvonne L OConnell

Physician: Nanjunda Subramanyam

SDMI #: 533385.0

Dr. Fax: (702) 256-2213

Pt. DOB: 08/18/1951

Dr. Phone: (702) 383-2650

Pt. Sex: Female

Dr. Addr.: 2031 N Buffalo Dr Las Vegas, NV 89128

Referral ICD 9:

Cc:

SDMI Location: NW

Cc:

Date of Service: 03/19/10

**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 10:22:01

Physician Access To Images and Reports Is Available Online at [www.sdmi-lv.com](http://www.sdmi-lv.com)

2767 N. Tenaya Way, Las Vegas, Nevada 89128  
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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](http://www.sdmi-lv.com) Fax: (702) 732-6071

Patient Name: Yvonne L. OConnell

Patient: Yvonne L. OConnell

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 OUT

Physician Access To Images and Reports Is Available Online at [www.sdmi-lv.com](http://www.sdmi-lv.com)

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

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.

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](http://www.sdmi-lv.com) Fax: (702) 732-6071

Patient Name: Yvonne L OConnell

Patient: Yvonne L OConnell

Physician: Nanjunda Subramanyam

SDMI #: 533385.0

Dr. Fax: (702) 256-2213

Pt. DOB: 08/18/1951

Dr. Phone: (702) 383-2650

Pt. Sex: Female

Dr. Addr.: 2031 N Buffalo Dr Las Vegas, NV 89128

Referral ICD 9:

Cc:

SDMI Location: NW

Cc:

Date of Service: 03/19/10

**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 10:21:21 OUT

Physician Access To Images and Reports Is Available Online at [www.sdmi-lv.com](http://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

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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@nettlawfirm.com](mailto:brian@nettlawfirm.com)  
11 [christian@nettlawfirm.com](mailto:christian@nettlawfirm.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

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)

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. Scmenza, 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)

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

**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 7. Timothy Trainor, M.D. and/or  
17 Person Most Knowledgeable/Custodian of Records  
18 Advanced Orthopedic & Sports Medicine  
19 8420 W. Warm Springs Rd.  
20 Las Vegas, NV  
21 Phone: (702) 740-5327

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  
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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  
2 the injuries sustained, past present and future medical treatment and impairment, prognosis,  
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15 any party in this action that contradict the same.

- 16  
17 9. Christopher Milford, M.D., P.C. and/or  
18 Person Most Knowledgeable/Custodian of Records  
19 Silver State Neurology  
20 9811 W. Charleston Blvd., Ste. 2-357  
21 Las Vegas, NV 89117  
22 Phone: (702) 256-3637  
23

24 This individual is expected to testify as a treating physician and as an expert regarding  
25 the injuries sustained, past present and future medical treatment and impairment, prognosis,  
26 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of  
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- 29  
30 10. Person Most Knowledgeable/Custodian of Records  
31 Edwin Suarez Physical Therapy  
32 4955 S. Durango Dr. #100  
33 Las Vegas, NV 89113  
34 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  
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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. 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

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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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.

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

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.

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  
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.

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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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.

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

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

16. Person Most Knowledgeable/Custodian of Records  
University Medical Center  
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,

**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  
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 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  
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23 18. Yakov Shaposhnikov, M.D. and/or  
24 Person Most Knowledgeable/Custodian of Records  
25 Gastrointestinal and Liver Diseases  
26 2020 Goldring Avenue  
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

1 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is  
2 also a treating physician and thereby not retained or specially employed to provide expert  
3 testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree,  
4 let us know immediately or your failure to object will be deemed a stipulation that said  
5 documents are not required under the rule. Further, this expert is expected to testify consistent  
6 with the medical records related to the treatment of the Plaintiff for the subject incident, and  
7 other incidents having relevance to this action. The facts and opinions to which the expert is  
8 expected to testify include any and all facts and opinions in the said medical records, and that the  
9 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident  
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

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  
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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.

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

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  
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let us know immediately or your failure to object will be deemed a stipulation that said

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

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.

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

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

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 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  
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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

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

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.

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

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

## II. DOCUMENTS, DATA COMPILATIONS AND TANGIBLE THINGS

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

1. Medical Records and Billing Statement  
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

1 Bate numbered PLTF000019 through PLTF000033 and attached hereto.

- 2 3. Medical Records and Billing Statement  
3 UMC Quickcare  
4 1800 West Charleston Blvd.  
5 Las Vegas, NV 89102  
6 Bate numbered PLTF000034 through PLTF000289 and attached hereto.

- 7 4. Physical Therapy Records and Billing Statement  
8 Matt Smith Physical Therapy  
9 9499 W. Charleston Blvd., Suite 220  
10 Las Vegas, NV 89117  
11 Bate numbered PLTF000290 through PLTF000374 and attached hereto.

- 12 5. Medical Records and Billing Statement  
13 Timothy Trainor, M.D.  
14 Advanced Orthopedic & Sports Medicine  
15 8420 W. Warm Springs Rd.  
16 Las Vegas, NV  
17 Bate numbered PLTF000375 through PLTF000396 and attached hereto.

- 18 6. Medical Records and Billing Statement  
19 John A. Thompson, M.D.  
20 Desert Oasis Clinic  
21 6316 S. Rainbow Blvd., Suite 100  
22 Las Vegas, NV 89118  
23 Bate numbered PLTF000397 through PLTF000407 and attached hereto.

- 24 7. Medical Records and Billing Statement  
25 Christopher Milford, M.D., P.C.  
26 Silver State Neurology  
27 9811 W. Charleston Blvd., Ste. 2-357  
28 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 9710 W. 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.
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

**NETTLES LAW FIRM**

1389 Galleria Drive Suite 200  
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  
Bate numbered PLTF 000720 and PLTF 721
- 25 25. Authorization for the Release of Protected Health Information executed by  
26 Plaintiff for benefit of Defendant
- 27 26. Medical Records and Billing Statement  
28 Las Vegas Radiology  
8530 W. Sunset Road  
Las Vegas, Nevada 89113  
(702) 254-5004  
Bate numbered PLTF000722 through PLTF000728 are attached hereto.

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

**NETTLES LAW FIRM**

1389 Galleria Drive Suite 200  
Henderson, NV 89014  
(702) 434-8282 / (702) 434-1486 (fax)

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

## 1 B. ADDITIONAL DAMAGES:

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

## 4 IV. INSURANCE POLICY

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

10 Plaintiff is unaware of any insurance agreement(s).

11 DATED this 14<sup>th</sup> day of July, 2015.

12 NETTLES LAW FIRM

13  
14  
15 /s/ Christian Morris

16 BRIAN D. NETTLES, ESQ.

17 Nevada Bar No. 7462

18 CHRISTIAN M. MORRIS, ESQ.

19 Nevada Bar No. 11218

20 1389 Galleria Drive, Suite 200

21 Henderson, Nevada 89014

22 Attorneys for Plaintiff  
23  
24  
25  
26  
27  
28



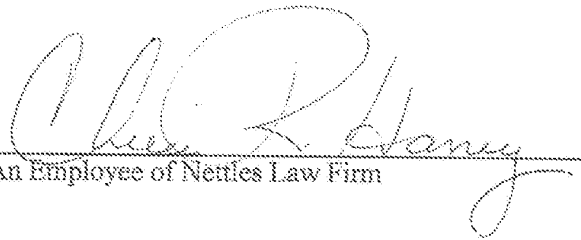
NETTLES LAW FIRM

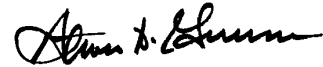
1389 Galleria Drive Suite 200  
Henderson, NV 89014  
(702) 434-8282 / (702) 434-1488 (fax)

CERTIFICATE OF SERVICE

Pursuant to NEFCR 9, NRCP 5(b) and EDCR 7.26, I certify that on this 14<sup>th</sup> 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

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

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

13 YVONNE O'CONNELL, an individual,  
14  
15 Plaintiff,

15 vs.

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

20 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**

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


26 ....

27 ....

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

4 DATED this 26<sup>th</sup> day of August, 2015.

5  
6 NETTLES LAW FIRM

7  
8   
9 BRIAN D. NETTLES, ESQ.  
10 Nevada Bar No. 7462  
11 CHRISTIAN M. MORRIS, ESQ.  
12 Nevada Bar No. 11218  
13 1389 Galleria Drive, Suite 200  
14 Henderson, Nevada 89014  
15 Attorneys for Plaintiffs

16 **MEMORANDUM OF POINTS AND AUTHORITIES**

17 **I.**

18 **STATEMENT OF FACTS**

19 The present case arises out of an incident on or about February 8, 2010, where Plaintiff  
20 Yvonne O'Connell was a customer and invited guest of Defendant Wynn Las Vegas at their  
21 hotel and casino located at 3131 Las Vegas Boulevard South, Las Vegas, Nevada. Plaintiff was  
22 at the location on this day for purposes of gambling and dining. When Plaintiff was walking near  
23 the south entrance of the casino through the Atrium Walkway, on the shadowed, multi-colored  
24 floor, she suddenly and unexpectedly slipped and fell in a large pool of liquid substance present  
25 on the floor. As a result of the fall the Plaintiff sustained injuries. The pool of liquid which  
26 caused the fall had been present on the floor for such a long period of time that it had footprints  
27 in it and had begun to dry. All evidence presented shows the pool of liquid substance was  
28 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

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

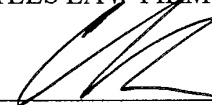
6 **III.**

7 **CONCLUSION**

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

11 DATED this 2<sup>nd</sup> day of August, 2015.

12 NETTLES LAW FIRM

13 

14 BRIAN D. NETTLES, ESQ.

15 Nevada Bar No. 7462

16 CHRISTIAN M. MORRIS, ESQ.

17 Nevada Bar No. 11218

18 1389 Galleria Drive, Suite 110

19 Henderson, Nevada 89014

20 Attorneys for Plaintiffs

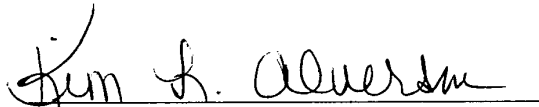
**NETTLES LAW FIRM**

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

**CERTIFICATE OF SERVICE**

Pursuant to NEFCR 9, NRCR 5(b) and EDCR 7.26, I certify that on this 27<sup>th</sup> 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**

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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](mailto:brian@nettlslawfirm.com)  
11 [christian@nettlslawfirm.com](mailto:christian@nettlslawfirm.com)  
12 Attorneys for Plaintiff

ELECTRONICALLY SERVED  
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**DISTRICT COURT  
CLARK COUNTY, NEVADA**

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

15 vs.

16 WYNN LAS VEGAS, LLC, a Nevada Limited  
17 Liability Company, doing business as WYNN  
18 LAS VEGAS; DOES I through X; and ROE  
19 CORPORATIONS I through X, inclusive,  
20  
21 Defendants.

CASE NO. A-12-655992-C

DEPARTMENT NO. V

PLAINTIFF'S FOURTH SUPPLEMENT  
TO INITIAL 16.1 DISCLOSURES

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:*

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- 1           1.     Yvonne O'Connell  
2                     c/o Nettles Law Firm  
3                     1389 Galleria Drive, Suite 200  
4                     Henderson, NV 89014

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

- 7           2.     Person Most Knowledgeable  
8                     Wynn Las Vegas, LLC  
9                     c/o Lawrence J. Semenza, III, Esq.  
10                    LAWRENCE J. SEMENZA, III, P.C.  
11                    10161 Park Run Drive, Suite 150  
12                    Las Vegas, Nevada 89145  
13                    Telephone: (702) 835-6803

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

- 16           3.     Jon Sorelle, M.D. and/or  
17                     Person Most Knowledgeable/Custodian of Records  
18                     The Minimally Invasive Hand Institute  
19                     8960 W. Tropicana Ave.  
20                     Las Vegas, NV 89147  
21                     Phone:(702) 739-4263

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  
26           and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is  
27           also a treating physician and thereby not retained or specially employed to provide expert  
28           testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree,  
29           let us know immediately or your failure to object will be deemed a stipulation that said  
30           documents are not required under the rule. Further, this expert is expected to testify consistent  
31           with the medical records related to the treatment of the Plaintiff for the subject incident, and  
32           other incidents having relevance to this action. The facts and opinions to which the expert is  
33           expected to testify include any and all facts and opinions in the said medical records, and that the  
34           medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident  
35           set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by  
36           any party in this action that contradict the same.

- 37           4.     Person Most Knowledgeable/Custodian of Records  
38                     Steinberg Diagnostics  
39                     2950 S. Maryland Pkwy.  
40                     Las Vegas, NV

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

**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  
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  
18 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records  
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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  
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 9. Christopher Milford, M.D., P.C. and/or  
12 Person Most Knowledgeable/Custodian of Records  
13 Silver State Neurology  
14 9811 W. Charleston Blvd., Ste. 2-357  
15 Las Vegas, NV 89117  
16 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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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

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Henderson, NV 89014

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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.

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

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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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

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.

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  
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.

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

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.

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

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.

16. Person Most Knowledgeable/Custodian of Records  
University Medical Center  
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,



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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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.

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

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

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

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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  
2 also a treating physician and thereby not retained or specially employed to provide expert  
3 testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree,  
4 let us know immediately or your failure to object will be deemed a stipulation that said  
5 documents are not required under the rule. Further, this expert is expected to testify consistent  
6 with the medical records related to the treatment of the Plaintiff for the subject incident, and  
7 other incidents having relevance to this action. The facts and opinions to which the expert is  
8 expected to testify include any and all facts and opinions in the said medical records, and that the  
9 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident  
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

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.

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

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  
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

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.

8 19. Scott Manthei, M.D. and/or  
9 Person Most Knowledgeable/Custodian of Records  
10 Nevada Eye and Ear  
11 2598 Windmill Pkwy.  
12 Henderson, NV 89074

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

28 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

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

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  
217 Monarch Bay Drive  
Dana Point, CA 92629  
(949) 499-9811

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.

- 25 25. David Brobeck – Holly Valdez' brother  
26 20 Blue Heron Lane  
27 Aliso Viejo, CA 92656  
28 (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

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

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

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.

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

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

## II. DOCUMENTS. DATA COMPILATIONS AND TANGIBLE THINGS

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

1. Medical Records and Billing Statement  
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.
- 2
- 3 10. Medical Records and Billing Statement
- 4 Leo Germin, M.D.
- 5 Clinical Neurology Specialists
- 6 1691 W. Horizon Ridge Pkwy., Ste. 100
- 7 Henderson, NV 89012
- 8 Bate numbered PLTF000527 through PLTF000535 and attached hereto.
- 9
- 10 11. Medical Records and Billing Statement
- 11 Andrew Cash, M.D.
- 12 Nevada Institute of Spine Care
- 13 9339 W. Sunset Road, Ste. 100
- 14 Las Vegas, NV89148
- 15 Bate numbered PLTF000536 through PLTF000584 and attached hereto.
- 16
- 17 12. Medical Records and Billing Statement
- 18 Lee Wittenberg, DPM
- 19 Apache Foot & Ankle Specialist LLC
- 20 9710W. Tropicana Ave., Ste. 115
- 21 Las Vegas, NV 89147
- 22 Bate numbered PLTF000585 through PLTF000598 and attached hereto.
- 23
- 24 13. Medical Records and Billing Statement
- 25 Suresh Prahu, M.D.
- 26 Ascent Primary Care
- 27 653 N. Town Center Dr., Ste. 217
- 28 Las Vegas, NV 89144
- Bate numbered PLTF000594 through PLTF000598 and attached hereto.
- 19 14. Medical Records
- 20 Thomas Dunn, M.D. and/or
- 21 Desert Othopaedic Center
- 22 2800 East Desert Inn Road, Suite 100
- 23 Las Vegas, NV 89121-3609
- 24 Bate numbered PLTF000599 through PLTF000627 and attached hereto.
- 25
- 26 15. Medical Records and Billing Statement
- 27 Yakov Shaposhnikov, M.D. and/or
- 28 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.

- 1           27.    **Medical Billing Statement**  
2                **Thomas Dunn, M.D.**  
3                **Desert Orthopedic Center**  
4                **2930 W. Horizon Ridge Pkwy, #100**  
5                **Henderson, Nevada 89052**  
6                **(702) 731-1616**  
7                **Bate numbered PLTF000729 through PLTF000748 are attached hereto.**
- 6           28.    **Medical Records and Billing Statement**  
7                **Open Sided MRI**  
8                **630 South Rancho, Suite G**  
9                **Las Vegas, Nevada 89106**  
10              **(702) 932-2740**  
11              **Bate numbered PLTF000749 through PLTF000752 are attached hereto.**

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

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

### 17           **III.    COMPUTATION OF DAMAGES**

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

#### 23           **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
<b>Las Vegas Radiology</b>	<b>\$ 3,300.00</b>
<b>Open Sided MRI of Las Vegas</b>	<b>\$ 3,290.00</b>
TOTAL	\$ 37,946.98

**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 14<sup>th</sup> 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

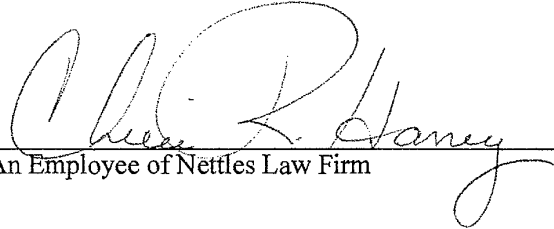
**NETTLES LAW FIRM**

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

**CERTIFICATE OF SERVICE**

Pursuant to NEFCR 9, NRCP 5(b) and EDCR 7.26, I certify that on this 14<sup>th</sup> 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