IN THE SUPREME COURT OF THE STATE OF NEVADA

BARRY JAMES RIVES, M.D.; and LAPAROSCOPIC SURGERY OF NEVADA, LLC.

Appellants/Cross-Respondents,

VS.

TITINA FARRIS and PATRICK FARRIS,

Respondents/Cross-Appellants.

BARRY JAMES RIVES, M.D.; and LAPAROSCOPIC SURGERY OF NEVADA, LLC,

Appellants,

VS.

TITINA FARRIS and PATRICK FARRIS,

Respondents.

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Case No. 81052

APPELLANTS' APPENDIX VOLUME 2

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62.	Defendants Barry J. Rives, M.D.'s and Laparoscopic Surgery of Nevada, LLC's Opposition to Plaintiffs' Motion for Fees and Costs	12/2/19	12	2551-2552

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64.	Supplemental and/or Amended Notice of Appeal	4/13/20	13	2908-2909
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65.	Transcript of Proceedings Re: Status Check	7/16/19	14	2931-2938
66.	Transcript of Proceedings Re: Mandatory In-Person Status Check per Court's Memo Dated August 30, 2019	9/5/19	14	2939-2959
67.	Transcript of Proceedings Re: Pretrial Conference	9/12/19	14	2960-2970
68.	Transcript of Proceedings Re: All Pending Motions	9/26/19	14	2971-3042
69.	Transcript of Proceedings Re: Pending Motions	10/7/19	14	3043-3124

NO. 70.	DOCUMENT <i>Transcript of Proceedings Re</i> : Calendar Call	<u>DATE</u> 10/8/19	<u>VOL.</u> 14	PAGE NO. 3125-3162
71.	Transcript of Proceedings Re: Pending Motions	10/10/19	15	3163-3301
72.	Transcript of Proceedings Re: Status Check: Judgment — Show Cause Hearing	11/7/19	15	3302-3363
73.	Transcript of Proceedings Re: Pending Motions	11/13/19	16	3364-3432
74.	Transcript of Proceedings Re: Pending Motions	11/14/19	16	3433-3569
75.	Transcript of Proceedings Re: Pending Motions	11/20/19	17	3570-3660
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76.	Jury Trial Transcript — Day 1 (Monday)	10/14/19	17 18	3661-3819 3820-3909
77.	Jury Trial Transcript — Day 2 (Tuesday)	10/15/19	18	3910-4068
78.	Jury Trial Transcript — Day 3 (Wednesday)	10/16/19	19	4069-4284
79.	Jury Trial Transcript — Day 4 (Thursday)	10/17/19	20	4285-4331
93.	Partial Transcript re: Trial by Jury – Day 4 Testimony of Justin Willer, M.D. [Included in "Additional Documents" at the end of this Index]	10/17/19	30	6514-6618
80.	Jury Trial Transcript — Day 5 (Friday)	10/18/19	20	4332-4533
81.	Jury Trial Transcript — Day 6 (Monday)	10/21/19	21	4534-4769
82.	Jury Trial Transcript — Day 7 (Tuesday)	10/22/19	22	4770-4938

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83.	Jury Trial Transcript — Day 8 (Wednesday)	10/23/19	23	4939-5121
84.	Jury Trial Transcript — Day 9 (Thursday)	10/24/19	24	5122-5293
85.	Jury Trial Transcript — Day 10 (Monday)	10/28/19	25 26	5294-5543 5544-5574
86.	Jury Trial Transcript — Day 11 (Tuesday)	10/29/19	26	5575-5794
87.	Jury Trial Transcript — Day 12 (Wednesday)	10/30/19	27 28	5795-6044 6045-6067
88.	Jury Trial Transcript — Day 13 (Thursday)	10/31/19	28 29	6068-6293 6294-6336
89.	Jury Trial Transcript — Day 14 (Friday)	11/1/19	29	6337-6493
	ADDITIONAL DOCUM	MENTS ¹		
91.	Defendants Barry Rives, M.D. and Laparoscopic Surgery of, LLC's Supplemental Opposition to Plaintiffs' Motion for Sanctions Under Rule 37 for Defendants' Intentional Concealment of Defendant Rives' History of Negligence and Litigation And Motion for Leave to Amend Complaint to Add Claim for Punitive Damages on Order Shortening Time	10/4/19	30	6494-6503
92.	Declaration of Thomas J. Doyle in Support of Supplemental Opposition to Plaintiffs' Motion for Sanctions Under Rule 37 for Defendants' Intentional Concealment of Defendant Rives' History of Negligence and litigation and Motion for Leave to Amend Complaint to Add Claim for Punitive Damages on Order Shortening Time	10/4/19	30	6504-6505

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¹ These additional documents were added after the first 29 volumes of the appendix were complete and already numbered (6,493 pages).

<u>NO.</u>	DOCUMENT	DATE	VOL.	PAGE NO.
(Cont. 92)	Exhibit A: Partial Deposition Transcript of Barry Rives, M.D.	10/24/18	30	6506-6513
93.	Partial Transcript re: Trial by Jury – Day 4 Testimony of Justin Willer, M.D. (Filed 11/20/19)	10/17/19	30	6514-6618
94.	Jury Instructions	11/1/19	30	6619-6664
95.	Notice of Appeal	12/18/19	30	6665-6666
	Exhibit 1: Judgment on Verdict	11/14/19	30	6667-6672
96.	Notice of Cross-Appeal	12/30/19	30	6673-6675
	Exhibit "1": Notice of Entry Judgment	11/19/19	30	6676-6682
97.	Transcript of Proceedings Re: Pending Motions	1/7/20	31	6683-6786
98.	Transcript of Hearing Re: Defendants Barry J. Rives, M.D.'s and Laparoscopic Surgery of Nevada, LLC's Motion to Re-Tax and Settle Plaintiffs' Costs	2/11/20	31	6787-6801
99.	Order on Plaintiffs' Motion for Fees and Costs and Defendants' Motion to Re-Tax and Settle Plaintiffs' Costs	3/30/20	31	6802-6815
100.	Notice of Entry Order on Plaintiffs' Motion for Fees and Costs and Defendants' Motion to Re-Tax and Settle Plaintiffs' Costs	3/31/20	31	6816-6819
	Exhibit "A": Order on Plaintiffs' Motion for Fees and Costs and Defendants' Motion to Re-Tax and Settle Plaintiffs' Costs	3/30/20	31	6820-6834
101.	Supplemental and/or Amended Notice of Appeal	4/13/20	31	6835-6836
	Exhibit 1: Judgment on Verdict	11/14/19	31	6837-6841

<u>NO.</u> <u>DC</u>	<u>DCUMENT</u>	DATE	VOL.	PAGE NO.
(Cont. 101)	Exhibit 2: Order on Plaintiffs' Motion for Fees and Costs and Defendants' Motion to Re-Tax and Settle Plaintiffs' Costs	3/30/20	31	6842-6857

EXHIBIT "2"



December 19, 2018

Chad Couchot, Esq.
Schuering, Zimmerman & Doyle
400 University Avenue
Sacramento, CA 95825

Re: Titina Farris v. Barry Rives, M.D.; Laparoscopic Surgery of Nevada, LLC, et al.

Mr. Couchot:

Pursuant to your request, I have prepared a Life Care Plan Report in connection with the above entitled matter based on my review of the expert reports, depositions and medical records provided, and upon the recommendations of Lance Stone, M.D. The Life Care Plan Report has been prepared in accordance with Federal Rules of Civil Procedure - Rule 26 and is attached.

Opinions and Life Care Plan:

My opinions, which are set forth in the Life Care Plan Report for Ms. Farris, are based upon the review of expert reports, my 19 years of experience in nursing, academia and life care planning, and the current costs associated from the Las Vegas and Henderson, Nevada areas for the outlined recommendations for medical care, treatment and supplies. I have consulted with Dr. Stone regarding his opinions of future care needs for Ms. Farris. I have outlined the recommendations of Dr. Stone in the Life Care Plan Report. I reserve the right to modify my report in the event additional information is provided.

Records Reviewed:

A list of the expert reports, depositions and medical records reviewed is attached.

Qualifications:

I have been working in the nursing field since 1999. As a Master's prepared Registered Nurse and Family Nurse Practitioner my experience includes, but is not limited to, the following: (1) Medical — Surgical Nursing for Adult and Pediatric patients in the acute care setting; (2) Skilled Nursing care for critically ill patients in the Pediatric Intensive Care Unit of the hospital, including trauma patients and patients with

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cardiac, neurological, surgical, hematological and respiratory problems; (3) Supervision and instruction of student nurses in classroom, hospital and home care settings in all areas of patient care; (4) Supervision and training of Registered Nurses, Licensed Vocational Nurses, and Nursing Assistants in Adult Acute and Long Term care, and Neonatal and Pediatric Acute and Long Term care; (5) Medical assessment, management, and education of adult and pediatric patients in the specialty ambulatory care / primary care settings with acute and chronic comorbidities; (6) Continuing Education units for individual licensure and certification; (7) Life Care Planning and Legal Nurse Consulting. My current Curriculum Vitae is attached.

Compensation:

My fee for Trial or Deposition Testimony is \$400.00 an hour. My fee for preparation of the Life Care Plan Report, record review and all other services is \$275.00 an hour. A copy of my fee scheduled is attached.

List of Previous Cases:

A list of cases in which I have testified in depositions, arbitrations and trials is attached.

Resources for Life Care Plan:

A list of resources used for the costs in the Life Care Plans is attached.

After your review of this report, please do not hesitate to contact me if you have any questions or comments.

Sincerely, Janah Ransen

Sarah Larsen, R.N., MSN, FNP, C.L.C.P.
Olzack Healthcare Consulting, Inc.

SL:bc Enclosures

FOR

TITINA FARRIS

* *

Dated: December 19, 2018

Prepared by:
OLZACK HEALTHCARE CONSULTING, INC.
Sarah Larsen, R.N., M.S.N., F.N.P., L.N.C., C.L.C.P.
2092 Peace Court, Atwater, CA 95301
Phone: 209-358-8104 / Fax: 209-358-8115

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Name: Titina Farris Date of Birth: 10-24-1962 Date Prepared: 12-19-2018

Olzack Healthcare Consulting, Inc. Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Alwater, CA 95301

	TAO	ION I - HOME C	OPTION I - HOME CARE (DIRECT HIRE)	(6	
Recommendations:	Age When Initiated / Suspended:	Frequency:	Purpose:	Cost:	Annual Cost
Option I Home Care Trained Attendant Direct Hire - 90% and Agency Hire - 10% (Hourly)	Age 56 to Life	2-4 hours / day	To assist Ms. Farris with activities of daily living and day to day chore work	Trained Attendant Direct Hire - 90% \$13.00 to \$15.00 per hour and 18% Employer Taxes and Agency Hire - 10% \$21.50 / hour	Option 1 Annually \$13,806.45 \$2,485.16 \$2,355.86
Option I Payroll Service	1 x / 2 weeks	1 x Only	To manage payroll services for the trained attendant	### ##################################	Option I One Time Only \$200.00 Annually \$1,456.00
Option I Advertising, Agency Referral Fee Allowance	1 × / year	1 x / year	To cover costs for advertising/referral service for trained attendant	\$1,000.00 / year	Option I Annually \$1,000.00

Page 1

Name: Titina Farris Date of Birth: 10-24-1962 Date Prepared: 12-19-2018

RE PLAN

Olzack Healthcare Consulting, Inc. Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Atwater, CA 95301

	OPTION	- HOME CARE (I	IION I - HOME CARE (DIRECT HIRE) - Continued	ntinued	
Recommendations:	Age When Initiated / Suspended:	Frequency:	Purpose:	Cost:	Annual Cost
Option I Housekeeping	Age 56 to Life	2-4 hours / month	For heavy housekeeping including scrubbing, vacuuming, mopping, etc.	\$65.77 / hour	Option I Annually \$2,367.72
Option I Case Management	Age 56 to Life	4-8 hours / year	Coordinates care and communicates with Ms. Farris and her health care providers as necessary	\$105.00 / hour	Option I Annually \$630.00
		TOTALS:			Option I One Time Only \$200.00 Annually \$24,101.19
Resources:					

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Paychex, Inc.

United States Department of Labor - Occupational Wage and Salary Data

Confidential

Name: Titina Farris Date of Birth: 10-24-1962 Date Prepared: 12-19-2018

Olzack Healthcare Consulting, Inc. Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Atwater, CA 95301

 				•	
	Annual Cost	Option II Annually \$23,558.63	Option II Annually \$2,367.72	Option II Annually \$630.00	Option II Annually \$26,556.35
(6	Cost:	Trained Attendant Agency Hire - 100% \$21.50 / hour	\$65.77 / hour	\$105.00 / hour	
OPTION II - HOME CARE (AGENCY HIRE)	Purpose:	To assist Ms. Farris with activities of daily living and day to day chore work	For heavy housekeeping including scrubbing, vacuuming, mopping, etc.	Coordinates care and communicates with Ms. Farris and her health care providers as necessary	
ON II - HOME CA	Frequency:	2-4 hours / day	2-4 hours / month	4-8 hours / year	TOTALS:
ПЧО	Age When Initiated / Suspended:	Age 56 to Life	Age 56 to Life	Age 56 to Life	
	Recommendations:	Option II Home Care Trained Attendant Agency Hire 100%	Option II Housekeeping	Option II Case Management	

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Olzack Healthcare Consulting, Inc. Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Atwater, CA 95301

Name: Titina Farris Date of Birth: 10-24-1962 Date Prepared: 12-19-2018

		FUTURE MEDICAL CARE	DICAL CARE		
Recommendations:	Age When Initiated / Suspended:	Frequency:	Purpose:	Cost:	Annual Cost
Physical Medicine and Rehabiliation Specialist	Age 56	1 Evaluation 4 x / year	To evaluate and manage issues related to mobility, pain and orthotics	Evaluation \$254.00 to \$500.00 Follow Up Visit \$100.00 to \$154.00	One Time Only \$377.00 Annually \$508.00
Podiatrist	Age 56 Age 56 to 57	1 Evaluation 6-12 x / year x 1 year	To evaluate and manage wound care/foot care for Ms. Farris	Evaluation \$75.00 to \$175.00 Follow Up Visit \$45.00 to \$50.00	One Time Only \$125.00 Annually To Age 57 \$427.50
	Age 57 to Life	4-6 x / year			Age 57 to Life \$237.50

Name: Titina Farris Dafe of Birth: 10-24-1962 Date Prepared: 12-19-2018

LIFE CARE PLAN

Otzack Healthcare Consulting, Inc. Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Atwater, CA 95301

	Annual Cost	One Time Only \$2,437.50	One Time Only \$102.50 Annually \$67.50	One Time Only \$9,720.36
	Cost:	Session \$100.00 to \$225.00	Evaluation \$75.00 to \$130.00 Follow Up Visit \$45.00 to \$90.00	Visit \$249.24
FUTURE MEDICAL CARE - Continued	Purpose:	For individual and family therapy related to adjusting to health care needs	For dietary counseling related to weight, blood pressure and diabetes management	For the evaluation and treatment of wound to left heel
TURE MEDICAL	Frequency:	10-20 × / Life	1 Evaluation 1 x / year	2 x / week x 3-6 months
FU	Age When Initiated / Suspended:	Age 56 to Life	Age 56 Age 56 to Life	Age 56
	Recommendations:	Psychologist	Dietician	Wound Clinic

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Otzack Healthcare Consulting, Inc. Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Atwater, CA 95301

Name: Titina Farris Date of Birth: 10-24-1962 Date Prepared: 12-19-2018

FUTURE MEDICAL CARE - Continued	ontinued
	Annual Cost
TOTALS:	One Time Only \$12,762.36 Annually To Age 57 \$1,003.00
	Age 57 to Life \$813.00
Resources: Desert Orthopedic Center Advance Orthopedics and Sports Medicine Dynamic Pain Rehabilitation McKenna, Ruggeroll & Helmi Eric Brimhall, M.D Physiatrist Eastern Podiatry Jerry T Henry, DPM Foot Care Clinic Apache Foot and Ankle Specialist Foot and Ankle Specialist Swenson Foot and Ankle Danielson Therapy Bree Mullin, Psy. Life Quest Behav Anders and Dura Your Dietician for Nutrition by Joey The Food Conne Swenson Foot and Ankle	Bree Mullin, Psy.D. – Psychologist Life Quest Behavioral Health Quest Anders and Dunaway Nutrition Consultants, Inc. Your Dietician for Diabetes and Weight Control Nutrition Moves Nutrition by Joey The Food Connection

Otzack Healthcare Consulting, Inc. Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Atwater, CA 95301

Name: Titina Farris Date of Birth: 10-24-1962 Date Prepared: 12-19-2018

	Annual Cost	Annually \$239.74	Annually \$25.68	Annually \$15.65	Annually \$14.41	Annually \$295.47
	Cost:	\$1,678.17	\$179.75	\$31.29	\$100.85	
UR NEEDS	Purpose:	For distance and community mobility	For community mobility	For increased safety when using scooter or wheelchair	For increased safety and mobility	
WHEELCHAIR NEEDS	Frequency:	1 x / 7 years	1 x / 7 years	1 x / 2 years	1 x / 7 years	TOTALS:
	Age When Initiated / Suspended:	Age 56 to Life	Age 56 to Life	Age 56 to Life	Age 56 to Life	
	Recommendations:	Power Scooter or Power Wheelchair	Manual Wheelchair	Wheelchair Cushion	Portable Ramps	

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LIFE CARE PLAN

Name: Titina Farris Date of Birth: 10-24-1962 Date Prepared: 12-19-2018

Okzack Healthcare Consulting, Inc. Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Atwater, CA 95301

	Annual Cost	Annually \$13.17	Annually \$2.31	Annually \$5.04	Annually \$11.22	Annually \$2.93	Annually \$2.96
IES	Cost:	\$65.83	\$11.56	\$25.19	\$56.08	\$14.66	\$14.81
DURABLE MEDICAL EQUIPMENT AND SUPPLIES	Purpose:	For increased safety and independence with ambulation	For increased safety and independence in the home and community	For increased safety and independence with hygiene	For increased safety and independence with hygiene	For increased safety and independence with hygiene	For increased safety and independence with ambulation
MEDICAL EQU	Frequency:	1 x / 5 years	1 x / 5 years	1 x / 5 years	1 x / 5 years	1 x / 5 years	1 x / 5. years
DURABLE	Age When Initiated / Suspended:	Age 56 to Life	Age 56 to Life	Age 56 to Life	Age 56 to Life	Age 56 to Life	Age 56 to Life
	Recommendations:	4-Wheeled Walker	Reacher	Handheld Shower Head	Shower Bench	Grab Bars	Single Point Cane

Name: Titina Farris Date of Birth: 10-24-1962 Date Prepared: 12-19-2018

ND SUPPLIES - Continued	Annual Cost	Annually \$37.63
DURABLE MEDICAL EQUIPMENT AND SUPPLIES - Continued		TOTALS:

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LIFE CARE PLAN

Otzack Healthcare Consulting, Inc. Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Atwater, CA 95301

Name: Titina Farris Date of Birth: 10-24-1962 Date Prepared: 12-19-2018

	Annual Cost	Annually \$102.50	Annually \$102.50	One Time Only \$69.50 Annually \$22.50 Annually \$408.00
ES	Cost	Evaluation \$85.00 to \$120.00	Evaluation \$85.00 to \$120.00	Enrollment Fee \$40.00 to \$99.00 Annual Fee \$0.00 to \$45.00 Monthly Membership Fee \$23.00 to \$45.00
PROJECTED THERAPEUTIC MODALITIES	Purpose:	To evaluate and assist in formulating a home exercise program	To evaluate for any needs related to activities of daily living and assistive devices	For physical activity to improve overall health and cardiovascular status, assist with weight management
ECTED THERA	Frequency:	1 x / year	1 x / year	Enrollment Fee 1 x Only Annual Fee 1 x / year Monthly Membership Fee 1 x / month
PROJ	Age When Initiated / Suspended:	Age 56 to Life	Age 56 to Life	Age 56 to Life
	Recommendations:	Physical Therapy Evaluation	Occupational Therapy Evaluation	Gym Membership with Pool

Olzack Healthcare Consulting, Inc. Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Atwater, CA 95301

Name: Titina Farris Date of Birth: 10-24-1962 Date Prepared: 12-19-2018

PROJECTED THERAPEUTIC MODALITIES - Continued	
	Annual Cost
TOTALS:	One Time Only \$69.50
	Annually \$635.50
Resources:	
Select Physical Therapy	
ATI Physical Therapy	
Matt Smith Physical Therapy	
Tim Soder Physical Therapy	
Tru Physical Therapy	
Leavitt Physical Therapy	
Affiliated Therapy	
Skyview YMCA	
Las Vegas Athletic Clubs	
Anytime Fitness Desert Inn	

Name: Titina Farris Date of Birth: 10-24-1962 Date Prepared: 12-19-2018

Olzack Healthcare Consulting, Inc. Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Atwater, CA 95301

		ORTH	ORTHOTICS		
Recommendations:	Age When Initiated / Suspended:	Frequency:	Purpose:	Cost:	Annual Cost
Bilateral Custom Fit AFO	Age 56 to Life	1 pair / 3-4 years	To maintain anatomical and functional positioning of ankles and feet	\$66.30 / each	Annually \$37.89
PRAFO	Age 56 to Life	1 x / 3-4 years	For nighttime use to help prevent pressure sores on feet	\$236.30	Annually \$67.51
		TOTALS:			Annually \$105.40

Name: Titina Farris Date of Birth: 10-24-1962 Date Prepared: 12-19-2018

Olzack Healthcare Consulting, Inc. Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Atwater, CA 95301

	Annual Cost	Annually \$3,177.14	Annually \$3,177.14
	Cost:	\$22,240.00	
RTATION	Purpose:	To transport wheelchair or power scooter for community mobility	
TRANSPORTATION	Frequency:	1 x / 7 years	TOTALS:
	Age When Initiated / Suspended:	Age 56 to Life	
	Recommendations:	Wheelchair Accessible Van (Conversion Package)	

Olzack Healthcare Consulting, Inc. Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Atwater, CA 95301

Physical Medicine and Rehabilitation - Cont.

503 South Rancho Drive, Suite G44 Eric Brimhall, M.D.- Physiatrist

Innovative Pain Center

(702) 684-7246 / Jesiree

Evaluation: \$455.00

Las Vegas, CA 89106

Follow Up Visit: \$100.00

RESOURCES

Date Prepared: 12-19-2018

Date of Birth: 10-24-1962

Name: Titina Farris

Physical Medicine and Rehabilitation

Follow Up Visit: \$ 100.00 *payroll fees for 1-5 employee; prices range based on complexity of payroll (for example if wages need to be Bi-Weekly: \$44.00 - \$68.00 / pay period (855) 973-2408 / National Sales Line Set-Up Fee: \$200.00 *one-time fee Payroll Service / Bookkeeping Paychex, Inc. gamished)

2800 East Desert Inn Road, Suite 100 Andrew Kim D.O. - Physiatrist Evaluation: \$300.00 - \$500.00 Desert Orthopedic Center (702) 731-4088 / Caren Las Vegas, NV 89121

Advance Orthopedics and Sports Medicine Matthew HC Otten M.D. - Physiatrist

8420 West Warm Springs Road, Suite 100 Las Vegas, NV 89113

(702) 740-5327 / Anette Follow Up visit: \$154.00 Evaluation: \$254.00

Alexander Imas, M.D. - Physiatrist Dynamic Pain Rehabilitation

1358 Paseo Verde Parkway, Suite 100 (702)982-7100 / Stephanle Henderson, NV 89012

6070 South Fort Apache Road 100 McKenna, Ruggeroli & Helmi

Follow Up visit \$ 100.00

Evaluation: \$ 275.00

Las Vegas, NV 89148 702) 307-7700 / Daisy

=ollow Up Visit: \$100.00 Evaluation: \$400.00

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RESOURCES

Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Atwater, CA 95301

Olzack Healthcare Consulting, Inc.

Date Prepared: 12-19-2018 Date of Birth: 10-24-1962 Name: Titina Farris

Podiatry

3777 Pecos-McLeod, Suite 103 702) 434-2023 / Perala Follow Up Visit: \$45.00 Las Vegas. NV 89121 Evaluation: \$120.00 Eastern Podiatry

341 North Buffalo Drive, Suite A (702) 242-3870 / Heather Follow Up Visit: \$45.00 Las Vegas NV 89145 Jerry T Henry, DPM Evaluation: \$75.00

3650 South Eastern Avenue, Suite 200 (702) 420-7970 / Cindy Follow Up Visit: \$50.00 Las Vegas, NV 89169 Evaluation: \$97.00 Foot Care Clinic

4840 South Fort Apache Road, Suite 101 Apache Foot and Ankle Specialist Lee Wittenberg, DPM Las Vegas, NV 89147

Follow Up Visit \$45.00 Evaluation: \$110.00

(702) 362-6634 / Jasmine

Podiatry - Cont.

Psychology

Melissa Danielson, Ph.D. - Psychologist 9480 South Eastern Avenue, Suite 258 Danielson Therapy

7135 West Sahara Avenue, Suite 201 Foot and Ankle Specialist of Nevada

(702) 878-2455 / Yolanda

Las Vegas, NV 89117

(702) 339-5663 / Melissa Danielson Session: \$125.00 - \$150.00 Las Vegas, NV 89123

1820 East Warm Springs Road, Suite 115 Bree Mullin, Psy.D. - Psychologist (702) 270-4357 / Cassidy Las Vegas, NV 89119

5380 Rainbow Boulevard, Suite 318

Swenson Foot and Ankle

Follow Up Visit: \$50.00

Evaluation: \$175.00

Evaluation: \$120.00-\$140.00

Follow Up Visit \$45.00

(702) 873-3556 / Yarcely

Las Vegas, NV 89118

Session: \$225.00

Life Quest Behavioral Health Quest (720) 830-9740 / Carla Las Vegas, NV 89103 Sessions: \$100.00 4780 Arville Street

RESOURCES

Date Prepared: 12-19-2018 Date of Birth: 10-24-1962 Name: Titina Farris

Dietician

Anders and Dunaway Nutrition Consultants, Inc.

2121 East Flamingo Road, Suite 110 Las Vegas, NV 89119

Evaluation: \$75.00

(702) 382-8841 / Brenda

Follow Up Visit: \$45.00

-ollow Up Visit: \$45.00 - \$90.00

(702) 664-1204 / Stephanie

Evaluation: \$95.00

4215 South Grand Canyon The Food Connection

Dietician - Cont.

Las Vegas, NV 90147

Your Dietician for Diabetes and Weight Control

7655 West Sahara Avenue, Suite 110 Las Vegas, NV 89117

(702) 525-1105 / Lydia Evaluation: \$85.00

Follow Up Visit: \$45.00

Geri Lynn Grossan, Med, RDN, CDE, HTCP Las Vegas, NV 89128 7721 Leavorite Drive Evaluation: \$130.00 **Nutrition Moves** (702) 242-5730

Follow Up Visit: \$90.00

8275 South Eastern Avenue #118 (702) 878-5639 / Cecelia Las Vegas, NV 89123 Nutrition by Joey

Follow Up Visit: \$55.00 Evaluation: \$95.00

Olzack Healthcare Consulting, Inc. Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Atwater, CA 95301

Physical Therapy

821 North Nellis Boulevard, Suite 130 Select Physical Therapy

Las Vegas, NV 89110

(702) 452-4563 / Liz Evaluation: \$120.00

(702) 940-3000 / Kandra / Sherry 7301 Peak Drive, Suite101 Las Vegas, NV 89128 ATI Physical Therapy Evaluation: \$85.00

1505 Wigwam Parkway, Suite 240 702) 568-0195 / Brent, Donna Matt Smith Physical Therapy Henderson, NV 89074

2779 West Horizon Ridge Parkway, Suite 100 Tim Soder Physical Therapy

Evaluation: \$85.00

702) 897-1222 / Chelsea Henderson, NV 89052

Evaluation: \$95.00

70 East Horizon Ridge Parkway Suite 180 (702) 856-0422 / Kylie / Taysfie Henderson, NV 89002 **Fru Physical Therapy**

Evaluation: \$120.00

RESOURCES

RESC

Name: Titina Farris Date of Birth: 10-24-1962 Date Prepared: 12-19-2018

Physical Therapy - Cont.

Leavitt Physical Therapy 3037 West Horizon Ridge Parkway, Suite 120 Henderson, NV 89052 (702) 263-4993 / Jeff Evaluation: \$120.00

Affiliated Therapy 9050 West Cheyenne Avenue, Suite 210 Las Vegas, NV 89129 (702) 209-0069 / Carol Evaluation: \$100.00

Occupational Therapy

Affiliated Therapy 9050 West Cheyenne Avenue, Suite 210 Las Vegas, NV 89129 (702) 209-0069 / Carol

Evaluation: \$100.00

Select Physical Therapy 821 North Nellis Boulevard, Suite 130 Las Vegas, NV 89110

(702) 452-4563 / Liz Evaluation: \$120.00 Matt Smith Physical Therapy 1505 Wigwam Parkway, Suite 240 Henderson, NV 89074 (702) 568-0195 / Brent, Donna Evaluation: \$85.00

ATI Physical Therapy 7301 Peak Drive, Suite101 Las Vegas, NV 89128 (702) 940-3000 / Kandra / Sherry Evaluation: \$85.00

Gym Membership with Pool

Otzack Healthcare Consulting, Inc. Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Atwater, CA 95301

Skyview YMCA 3050 East Centennial Parkway North Las Vegas, NV 89081 (702) 522-7500 / Crystal Monthly Membership: \$39.00 Las Vegas Athletic Clubs 2655 South Maryland Parkway Las Vegas, NV 89109 (702) 734-5822 / Tony Enrollment Fee: \$49.00 - \$99.00 Monthly Fee: \$23.00 - \$31.00 Anrual Fee: \$0.00 Anytime Fitness Desert Inn 8490 West Desert Inn Road Las Vegas, NV 89117 (702) 820-0660 / Steve Enrollment Fee: \$40.00 - \$50.00 Monthly Fee: \$45.00 Annual Fee: \$45.00

Name: Titina Farris Date of Birth: 10-24-1962 Date Prepared: 12-19-2018

Olzack Healthcare Consulting, Inc. Sarah Larsen, RN, BSN, FNPc, CLCP 2092 Peace Ct, Atwater, CA 95301

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LIST OF RECORDS REVIEWED FOR TITINA FARRIS

Depositions:

- Deposition of Patrick Farris taken 10-11-18
- Deposition of Titina Farris taken 10-11-18

Medical Reports:

- PM&R Life Care Planning Evaluation Report by Alex Barchuk, M.D. dated 3-20-18
- Life Care Plan Report by Dawn Cook, R.N. dated 6-6-18; Includes:
 - o Past Medical Bill Review by Dawn Cook, R.N. dated 11-15-18
- Expert Report by Justin Aaron Willer, M.D. dated 10-22-18

Medical / Billing Records:

- Medical and Billing Records from Advanced Orthopedics Sports Medicine
- Medical and Billing Records from Barry Rives, M.D.
- Medical and Billing Records from Bess Chang, M.D.
- Medical and Billing Records from Care Meridian
- Medical and Billing Records from Desert Valley Therapy
- Medical and Billing Records from Naomi Chaney, M.D.
- Medical and Billing Records from Elizabeth Hamilton, M.D. (x2)
- Medical and Billing records from Steven Y. Chinn, M.D.
- Medical and Billing Records from Laparoscopic Surgery of Nevada
- Medical and Billing Records from St. Rose Dominican Siena Campus
- Medical Records from St. Rose Dominican Hospital

Miscellaneous Records and Reports:

- 15 Wound Photos
- Video "M2U00211" (00:48 seconds)
- Video "M2U00212" (01:03 minutes)
- Video "M2U00213" (01:07 minutes)
- Video "M2U00214" (01:17 minutes)

- Video "M2U00215" (00:42 seconds)
- Video "M2U00216" (00:27 seconds)
- Video "M2U00217" (00:44 seconds)
- Video "M2U00218" (00:10 seconds)
- Video "M2U00219" (00:59 seconds)
- Video "M2U00220" (00:37 seconds)
- Video "M2U00221" (00:18 seconds)
- Video "M2U00222" (00:11 seconds)
- Video "M2U00223" (00:10 seconds)
- Video "M2U00224" (00:33 seconds)
- 2 Photos In LCP File

SARAH LARSEN, RN, MSN, FNP, LNC, CLCP

1120 Commerce Avenue #15 | Atwater, CA 95301 | 661-205-6917 | slarsen@olzackhealthcare.com

EDUCATION AND DEGREES

- University of Florida Life Care Planning Post Graduate Certification Program Completion August, 2014
- National Association of Legal Nurse Consultants Certification Program December, 2012
- California State University Bakersfield, Bakersfield, CA, Masters of Science in Nursing 2004
- California State University Bakersfield, Bakersfield, CA, Bachelors of Science in Nursing 1999
- California State University Fresno, Fresno, CA, General Education 1993-1995

CERTIFICATIONS AND LICENSURES

- Certified Life Care Planner, August 2014
- Legal Nurse Consultant, December 2012
- Nurse Practitioner, California Board of Registered Nursing, 2004
- Registered Nurse, California Board of Registered Nursing, 1999
- Pedlatric Advanced Life Support ongoing certification

EMPLOYMENT HISTORY

1/20/2017 - current

California State University, Bakersfield - Nursing Professor

Bakersfield, CA

- Lecturer, content expert, and lead instructor for pediatric nursing Educate students at the baccalaureate degree RN level in both didactic and clinical instruction
- Comply with regulatory board standards
- Developed lectures, assignments and exams relating to pharmacology and pediatric didactic content
- Coordinate and conduct clinical and simulation laboratory experiences for nursing students
- Participate in faculty meetings

October 2016 - March 2017

All Season's Hospice - Nurse Practitioner

Lancaster, CA

- Home / Site visits with hospice patients under service of All Season's Hospice
- Conduct physical assessments, assess for any changes in client's status
- Prescribing medications and necessary supplies for self-care and medical management
- Collaborate with the patient care team for plan of care
- Documentation of client progress in the medical chart

January 2014 - current

Olzack Healthcare Consulting - Life Care Planner

Atwater, CA

- Medical record review, summarization, and chronologies for litigation
- Participate in Independent medical examinations
- Development of life care plans
- Medical legal consulting for litigation
- Expert witness testimony

June 2012 - current

SS Legal Consulting - Legal Nurse Consulting

Bakersfield, CA

- Medical record review, summarization, and chronologies for litigation
- Participate in initial intake interviews and provide professional nursing opinion on standard of care
- Participate in independent medical examinations

8/2/2001 - 11/2015

Bakersfield Memorial Hospital - Registered Nurse

Bakersfield, CA

- Registered nurse working in pediatric acute care and pediatric intensive care
- Continually assess patients in the inpatient setting with acute and chronic healthcare needs

- Develop and implement individualized plan of care for each patient including medication administration, procedures, equipment and various treatment modalities and therapies
- Evaluate patient response to treatment and therapies
- Work collaboratively with multidisciplinary team of physicians, dieticians, respiratory therapists, case managers, and occupational and physical therapists
- Precept, mentor and educate new graduate nurses in the clinical and classroom settings

8/1/2007 - 7/31/2013

Bakersfield College - Nursing Professor

Bakersfield, CA

- Tenured professor, content expert, and lead instructor for pediatric nursing Educated students at the associate degree RN and LVN level in both didactic and clinical instruction
- Complied with regulatory board standards
- Developed lectures, assignments and exams relating to medical surgical and pediatric didactic content
- Coordinated and conducted clinical and simulation laboratory experiences for nursing students
- Participated in faculty meetings and committees

12/30/2004 - 8/1/2007

Kaiser Permanente - Nurse Practitioner

Bakersfield, CA

- Coordinator of pre and post bariatric surgery/weight management clinic
- Coordinated care and case management for pre and post bariatric patients through the Health Education Department
- Instructed classes for weight management and pre and post bariatric healthcare information
- Examined adult and pediatric patients, evaluated and managed care and comorbid conditions while in the weight management program
- Collaborated with primary care physicians, specialty services and case management as needed for patient care
- Ordered and interpreted diagnostic tests, and ordered medications to manage comorbid conditions
- Initiated referrals to specialty care providers as necessary for medical conditions

8/1/2004 - 7/31/2007

California State University, Bakersfield – Lecturer, Clinical Instructor

Bakersfield, CA

- Tenured professor, content expert, and lead instructor for pediatric nursing Educated students at the baccalaureate degree RN level in both didactic and clinical instruction
- Complied with regulatory board standards
- Developed lectures, assignments and exams relating to pediatric didactic content
- Conducted clinical and simulation laboratory experiences for nursing students
- Participated in faculty meetings

7/6/1999 - 8/1/2001

Mercy Southwest Hospital - Registered Nurse

Bakersfield, CA

- Registered nurse for inpatient medical surgical and pediatric units
- Continually assess patients in the inpatient setting with acute and chronic healthcare needs
- Develop and implement individualized plan of care for each patient including medication administration, procedures, therapies and various treatment modalities
- Evaluate patient response to treatment and therapies
- Work collaboratively with multidisciplinary team of physicians, dieticians, respiratory therapists, case managers, and occupational and physical therapists
- Precept, mentor and educate new graduate nurses in the clinical and classroom setting

PROFESSIONAL ORGANIZATIONS

- AANLCP America Association of Nurse Life Care Planners
- AALNC American Association of Legal Nurse Consultants
- Sigma Theta Tau international Honor Society for Nursing



FEE SCHEDULE

To Whom It May Concern:

Effective November 1, 2017:

Fee Schedule for Professional Services rendered by Sarah Larsen, R.N., C.L.C.P.:

Review of Medical Records, Life Care Plans,

Depositions, Responses to Interrogatories;

Research; Preparation of Life Care Plans and

Reports; Evaluation of Facilities for Placement;

Patient Evaluations; Consultation; and Travel:

\$275.00 per hour

(Travel rate same as hourly rate)

ALL REPORTS (VERBAL OR WRITTEN)
REQUESTED WITHIN 8 WEEKS OF DUE
DATE WILL BE BILLED AT A RUSH RATE:

\$325.00 per hour

Deposition, Arbitration and Trial Testimony:

\$400.00 per hour

1 hour minimum

Printing Fee:

\$0.10 per page

Scanning Fee:

\$0.15 per page

(We request all case material be sent to us electronically, i.e. CD, flash drive, email or secure website. All hard copy material will be scanned by our office)

Make checks payable to: Olzack Healthcare Consulting, Inc. Tax ID#46-1649947



Olzack Healthcare Consulting 2092 Peace Court, Atwater, CA 95301 Phone: 209-358-8104 Fax: 209-358-8115 olzackhealthcare@gmail.com

DEPOSITIONS

2015 to 2018

Name	Year	Name	Year
Corey Abrahms (D)	2015	Heather Campbell (D)	2017
Mikala Osborn (D)	2015	Elizabeth Bolden (D)	2017
Florence Kuhlmann (D)	2015	Steven Handrop (D)	2017
Paulette Johnson (D)	2015	Steven Meler (D)	2017
Linda Crete (D)	2016	Patricia Colombo (D)	2017
Charles Draper (D)	2016	Robert Fisher (D)	2017
Alexa Simpson (D)	2016	Mason Banuelos (D)	2017
Michael Crump (P)	2016	Anthony Ford (D)	2017
Bai Quan Su (D)	2016	Banuelos, Mason (D)	2018
Steven Kennedy (D)	2016	Winstead, Porche (D)	2018
Leslie Topping (D)	2017	Ramirez, Sonia (D)	2018
D.M. (D)	2017	Smith, Paul (D)	2018
Jorge Frias (D)	2017	Su Kyong Pae (D)	2018
Sabrina Zavala (D)	2017	Culinane, Karan (P)	2018
Ali, Tchezecb (D)	2017		
	Total Deposit	ions	29

ARBITRATIONS

2015 to 2018

Name	Year
Veronica Bland (D)	2016
Su Kyong Pae (D)	2018
Total Arbitrations	2



TRIALS

2015 to 2018

Name	Year
Florence Kuhlmann (D)	2015
Linda Crete (D)	2016
Alexa Simpson (D)	2016
Jorge Frias (D)	2017
Steven Meier (D)	2017
Steven Kennedy (D)	2017
Stephen Handrop (D)	2017
Culinanc, Karen (P)	2018
Total Trials	8

EXHIBIT "3"



SCOTT J. KUSH, MD JD MPH 101 Jefferson Drive, Menlo Park, CA 94025 skush@LifeExpectancyGroup.com

Life Expectancy Report Ms. Titina Farris

December 19, 2018

Chad C. Couchot, Esq.
Schuering Zimmerman & Doyle, LLP
400 University Avenue
Sacramento, CA 95825-6502

Mr. Couchot,

This report responds to your request for my opinions on Ms. Titina Farris' life expectancy, as of the date of this report, and for a summary of my scientific analyses.

Information Reviewed

My information on Ms. Titina Farris is taken from the materials that have been provided and which include:

Medical records

- St. Rose Dominican Hospital San Martin Campus
- St. Rose Dominican Hospital Siena Campus
- Laparoscopic Surgery of Nevada
- Elizabeth Hamilton, MD
- Steven Y. Chinn, MD
- Naomi Chaney, MD
- Desert Valley Therapy
- Care Meridian
- Bess Chang, MD
- Barry Rives, MD
- Advanced Orthopedics & Sports Medicine

Report

Justin Willer, MD (10/22/2018)

Depositions

- Titina Farris (10/11/2018)
- Patrick Farris (10/11/2018)
- Barry Rives, MD (10/24/2018)

Other

- Plaintiff's responses to First Request for Production of Documents
- Plaintiff's responses to First Set Interrogatories
- Plaintiff's Expert Disclosure with exhibits
- Defendant's Expert Disclosure

Life Expectancy Group 101 Jefferson Drive, Menio Park, CA 94025 Phone: (650) 387-7972 Fax: (650) 745-1034

An Introduction to Life Expectancy

In medicine and science, the term *life expectancy* is defined as the average survival time in a large group of similar persons. Survival time is the actual number of years, months, days, and hours a person will live. Life expectancy is not survival time.

The National Center for Health Statistics reports that the life expectancy of a U.S. female at birth is 81.3 additional years. This represents the average, arithmetic mean, survival time of U.S. females born today. It is a summary measure of more extensive information contained in a life table including annual probabilities of survival and age-specific mortality rates. Life expectancy is not intended to predict the actual survival time of any individual and it does not mean that we expect a given female, born today, will die *precisely* at age 81.3 (her actual survival time may be longer or shorter).

The US life tables provided by the National Center for Health Statistics and the Center for Disease Control and Prevention account for age, sex, and race/ethnicity. However, once we know more than simply the age and sex of an individual, we must use the peer-reviewed medical literature to take into consideration any significant additional risks of mortality.

For instance, an overwhelming body of government data reports that the mortality rates for persons who diabetes and/or significant reductions in mobility are higher than the age and sex-matched general population.

Ms. Titina Farris' Condition

Ms. Titina Farris is a U.S. female who was born on October 24, 1962. She is 56.2 years of age as of the date of this report. The general population life expectancy for a female this age is 28.0 additional years (or to age 84.2). However, Ms. Farris' risk factors and condition must be taken into consideration when assessing her life expectancy. The details and the effects of these factors are noted and discussed below.

Ms. Farris has had long-standing history of type II diabetes. Her diabetes requires insulin. She has diabetic peripheral neuropathy dating back to at least mid 2014. Ms. Farris also has hypertension that is generally controlled with medication. Ms. Farris has hyperlipidemia. The records indicate that she has had compliance issues that have led to elevated Hemoglobin A1c and lipid levels.

Ms. Farris had surgery in August 2014 for repair of an incarcerated ventral hernia. In July 2015, she had a laparoscopic reduction and repair of an incarcerated incisional hernia. She experienced colon perforations, sepsis, and ultimately the need for trach placement. She then had an abdominal washout, partial colectomy, right ascending colon end-ileostomy, and lysis of adhesions. She improved and was extubated and discharged in August 2015 to the Care Meridian Facility. Ms. Farris underwent rehabilitation there until discharge home in late August 2015. In July 2016 Ms. Farris was able to have her colostomy reversed.

Ms. Farris developed severe distal weakness and sensory loss of the lower extremities. She was diagnosed with a bilateral foot drop with neuropathic pain in her legs. Ms. Farris continues to experience foot drop and difficult walking. She uses a walker and wheelchair for mobility. She complains of shoulder pain to her ill-fitting walker. She has a history of chronic pain (bilateral foot

and ankle, and shoulder). She continues to experience chronic pain which she requires medication for. She depends heavily on her husband and family to assist with daily activities. She was previously independent and active. She misses walking her daughter to school, being outside with their four dogs, going dancing with her husband, and general activities such as taking care of the household chores.

Ms. Farris also has gastroesophageal reflux disease and Dupuytren's contractures in her bilateral hands. She has been experiencing anxiety and depression (Cymbalta) and she complains of impaired short-term memory.

Ms. Farris' is married is and lives with her husband Patrick and her daughters Elizabeth and Sky. She has a high school education and currently works as a clairvoyant.

Diabetes / Hypertension / Hyperlipidemia

Serious medical conditions increase mortality rates and reduce life expectancy. In the case of diabetes, there is a significant body of peer-reviewed medical and scientific literature documenting this increased mortality and reduced life expectancy.^{2-10,36}

Diabetes is characterized by a defective response of the body tissue to insulin (resistance). Increased mortality results from both macrovascular and microvascular processes. From a macrovascular standpoint, there is increased risk of death due to cardiovascular disease, stroke, and peripheral vascular disease. From a microvascular standpoint, there is an increased rate of retinopathy (causing blindness), neuropathy (causing damage to the nervous system and leading to potential amputation), and nephropathy (causing kidney disease).^{2-10,36}

Hypertension is high blood pressure. It is a measurement of the force against the walls of your arteries as your heart pumps blood through your body. Blood pressure readings are given as two numbers and one or both of these numbers can be too high (normal being 120/80). High blood pressure increases the chance of heart disease, stroke, and kidney problems and results in higher mortality rates.^{4,10-15,36} Hyperlipidemia is the presence of elevated levels of lipids in the bloodstream. It is strongly associated with cardiovascular disease & stroke as it promotes plaque formation in the arteries.^{15,36}

Dr. Naomi Chaney stated in her March 23, 2018 note: "The patient was asked to come in with her husband for frank discussion regarding noncompliance with recommendations. ... the patient will need to be on cholesterol lowering medications as I explained that she is at high risk for pancreatitis and quite frankly death."

I have considered Ms. Farris' diabetes (with polyneuropathy), her hypertension, and her hyperlipidemia. I have examined the peer-reviewed articles on this subject and found the studies clearly indicate an increase in mortality as compared to the rates of the general population.

I have found the literature to be broadly consistent and indicative of a relative risk of 1.5 for diabetes without complications (or an excess risk of 50%). This is *conservative* in that Ms. Farris actually has polyneuropathy (a complication) and additionally has hypertension and hyperlipidemia. I have also *conservatively* assumed that she will no longer have compliance issues in the future. The corresponding excess death rates appear in **column DIAB** on page 8.2-15,36

Life Expectancy Group skush@LifeExpectancyGroup.com

Physical Impairments / Reduced Mobility / Chronic Pain

Ms. Farris was previously independent and fully ambulatory prior to August 2015. However, she now has physical impairments which include bilateral foot drop and severe truncal instability requiring physical contact. She uses a walker and wheelchair for mobility. She has severe sensory loss below the knees, quadriparesis, and a right ankle fracture. She is unable to lift more than three pounds. She requires her husband and family to assist with daily activities.

Mild to moderate physical impairments and disabilities, such as those seen with reductions in mobility, impact life expectancy. 16-24,36 This should not be surprising given that long term reduced mobility that occurs, even by choice (i.e., being sedentary), is associated with increased mortality rates. 25-28,36

Persons who lose a portion of their mobility become subject to increased risk of death from a variety of causes. The leading causes are pneumonia and other diseases of the respiratory system. Other major causes are pulmonary embolisms, urinary tract infections and septicemia. And diseases of the circulatory system, the leading cause of death in the general population, have even higher rates in the reduced mobility population. 16-28,36

Ms. Farris also has a history of bilateral foot, ankle, and shoulder pain. She continues to experience chronic pain which now includes neuropathic leg pain and some additional shoulder pain she attributes to her ill-fitting walker. She requires pain medication for relief.

Chronic pain increases mortality and reduces life expectancy. Possible reasons for higher mortality rates include increased cancer rates, psychological stress (anxiety and depression), body fatigue, reductions in mobility, and polypharmacy.^{29-33,36}

Ms. Farris' physical impairments and disabilities are quite similar to that of a person with an ASIA (American Spinal Injury Association) classification D spinal cord injury (SCI). Ms. Farris impairments and resulting reduction in physical activity closely mirror those of an ASIA D SCI (a mild to moderate spinal cord injury) with similarities to preserved motor function and some ability to walk.

The corresponding excess death rates appear in column PHYS on page 8.18-20,36

Additional Risk Factors

Additional risk factors were considered but not explicitly quantified in the life expectancy calculations. These factors would not be expected to have *significantly* changed Ms. Farris' life expectancy *after* explicit consideration of her diabetes (including hypertension and hyperlipidemia) and physical impairments (including reduced mobility and chronic pain).

These additional factors included: Gastroesophageal reflux disease, Dupuytren's contractures in her bilateral hands, anxiety and depression, and impaired short-term memory.

These factors were not quantified into my analyses.

My Opinion

My analyses and opinion of Ms. Titina Farris' life expectancy is based on (1) a review of the materials provided including her medical records, a report, depositions, and other documents, (2) a review of a relevant body of medical and scientific literature, ^{2-33,36} (3) the standard scientific methods for calculating life expectancy, ^{1,34-54} and (4) my education, training, experience and expertise.

To a reasonable degree of scientific certainty, I have calculated Ms. Titina Farris' life expectancy, as of the date of this report, to be 21.5 additional years.

The life table is provided on page 9 of this report. A summary table is provided, for quick reference purposes, below.

Life expectancies for various risk profiles of a 56.2 year-old U.S. female				
Risk Profiles	Remaining Years			
General Population of females this age	28.0			
including diabetes	24.5			
including physical impairments	24.0			
including diabetes AND physical impairments	21.5			

I reserve the right to amend this report and revise my opinions if further information becomes available.

Methodology

It is not possible for anyone to predict an individual's exact survival time (i.e., the exact date and time of death of an individual). Rather, medical researchers, scientists, epidemiologists, biostatisticians, life actuaries, and medical doctors can calculate a person's average survival time by comparing that person to the survival data derived from large groups ("cohorts") of people with similar characteristics and circumstances. This average survival time, by the exact definition, is the life expectancy. 1,34-54

In arriving at my opinion, I used standard and generally-accepted scientific methods that are routinely used by other researchers, annuitists, and scientists concerned with life expectancy. The methodology consists of: (1) reviewing the medical records of treating or examining physicians, hospital records, reports of experts, and other available information to understand an individual's medical history, past medical conditions, and to determine medical risk factors; (2) reviewing relevant peer reviewed medical literature and other scientific evidence in order to identify groups of similar persons; (3) determining the individual or joint effects of the various risk factors on survival; and (4) constructing a life table using similar methods as those used by the U.S. government to construct life tables for the general population. 1,34-54

A precise and detailed description of this procedure has been subjected to peer review and published.^{41,46,53} It is also covered, more generally and conceptually, in the many books and articles which I have cited under scientific methods.^{1,34-54} Many medical conditions have been demonstrated to be associated with increased rates of mortality compared to those of the standard tables, and much has been written about how to make adjustments to the life table to account for such factors.^{34-36,41-42,46,49-54}

This process of calculating relative risks and excess death rates is the standard by which the insurance industry produces rated ages and table ratings for life annuities and life insurance. It is discussed in actuarial textbooks and is regularly discussed in a multitude of articles published by the Journal of Insurance Medicine. 34-36,42,44 This is not simply my methodology but rather the generally accepted methodology that is utilized and has been conducted by medical researchers, scientists, life actuaries, and the insurance industry for well over 100 years (life tables have been constructed and used since the 1600s). 35-36,41-44,46,49-50,52-54 This process is used daily to calculate rated ages, table ratings, and life expectancies for life annuities and life insurance (e.g., with smoking and/or diabetes). 34-36,41-42,49,53-54 If this process did not properly result broadly in accurate life expectancies, the insurance and life actuarial industry would most certainly have ceased to exist.

Much like the work of an economist or life care planner, the numbers I have extracted and calculated can be verified, validated, and/or critiqued by another trained and experienced expert. This scientist can perform an analysis and assess if an error or improper assumption was made. To the extent there is disagreement by similarly qualified experts, one would need to examine the underlying assumptions and evidence (including the peer reviewed research and any data) that were relied upon. Furthermore, ongoing validation comes in the underlying peer reviewed research that the calculations are based upon.²⁻⁵⁴

Additional longitudinal research continually becomes available which consistently reveals and confirms that mortality rates have been and are currently consistently elevated (above the general population rates) in particular conditions and ailments.

In each case, I review the literature and consider all the factors listed in the medical records. I am aware, from reviewing the literature extensively and week to week, that major conditions such as diabetes and reduced mobility do impact one's mortality rate and life expectancy and that other factors have a far less significant impact. Careful research in each case and of each factor, over a decade of research in this area, and experience from having researched and worked on over 1800 cases aid me in identifying the factors that are most significant for life expectancy and performing a life expectancy calculation.

Academic and Professional Qualifications

I am a medical researcher in the area of life expectancy. I have presented and consulted in that capacity. I have been both an author of peer-reviewed articles as well as a peer reviewer on the subject. I have taught instructional sessions on life expectancy to clinicians receiving continuing medical education (CME) credits.

I am a Fellow with the American Academy for Cerebral Palsy & Developmental Medicine and the founder of the Life Expectancy Group. This is a research & consulting group whose focus is on

life expectancy, factors that impact it, and legal issues surrounding it. This includes statistical and epidemiological mortality research on persons with developmental disabilities, injuries, and myriad chronic medical conditions across the various body systems including the cardiovascular, respiratory, gastrointestinal, endocrine, urinary, and neurologic systems.

I earned an MD from Stanford University School of Medicine in 2004, a JD from Stanford University School of Law in 2000, and an MPH from San Diego State University in 1995. You will find further professional qualifications provided in my curriculum vitae.

Thank you for the opportunity to assist on this matter and please do not hesitate to contact me if you would like any clarification of this report.

Sincerely Yours,

Scott Kush, MD JD MPH

Medical Researcher

Life Expectancy Group

Schedule of Mortality Rates & Excess Death Rates

AGE	GP	DIAB	PHYS	TOTAL
56	0.0052	0.0026	0.0061	0.0139
57	0.0055	0.0028	0.0063	0.0146
58	0.0059	0.0030	0.0065	0.0154
59	0.0063	0.0032	0.0067	0.0162
60	0.0067	0.0034	0.0070	0.0171
61	0.0072	0.0036	0.0072	0.0181
62	0.0078	0.0039	0.0075	0.0191
63	0.0084	0.0042	0.0078	0.0203
64	0.0090	0.0045	0.0081	0.0217
65	0.0098	0.0049	0.0084	0.0230
66	0.0106	0.0053	0.0087	0.0246
67	0.0115	0.0058	0.0091	0.0264
68	0.0126	0.0063	0.0095	0.0283
69	0.0138	0.0069	0.0099	0.0306
70	0.0153	0.0076	0.0104	0.0333
71	0.0169	0.0084	0.0109	0.0362
72	0.0187	0.0093	0.0114	0.0393
73	0.0206	0.0103	0.0119	0.0427
74	0.0226	0.0113	0.0125	0.0464
75	0.0249	0.0124	0.0132	0.0505
76	0.0275	0.0138	0.0138	0.0551
77	0.0306	0.0153	0.0146	0.0604
78	0.0342	0.0171	0.0154	0.0666
79	0.0385	0.0192	0.0163	0.0740
80	0.0430	0.0215	0.0173	0.0819
81	0.0480	0.0240	0.0182	0,0903
82	0.0535	0.0267	0.0193	0.0995
83	0.0599	0.0300	0.0205	0.1104
84	0.0676	0.0338	0.0218	0.1232
85	0.0755	0.0377	0.0231	0.1363
86	0.0853	0.0427	0.0248	0.1527
87	0.0963	0.0481	0.0264	0.1708
88	0.1085	0.0542	0.0281	0.1909
89	0.1221	0.0610	0.0302	0.2133
90	0.1371	0.0685	0.0319	0.2375
100	0.4348	0.2174	0.0639	0.7160

GP - U.S female general population mortality rates

DIAB = Excess death rates (EDRs) for diabetes, hypertension, and hyperlipidemia
PHYS = EDRs for physical impairments, reduced mobility, and chronic pain

TOTAL = GP + DIAB + PHYS

This total also appears in the m(x) column of the life table on the next page.

Life Table for Ms. Titina Farris

Age	l(x)	d(x)	q(x)	m(x)	L(x)	T(x)	e(x)
56.2	100000	1170	0.0117	0.0139	84503	2153632	21.5
57	98830	1434	0.0145	0.0146	98113	2069129	20.9
58	97396	1490	0.0153	0.0154	96651	1971016	20.2
59	95906	1543	0.0161	0.0162	95135	1874365	19.5
60°	94364	1598	0.0169	0.0171	93564	1779230	18.9
61	92765	1662	0.0179	0.0181	91934	1685666	18.2
62	91103	1728	0.0190	0.0191	90239	1593731	17.5
63	89375	1799	0.0201	0.0203	88476	1503492	16.8
64	87576	1876	0.0214	0.0217	86638	1415016	16.2
65	85700	1952	0.0228	0.0230	84724	1328378	15.5
66	83748	2036	0.0243	0.0246	82730	1243654	14.8
67	81712	2127	0.0260	0.0264	80648	1160924	14.2
68	79585	2222	0.0279	0.0283	78473	1080276	13.6
69	77362	2329	0.0301	0.0306	76198	1001802	12.9
70	75033	2454	0.0327	0.0333	73806	925604	12.3
71	72579	2580	0.0356	0.0362	71288	851799	11.7
72	69998	2701	0.0386	0.0393	68648	780510	11.2
73	67297	2813	0.0418	0.0427	65891	711862	10.6
74	64484	2925	0.0454	0.0464	63022	645972	10.0
75	61559	3032	0.0493	0.0505	60043	582950	9.5
76	58527	3139	0.0536	0.0551	56958	522907	8.9
77	55389	3246	0.0586	0.0604	53766	465949	8.4
78	52143	3361	0.0645	0.0666	50462	412183	7.9
79	48782	3479	0.0713	0.0740	47042	361720	7.4
80	45303	3560	0.0786	0.0819	43522	314678	6.9
81	41742	3604	0.0863	0.0903	39940	271156	6.5
82	38138	3612	0.0947	0.0995	36332	231216	6.1
83	34526	3609	0.1045	0.1104	32721	194884	5.6
84	30917	3583	0.1159	0.1232	29125	162162	5.2
85	27333	3482	0.1274	0.1363	25592	133037	4.9
90	11521	2436	0.2114	0.2375	10303	37769	3.3
100	228	116	0.5113	0.7160	169	331	1.5

ble Terminol	
x	age.
l(x)	the number of persons alive at age x
d(x)	number of deaths in the interval from x to x+1
q(x)	probability of dying at age x
m(x)	age-specific mortality rate
L(x)	total number of person-years lived by the cohort from x to x+1
T(x)	total number of person-years lived by the cohort from age x
	until all members of the cohort have died
e(x)	the life expectancy of persons alive at age x

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Exhibits

U.S. Life Expectancy

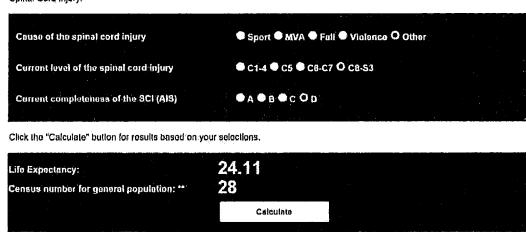
<u>Age</u>	<u>Male</u>	<u>Female</u>
0	76.5	81.3
10	67.1	71.8
20	57.3	61.9
30	48.0	52.2
40	38.8	42.6
50	29.8	33.4
60	21.7	24.7
70	14.5	16.7
80	8.4	9.8
90	4.1	4.9
100	2.1	2.3

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Spinal Cord Injury Comparison

Person's current age	56		
injury Date	7/3/2015		
Male or Female	● Malo O Famale		
Ethnicity	O Mativo Mativo Mispanic Asian Other		
Highest Level of Education	■ Loss than HS ○ HS Grad/GED ■ College Grad ■ Post Grad		
Type of Insurance	O Worker Comp/Private Madicare/Medicaid/Other		
Ventilator Used	O No Ventilator • Ventilator		

Please answer the next questions based on the cause of injury, current neurologic level of injury and degree of completeness of the Injury [American Spinal Injury Association Impairment Scale (AIS)]. Determination of the level and AIS grade should be based on the Motor Exam Guide and Sonsory Exam Guide which are part of the International Standards for Neurological Classification of Spinal Cord Injury.



National Spinal Cord Injury Statistical Center (2018). Life Expectancy Calculator. https://www.nscisc.uab.edu/Public_Pages/LifeExp

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Education

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JD Law Stanford University, School of Law 2000

JD Law Stanford University, School of Law 2
MPH Public Health San Diego State University 1995

BS Biochemistry University of California, San Diego 1992
BA Psychology University of California, San Diego 1992

Present Position

2009 - current Medical Researcher/Consultant

Life Expectancy Group

Menlo Park, California

Employment

2006 - 2009 Medical Researcher/Consultant

Life Expectancy Project (Strauss & Shavelle Inc.)

San Francisco, California

2005 - 2006 Physician Health Care Utilization Review

Physician based Medical Management

Menlo Park, California

2005 Instructor

American River College

Sacramento, California

2000 - 2005

Project Developer - Enterprise Services, Education

Sun Microsystems Menlo Park, California

2003 - 2004

Management Consultant

Boston Consulting Group

San Francisco, California

1998 - 2003

Residential Computer Consultant

Stanford Academic Computing

Stanford, California

1997 - 2003

Special Projects Lead/Multimedia Developer

Stanford School of Medicine

Stanford, California

1997 - 2001, 1988 - 1992 Teaching Assistant

Stanford: Venture Capital, Corporate Finance, and Intro to Economics

UCSD: Genetics, Nutrition, Intro to Psych, Drugs & Behavior, and Electrochemistry

1992 - 1996

Instructor

Kaplan Educational Services

San Diego, California

1992

Research Associate

DepoTech Inc.

San Diego, California

Publications

Day SM, Reynolds RJ, Kush SJ (2016). Extrapolating published survival curves to obtain evidence-based estimates of life expectancy in cerebral palsy. Developmental Medicine & Child Neurology. DMCN 12849.

Day SM, Reynolds RJ, Kush SJ (2015). The relationship of life expectancy to the development and valuation of life care plans. NeuroRehabilitation. 36:253-266.

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Presentations

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Kush S (2017). Life Expectancy in Cerebral Palsy and Brain Injury. The South African Medico-Legal Association. September 8, 2017. Cape Town, South Africa.

Heine, SJ, Kush S (2017). Exploration of Life Expectancy. The National Association of Railroad Trial Counsel. 2017 Winter Meeting. March, 2017. Phoenix, Arizona.

Day, SM, Reynolds RJ, Kush S (2016). What Can a Telephone Survey Tell Us About the Health and Well-Being of Children With Cerebral Palsy and Other Developmental Disabilities? Findings of the US 2011-2012 National Survey of Children's Health. Presentation. September 2016. 70th Annual Meeting of the American Academy for Cerebral Palsy and Developmental Medicine.

Reynolds RJ, Day SM, Kush S (2014). Life Expectancy in Cerebral Palsy: Methods for Clinicians. Instructional Course. September 2014. 68th Annual Meeting of the American Academy for Cerebral Palsy and Developmental Medicine.

Kush S, Sharpe J (2014). Life Expectancy and Worklife Expectancy Calculations in Valuations. June 19, 2014. National Association of Certified Valuators and Analysts. NACVA 2014 Conference,

Kush S, Day SM, Reynolds RJ (2013). Evidence-Based Calculations of Life Expectancy of Children and Adults with Cerebral Palsy and Other Developmental Disabilities. Seminar on October 19th. 67th Annual Meeting of the American Academy for Cerebral Palsy and Developmental Medicine.

Kush S (2011). Life Expectancy - The Basics. Luncheon. Business Entrepreneurs of Silicon Valley.

Kush S (2010). Life Expectancy Issues. 11th Annual Neuroscience of Brain Injury: Research Informing Medical Treatment and Legal Practice Conference. California Brain Injury Association.

Durack J, Grappone T, Kush S, Nevarez A (2001). SKOLAR Cards – mobile access to high quality clinical information. Biomedical Computation at Stanford (BCATS) Symp, 43. http://bcats.stanford.edu/previous_bcats/bcats01/BCATS2001Abstract.pdf

Dev P, Rindfleisch T, Kush S, Stringer J (2000). An analysis of technology usage for streaming digital video in support of a preclinical curriculum. Proc AMIA Symp., 180-184. http://www.amia.org/pubs/symposia/D200922.pdf

Dev P. Stringer J, Kush S (1999). Institutional approaches to web-enabled curriculum delivery: The curriculum web. Proc AMIA Sym. www.amia.org/pubs/symposia/D005705.htm

Professional Organizations

Member of the American Medical Association

Member of the American Statistical Association

Fellow - American Academy for Cerebral Palsy & Developmental Medicine

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Deposition and Trial Testimony

Deposition Testimony

July 30, 2007 Stewart v. Welch Community Hospital, et al.; West Virginia U.S.

No. 06-C-151-M

Stephen New (Law Office of Stephen New; Beckley, West Virginia)

August 24, 2007 H. Christine Gregory, deceased v. GHA, et al.; Cincinnati, Ohio

No. A0602988

Joel L. Peschke (Triona, Calderhead & Lockemeyer; Cincinnati, Ohio)

November 14, 2007 Ecxford v. City of Zion, et al.; County of Lake, Illinois

No. 05L855

Gerard W. Cook (O'Halloran Kosoff Geitner & Cook, LLC; Northbrook, Illinois)

February 8, 2008 Ecxford v. City of Zion, et al.; County of Lake, Illinois

No. 05L855

Gerard W. Cook (O'Halloran Kosoff Geitner & Cook, LLC; Northbrook, Illinois)

April 9, 2008 Roy Skinner v. Florida Power and Light Company; Tampa District Office, Florida

No. 82-00014IJEM

Timothy A. Dunbrack (Kelley Kronenberg Attorneys at Law; Orlando, Florida)

August 15, 2008 Daniel Budd, et al. v. Edward Schuesser, MD, et al.; Warren County, Missouri

No. 06AU-CC00055-01

Edward Clausen (Carson & Coil, P.C.; Jefferson City, Missouri)

December 9, 2008 Estate of Ida McQueen v. Earline Drumgoole, et al..; County of Alameda, California

No. HP 05 237 122

James Reed (Nichols, Catterton, Downing & Reed, Inc.; Lafayette, California)

January 6, 2009 Kenneth Taylor, et al. v. Michael Schmerler, MD et al.; Hamilton County, Ohio

No. A0606042

Joel L. Peschke (Triona, Calderhead & Lockemeyer; Cincinnati, Ohio)

January 28, 2009 Ivonne Guerrero, et al. v. County of San Benito; County of San Benito, California

U.S. District Court Case No. C08-00307 PVT

Michael C. Serverian (Rankin, Landsness, Lahde, Serverian, & Stock; San Jose, CA)

February 4, 2009 Rodney F. Gimpel v. Kadlec Medical Center et al.; Benton County, Washington

No. 07-2-03128-3

Felix Luna (Peterson Young Putra; Seattle, WA)

April 16, 2009 Renate Herrera v. Best Buy Company; Harris County, Texas

No. 2008-00818

J. Daniel Woodall (Gauntt, Earl & Binney, LLP; The Woodlands, TX)

June 11, 2009 James Olliphant, Sr., et al. v. Nissan Motor Co., LTD, et al.

No. 32567

John Gersch (Rodriguez, Ghorayeb & Gersch, LLP; Dallas, TX)

June 17, 2009 Bridgette Jeffries v. United States of America No. C08-1514RSL Jeffrey Sullivan (U.S. Department of Justice, WA) Ivon Toe, et al. v. Cooper Tire and Rubber Company, et al. July 16, 2009 No. CL 106914 Stephen A. Rothschild (Shumaker, Loop & Kendrick, LLP; Des Moines, IA) Mary E. O'Neal, et al. v. Forest Park Hospital Corp., et al. January 21, 2010 No. 0722-CC00939 J. Thaddeus Eckenrode (Eckenrode-Maupin; St. Louis, MO) Sebastian Rinelli, et al. v. Danbury Hospital, et al. February 15, 2010 No. DBD-CV-07-6000490-S Edward W. Mayer, Jr (Danaher, Lagnese & Sacco, P.C.; Hartford, CT) Vivian Fisher, et al. v. United States of America July 26, 2010 No. C08 5146 BHS Priscilla T. Chan (U.S. Department of Justice; Seattle, WA) Kathy Profitt, et al. v. DaimlerChrysler Corp., et al. July 30, 2010 No. CV-03-512980 Kevin M. Young (Tucker, Ellis & West LLP; Cleveland, OH) September 16, 2010 Lynette Wells v. Kaiser No. 9873 George E. Clause (Hayes, Scott, Bonino, Ellingson & McLay; Santa Clara, CA) James W. Walker v. Cleveland Clinic Health System September 21, 2010 No. CV-08-655236 George M. Moscarino (Moscarino & Treu LLP; Cuyahoga County, CA) November 3, 2010 Roger Taylor v. Kathryne Rupley et al. No. 09CE CG 02319 AMS Kevin M. Smith (Bradley, Curley, Asiano, Barrabee & Gale, PC; Fresno, CA) Peggie Bacon-McDaniel v. Kaiser Foundation Hospitals November 9, 2010 Ram Fletcher (Bohn & Bohn, LLP; Santa Clara, CA) January 14, 2011 Erica Morataya v. City of Bakersfield No. S-1500-CV267729-WDP Michael L. O'Dell (Clifford & Brown, PC; Bakersfield, CA) March 22, 2011 John Curtis v. Stuart A. Nerzig No. AAN-CV-08-5007001-S Jonathan A. Kocienda (Danaher, Lagnese & Sacco, CT) April 4, 2011 John Cox, et al. v. Tom Ivey, MD et al. No. A 0810744 Joel L. Peschke (Triona, Calderhead & Lockemeyer; OH)

April 26, 2011 Estate of Lalone et al. v. Riedstra Dairy Ltd. et al. No. 07-914-NH C. Zachary Vaughn (Patton & Ryan, LLC; St. Joseph, MI) Carol Ropella et al. v. Red Cedar Medical Center et al. May 6, 2011 No. 10CV93 Carolin J. Nearing (Geraghty O'Loughlin & Kenney, P.A.; Dunn County, WI) Alison Skamangas v. Valley Care Health System, et al.; County of Alameda, CA June 20, 2011 No. VG09438029 David Lucchese (Galloway, Lucchese, Everson; Walnut Creek, CA) June 21, 2011 Donald E. Koehne et al. v. American Multispecialty Group, Inc., et al.; St. Louis, MO No. 22052-08776 J. Thaddeus Eckenrode (Eckenrode Maupin; St. Louis, MO) Nicholas Onofrio v. City of Riviera Beach; Palm Beach County, FL August 12, 2011 No. 50 2010 CA 019126 MB AJ Lonniell Olds (Olds, Stephens & Harper; West Palm Beach, FL) L'Heureux v. Maine Medical Center, et al.; Cumberland, ME August 27, 2011 No. CV-008-191 Philip M. Coffin III (Lambert Coffin; Portland, ME) December 8, 2011 Castro-Reyes v. United States of America; Southern District of California No. 10-cv-1559-IEG-JMA Stephen L. Waldman (Law Offices of Stephen L. Waldman; San Diego, CA) April 17, 2012 Zechariah Bonner v. Woodland Women's Health et al.; Hartford, CT No. HHD CV 08 50211331S David A. Haught (Cooney, Scully and Dowling; Hartford, CT) Robert Rodriguez v. JLG Industries, Inc., Oskosh Corp, et al.; U.S. District Ct, CA May 17, 2012 No. 2:11-cv-04586 Susan E. Foe (Dryden, Margoles, Schimaneck & Wertz, CA) Bruce Beard, et al. v. Emad Mahmoud Hasan et al.; Boone County, MO June 4, 2012 No. 09BA-CV03578 R. Max Humphreys (Ford, Parshall & Baker, MS) June 11, 2012 Pauline Gogol v. Mills Peninsula Health Services, et al.; San Mateo County, CA No. CIV 509469 Cyrus A. Tabari (Sheuerman, Martini, & Tabari; San Jose, CA) July 9, 2012 Tucker v. Kaiser Foundation Hospitals et al.: Los Angeles, CA No. ARB Cyndi Douglass (La Follette, Johnson, De Haas, Fesler & Ames; CA)

Zion Emerson v. Alta Bates Medical Center, et al.; County of Alameda, CA August 28, 2012 No. RG094747 Sukhwinder K. Bajwa (Galloway, Lucchese, Everson; Walnut Creek, CA) September 11, 2012 J. Jacobs and A. Jacobs v. Sacramento Regional Transit District, et al.; Sacramento, CA No. 34-2008-00028013 Tim Spangler (Sacramento Regional Transit District, CA) September 19, 2012 Green v. Darnall, et al.; Shawnee County, KS No. 11C379 N. Larry Bork (Goodell Stratton Edmonds & Palmer, KS) Joann R. Kay, et al. v. Harper Excavating, Inc., et al.; Juab County, UT December 7, 2012 No. 100600079 Terry M. Plant (Plant, Christensen & Kanell, UT) December 12, 2012 Takaria Hosea v. Long Beach memorial Med Center, et al.; San Bernardino Cty, CA No. CIVDS1112997 Louis H. DeHaas (LaFollette Johnson, CA) January 21, 2013 David S. Gronik v. Susan Balthasar, et al.; US District Court, Northern District of CA No. 10-CV-954 Timothy Bascom (Bascom, Budish & Ceman, S.C., WI) June 24, 2013 James Diaz v. Sutter Memorial Hospital, et al.; Superior Court, Sacramento, CA No. 34-2009-00056031 Larry Thornton (LaFollette, Johnson, DeHaas, Fesler, & Ames) July 19, 2013 Zaya Carter v. United States of America; US District Court, Eastern District, PA No. 11-6669 Richard Bernstein (US DOJ, Eastern District of Pennsylvania) July 22, 2013 Sanjiv Barse v. San Gorgonia Memorial Hospital, et al.; Superior Court, Riverside, CA No. RIC10019685 Alphonsie Nelson (Watten, Discoe, Bassett, & McMains) August 15, 2013 Becky S. Anderson v. Central Washington Health, et al.; Superior Court, WA No. 12-2-17928-0 SEA Jerry R. Aiken (Meyer, Fluegge & Tenney, P.S.) September 13, 2013 Brian M. Stoedter v. BNSF Railway Company; Rock Island Cty, IL No. 10L 157 Stephen J. Heine (Heyl, Royster, Voelker & Allen) October 7, 2013 Woodrow Gruninger v. Sabitha Srinivasan Schgal, MD et al.: Los Angeles, CA No. BC401650 Michael A. Dembicer (Lewis Brisbois Bisgaard & Smith LLP) December 23, 2013 Gilberto Rebollar v. LA Cty Metropolitan Transportation; County of Los Angeles, CA No. BC421357 William J. Glazer (Veatch Carlson, LLP)

December 31, 2013	Tenaya Strand v. Memorial Medical Center, Modesto et al.; County of Stanislaus, CA No. 648369 Larry Thornton (La Follette, Johnson, DeHaas, Fesler, & Ames)
February 21, 2014	Taja Allen v. The Regents of the University of California.; County of Sacramento, CA No. 34-2011-00104589 Kat Todd (Schuering Zimmerman & Doyle)
March 7, 2014	Aidan Lee v. Jolene Caruso-Soares.; County of Santa Clara, CA No. 112CV227044 Stephen L. Dahm (Cesari Werner and Moriarty)
June 12, 2014	Martha O. Cahan v. D.D. Real Estate Holdings & Travelynx Inc.; Brevard County, FL No. 05-2012-CA-038994 Cary N. Bos (Kubicki Draper)
August 21, 2014	Nicolas Mercado et al. v. Kaiser Foundation Hospital; County of Los Angeles, CA No. BC512365 Brenda Ligorsky (Carroll, Kelly, Trotter, Franzen, McKenna, & Peabody)
August 29, 2014	Caryl Harrison v. Derek A. Taggard, MD., et al.; County of San Francisco, CA No. CGC-12-524952 David J. Van Dam (Schuering Zimmerman & Doyle, LLP)
November 13, 2014	Victoria Adarmes v. David Klain MD, et al.; Superior Court California, Cty of Stanislaus No. 677305 Daniela P. Stoutenburg (Dummit, Buchholz & Trapp)
November 19, 2014	Isabella Palacio v. United States of America; District Court for the ED of California No. 2:13-CV-01012-JAM-CKD Thomas J. Doyle (Schuering Zimmerman & Doyle)
November 25, 2014	Jose Sanchez v. James Gatrost, et al.; Superior Court of CA, County of Los Angeles No. BC506397 Scott Mizen (Veatch Carlson, LLP)
December 4, 2014	Alan Hoskins v. Michael James Shannon, et al.; Weber County, UT No. 130904254 C. Ryan Christensen (Siegfried & Jensen)
January 7, 2015	Manuel Gonzalez Lopez et al. v. Preston Pipelines, et al.; Alameda County, CA No. HG13699138 Joshua S. Goodman (Goodman Neuman Hamilton, LLP)
March 24, 2015	Julian Albarado et al. v. James Babcock, Ahern Rental, et al.; Orange County, CA No. 30-2012-00604351-CU-PP-CJC Jorge Martinez (Taylor Anderson, LLP)
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July 8, 2016	Gutierrez v. Le, Mandel, et al.; County of Orange, CA No. 30-2015-00797352-CU-MM-CJC Michael C. Ting, Esq. (Schmid & Voiles)
August 12, 2016	Lingenfelser v. United Parcel Service, et al.; Camden County, NJ No. L 735-15 Roman T. Galas, Esq. (Ansa Assuncao LLP)
September 1, 2016	Johnson v. The Christ Hospital, et al.; Hamilton County, OH No. A1501878 Joel Peschke, Esq. (Calderhead Lockemeyer & Peschke Law Office)
October 7, 2016	E.R. vs. Sutter Davis Hospital, et al.; District Court, East District of CA No. 2:14-2053 WBS CKD Larry Thornton, Esq. (La Follette, Johnson, DeHaas, Fesler, & Ames)
October 20, 2016	Cordero v. Anhalt.; Superior Court, San Mateo County, CA No. CIV536193 Jon A. Heaberlin, Esq. (Rankin Stock Heaberlin)
October 21, 2016	Breanna Romero v. Robert Prada, et al.; Superior Court, Imperial County, CA No. ECU08320 James Brown, Esq. (Law Office James Matthew Brown APLC)
October 25, 2016	James Mayfield v. Ivan Orozco, et al.; U.S. District Court, Eastern District, CA No. 2:13-CV-02499-JAM-AC Robert F. Tyler, Esq. (Wilke, Fleury, Hoffelt, Gould & Birney, LLP)
December 1, 2016	William Baxter v. Dignity Health, et al.; District Court, Clark County, NV No. A-13-687208-CF Chad Couchot, Esq. (Schuering Zimmerman & Doyle LLP)
January 6, 2017	Dawn & Cree Miller v. Sutter Amador Hosp. et al.; Sup. Ct, Cty of Amador, CA No. 13-CV-8253 Kevin Smith, Esq. (J. Supple Law, P.C.)
February 22, 2017	Perez v. MultiCare Health System, et al., Sup. Court, County of King, WA No. 15-2-18647-7 SEA James B. Meade Jr., Esq. (Fain Anderson Vanderhoef)
February 23, 2017	Perez v. City of Anaheim et al.; Sup. Court, County of Orange, CA No. 30-2015-00807504 Jade Tran, Esq. (Wood Smith Henning & Berman LLP)
March 3, 2017	Woods v. Ralph Prezioso, Jr MD et al.; Sup. Court, J.D. of Hartford, CT No. HHD-CV-13-6043250-S Gina M. Hall, Esq. (Morrison Mahoney LLP)

March 14, 2017	York v. Trader Joe's Company, Inc. et al.; Sup. Court, WA No. 15 2 00024 9 Ted Buck, Esq. (Frey Buck P.S.)
April 7, 2017	Ledesma, et al. v. Joyce Anne Stotz, et al.; Sup. Court, Cty of Riverside, CA No. INC1302238 Janice Walshok, Esq. (Tyson & Mendes)
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April 14, 2017	Sanchez v. County of San Bernardino.; Sup. Court, Cty of San Bernardino, CA No. CIVDS1309504 Robert S. Rubin, Esq. (Law offices of Norman R. Nadel)
May 4, 2017	Tobin v. Scripps Health, et al.; Sup. Court, Cty of San Diego, CA No. 37-2016-00004169-CU-MM-CTL Samuel R. Crockett, Esq. (Doyle, Schafer, McMahon LLP)
May 11, 2017	Richards v. Palo Verde Healthcare, et al.; Sup. Court, Cty of Riverside, CA No. PSC1600219 Jeffery W. Grass, Esq. (Davis, Grass, Goldstein & Finlay)
May 19, 2017	Androlia v. Entertainment Center LLC, et al.; Sup. Court, Cty of Los Angeles, CA No. BC534479 Kate Stimeling, Esq. (Riley Safer Holmes & Cancila LLP)
August 22, 2017	Nisley v. Bay Imaging Consultants, et al.; Sup. Court, Cty of Alameda, CA No. RG15796088 Lisa T. Ungerer, Esq. (Rankin, Sproat, Mires, Reynolds, Shuey & Mintz)
August 25, 2017	Davis v. Lifemark Hospitals of Florida, et al.; Miami-Date County, Florida No. 2016-019843-CA-01 James C. Sawran, Esq. (McIntosh Sawran & Cartaya, P.A.)
September 26, 2017	Quezada v. Kaiser Foundation Hospitals, et al.; Miami-Date County, Florida No. 14465 David Rubaum, Esq. (Reback, McAndrews, Kjar, Warford & Stockalper LLP)
November 6, 2017	Arteaga v. Fresno Community Med Ctr, et al.; Sup. Court, County of Fresno No. 13CECG03906 William White, Esq. (White Canepa LLP)
February 15, 2018	Gonsalves v. Machado et al.; Sup. Court, County of Sacramento No. 34-2014-00167270 Bruce Salenko, Esq. (Low McKinley Baleria & Salenko, LLP)
February 28, 2018	Ingle v. Dignity Health et al.; Sup. Court, County of Sacramento No. 34-2015-00178462 Barry Vogel, Esq. (La Follette Johnson De Haas Fesler & Ames)

March 13, 2018	Frances Durbin v. Gustavo Barajas et al.; Sup. Court, County of Los Angeles No. BC655001 Ashley R. Morris, Esq. (Wilson Elser Moskowitz Edelman & Dicker, LLP)
March 28, 2018	Antoinette Satchel v. Sacramento RTD et al.; Sup. Court, County of Sacramento No. 34-2014-00171169 Timothy S. Spangler, Esq. (Sacramento Regional Transit District)
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May 2, 2018	Aki v. Dr. Alfred Roland Lonser, MD, et al.; Sup. Court, 3 rd Judicial District, Alaska No. 3AN-17-04308 CI Chester D. Gilmore, Esq. (Cashion Gilmore LLC)
June 14, 2018	Licciardi v. Lutheran Hospital Assoc., et al.; District Court, Colorado No. 16-cv-3000-RBJ Andrew C. Efaw, Esq. (Wheeler Trigg O'Donnell LLP)
July 19, 2018	Steadman v. Shawn P. McManus, DO, et al.; 4 th Judicial District Court, Utah No. 160400870 Kurt M. Frankenburg, Esq. (Frankenburg Jensen)
August 15, 2018	England v. Dignity Health, et al.; Sup. Court, Yolo County, CA No. CVPO-2017-1027 Sarah C. Gosling (Schuering Zimmerman)
August 30, 2018	Gutierrez v. Santa Rosa Memorial Hospital, et al.; District Court, Northern District of CA No. 3.16-cv-02645-SI Diana Kaempfer (La Follette, Johnson De Haas, Fesler, & Ames)
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June 7, 2007	Ryan Todd Schweizer v. The City of Fredericton et al.; New Brunswick, Canada; No. F/C/533/02 Barry Spalding (Barry Spalding Lawyers; Saint John, New Brunswick)
August 30, 2007	Stewart v. Welch Community Hospital, et al.; WV No. 06-C-151-M Stephen New (Law Office of Stephen New; Beckley, West Virginia)
January 7, 2009	Kenneth Taylor, et al. v. Michael Schmerler, MD et al.; Hamilton County, OH No. A0606042 Joel L. Peschke (Triona, Calderhead & Lockemeyer; Cincinnati, Ohio)
September 15, 2009	Bianchi v. Salazar Equipment Co., Inc., et al.; Santa Clara, CA No. 1-08-CV104548 John Simonson (Hayes Scott Bonino Ellingson McLay, LLP; Redwood Shores, CA)
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December 21, 2011	Gann, et al. v. Ferrellgas, LP; County of Madera, CA No. MCV052091 Michael C. McMullen (Schlee, Huber, McMullen & Krause PC; Kansas City, MO)
March 7, 2012	Frankel v. Palo Alto Foundation & Medical Group, et al.; Santa Clara, CA No. 1-08-CV103310 Susan Foe (Dryden, Margoles, Schimaneck & Wertz; Santa Clara, CA)
June 29, 2012	Pauline Gogol v. Mills Peninsula Health Services, et al.; San Mateo County, CA No. CIV 509469 Cyrus A. Tabari (Sheuerman, Martini, & Tabari; San Jose, CA)
August 3, 2012	Tucker v. Kaiser Foundation Hospitals et al.; Los Angeles, CA Arbitration Cyndi Douglass (La Follette, Johnson, De Haas, Fesler & Ames; CA)
October 25, 2012	J. Jacobs and A. Jacobs v. Sacramento Regional Transit District, et al.; Sacramento, CA No. 34-2008-00028013 Tim Spangler (Sacramento Regional Transit District, CA)

February 3, 2014 William E. Wilson et al. v. State of Oregon, et al.; Multnomah, OR No. 1204-04632 Ted Buck (Frey Buck P.S. Seattle, WA) O'Neill v. Pentin; Seattle, WA August 19, 2014 Ruth Laura Edlund (Law Offices Wechsler Becker, LLP) December 12, 2014 Caryl Harrison v. Derek A. Taggard, MD., et al.; County of San Francisco, CA No. CGC-12-524952 Thomas J. Doyle (Schuering Zimmerman & Doyle, LLP) Martha O. Cahan v. D.D. Real Estate Holdings & Travelynx Inc.; Brevard County, FL March 16, 2015 No. 05-2012-CA-038994 Cary N. Bos (Kubicki Draper) A. Sharma v. Dignity Health et al.; Superior Court of CA, County of Sacramento May 8, 2015 No. 34-2013-00138981 Patrick Lanius (Lanius & Associates) J. Axelrad v. Morgan Stanley et al.; County of San Francisco, CA May 12, 2015 Arbitration Peter Boutin (Keesal, Young & Logan) June 23, 2015 State of Washington v. Christopher Monfort; County of King, WA No. 09-1-07187-6 SEA Todd Gruenhagen (Associated Counsel for the Accused) Jacqueline Clinton v. Kaiser Foundation; Folsom, CA August 28, 2015 No. 12699 Mark Muro (Muro & Lampe) Un Suk Guernsey v. Sammut Brothers Dev, et al.; County of Monterey CA November 2, 2015 No. M126693 Vincent P. Hurley (Law Offices of Vincent P. Hurley) Carolin Baker v. Mercy Hospital Anderson, et al.; Hamilton County, OH November 13, 2015 No. A1400720 Joel L. Peschke (Calderhead, Lockemeyer & Peschke) Ruiz v. Willowglen Academy, et al.; Stephenson County, IL March 15, 2016 No. 12 L 5 Robert J. Kopka (Kopka Pinkus Dolan) Gutierrez v. Le, Mandel, et al.; County of Orange, CA November 9, 2016 No. 30-2015-00797352-CU-MM-CJC Michael C. Ting, Esq. (Schmid & Voiles) Diane Lewis v. Muhammad Alghannam MD, et al.; County of Sutter, CA June 9, 2017 No. CVCS-12-0874 Anthony D. Lauria, Esq. (Lauria Tokunaga Gates & Linn, LLP)

September 11, 2017 Sanchez v. County of San Bernardino.; Sup. Court, Cty of San Bernardino, CA
No. CIVDS1309504
Kate Stimeling, Esq. (Riley Safer Holmes & Cancila LLP)

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No. 13-CV-8243
Kevin M. Smith, Esq. (Law Offices of Kevin M. Smith)

October 13, 2017 Quezada v. Kaiser Foundation Hospitals, et al.; Miami-Date County, Florida
No. 14465
David Rubaum, Esq. (Reback, McAndrews, Kjar, Warford & Stockalper LLP)

April 20, 2018 McKnight v. Mercy Health-Fairfield Hospital, et al.; Hamilton County, Ohio No. A1601099

Joel Peshke, Esq. (Calderhead, Lockemeyer & Peschke)



Life Expectancy Group

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Fee Schedule

January 2018

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This typically includes: A review of the records, research and analyses, and a discussion of the case. This initial review may require up to 8 hours for a review of records and up to an additional 5 to 8 hours for research and analyses. If the work is expected to take longer - we will call you ahead of time.

We welcome your continued updates as a case progresses. We do not charge for phone calls unless they last 20 minutes or longer.

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If requested, we will prepare a formalized report. Please note that we never write a report without consulting you first. A full report typically requires between 4 and 8 hours.

Deposition & Trial Testimony \$600 per hour

Deposition preparation can require up to 8 hours. This includes reviewing the case and preparing for cross examination.

Trial preparation typically requires between 5 to 10 hours. This includes reviewing the case, producing helpful exhibits, and preparing for cross examination.

For travel we bill at \$600 per hour and all fees are capped at \$6,000/day. We insist on flying coach.

We ask that you <u>please notify us</u>, as soon as possible, of any motions filed that address, in any way, our involvement as an expert in the case. This will enable us to respond to these motions appropriately (via affidavit).

Our FEIN # is 27-1587321

Please make payment to: Life Expectancy Group 101 Jefferson Drive Menlo Park, CA 94025

EXHIBIT "4"

December 18, 2018

Chad C. Couchot, esq.
Schuering, Zimmerman & Doyle, LLP
400 University Avenue
Sacramento, CA 95825

RE: FARRIS VERSUS RIVES

Dear Mr. Couchot:

Per your request, I reviewed this matter to rebut the opinions of Dr. Justin Willer and to comment on the cause of Titina Farris' injuries.

My qualifications to offer an opinion are detailed in my attached Curriculum Vitae. I am a physician licensed to practice medicine in the State of California. I earned a medical degree from UC San Diego in 1972. From 1973 to 1976 I attended residencies in internal medicine and neurology at the University of California, San Francisco Hospitals. From 1976 to 1978, I was a fellow at the National Institutes of Health in Neuromuscular Disease and served as a lieutenant commander in the United States Public Health Service. I am board certified in internal medicine, neurology, electrodiagnostic medicine and sleep medicine. I have practiced neurology for nearly 40 years and I have been on the adjunct clinical faculty at Stanford School of Medicine since 1978. I am currently an adjunct clinical professor at Stanford University School of Medicine and have active privileges as attending physician at the Palo Alto Veterans Administration Hospital.

I have extensive experience in diagnosing and treating patients with peripheral neuropathy, having completed a fellowship in peripheral nerve and muscle disease and being board certified in electrodiagnostic medicine. In addition, I have conducted independent research in the area of diabetic neuropathy and I have published several papers in that area. I was Director of the Stanford Neuromuscular Laboratory for five years and have performed and reviewed hundreds of peripheral nerve biopsies.

My publication history is included in my attached CV. My fee schedule is attached as is also a statement of my court and deposition testimony in the past 4 years.

With respect to this matter, I have reviewed extensive medical records including those of Advanced Orthopedics and Sports Medicine, Desert Valley Therapy, the medical records of Dr. Naomi Chaney, St. Rose Dominican Hospital records, and records of Dr. Beth Cheng, and the report of plaintiff's expert Dr. Justin Willer.

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My review of the records has revealed the following pertinent facts: Ms. Farris has longstanding diabetes mellitus, which, according to her physician, historically been "poorly controlled" and "the patient continues to engage in dietary indiscretion".

Her history of diabetes mellitus is recorded in the 09/16/14 office note of Dr. Naomi Chaney. At the time, her symptoms included foot pain as a result of her diabetic neuropathy. In 2014, a year prior to the events in question, Ms. Farris was treated with substantial amounts of oral narcotics in the form of Norco and was also taking gabapentin for nerve pain.

In her intake questionnaire in her visits to the orthopedists, she in her own hand describes "nerve pain" ... "since 2012".

With respect to her hospitalization in 2015 and her clinical care therein, I believe that the attending physicians are correct in that she most likely did suffer what is termed critical care neuropathy, a poorly understood, but well recognized sensory and motor neuropathy which can be precipitated by prolonged critical care status and which may have been exacerbated by her underlying and longstanding diabetic peripheral neuropathy.

I find that the report of Dr. Willer, plaintiff's expert neurologist, is lacking in that he fails to acknowledge Ms. Farris's pre existent diabetic neuropathy as a significant factor in her current disability. Her preexistent history of severe diabetic neuropathy required narcotic medication, and gabapentin, a medication commonly used to treat nerve pain. Most of Dr. Chaney's office visit notes before and after August 2015 mention the diabetic neuropathy and poor control of blood sugars. In the section of Dr. Willer's report regarding reviewed materials, he acknowledges that the records of Advanced Orthopedics and Sports Medicine from 07/02/14, 11/25/14, and 05/05/15 indicate a history of "diabetic neuropathy," but he does not comment as to the severity of the problem, which required narcotic medication and consultation. In addition, he did not mention that following the events in the summer of 2015 when she underwent her hernia surgery and ICU hospitalization, she continued to engage in dietary indiscretion and continued to have neuropathic pain.

For example, the 04/26/17 office note of Dr. Naomi Chaney notes that the patient continues to have neuropathic pain. She says: "I have explained this is in part related to diabetes." She notes that the patient continued to have poorly controlled diabetes.

Based on my education, training, and experience and review of the pertinent documents, I have reached the opinion that Ms. Farris suffered from a significant painful diabetic neuropathy prior to the events of August 2015 and that this was in part due to her poorly controlled diabetes, which continues to the present time.

RE: FARRIS. Titina December 18, 2018

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It is my opinion that it is more likely than not that she will continue to have painful diabetic neuropathy and that this characteristically and typically worsens with time in terms of disability due to pain, weakness, and impaired sensation, often accompanied by gait imbalance.

None of these facts are considered by Dr. Willer in his report.

Furthermore, it is my opinion that a substantial portion of her current disabilities and pain are related to her underling neuropathy in addition to her critical care neuropathy.

All the opinions offered in this report are offered to a reasonable degree of medical probability.

Bruce T. Adomato, M.D.

Adjunct Clinical Professor of Neurology

Stanford School of Medicine

Palo Alto Neurology

BRUCE T. ADORNATO, M.D.

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PERSONAL INFORMATION:

Year of Birth: 1946 Citizenship: USA

Medical Licensure: California G25289

EDUCATION:

- University of California, Santa Barbara, 1964-1968, A.B.
- University of California, San Dicgo, 1968-1972, M.D.
- University of California, San Francisco, 1973-1976, internal medicine and neurology
- National Institutes of Health, Bethesda, Maryland, 1976-1978, neurology fellowship

HONORS AND AWARDS:

- Cum Laude, University of California, 1968
- Award for Research Promise, Department of Psychology, University of California, Santa Barbara, 1968
- USPHS Traineeship in Physiological Psychology, 1966-1968
- USPHS Traineeship in Neurosciences, 1969
- USPHS Trainceship in Neuropathology, 1970
- "Doctor's Recommended Physicians Name 621 of the Best Doctors in the Bay Area", September, 1992, Focus magazine
- "Top 500 Doctors in the Bay Area", 2001, San Francisco magazine
- American Academy of Neurology Annual Meeting, Neuro Bowl Competition, Toronto, 1999, winning team captain
- "Top Doctors in the San Francisco Bay Area", Focus magazine, Jan 2000
- "Top Does in the San Francisco Bay Area-The A List", San Jose Magazine, Feb, 2003.
- American Academy Neurology Annual Meeting, Neuro Bowl Competition, 2004, winning team captain
- American Academy of Neurology, Annual Meeting, Neuro Bowl Competition, Miami, Finalist, 2005
- American Academy of Neurology, Annual Meeting, Neuro Bowl winning team captain, San Diego, 2006
- Participant, Presidential Address, Annual Meeting, American Academy of Neurology, Boston, 2007
- Recipient, Serra High School Award of Merit, Science and Technology, October 2007

- American Academy of Neurology, Annual Meeting, Neuro Bowl Competition Team Participant, Seattle Washington, 2009; Honolulu, 2011
- Top Doctor, San Francisco Magazine, January 2015
- Lifetime Honorary Staff Membership, Stanford Hospital, May 2016

TRAINING:

- Internship, Internal Medicine, University Hospital, San Diego, 1972-1973
- Resident, Internal Medicine, University of California, San Francisco, 1973-1974
- Resident, Neurology, University of California, San Francisco, 1974-1976
- Clinical Fellowship, National Institutes of Health, Medical Neurology Branch, Bethesda, Maryland, 1976-1978 (LT.CDR, USPHS)

BOARD CERTIFICATION:

- American Board Internal Medicine, 1975
- American Board Psychiatry & Neurology, 1978
- American Board Electrodiagnostic Medicine, 1983
- American Board Sleep Medicine, 1991

PRESENT PRACTICE POSITIONS:

- Adjunct Clinical Professor of Neurology, Stanford University Medical School
- Attending Physician, active staff, Palo Alto Veterans Administrative Hospital
- Chief Medical Officer, Core Mobility Inc, San Jose, California

ADMINISTRATIVE POSITIONS:

- Membership Committee, American Academy of Neurology, 2011-2012
- Community Liaison, International Medical Services, Stanford Hospital, 2003-2006
- Department of Neurology and Neurosciences, Stanford Medical School, Adjunct Clinical Faculty Review Committee, 2003-2006
- Dean's Committee on Adjunct Clinical Faculty, 2002-2008
- Bylaws Committee, Stanford Hospital 2004-2012
- Presidential Nominating Committee, American Academy of Neurology, 2012
- Council Member, Society of Clinical Neurologists, 2010-2013
- American Academy of Neurology, President's Physician Burnout Task Force, 2015

PREVIOUS POSITIONS:

American Academy of Neurology, Member Research Committee, 2005-2011

- Finance Committee, Stanford Hospital, 2006-2007
- Stanford Hospital Medical Board, 2005-2006
- President, Stanford Hospital Medical Staff 2003-2005
- Active medical staff, Stanford Hospital, 1978-2016
- Examiner American Board Psychiatry and Neurology 1978-2004
- Vice-President, Stanford Hospital Medical Staff, 2001-2003
- Deputy Chief, Department of Neurology, 2001-2004
- Neurologist, Palo Alto Medical Foundation, 1978-1983
- Clinical Assistant Professor, Department of Neurology, Stanford University, 1979-1990
- Director, Neuromuscular Laboratory, Stanford University Hospital, 1979-1983
- Neurologist, Neurological Associates, Boise, Idaho, 1983-1986
- Clinical Assistant Professor, Department of Medicine, University of Washington, Seattle, 1983-1986
- Director, CPMC Sleep Center, San Francisco, 1987-1996
- President, San Francisco Neurological Society, 1993-1994
- Credentials Committee, Stanford Hospital, 1986-1995
- Member, Physician Assisted Suicide Committee, Stanford Hospital, 1996-1997
- Clinical Advisory Committee, Blue Shield (Medicare) 1995-1997
- Member, Ad Hoc Physician Credentials Committee, Stanford Hospital, 1997
- Medical Director, Stanford Health Services Sleep Clinic, San Francisco, California, 1996-2000
- Examiner, American Board of Psychiatry and Neurology 1979-1991
- Legislative Affairs Committee, American Academy of Neurology, 1994-1998
- Program Chairman, Society of Clinical Neurologists, 1999
- Legislative Affairs Committee, American Academy of Neurology, 1994-2000.
- Member, Strategic Planning Committee, American Academy of Neurology, 1999-2000
- Member, Strategic Planning Committee, American Academy of Neurology, 1999-2000
- Council Member, San Francisco Neurological Society, 1994-2001
- Qualified Medical Examiner, State of California, 1986-2002
- Medical Director, Sleep Solutions, Inc., 1998-2002
- Chairman, Bylaws Committee, Stanford Hospital, 2002-2003
- Medical Advisor, Blue Shield of California, 1998-2005
- Member, Palliative Care Committee, Stanford Hospital, 2000-2003
- American Academy Neurology Speakers Bureau, 2000-2003
- Stanford Medical Quality Assurance Review 2002-2005
- Stanford Hospital Medical Staff Nominating Committee 2008

CONSULTANT ACTIVITIES:

- Stanford Research Institute: Calcium Channel Blockers and Multi-infarct Dementia, 1990
- Syntex: Ticlopidine Antiplatelet Study Adjudicator, 1986-1989
- Physiometrix: Electrode Technology Development, 1991-1996
- Genentech: Nerve Growth Factor Testing, 1992-present
- Stanford Hospital: Occupational Injury Evaluation Program, 1993
- Krames Communication: Sleep Apnea, 1993
- JP Morgan Partners, Healthcare Group

- Sofinnova Biotechnology
- Interwest Partners, Biomedical Venture Capital
- Skyline Ventures, Palo Alto venture capital
- Panorama Capital, Menlo Park venture capital.
- Coleman Research Group

MEMBERSHIPS:

- American Academy of Neurology
- Society of Clinical Neurologists
- San Francisco Neurological Society
- Bay Area Stroke Society
- Sleep Section, American Academy of Neurology
- Movement Disorders Section, American Academy of Neurology
- Neuromuscular Section, American Academy of Neurology
- Spine Section, American Academy of Neurology
- American Heart Association, Fellow, Stroke Council

FELLOWSHIPS:

- Fellow, American College of Physicians, 1980
- Fellow, American Academy of Neurology, 1982
- Fellow, American Sleep Disorders Association, 1992.
- Fellow, American Association of Electrodiagnostic Medicine, 1991

PREVIOUS POSITIONS:

- Program Committee, American Association of Electromyography and Electrodiagnosis, 1985-1987
- President, Society of Clinical Neurologists, 1987-1989
- Assistant Secretary, Scientific Advisory Panel, CMA, 1987-1989.
- Editor, Health Tips, CMA, 1988-1989
- Examiner, American Board of Neurology and Psychiatry, 1980-1992
- Examiner, American Board of Electrodiagnostic Medicine, 1985-1988
- Membership Committee, American Academy of Neurology, 1986-1991
- Section Chairman, Scientific Advisory Panel, California Medical Association, 1989-1990
- Program Chairman, San Francisco Neurological Society, 1992, 1993 Meetings
- Independent Medical Examiner, State of California, Neurology and Internal Medicine, 1989present
- Secretary-Treasurer, San Francisco Neurological Society, 1989-1990
- Vice President, San Francisco Neurological Society, 1991-1992
- Lecturer, Department of Pathology, Neuropathology, Stanford Medical School, 1986present
- Department Chairmanship Search Committee, Neurology, Stanford, 1992
- Board of Directors, Stanford Private Physicians Group, 1993-1994
- Founder, Sleep Disorders Center, St. Lukes Hospital, Boise, Idaho, 1984

January, 2017

- Founder, Director, Sleep Disorders Center, Pacific Presbyterian Hospital, San Francisco, 1986
- Instructor, School of Sleep Medicine, Palo Alto, 1994.

HOSPITAL AFFILIATIONS:

- Stanford University Medical Center; Lifetime Honorary Staff Member, former Attending Physician
- Veterans Administration Hospital, Palo Alto; Active Staff, Attending Physician

PREVIOUS RESEARCH PROJECTS:

- Clinical Investigator, Ticlopidine Antiplatelet Stroke Study, 1982-1988.
- Clinical Investigator, Naproxen Headache Study, 1989
- Principal Investigator: "Syntex Bioequivalence Study of Two Oral Contraceptives", 1990
- Principal Investigator: "Pilot Study of Phase 1 Triphasil, An Oral Contraceptive"
- Co-Investigator: "Study of Mitochondrial DNA and Oxidative Phosphorylation In Skeletal Muscle In Parkinson's Disease", 1991-1993
- Principal Investigator: "Dynamic Imaging of the Nasopharynx In Sleep Aprica", 1991present
- Principal Investigator: "A New Proportional-fit Electrode Placement Device For Ambulatory Monitoring", 1991-1992
- Principal Investigator: "Clopidogrel vs. Aspirin In Patients At Risk For Ischemic Events", 1992-1996
- Principal Investigator: "A Phase 1 Open-label Study Of The Safety of Recombinant Human Nerve Growth Factor (rhNGF) In Patients With Small fiber Sensory Neuropathy", 1993-1995
- Principal Investigator: "A Phase 1 Double-blind Study Of The Safety And Pharmacokinectic Profile of Recombinant Human Nerve Growth Factor (rhNGF) In Healthy Volunteers"
- Principal Investigator: "Multicenter Dose-ranging Safety And Effectiveness Study Of Peg-Superoxide Dismutase In Severe Head Injury", 1992-1993
- Co-investigator: "Signal Analysis Of A New EEG Capsule Electrode And Comparison To The Electro-cap And Silver-silver Chloride Electrodes," 1993
- Principal Investigator: "Phase II Multicenter Double Blind, Placebo Controlled Study Of The Safety And Efficacy Of Nerve Growth Factor In Diabetic Peripheral Neuropathy", 1994-1996
- Principal Investigator: "Lymphocyte Characterization In Multiple Sclerosis", (Immulogic), 1993-1995
- Principal Investigator: "Phase II Trial of Botulinum B Toxin In Cervical Dystonia", 1995-1996
- Principal Investigator: "NGF Trial In HIV Polyneuropathy", 1995-1998
- Principal Investigator: "Phase III Trial NGF In Diabetic Neuropathy", 1997-1999
- Principal Investigator: "Open Label Botulinum B In Cervical Dystonia", 1997-present
- Principal Investigator: "Open Label NGF In Diabetes", 1998-1999
- Principal Investigator: "Ambulatory Sleep Recording In Sleep Apnea" 2000

 Principal Investigator: "NINDS trial of magnets in diabetic peripheral neuropathy" 2000-2001

ABSTRACTS PRESENTED:

- Association of Professional Sleep Societies 6th Meeting, Phoenix, Arizona; "Dynamic CT Pharyngeal Imaging During Sleep In Patients With Sleep Apnea", BT Adornato, M.D., T Pace, R.Psgt.T., G Gamsu, M.D. et al
- Symposium On Etiology, Parkinson's Disease, Boston, MA, October, 1993
- "ATP Production by Intact Mitochondria Is Not Decreased in Parkinson's Disease", DA DiMonte, MS Sandy, BT Adornato, S Jewell, C Tanner and JW Langston
- "Phase 1b Study of Nerve Growth Factor In Peripheral Neuropathy", S Apfel, BT Adornato, D Cornblath, et al, ANA, 1996
- Benign Transient Neuromyalgic Response, AAN, Boston, 1997
- "Clinically Relevant Doses of Recombinant Human Nerve Growth Factor (rhNGF) Have a Large Margin of Safety", C Rask, B Adornato, C Sansers, Endocrine Society, New Orleans, June, 1998
- Severe Sleep Apnea in Non-obese Asians, AAN, Toronto, April, 1999

RECENT PRESENTATIONS:

- "Stroke as a cause of hemidiaphragmatic palsy", Society of Clinical Neurologists, Death Valley, Nov 4, 2010
- "A novel treatment for Restless Leg Syndrome", Society of Clinical Neurologists, Asheville, North Carolina, October 15, 2011
- "Tarlov's Cyst: A cause of persistent orthostatic headache", Society of Clincal Neurologists, St. John's, Newfoundland

A Puzzling Case, Diagnosis and Treatment, Society of Clinical Neurologists, Cranwell, Massachusetts, October 13, 2016

"Unsafe at Any Speed- a novel handsfree upright mobility device". Society of Clinical Neurologists, Lincoln Oregon, September 2017

INVITED LECTURES:

- "Sleep Disorders", Annual Meeting of the San Francisco Neurological Society, February 11, 1990
- "Neck Pain", Annual Meeting of California Society of Industrial Medicine and Surgery, Monterey, August, 1990
- "Tryptophan-induced Myalgias", Society of Clinical Neurologists, October, 1991
- "Parkinson's Disease", Stanford Medical Center, February, 1991

- "Antiplatelet Agents: Clopidogrel", Physical Medicine Department Rounds, Stanford/Palo Alto VA, February 3, 1993
- "Neuropathology of Muscle Disease", Stanford School of Medicine, January 20, 1993
- "The Normal Neurologic Exam", Stanford School of Medicine, February 10, 1993
- "What Every Doctor Needs to Know About Stroke", Natividad Medical Center, December 7, 1992
- "Antiplatelet Agents And Stroke", Lompoc District Hospital, November 20, 1992
- "New Agents And Stroke", Circle City Medical Center, Corona, CA, October 28, 1992
- "Stroke Prevention", Riverside Community Hospital, November 10, 1992
- "New Treatment Options In Stroke", South Coast Medical Center, Laguna Beach, September 15, 1992
- "Update On Stroke", Samaritan Hospital, San Clemente, CA, May 15, 1992
- "New Options For Stroke Prevention", Petaluma General Hospital, May 21, 1992
- "Update On Stroke Prevention", HOAG Hospital, Newport Beach, March 19, 1992
- "Reducing The Risk of Stroke", Samaritan Hospital, San Jose, March 18, 1992.
- "Stroke Update", Salinas Valley Memorial Hospital, August 11, 1992
- "New Agents in Stroke", Tucson Memorial Hospital, April 20, 1992.
- "Strategies In Stroke Prevention", Marin General Hospital, July 21, 1992
- "CAPRIE New Stroke Agent Clopidogrel", Kaiser Hospital, Redwood City, May 19, 1992
- "Clopidogrel New Antiplatelet Agent", Mills Hospital, November 23, 1992
- "Stroke And A New Agent Clopidogrel", Department of Medicine Resident Rounds, June 5, 1992
- "Sleep Disorders", California Pacific Medical Center, August 14, 1992
- "Polysomnography In A Clinical Sleep Center", Eight Annual Meeting Of The American Academy of Clinical Neurophysiology, June 18, 1993
- "Nerve Growth Factor", Society of Clinical Neurologist, Sedona, AZ, October, 1993
- "Practical Neurology, The Old, The New, and The Promising: Sleep Disorders", California Medial Association, Anaheim, CA, March, 1994
- "Sleep Apnea", Department of Otolaryngology, UCSF, November, 1993
- "Narcolepsy", Stanford Sleep School, Palo Alto, November, 1993 and May, 1994
- "Head Injury", Stanford University Emergency Room, March, 1993.
- "Muscle Disease", Stanford Department Pathology Medical Student Series, January, 1994
- "Diseases Of The Motor Unit", Stanford Physical Medicine and Rehabilitation, VA Hospital, March, 1994
- "Stroke", VA Hospital Resident's Lecture, Palo Alto, March, 1994
- "Stroke Implications Of Therapy For Patients", REACH Program, Palo Alto, July, 1994
- "Sleep Disorders", St. Francis Hospital, San Francisco, October, 1994
- "Sleep Disorders", UCSF Rounds, September, 1995 and November, 1995
- "Diabetic Neuropathy", El Camino Hospital Rounds, July, 1995
- "Muscle Disorders", Stanford Neuropathology, January, 1995
- "Nerve Growth Factor", Basic Science Rounds, UGSB, March, 1995
- "Narcolepsy", Stanford School of Sleep Medicine, January, 1996.
- "Sleep Phenomena", Neurology Grand Rounds, CPMC, San Francisco, June, 1996
- "Neurology of Sleep Disorders", UCSF, November, 1996
- "Diabetic Neuropathy", Santa Clara County Diabetes Association, October, 1996
- "Diabetic Neuropathy", O'Connor Hospital, San Jose, August 2, 1997
- "Diabetes and NGF", Palo Alto Medical Clinic Diabetes Support Group, August 5, 1997.

- "Nerve Growth Factor Neuropathy Trials", Genentech Quarterly Meeting, October 14, 1997
- "Approaches to Peripheral Neuropathy", Medicine Grand Rounds, El Camino Hospital, November 7, 1997
- "Diabetic Neuropathy", Los Gatos Community Hospital Rehabilitation Department, November 18, 1997
- "Stroke Treatment", Medicine Grand Rounds, Mt. Diablo Hospital, November 19, 1997
- "Narcolepsy and Sleep Disorders", Department of Neurology, Resident Rounds, UCSF, November 10, 1997
- "Excessive Daytime Sleepiness and Narcolepsy", American Lung Association Meeting, Monterey, November 21, 1997
- "Narcolepsy", Stanford School Sleep Medicine, July, 1998
- "Biology of Nerve Growth Factors", Society of Clinical Neurologists, September, 1998, Dixville Notch, NH
- "Growth Factors in Diabetic Neuropathy", American Diabetes Assoc. Meeting, Orlando, FL, January, 1999
- "Nerve Growth Factors in Neuropathy", Grand Rounds, Stanford Neurology, April, 1999
- "Sleep apnea in the Surgical Patient" Surgical Resident teaching rounds, Stanford, October, 2001
- Global Pacific Stanford Conference, Manila: Parkinson's Disease, Dementia, Migraine, November 2003

VIDEO CONSULTANT:

- AMA Video Clinic, April 22, 1987, "Understanding the Neuropathies"
- Video Back Program, Karen Perlroth, March, 1992
- Physiometrix Instructional Video: "Electroencephalographic Electrodes", August, 1994
- Genentech Video Presentation "NGF in Diabetic Neuropathy", November, 1997
- Sleep Solutions Video Presentation

REVIEWER:

- Annals of Neurology
- Annals of Internal Medicine
- Diabetes Care
- Neurowatch
- American College of Physicians Medicine, Neurology Section
- "Continuum" American Academy of Neurology Continuing Education in Neurorehabilitation, 2010
- Practice Guidelines, American Academy of Neurology, Peripheral Neuropathy, 2011
- American Academy of Neurology, 2015

PUBL		

- Meeker MR, Reynold RW and Adornato BT: The Effect Of Thiosemicarbazide And Mild Shock Treatment On Subsequent Probabilistic Escape Behavior In Rats. Psychonomic Bulletin 1:27-31, 1967
- O'Brien JS, Okada S, Fillerup DL, Veath MI, Adornato BT and Brenner PH: Tay-Sachs Disease: Prenatal Diagnosis. Science 172:61-64, 1971
- O'Brien JS, Okada S, Fillerup DL, Veath MI, Adornato BT and Brenner PH: Tay-Sachs Disease: Prenatal Diagnosis. In: Antenatal Diagnosis, Albert Dorman, ed., University Press, 1972, pp 175-184
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- Adornato BT and Lampert PW: Status Spongiosus Of Nervous Tissue: An Electron Microscopic Study. Acta Neuropath. 19:271-289, 1971
- 6. Adornato BT: Factitial Pulmonary Edema. JAMA 235:101, 1976
- 7. Adornato BT, Winestock D: Acute Renal Failure, Arch Neurology 33:687-688
- 8. Adornato BT, Winestock D: Acute Renal Failure: In: Contemporary Aspects Of Cerebrovascular Disease. G.M. Austin, ed., 1976. Professional Information Library, Dallas
- Adornato BT: Hemopexin In Neuromuscular Disease. Neurology 27:380, 1977, (Abstract)
- Askanas V, Engel WK, Brittan DE, Adornato BT and Elben RM: An Unusual Mitochondrial Abnormality Re-innervated Ex Aergro and Induced De Novo In Cultured Muscle Fibers. Neurology 27:348, 1977 (Abstract)
- Adornato BT and Berg BO: Diencephalic Syndrome And Von Recklinghausen's Neurofibromatosis. Ann Neurol 2:159-160, 1977
- Adornate BT and Engel WK: MB-Creatinine Phosphokinase Not Diagnostic Of Myocardial Infarction. Arch Int Med 137:1089-1090, 1977
- Adornato BT, Corash I and Engel WK: Erythrocyte Survival In Duchenne Muscular Dystrophy. Neurol 27:1093-1094, 1977
- Eil C and Adornato BT: Radiculopathy In Multifocal Eosinophilic Granuloma: Successful Treatment With Radiotherapy. Arch Neurol 34:786-787, 1977
- Adornato BT, Kagen LJ, Garger FA and Engel WK: Depletion of Serum Hemopexin In Fulminant Rhabdomyolysis. Arch Neurol 35:547-548, 1978
- Adornato BT, Engel WK and Foldart-DeSalle M: Elevations of Hemopexin In Fulminant Rhabdomyalosis. Arch Neurol 35:577-590, 1978
- Peylan-Ramu N, Poplack DG, Pizzo PA, Adornato BT and Di Chiro G: Abnormal CT Scans Of The Brain In Asymptomatic Children With Acute Lymphocytic Leukemia After

- Prophylactic Treatment Of The Central Nervous System With Radiation And Intrathecal Chemotherapy. N Eng J Med 298:815-816, 1978
- Stump WI, Adornato BT, Engel WK, McIntosh CL and Castleman BJ: Thymectomy In Myasthenia Gravis. Neurol 28:372-373, 1978 (Abstract)
- 19. Adornato BT, Blei CL, Engel WK and Kirkpatrick CH: Gallium Citrate Scanning Of The Thymus In Myasthenia Gravis. Neurol 28:382, 1978 (Abstract)
- Adornato BT, Engel WK, Kucera J and Bertorini TE: Benign Focal Amyotrophy. Neurol 28:399, 1978 (Abstract)
- Adornato BT, Houff SA, Engel WK, Dalakas M, Madden DL and Sever JL: Abnormal Immunoglobulin Bands In Cerebrospinal Fluid In Myasthenia Gravis. Lancet 11:367-368, 1978
- 22. Eli C and Adornato BT: Caution On Bone Scans In Eosinophilic Granuloma. Ann Int Med 89:289, 1978
- Adornato BT, Kagen LF and Engel WK: Myoglobulinemia In Duchenne Muscular Dystrophy Patients And Carriers: A New Adjunct To Carrier Detection. Lancet 11:499-501, 1978
- Adornato BT, Houff AS, Engel WK and Sever JL: Oligoclonal Bands In ALS, Arch Neurol 36:119, 1979
- Askanas V, Engel WK, Brittan DE, Adornato BT and Elben RM: Reincarnation In Cultured Muscle Of Mitrochondrial Abnormalities. Arch Neurol 35:801-809, 1978
- 26. Adornato BT: Nitrous Oxide and Vitamin B12: Lancet 11:1318, 1978
- Askanas V, McLaughlin J, Engel WK and Adornato BT: Abnormalities In Cultured Muscle And Peripheral Nerve Of A Patient With Adrenomyeloneuropathy. N. Eng J Med 301:588-590, 1979
- Adornato BT: Hazards Of Exercise In Neuromuscular Disease. West J Med 131:334-335, 1979
- Adornato BT, Foidart M, Muller-Eberhard U and Engel WK: 1-125 Hemopexin Turnover In Neuromuscular Diseases. Neuro 29:566, 1979
- Adornato BT, Zweig MH, Van Steirteghem A and Engel WK: Radioimmunoassay Of Scrum Creatinine Kinase BB and MM Isozymes In Neuromuscular Diseases. Neurol 29:566, 1979
- Adornato BT, Corash L, Dostz J, Shafer B, Stark H, Murphy D and Engel WK: Abnormality Of Platelet Dense Bodies In Duchenne Dystrophy. Neurol 29:822, 1979 (Abstract)
- Adornato BT, Eil C, Head G and Loriaux L: Cerebellar Abnormalities In Multifocal Eosinophilic Granuloma. Ann Neurol 7:125-129, 1980

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- Hofmann WW, Adornato BT and Reich H: The Role Of The Muscle Insulin Receptor In The Periodic Paralyses. Muscle and Nerve 6:566-573, 1983
- Foldart M, Leim HH, Adornato BT, Engel WK and Muller-Eberhard U: Hemopexin Metabolism In Patients With Altered Serum Levels. J Lab Clin Med 102(5):838-846, Nov, 1983
- Torrington K and Adornato BT: Cough Radiculopathy: Another Cause Of Pain In The Neck. West J Med 141:379-380, 1984
- Silverman ED, Adornato BT and Miller JJ: Eosinophilic Fasciltis In A Two Year Old. Arthritis and Rheumatism 28:948-951, 1985
- 41. Bertorini TE, Adornato BT, Kucera J: Benign Focal Amyotrophy, (letter), Arch Neurol 43:432, 1986
- 42. Zonana J, Adornato BT, Glass ST and Webb MJ: Familial Porencephaly And Congenital Hemiplegia. J Pediatrics 109:671-676, 1986
- Honig L, Wasserstein P and Adornato BT: the Anatomic Basis Of Tonic Spasms In Multiple Sclerosis. Neuro 38:359, 1988 (Abstract)
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 Randomized Trial Comparing Ticlopidine Hydrochloride With Aspirin For The Prevention
 Of Stroke In High Risk Patients. New Eng Jour Med 321:501-507, 1989 (Participant,
 Ticlopidine Study Group)
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- Adornato BT, Chang Y, Horoupian D, et al: Tryptophan Use And Fasciitis. W.J. Med 152:427-428, 1990 (Letter)
- Herrick MK, Chang Y, Horoupian DS, Lombard C and Adornato BT: L-Tryptophan And The Eosinophilia-myalgla Syndrome: Pathological Findings In Eight Patients. Human Pathology 22:12-21, 1991

- Honig LS, Wasserstein P and Adornato BT: Tonic Spasms In Multiple Sclerosis Their Anatomic Basis And Treatment. W.J. Med. 154:723-726, 1991
- Adornato BT and Tse V: Another Health Food Hazard: Gamma Hydroxyburyrate Induced Seizures. Wester J Med. 157:471, 1992 (Letter)
- Engel WK and Adornato BT: Long Term Interferon Alpha-2A Benefits Otherwise Intractable Chronic Fever-responsive Schwannian Immune Neuropathy. Neurol 42:467, 1992 (Abstract)
- Adornato BT: Clinical Evaluation Of A New Proportional-fit EEG Monitoring System, I: Accuracy Of Electrode Placement. Neurol 42:471, 1992 (Abstract)
- 52. Adornato BT and Carlini W: Pushing Palsy: A Case Of Self Induced Peroneal Palsy During Natural Childbirth. Neurol 42:936-937, 1992
- 53. Warnick RE, Raisanen J, Adornato BT, et al: Intracranial Myxopapillary Ependymoma. J Neuro Ocol 15:251-256, 1993
- DiMonte D, Sandy M, Jewell S, Adornato B, Tanner C and Langston W: Oxidative Phosphorylation By Intact Muscle Mitrochondria In Parkinson's Disease. Neurodegeneration 2:275-281, 1993
- Lopez J, Adornato BT and Hoyt WF: Entomopia: A Remarkable Caes of Cerebral Polyopia. Neurol 43:2145-2146, 1993
- Engel W, King and Adornato BT: Fever Responsive Neuropathy (FRN) Benefited By Long Term Interferon Alpha-2A Treatment. Can J Neurol Sci 20, Supple 44, 1993
- Petty, Brent, Cornblath D, Adornato B, et al: the Effect of Systemically Administered Recombinant Human Nerve Growth Factor In Healthy Human Subjects. Annals of Neurol 36:244-246, 1994
- 58. Apfel S, Adornato B, Cornblath D, et al: Phase II Trial Of Human Recombinant Nerve Growth Factor In Peripheral Neuropathy (Abstract), Accepted October, 1996
- Adornato B, Apfel S, Dyck P, et al: Benign Transient Neuromyalgic Response of NGF, (Abstract), Neurology, April 1997
- Lew MF, Adornato BT, Duane DD, et al: Botulinum Toxin Type B (Bot B): A Doubleblind Placebo-controlled Safety and Efficacy Study in Cervical Dystonia. Neurology, November 49, 701-707, 1997
- Apfel SC, Kessler J, Adornato BT: Recombinant Human NGF In The Treatment Of Diabetic Polyneuropathy, Neurology, 695-701, 1998
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- McArthur JC, Yiannoustso SC, Simpson D, Adornato BT: A Phase II Trial of Recombinant Nerve Growth Factor For Sensory Neuropathy Associated With HIV Infection. Neurology 54, 1080-1088, 2000

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- 65. Apfel SC, J.A. Kessler, Adornato BT, et al: Recombinant human nerve growth factor in the treatment of diabetic polyneuropathy, Neurology, 51, 695-702,1998
- 66. Schiffto, G., Yiannoutsos, C., Simpson, D., Adornato, B., Long term treatment with recombinant nerve growth factor for HIV associated sensory neuropathy.
- Weintraub, M.I., Wolfe, G.I., Barohn, R.A., et al.,: Static magnetic field therapy symptomatic diabetic neuropathy: A randomized, double-blind, placebo- controlled trial, Arch Phys Med Rehab, 84, 736-746, 2003.
- 68. Sahebkar, F. and Adornato, B.T. The Failed Lumbar Puncture: What's Too Short? Neurology 62, (Suppl 5) A79, 2004
- 69. Adornato, B.T., Drogan, O., Thoresen, P., et al: The Practice of Neurology: Report of the AAN Member Research Subcommittee, Neurology, November 22, 2011

BOOK REVIEW:

Adornato, BT: Sleep Disorders And Insomnia In The Elderly. Albarede J, Morley J, Roth T and Vellas B. In Contemporary Gerontology, Volume 1:50, 1994

BOOK CHAPTER:

- "Disorders of Sleep and Circadian Rhythms" in Harrison's Principles of Internal Medicine Companion Handbook, 14th Edition, McGraw-Hill, New York
- "Diseases of The Spinal Cord In Clinical Neurology", Adornato BT and Glasberg MR, in The Science Of Practice of Clinical Medicine, Rosenberg RN, ed., Vol 5, Grune and Stratton, 1980
- "Diseases of The Spinal Cord," Glasberg MR and Adornato BT, Volume 1, The Clinical Neurosciences, Churchill Livingstone, New York, 1983

JOURNAL REVIEW (published)

Neurowatch, March 2003, Valproate in diabetic peripheral neuropathy

Bruce T. Adornato MD Testimony 2015-2018

Trials:

Yazon v Fountain Valley (2015)Orange County

Moore v Simopoulos (2015)South Lake Tahoe

Herger v Cammarosano (2015) Woodland Ca

Gunter v Schneier (2016) Van Nuys, Ca

Ubaldo v MMG, (2016) Kahilui, Hi

King v Sloan (2017) Oakland Ca

Boyle v Jordan (2017) Alameda, Ca.

Okelley v Bryant (2018) Napa, Ca

Depositions:

Nakada (2015 Palo Alto

Rosenwald v Petaluma (2015)

Yazon (2015)

Moore (2015)

Herger (2015)

Gunter (2015)

Newell (2016)

Galbreath (2016)

Bledsaw (2016)

Hash (2016)

Galinis v Bayer March 2017

Baxter v Selco June 2017

Strand v Pebble Beach March 2018

Bailey v RL Carriers October 2018

Bruce T. Adornato, M.D.
Neurology
177 Bovet Road
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July 15, 2018

1. Retainer/Administrative Fee

MEDICOLEGAL CONSULTATIVE SERVICES

\$575

2.	Review of records, conferences, testimony	\$575/hour
3.	Depositions (one hour minimum)	\$700/hour
4.	CANCELLATION PROVISIONS	
	In the event of a cancellation of scheduled services, advance notification is necessary: Three full working days prior to depositions, conferences and Independent Medical Examinations and seven working days for courtroom or arbitration or mediation testimony. Late cancellations billed in full for time reserved.	
	The party scheduling the appointment is responsible for the late cancellation/missed appointment fee. Secondary collection of these fees fro another law firm or from the examinee is the responsibility of the schedulin party.	
	Responsible Party	Date

EXHIBIT "5"

Chad C. Couchot, Esq. 12/19/18 SCHUERING ZIMMERMAN & DOYLE, LLP 400 University Avenue Sacramento, CA 95825-6502

Dear Mr. Couchot

RE: Titina Marie Farris

I was retained by your office as a Board Certified Physical Medicine and Rehabilitation (PMR) physician expert. You requested I review the Life Care Plan (LCP) authored by Dr. Alex Barchuck and attest to any separate and divergent opinions I may hold. In preparation I reviewed the LCP document and also Titina Marie Farris medical records provided by your office.

I maintain a current full time clinical and prior academic medicine practice within the specialty of Physical Medicine and Rehabilitation as a healthcare provider for disabled individuals including but not limited to those with critical illness polyneuropathy. I am a qualified rehabilitation medical expert due to my professional training and clinical experience. I have not examined Ms. Farris notwithstanding I reserve the possibility my opinions may evolve if the opportunity to examine her availed itself. Based upon the documents I reviewed listed below I am confident in submitting an opinion of her future medical and rehabilitation carc. My opinions are expressed below and within a separate LCP document jointly prepared with Sarah Larson, RN.

ADVANCED ORTHOPEDICS SPORTS MEDICINE ALEX BARCHUCK, M.D.'S LCP evaluation BARRY RIVES, M.D. BESS CHANG, M.D. CARE MERIDIAN (MEDICAL BILLING CTE STONE RE RECORDS FOR REVIEW DAWN COOK'S LIFE CARE PLAN DESERT VALLEY THERAPY DR. CHANEY DR. HAMILTON DR. STEVEN Y. CHINN MEDICAL BILLING ELIZABETH HAMILTON, M.D. JUSTIN WILLER, M.D.'S REPORT LAPAROSCOPIC SURGERY OF NEVADA PATRICK FARRIS PHOTOGRAPHS OF PLAINTIFF ST. ROSE DOMINICAN - SIENA CAMPUS ST. ROSE DOMINICAN HOSPITAL

The following are the list of diagnosis Dr. Barchuck documented following his clinical examination of plaintiff:

"Ms. Titina Marie Farris is a 55-year-old married female with history of a perforated viscus with intra-abdominal sepsis with numerous sequelae who was seen at Kentfield Rehabilitation & Specialty Hospital on 3/20/2018 at which time a history was obtained and a physical examination was performed".

a physical examination was performed".
1. Reducible ventral hernia
2. Bilateral hand Dupuytren's Contracture
3. Probable bilateral Carpal Tunnel Syndrome
4. Probable left rotator cuff tendonitis
5. Chronic left heel stage 3 decubitus
6. Situational depression, anxiety and sleep disturbance
7. Viscus perforation with intra-abdominal sepsis status post exploratory laparotomy and removal of prosthetic mesh $\hfill\square$
8. Acute respiratory failure status post tracheostomy placement □
9. History of incarcerated incisional hernia status post laparoscopic repair with mesh
10. Encephalopathy secondary to sepsis and medications □
11. Acute blood loss anemia □
12. Acute kidney injury □
13. Neuropathy from prolonged immobilization
14. Severe sensory loss and motor weakness below the knees bilaterally involving the Tibia and Peroneal nerves

15. Right ankle contracture with bilateral loot drop [
16. Weight gain □
18. Chronic neuropathic musculoskeletal myo-fascial pain \Box
19. High fall risk □
20. Impaired mobility and ADL status □
21 Impaired avacational status []

Based upon my independent review of Ms. Farris medical records I agree in general with Dr. Barchuck's diagnosis. However, the medical records I reviewed support my conclusions that several medical problems were preexisting or unrelated to surgery

- 1. Ventral hernia- Pre-existing condition
- 2. Bilateral Dupuytren contracture- May be inherited and develops more commonly within diabetic patient population. Dupuytren is unrelated to her procedure and surgical complications
- 3. Probable Carpal Tunnel Syndrome- Unconfirmed. Pre- existing related to diabetic polyneuropathy
- 4. Probable left rotator cuff tendonitis- Records reflect this was a pre-existing condition
- 5. Chronic left heel Stage 3 Decubitus-Inaccurate diagnosis. Wounds are no longer diagnosed or staged as "Decubitus". Ms. Farris most likely has a calcaneal pressure wound that requires accurate staging by a certified wound care specialist
- 6. Situational depression, anxiety and sleep disturbance- Pre-existing condition with exacerbation following surgery
- 7. Viscus perforation with intra-abdominal sepsis status post exploratory laparotomy and removal of prosthetic mesh-Related to surgery
- 8. Acute respiratory failure status post tracheostomy placement- Complication of the surgery. Decannulated \(\Boxed{\Boxes}\)
- 9. History of incarcerated incisional hernia status post laparoscopic repair with mesh
- 10. Encephalopathy secondary to sepsis and medications- Resolved complication no longer requiring care
- 11. Acute blood loss anemia- Resolved complication no longer requiring care
- 12. Acute kidney injury- Resolved complication no longer requiring care
- 13. Neuropathy from prolonged immobilization- Pre-existing diabetic polyneuropathy exacerbated by surgical complication
- 14. Severe sensory loss and motor weakness below the knees bilaterally involving the Tibia and Peroneal nerves- Pre-existing diabetic polyneuropathy exacerbated by surgical complication
- 15. Right ankle contracture with bilateral foot drop- Surgical complication related to

- prolonged bed rest and polyneuropathy
- 16. Weight gain-BMI is unchanged from pre hospital weight. Obesity was present prior to surgery
- 17. Chronic neuropathic musculoskeletal myofascial pain- Pre-existing. Exacerbated following surgery
- 18. Neuropathy from prolonged immobilization- Polyneuropathy was pre-existing condition secondary to diabetes
- 19. High fall risk- No supporting standard fall risk assessment, for example, Morse Fall Risk Scale to support conclusion
- 20. Impaired mobility and ADL status-Surgical complication
- 21. Impaired avocational status- Pre-existing exacerbated by surgical complication

Dr. Barchuck future care recommendations:

- 1. Physical Medicine & Rehabilitation specialist
- 2. Primary care physician
- 3. Podiatrist
- 4. Orthopedic, Hand Surgery
- 5. Psychology/Psychiatry
- 6. Dietician
- 7. Physical and Occupational Therapy
- 8. Massage therapy and acupuncture therapy
- 9. Wound clinic
- 10. Adaptive aquatic swim therapy program
- 11. Carpal Tunnel surgery
- 12. Joint and trigger point injections
- 13. MRI left shoulder
- 14. Electrodiagnostic studies of upper and lower extremities
- 15. Electric wheelchair
- 16. Bilateral custom AFO's
- 17. Heel protector boots
- 18. Single point cane
- 19. Four-wheeled seated walker
- 20. Reacher
- 21. Abdominal binder
- 22. Four to six hours of daily attendant/chore care services
- 23. Fully wheelchair accessible home in 5-10 years.

Based upon my independent review of Ms. Farris medical records, images and video I have formed conclusions that both share and differ from Dr. Barchuck's future recommendations:

- Physical Medicine and Rehabilitation specialist- Ms. Farris has an acquired disability as a result of her post surgical complications. I support future PMR sub specialty care
- 2. Primary Care physician- Ms. Farris has several major pre existing medical comorbidities and was receiving primary physician care that should continue. The medical necessity and frequency was due to pre-existing condition unchanged following surgery
- 3. Podiatrist-Ms. Farris has pre existing diabetic polyneuropathy. Consequently, the standard of care is Podiatric treatment. The medical necessity was pre-existing
- 4. Orthopaedic/Hand Surgery-Ms. Farris has polyneuropathy and perhaps Carpal Tunnel Syndrome which is speculative. The Dupuytren contractures are unrelated to her surgery and post surgical complications. Hand Surgery Orthopaedic care is therefore unrelated to her surgery and post surgical complications
- 5. Psychology/ Psychiatry- Ms. Farris mood disorder has been impacted by her acquired disability and functional impairment. I would support episodic behavioral health services
- 6. Dietician- Ms. Farris was and currently a non-compliant obese diabetic and the need for nutritional care and counseling was pre-existing
- 7. Physical and Occupational Therapy- Ms. Farris has an acquired disability as a consequence of her surgery and I would support episodic therapy services
- 8. Massage and acupuncture therapy- Ms. Farris had pre-existing chronic pain disorder related to her shoulder and polyneuropathy. Chronic pain was pre-existing. Furthermore, there is no proven advantage of complementary therapy over standard physical therapy, exercise and pharmologic care. For these reasons I do not support massage and acupuncture
- 9. Wound clinic- Ms. Farris likely developed a calcaneal pressure wound due to preexisting polyneuropathy, skin care non compliance. The exacerbation of her neuropathy, improper fitted bracing and improper limb positioning likely contributed to her acquired wound. I support a comprehensive wound care center or home health nurse
- 10. Carpal Tunnel surgery- I am unable to identify confirmation of Carpal Tunnel Syndrome and if present is likely due to pre-existing diabetic polyneuropathy. At this time, I cannot support surgery without a confirmed diagnosis based upon EMG/NCV studies
- 11. Joint and trigger point injections- Ms. Farris was receiving care for pre-existing shoulder pain with injection therapy. Pre-existing condition
- 12. Adaptive aquatic swim therapy program-Ms. Farris has an open wound and is not medically appropriate for aquatic therapy. Furthermore, there is no proven advantage of aquatics for her condition. I do not support this recommendation
- 13. MRI Left shoulder- The shoulder injury and related disability are pre-existing
- 14. Electrodiagnostic studies of upper and lower extremities- EMG studies have been performed of the LE. The polyneuropathy was pre-existing
- 15. Electric wheelchair- I support the need for a future powered mobility device
- 16. Bilateral custom AFO- Bilateral foot drop is a new acquired disability and I support the need for bilateral custom AFO
- 17. Single point cane, reacher, abdominal binder heel protector boots (PRAFO), 4 WW-

- I support providing these assistive devices which are standard care for the disability
- 18. Four to six hours of daily attendant/chore care services- Ms. Farris had pre-existing medical co-morbidities, non compliance with medical care and in all probability would have needed future attendant care. The onset of the need for a caregiver and number of hours has changed as a result of her disability
- 19. Fully wheelchair accessible home in 5-10 years- Ms. Farris had pre-existing medical co-morbidities, chronic pain and non compliance with her medical care. In all probability she would have become wheelchair dependent regardless of her surgical complications

In addition to this supplemental report I shared specific medical, rehabilitation and equipment recommendations in a separate detailed life care plan prepared jointly with Sarah Larsen, RN. I do not endorse Dr. Barchuck's life expectancy projection and defer to medical researcher and life expectancy expert Scott J. Kush, MD who has provided a separate analysis

Lance R. Stone, DO

Lance R. Stone, DO

LANCE R STONE, D.O.

484 Lake Park Avenue, Oakland, CA, 94610

T. 510-600-5993

1988 - 1992

Lance:Stone@stjoe.org lancerstone@gmail.com

PROFESSIONAL ACTIVITIES

2018- current	Medical Director
	Santa Rosa Memorial Hospital-ARU Santa Rosa, California
2011 - 2017	Chair
	Department of Rehabilitation Medicine
	Alameda Health Systems
	Oakland, California
	Health Information Management Committee
2010 - 2011	Associate
	The Neurology Center of Southern California Physician Group
	The Rehabilitation Center at Scripps Memorial Hospital / Encinitas
2010 - 2012	Voluntary Faculty Instructor
	Department of Neurology
	University of California San Diego, San Diego, California
1994 - 2010	Medical Director
	San Diego Rehabilitation Institute
	Alvarado Hospital, San Diego, California
2006 - 2010	Medical Director
	Rehabilitation Services
	Scripps-Mercy Medical Center, San Diego, California
1997 - 2010	Medical Director
1997 - 2010	Rehabilitation Services
	UCSD Medical Center / Hillcrest, San Diego, California
1989 - 1991	Assistant Medical Director
	Rancho Los Amigos National Rehabilitation Center
	University of Southern California, Downey, California

Service Chief, Adult Brain Injury Program
Rancho Los Amigos National Rehabilitation Center
University of Southern California, Downey, California

ACADEMIC APPOINTMENTS

1992 - 1993 Chairman, Department of Neurosciences

Rancho Los Amigos National Rehabilitation Center University of Southern California, Downey, California

1987 - 1992 Residency and Fellowship Program Director

Physical Medicine and Rehabilitation

Rancho Los Amigos National Rehabilitation Center/USC
Affiliation - Wadsworth Veteran's Administration Medical Center,

Department of Physical Medicine and Rehabilitation

Los Angeles, California

1987 - 1992 Clinical Assistant Professor

Department of Neurology University of Southern California

Los Angeles, California

1997 - 2011 Clinical Assistant Professor

Department of Orthopedics University of California San Diego

San Diego, California

EDUCATION

Fellowship Neurologic Rehabilitation

Rancho Los Amigos National Rehabilitation Center University of Southern California, Downey, California

1988 - 1989

Residency Physical Medicine and Rehabilitation

University of Colorado Health Sciences Center and Craig Hospital

Denver, Colorado

1984 - 1987, Chief Resident 1985 - 1986

Internship Beaumont Hospital

Farmington Hills, Michigan

1981 - 1982

Medical School Midwestern University

Chicago, Illinois

1977 - 1981, Doctor of Osteopathy

Undergraduate Michigan State University

East Lansing, Michigan

1976 - 1977, Baccalaureate of Science

Tulane University
New Orleans, Louisiana

1975 - 1976

New England College

Henniker, New Hampshire

1974 - 1975

High School Cranbrook High School

Bloomfield Hills, Michigan

1970 - 1973

LICENSURE & BOARD CERTIFICATION

Licensure, California 1987

Board Certification, American Osteopathic Board of Rehabilitation Medicine 1992

PUBLISHED ARTICLES

Ramachandran VS, Altschuler EL, Stone LR: Can mirrors alleviate visual hemi neglect? The Journal of Medical Hypothesis, 1999, Volume 52, No. 4, 303-305

Stone LR, Friedlund P: Trauma top ten: Acute rehabilitation of the tetraplegic patient. Journal of Trauma Nursing, October/December 1998, Volume 5, Issue 4, 105-107

Altscheler EL, Wisdom SB, Stone LR, Ramachandran VS: Rehabilitation of Hemiparesis after stroke with a mirror. The Lancet, 1999, Volume 353, No. 9169, 2035-2036.

Kim SJ, Shin DY, Stone L: Cranial nerve injuries in the adult with traumatic brain injury. Journal of Korean Academy of Rehabilitation Medicine, 1993, Volume 17, No. 2, 194-201.

Stone LR, Keenan MAE: Deep Venous thrombosis of the upper extremity following traumatic brain injury.

Archives of Physical Medicine & Rehabilitation Medicine, 1992, Volume 73, No. 5, 486-489

Drutt S, Kramer WG, Howard NW, Keenan MAE, Stone LR, Waters RL, Gellman H: Carpal tunnel syndrome secondary to wrist and finger flexor spasticity. The Journal of Hand Surgery, 1990, Volume 15, No. 6, 940-944

Keenan MAE, Halder TT, Stone LR: Dynamic electromyography to assess elbow spasticity. The Journal of Hand Surgery, 1990, Volume 15, No. 6, 940-944.

Young S. Keenan MAE, Stone L: The treatment of spastic plano valgus foot deformity in the neurologically impaired adult. Foot and Ankle, 1990, Volume 10, No. 6.

Keenan MAE, Tomas SE, Stone L, Gersten LM: Percutaneous phenol block of the musculocutaneous nerve to control elbow flexor spasticity.

The Journal of Hand Surgery, 1990, Volume 15A, No. 2, 340-346

Stone LR, Keenan MAE, Shin DY: Acquired limb loss following traumatic brain injury. American Journal of Physical Medicine and Rehabilitation, 1990, Volume 69, No. 3, 135-139.

Aboulafia AJ, Keenan MAE, Stone LR: An uncommon cause of fever in a brain injured patient. Brain injury, Volume 4, Issue 3, July 1990, 307-309.

Hurvitz SA, Stone LR, Keenan MAE, Waters RL: Acute subdural hematoma mimicking an epidural hematoma on a CT scan. Brain injury, 1989, Volume 3, No. 1, 63-65.

Stone L, Keenan MAE: Peripheral nerve injuries in the adult with traumatic brain injury. Clinical Orthopedics and Related Research, No. 233, August 1988, 136-144.

PUBLISHED ABSTRACTS

Stone LR, Panchiang SP, Keenan MAE, Young S: Outcome of traumatic brain injured patients with delayed admission to inpatient rehabilitation.

Archives of Physical Medicine & Rehabilitation, October 1989, Volume 70, No. 11, A-35.

Stone LR, Keenan MAE, Stewart CA, Hardy SE: Diagnosis and incidence of reflex sympathetic dystrophy in traumatic brain injury.

Archives of Physical Medicine & Rehabilitation, October 1989, Volume 70, No. 11, A-35

Keenan MAE, Ahearn R, Stone LR: Selective release of spastic elbow flexor muscles in the brain injured adult.

Archives of Physical Medicine & Rehabilitation, October 1989, Volume 70, No. 11, A-10

Orcutt SA, Stone LR, Keenan MAE, Waters RL, Gellman H: Carpal tunnel syndrome secondary to wrist and finger flexion spasticity.

Archives of Physical Medicine & Rehabilitation, October 1989, Volume 70, No. 11, A-14.

Payne WK, Keenan MAE, Stone LR: Foot complications in non-ambulatory spastic patients.

Archives of Physical Medicine & Rehabilitation, October 1989, Volume 70, No. 11, A-15.

Stone LR, Cohen SA, Keenan MAE, Waters RL: Rehabilitation of combined severe traumatic brain and spinal cord injury. American Spinal Injury Association Annual Meeting, 1989.

Hardy S, Stewart CA, Stone L, Keenan MAE, Hung G: Incidence of diagnosis of reflex sympathetic dystrophy in traumatic brain injury: Use of bone scintigraphy.

Clinical Nuclear Medicine, Volume 13, No. 9, 16.

Jamieson K, Stone L, Keenan MAEL Preventable complications and missed injuries in patients with severe head trauma.

Archives of Physical Medicine & Rehabilitation, September 1988, Volume 69, No. 9, 702.

Keenan MAE, Stone L, Thomas B, Gersten LM: Percutaneous phenoi block of the musculocutaneous nerve.

Archives of Physical Medicine & Rehabilitation, September 1988, Volume 69, No. 9, 702.

Stone L, Keenan MAEL Peripheral nerve injuries in the adult with traumatic brain injury.

Archives of Physical Medicine & Rehabilitation, September 1988, Volume 69, No. 9, 702.

Keenan MAE, Haider T, Stone L: Electromyographic assessment of hand placement in brain injured adults.

Archives of Physical Medicine & Rehabilitation, September 1988, Volume 69, No. 9, 702.

Keenan MAE, Romanelli RR, Lunsford MS, Stone L: Evaluation of motor control in the hands of adults with spasticity from brain injury using dynamic EMG.

Archives of Physical Medicine & Rehabilitation, September 1988, Volume 69, No. 9, 702.

SCIENTIFIC PRESENTATIONS

Introduction to Transcranial Direct Current Stimulation (TDCS) in Neuropsychiatric Research.

Course Co-Director

Highland Hospital. Oakland California. October 20, 2012.

Neural Repair: Current Trends in Restorative Therapies Following Traumatic Brain Injury.

Faculty

Scripps Memorial Hospital - 6th Annual Brain Injury Rehabilitation Conference, Carlsbad, California. March 17 and 18, 2011.

Late Physical Complications Following Stroke and Traumatic Brain Injury.

Medical Grand Rounds, John F. Kennedy Memorial Hospital, Indo, California, February 16, 1994.

Management of Pain and Reflex Sympathetic Dystrophy Following Traumatic Brain Injury.

International Congress of Orthopaedic Rehabilitation. Anaheim, California. June 22, 1990.

Pathophysiology of Traumatic Brain Injury.

Neurology Grand Rounds. Harbor UCLA Medical Centers, Department of Neurology. Torrance, California. February 26, 1990.

SCIENTIFIC PRESENTATIONS (continued)

The Treatment of Spastic Plano valgus Foot Deformity in the Neurologically Impaired Adult.

The 57th American Academy of Orthopedic Surgeons. New Orleans, Louisiana. February 10, 1990.

Diagnosis and Incidence of Reflex Sympathetic Dystrophy in Traumatic Brain Injury.

The 51st Annual Assembly, American Academy of Physical Medicine and Rehabilitation. San Antonio, Texas. November 6, 1989.

Outcome of Traumatic Brain Injured Patients with Delayed Admission to Inpatient Rehabilitation. The 51st Annual Assembly, American Academy of Physical Medicine and Rehabilitation. San Antonio, Texas.

November 6, 1989.

Rehabilitation of Trauma Patients. Eighth Annual Modern Concepts in Trauma Care Symposium.

Orange, California. April 27, 1989.

Incidence and Diagnosis of Relfex Sympathetic Dystrophy in Traumatic Brain Injury:

Use of bone Scintigraphy. First Biennial World Congress, International Association of the Study of Traumatic Brain Injury. San Jose, California. April 9, 1989.

Pathophysiology of Traumatic Brain Injury. Medical Grand Rounds Rancho Los Amigos Medical Center. Downey, California. *March* 2, 1989.

Peripheral Nerve Injuries in the Adult with Traumatic Brain Injury. 50th Assembly, American Academy of Physical Medicine and Rehabilitation. Seattle, Washington. November 3, 1988.

Percutaneous Phenol Block of the Musculocutaneous Nerve. 50th Assembly, American Academy of Physical Medicine and Rehabilitation. Seattle, Washington. November 3, 1988.

Evaluation of Motor Control in the Hand of Adults with Spasticity from brain Injury using Dynamic Electromyography. 50th Assembly, American Academy of Physical Medicine and Rehabilitation. Seattle, Washington. *November 3, 1988*.

Intrinsic Release for Spastic Hand Deformity. American Association for Surgery of the Hand, Annual Meeting. Toronto, Canada. October 1988.

POSTER EXHIBIT PRESENTATIONS

Foot Complications in Non-ambulatory Spastic Patients.

The 58th Annual Meeting of the American Academy of Orthopaedic Surgeons. Anaheim, California. March 7, 1991.

Autonomic Dysfunction Syndrome (ADS): Report of a case with observations at necropsy.

The 52th Annual Assembly of the American Academy of Physical Medicine and Rehabilitation. Phoenix, Arizona. October 23, 1990.

Posterior Tibial Nerve Phenol Block to Control Spastic Equinus Deformity.

The 57th Annual Meeting of the American Academy of Orthopaedic Surgeons: New Orleans, Louisiana. February 8-12, 1990. Course Objectives.

COURSE FACULTY

Critical Care Summer Session 99.

UCSD School of Medicine. Rehabilitation in the Critically III Patients. San Diego, California. August 5, 1999. Faculty.

Spinal Cord Injury Rehabilitation.

Third Annual Neurotrama Nursing Conference. UCSD Medical Center. San Diego, California. November 10, 1998.

Acute Rehabilitation of the Tetraplegic Patient.

Trauma Grand Rounds, UCSD Medical Center, Department of Surgery. San Diego, California. October 13, 1998

Neuropathology As a guide to Rehabilitation Following Traumatic Brain Injury.

Trauma Grand Rounds. UCSD Medical Center, Department of Surgery. San Diego, California. May 23, 1997

Sociedad Occidental de Medicina de Rehabilitacion Annual Internal Meeting.

Peurto Vallarta, Mexico. May 15-19, 1995. Faculty.

San Diego Head Injury Foundation, Mild Traumatic Brain Injury: The Reconstruction Phase.

San Diego, California.

American Academy of Neurology, Traumatic Brain Injury Rehabilitation Course.

Daniel Freeman Memorial Hospital and Rancho Los Amigos Medical Center. October 14-18, 1991. Faculty.

Third International Symposium, Neuro-Orthopeadeic Management of the Traumatic brain Injured

Adult. Anaheim, California. June 21-23, 1990. Course Director.

VOLUNTEER ACTIVITIES

2005 - 2011: Red Cross Physician Volunteer (Comprehensive Combat and Casualty Care CC5) Balboa Naval Medical Center San Diego, California

LETTERS TO THE EDITOR

New England Journal of Medicine. Editorials and Conflicts of Interest. Volume 336: 728-729, No. 10., March 6, 1997

BOOKS

Neuro-Orthopaedic Complication Following Traumatic Brain Injury.

Physical Medicine and Rehabilitation; State of the Art Reviews. Publisher Hanley and Belfus, Inc. 1993, Volume 7, No. 3, Editor.

CHAPTERS

Spasticity: Management Using Nerve Blocks.

Physical Medicine and Rehabilitation: State of the Art Reviews 1993, Volume 7, No. 3, 527-558.



Fee Schedule

- Medical Record Review-300.00/hour
- Telephone Consultation-400.00/hour
- Physician Examination-400.00/hour*
- Preparation of Written Life Care Plan Report-500.00/hour
- Deposition-750.00/hour
- Expert Trial Testimony-2,000.00 half day, 5,000.00 full day **
- Retainer Fee-2,000.00

*Office

**Excluding travel expenses, including preparation

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F-510-895-4511

C-619-840-6297

EXHIBIT "6"



Kim S. Erlich, M.D.

Northern Peninsula Infectious Diseases Medical Group 1501 Trousdale Drive Burlingame, California 94010 (650) 696-5777 Kerlich@Norpenid.com

November 26, 2018

Chad Couchot Schuering Zimmerman & Doyle, LLP 400 University Avenue Sacramento, CA 95825-6502

Re: Farris, Titina v. Rives, Barry

Dear Mr. Couchot:

As per your request, I have reviewed this matter and have formed an opinion as it relates to the care provided by Barry Rives, M.D. to Titina Farris. Specifically, I have been asked to comment on the opinions and conclusions expressed by Alan Stein, M.D., an expert witness.

I am a physician licensed to practice medicine in the State of California. I am a Consultant in Infectious Diseases in a private practice named Northern Peninsula Infectious Diseases Medical Group, located at 1501 Trousdale Drive, Burlingame, California 94010. I am Board Certified by the American Board of Internal Medicine in both Internal Medicine and Infectious Diseases. I am a fellow in the Infectious Diseases Society of America. I am an Associate Clinical Professor of Medicine at the University of California, San Francisco, and I am the Medical Director of Infection Prevention and Control, and Antibiotic Stewardship at Mills Peninsula Medical Center in Burlingame California. In my day to day activities I provide Infectious Diseases consultations and follow-up care to hospitalized patients with Infectious Diseases, including patients who have had complications following surgery. A true and correct copy of my Curriculum Vitae is attached which sets forth my education, training, clinical experience, and qualifications to provide expert medical opinions regarding his case.

In preparation for this report and my opinions, I have reviewed the medical records of Titina Farris. These records include PDF files labeled St. Rose Dominican Hospital, and St. Rose Dominican Hospital - San Martin Campus (excerpts). In addition, I have reviewed reports that have been submitted by Alan Stein M.D., Bart J. Carter, M.D., and Brian E. Juell, M.D.

I disagree with the opinions and conclusions reached by Dr. Stein regarding the care provided by Dr. Rives. Specifically:

- 1. Dr. Stein states in his letter that, "An Infectious Diseases (ID) consultant who saw the patient on July 4 believed Ms. Farris had fecal peritonitis." Later in his letter, Dr. Stein states that there was, ".... An impression of fecal peritonitis from the ID consultant...." I disagree with this conclusion, and believe that this misrepresents the comments made by the Infectious Diseases consultant. Although Farooq Shaikh, M.D, the Infectious Diseases physician who evaluated Ms. Farris on July 4, 2015 stated in his note that "This could represent fecal peritonitis.", this was not a definitive diagnosis. Although the diagnosis of fecal peritonitis was in Dr. Shaikh's differential diagnosis, since it was known that there had been bowel perforations during the surgery, Dr. Shaikh did not conclusively make this diagnosis, nor did he imply in his notes that this was the only possibility to explain Ms. Ferris's clinical condition. Dr. Shaikh broadened the antibiotics being administered to Ms. Farris to cover for many potential infectious disease conditions, but he did not make a specific diagnosis of fecal peritonitis. Furthermore, even if a diagnosis of fecal peritonitis was confirmed at the time that Ms. Farris was evaluated by Dr. Shaikh, there was no suggestion of an active bowel perforation that was still present, nor were there indications for surgical intervention.
- 2. Dr. Stein states in his letter that, "Dr. Ripplinger suspected a bowel leak and states that there should be a fairly low threshold for reoperation." In fact, Dr. Ripplinger stated that "that there should be a fairly low threshold for at least a diagnostic laparoscopy or even laparotomy if there are any significant abnormalities noted on the CT scan; especially if there is increase in free fluid in the abdomen." Following this clinical evaluation, a CT scan was performed that revealed a small amount of abdominal ascites, a right supra umbilical parasagittal ventral hernia, a hernia sac that contained fluid and free air with a decreased amount of free air compared to a prior study, and no extravasation of oral contrast from the bowel. These findings did not suggest the presence of a bowel perforation nor did they indicate a need for emergent surgery. These findings were not significant abnormalities that should have triggered a diagnostic laparoscopy or laparotomy.
- 3. Dr. Stein states in his letter that, "The patient's persistent ropid heartbeat, high WBC, and fever were not properly evaluated by Dr. Rives.". I disagree with this conclusion. The medical records clearly indicate that Ms. Farris was seen and managed by multiple consultants, including a hospitalist, a nephrologist, a critical care specialist, a cardiologist, and an infectious Diseases physician. This medical team thoroughly and repeatedly evaluated the patient, and coordinated numerous diagnostic tests to be performed, including numerous blood tests and numerous radiographs. In fact, between the dates of July 3, 2015 and July 15, 2015, Ms. Farris had three plain X-rays of the abdomen and three CT scans of the abdomen. On each occasion, the radiographs were performed as part of the evaluation to determine the cause of Ms. Farris's clinical condition, with a suspicion of a possible intraabdominal process.

- 4. Dr. Stein states in his letter that, "He should have re-operated to rule out a bowel leak as soon as Ms. Farris was medically stable and other obvious causes of post-operative deterioration (pneumonia, urinary tract infection, pulmonary embolism) were eliminated.". I disagree with this conclusion. Although there remained a concern over the possibility of a bowel leak, none of the diagnostic tests confirmed the presence of a bowel leak until the CT scan that was performed on July 15, 2015. In fact, all of X-ray studies performed prior to the July 15, 2015 CT scan suggested that a bowel leak was not present at the time that these studies were performed. These studies repeatedly showed the absence of free air or bowel obstruction. It was only on July 15, 2015, when her third CT scan revealed pneumoperitoneum with free fluid in the abdomen, a large pocket of air, and the presence of subcutaneous air/fluid along the right lateral abdominal wall that a bowel perforation became apparent. There were multiple possibilities to explain Ms. Farris's clinical features, and a decision to perform emergent surgery once she was stabilized to "rule out a bowel leak" was not necessarily indicated nor would it be considered standard of care.
- 5. Dr. Stein states in his letter that, "Instead, he [Dr. Rives] allowed Ms. Farris to linger with a bowel leak perforation for eleven days before recommending surgery, at which point she was in critical condition." I disagree with this conclusion. The significant change in the CT scan findings on July 15, 2015 as compared to the prior studies provides strong evidence that the perforation was a relatively new finding. The abnormalities seen on July 15, 2015 had not been present on the CT scan which was performed on July 9, 2015, and therefore the patient did not have a bowel perforation at that time. It is my opinion that the bowel perforation was a relatively recent event, and occurred sometime between the July 9,2015 and July 15, 2015 CT scans. Once the perforation was identified, Dr. Rives immediately suggested the need for definitive surgical intervention.

In summary, I disagree with many of the statements and conclusions reached by Dr. Stein regarding the evaluation and care provided by Dr. Rives. It is my opinion that, from an infectious Diseases standpoint, Dr. Rives met the standard of care in his evaluation and management of Ms. Farris.

All of the above professional opinions are held and expressed to a reasonable degree of medical certainty, and I am willing to testify in the above matter.

Respectively submitted,

Kim S. Erlich, M.D.

CURRICULUM VITAE

Kim Steven Erlich, M.D.

Northern Peninsula Infectious Diseases Medical Group Medical Director, Infection Prevention and Control Mills Peninsula Medical Center 1501 Trousdale Drive Burlingame CA 94010

Phone: (650) 696-5777

Kerlich@NorpenID.com, Erlichk@SutterHealth.org

Clinical Position:

Consultant in Infectious Diseases,

Northern Peninsula Infectious

Diseases Medical Group

Academic

Associate Clinical Professor of Medicine,

Appointment: University of California, San Francisco

Guest Faculty, California STD/HIV Prevention Training Center

Hospital Positions:

Mills Peninsula Medical Center, Burlingame, CA

Medical Director, infection Prevention and Control Medical Director, Antibiotic Stewardship Program

Chairman, Infection Control Committee

Member, Pharmacy and Therapeutics Committee

Chief of Staff (7/2016-6/2018) Vice-Chief of Staff (7/2014-6/2016)

Chairman, Department of Internal Medicine (7/2013-7/2015) Member at Large, Executive Committee (7/2009-7/2013)

Seton Medical Center

Chairman, Pharmacy & Therapeutics (1990-2008) Co-chairman, Ethics Committee (1998-2005) Secretary-Treasurer, Medical Staff (1998-2000)

Government Position:

Committee Member

California Department of Public Health

Healthcare-Associated Infections Program

Licensure and certification:

2003 American Academy of HIV Medicine,

HIV Specialist

1986	American Board of Internal Medicine,
	Subspecialty in Infectious Diseases
1984	American Board of Internal Medicine
1984	State of California, G052407
1982	National Board of Medical Examiners
1981	State of Illinois, C36-065302 (inactive)

Professional Fellow, Infectious Disease Society of America Organizations: Fellow, Society for Hospital Epidemiology of

America

American Society for Microbiology

Hospital Mills-Peninsula Medical Center

Appointments: 1501 Trousdale Drive

Burlingame, California 94010 Membership status: Active staff

Seton Medical Center 1900 Sullivan Avenue Daly City, California 94015 Membership status: Active staff

EDUCATION

Dates <u>Attended</u>	Institution and Location	<u>Status</u>
1986-88	University of California, San Francisco General Hospital, San Francisco, California	Postgraduate Fellowship in Sexually Transmitted Diseases
1984-86	University of California, San Francisco General Hospital, San Francisco, California	Postgraduate Fellowship in Infectious Diseases
1982-84	Northwestern University Chicago, Illinois	Residency in Internal Medicine
1981-82	Northwestern University Chicago, Illinois	Internship in Internal Medicine

1977-81	University of Illinois College of Medicine Chicago, Illinois	Doctor of Medicine
1973-77	University of Illinois Champaign-Urbana, Illinois	Bachelors of Science In Chemistry

PROFESSIONAL CAREER

Dates <u>Attended</u>	Institution and Location	<u>Status</u>
1988-present	Northern Peninsula Infectious Diseases Medical Group, Burlingame, California	Consultant in Infectious Diseases
1990-1994	Curaflex Infusion and Coram Health Services Ontario, California	Medical Advisor and Quality Assurance Director
1990-1994	Wound Care Center Seton Medical Center Daly City, California	Co-Medical Director
1983-84	Northwestern Memorial Faculty Foundation Clinic for Sexually Transmitted Diseases	Staff Physician

CURRENT RESEARCH INVESTIGATION

Nutritional deficits and the effects of a targeted feeding program in children ages 0 to 10 years in the municipality of Jagna on the province of Bohol in the Visayas, Philippines

SCIENTIFIC AND CLINICAL PUBLICATIONS

Varicella-Zoster Virus Infection: Update on Chickenpox and Shingles. San Mateo County Physician; A Publication of the San Mateo County Medical Assoc; March 2013; Vol 2, No. 3.

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Erlich KS, Mills J: Varicella-zoster virus. In: <u>The AIDS Knowledge Base</u>. Cohen PT, Sande MA, Volberding PA (eds.); Little, Brown and Company, Boston, Mass, 6.11; 1-9, 1994.

Erlich KS, Mills J: Herpes simplex virus infections. In: <u>The AIDS Knowledge Base.</u> Cohen PT, Sande MA, Volberding PA (eds.); Little, Brown and Company, Boston, Mass, 6.12; 1-19, 1994.

Erlich KS, Rumack JS: Evaluation and management of non-healing infected wounds in diabetics. Infect Med 10(8):21-27, 1993.

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MISCELLANEOUS PUBLICATIONS

Erlich KS (Consultant): MRSA Infection: Stop the Spread. Krames/StayWell Health and Safety Education. San Bruno, California. 2008.

Erlich KS (Consultant): C. difficile Infection: Stop the Spread. Krames/StayWell Health and Safety Education. San Bruno, California. 2008.

Erlich KS (Consultant): VRE Infection: Stop the Spread. Krames/StayWell Health and Safety Education. San Bruno, California. 2008.

Erlich KS (Consultant): Pneumonia: Limit the Risk. Krames/StayWell Health and Safety Education. San Bruno, California. 2008.

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Erlich KS (Main Consultant): The Love Bugs. Krames/StayWell Health and Safety Education. San Bruno, California. 2003.

Erlich KS (Main Consultant): Sexually Transmitted Disease. Krames/StayWell Health and Safety Education. San Bruno, California. 2003.

Erlich KS (Main Consultant): Herpes. Krames/StayWell Health and Safety Education. San Bruno, California. 2002.

Erlich KS (Co-contributor): HPV and Genital Warts. Krames/StayWell Health and Safety Education. San Bruno, California. 2002.

Erlich KS (Co-contributor): Hepatitis C: Understanding Chronic HCV Infection. Krames/StayWell Health and Safety Education. San Bruno, California, 2002.

Infectious Diseases (Co-author); In: <u>Best Practice in Medicine: A Clinical Guide by Physicians</u>. DeFelice RD, Massoud NA (eds). Sutter Health and Mercy Health Care Sacramento, 1998.

Pneumonia (Co-author); In: <u>Best Practice in Medicine</u>: A <u>Clinical Guide by Physicians</u>. DeFelice RD, Massoud NA (eds). Sutter Health and Mercy Health Care Sacramento, 1998.

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ABSTRACTS

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Erlich KS, Dix RD, Mills J: Passive immunotherapy of HSV encephalitis. Presented at the 11th International Herpesvirus Workshop, Abstract #253, Leeds, United Kingdom, 1986.

LECTURE SUBJECTS AND TOPICS

Herpes Simplex Virus Infections, Varicella-Zoster Virus Infections, Human Papillomavirus Infection, Sexually Transmitted Diseases, HIV and AIDS, Antibiotic Resistance and Antibiotic Stewardship, Update on "Hot-Topics" in Infectious Diseases, Meningococcal Infections

Revised 7/1/18

Kim S. Erlich, M.D. November 20, 2018

DEPOSITION AND TRIAL TESTIMONYOVER 4 YEAR PERIOD

Date:

January 25, 2013

Case:

Lowy v. Peace Health

Expert for:

Plaintiff

Function:

Pretrial deposition

Attorney:

Michael Myers and Joel Cunningham

701 5th Avenue; Suite 6700 Seattle, Washington 98104

Date:

April 22, 2013

Case:

Raymond Montes v. Kaiser

Expert for:

Plaintiff

Function: Attorney:

Pretrial deposition Lawrence Knapp

Stuart Tabak Tabak Law Firm 250 Dorris Place

Stockton, California 95204

Date:

July 19, 2013

Case:

Baires v. Kern County and USA

Expert for:

Defense

Function: Attorney: Pretrial deposition Robert K. Lawrence

Bjork Lawrence Law Firm 1850 Mt. Diablo Boulevard

Suite 120

Walnut Creek, California 94596

Date:

October 23, 2013 Barella v. Lucas et al.

Case: Expert for:

Defense

Function:

Pre-arbitration deposition

Attorney:

John Supple

Supple & Canvel, LLP

2320 Marinship Way, Suite 301 Sausalito, California 94965

Date:

October 31, 2013 Barella v. Lucas et al.

Expert for: Function:

Defense Arbitration

Attorney:

John Supple Supple & Canvel, LLP

2320 Marinship Way, Suite 301 Sausalito, California 94965

Date:

April 9, 2014 Arellano v. Polito

Case: Expert for:

Plaintiff

Function: Attorney:

Trial testimony Michael Mandel 1390 Market Street

San Francisco, California 94102

Date:

July 31, 2015

Case:

May-McNary v. Murray

Expert for:

Plaintiff

Function: Attorney:

Pretrial deposition Michael Mandel

1438 Market Street

San Francisco, California 94102

Date:

April 6, 2016

Case:

Dill v. Coconut Joe's

Expert for:

Defense

Function:

Pretrial deposition Michael Mutalipassi

Attorney:

Cholakian & Associates

400 Oyster Point Blvd., Ste 415 South San Francisco, CA 94080

Date:

April 22, 2016

Case:

Korade v. Passport Health

Expert for:

Defense

Function:

Pretrial deposition

Attorney:

Kimberlei D. Evans, Esq.

Lewis Brisbois Bisgaard & Smith LLP

333 Bush Street, Suite 1100 San Francisco, CA 94104 Date: Case:

December 22, 2016 Brown v. Rives

Expert for:

Defense

Function: Attorney:

Pretrial deposition Chad C. Couchot

Schuering Zimmerman & Doyle, LLP

400 University Avenue Sacramento, CA 95825

Date: Case:

April 13, 2018 Roshan v. Liu et al.

Expert for:

Defense

Function: Attorney:

Pretrial deposition Candace Herling, Esq.

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Las Vegas, Nevada 89149

Kim S. Erlich, M.D.

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June 26, 2018

Riesa R. Rice Legal Secretary to Thomas J. Doyle SCHUERING ZIMMERMAN & DOYLE 400 University Avenue Sacramento, CA 95825

Dear Ms. Rice,

Review of records: \$400/hour Meetings and telephone discussions: \$400/hour

Meetings and telephone discussions: \$400/hour Travel \$200/hour

Depositions: \$1000/hour

Court testimony: \$1000/hour or,

\$3000/haif-day or, \$6000/full-day

\$6000/juli-da

If I am required to travel out of area, all travel expenses must be reimbursed. Cancelled depositions and court testimonies are charged for three hours unless they have been cancelled within 48 hours of the scheduled time. I have sent you an updated CV with this e-mail.

Sincerely,

Kim S. Erlich, M.D.

EXHIBIT "7"



Alvaro H. Devio, M.D., F.A.C.S, Certified American Board of Surgery

Brion E. Juell, M.D., F.A.C.S. Certified American Board of Surgery and Surgical Critical Care

Thomas E. Rembetski, M.D. Cartified American Board of General and Vascular Surgery

12/16/2018

I have been asked to review the deposition transcript of Dr. Barry Rives and to respond to reports of expert witnesses in the case of Farris v. Rives.

Response to Expert Report of Michael B. Hurwitz, MD

Dr Hurwitz indicates that he regards himself to be an expert in hernia repair and management of infections. He does not explicitly indicate his experience in the diagnosis of anastomotic leaks. Patient presentations from bowel and stomach spontaneous perforations and from leaks from surgical repairs and anastomoses present in highly variable patterns. I frequently see patients with perforated colon who have been sick for days and sometimes weeks before presenting to the ER. The response to sepsis by the patient is also highly variable. Some patients are genetically prone to sepsis and may have rapidly fatal courses despite heroic medical and surgical intervention. Other patients seem to be able to withstand major intestinal perforations and infections and survive despite diagnostic delays. Surgical bowel repairs and anastomoses fail with some regularity. All surgeons who perform these surgeries have such failures. Some failures can be managed without reoperation. These failures may be immediate early or quite delayed. All surgeons preforming these surgeries have a high index of suspicion for these complications when the patient has complications after surgery. Diagnosis can be vexing. Reoperation has inherent risks in and of itself. Dr Hurwitz from the position of a Monday Morning Quarterback supports the allegations of the plaintiff but fails to make the case that intervention was explicitly warranted based on the collective data at hand at any one time in Ms. Farris's course. Patient was attended to and evaluated by multiple physicians and surgeons and until a leak was diagnosed on post op day #12 a decision for reoperation based the inherent risks vs benefits was unclear.

Ms. Farris underwent laparoscopic hernia repair complicated by colon injury and repair. The use of an energy device to free the colon from the adherent mesh has been associated with an increased risk of bowel perforation and delayed leak development. The use of sharp dissection has similar complications. Dr Rives was aware of this, recognized and repaired the resulting injuries and inspected the adequacy of the repairs.

Ms. Rives had surgery. Postoperatively she had pain and developed abdominal and bowel distension. She developed a tachycardia and increasing respiratory failure and hypoxia. She had an elevated WBC count and a moderate lactic acidosis. She had hypovolemia and required vigorous fluid resuscitation and developed acute kidney injury. She was admitted to ICU and ultimately required intubation and ventilator support. She did not have bacteremia. She did have septic syndrome criteria but also could have had respiratory failure due to progressive hypoventilation and atelectasis or more likely pulmonary aspiration syndrome. The Infectious Disease specialist operational diagnosis of fecal peritonitis is supported primarily from the events in surgery and supported the use of broad-spectrum



antibiotics. Abdominal pain following surgery is expected. An elevated WBC is nonspecific and could be due to stress. CT scan on post op day 2 had findings expected following the surgery preformed but no incontrovertible evidence of bowel leak. Physical findings did support such diagnosis. As Dr Rives stated in his deposition the was no bowel contents leaking out of her wounds. Her condition was stabilized. Dr Hurwitz states that the patient continued to deteriorate. This in fact is not true. She was sick but her condition actually improved. Her tachycardia and lactic acidosis resolved. She had no significant fever. Her abdominal exam did not progress adversely. She a persistently elevated WBC count but that is a nonspecific finding. Her overall failure to improve led to a second surgical opinion by Dr Ripplinger on POD #6. He like Dr Rives felt there should be a low threshold for considering reoperation. In fact, he did not state there was an absolute indication to proceed to surgery based on his examination of the patient, her clinical course and all available data. Dr Ripplinger recommended that another CT scan be obtained. One was this time with radio-opaque contrast in the intestine. The CT scan showed no leak of contrast from the bowel and no adverse changes from the previous pathognomonic for bowel leak. Is this the point where Dr Hurwitz felt that reoperation was mandatory?

Ms. Farris remained relatively stable until POD #12 when her condition did deteriorate. CT done then demonstrated findings consistent with a leak. She did not have surgery until the next day by Dr. Hamilton. Findings at surgery where both acute and chronic inflammation and leaking surgical repairs. She had a protracted course but ultimately survived and recovered. MS Farris had significant comorbidities. It is open to speculation that a any earlier operation would have altered her necessary surgery or subsequent recovery.

Dr Hurwitz concludes that Dr Rives fell below the standard of care on 4 counts:

- Intraoperative technique; Dr Hurwitz does not specify which techniques. Use of thermal energy
 in approximation to the bowel is relatively contraindicated but may have been unavoidable was
 successful, and the resulting injuries were reasonably repaired. These repairs were later
 inspected before the conclusion of surgery. The subsequent suture line disruption cannot be
 directly linked to a technical failure.
- 2. Failure to adequately repair the colon injuries on initial operation. Dr Rives was satisfied. Dr Hurwitz does not indicate why stapling the holes closed was inadequate.
- 3. Failure to timely diagnose and treat feculent peritonitis. It is abundantly unclear when there was an absolute indication to reoperate based on the patient's course and subsequent favorable outcome. Surgical decision making was difficult for multiple surgeons. It is unclear that Ms. Farris's course would have significantly different.
- 4. Poor post -operative management; redundant at best.

Dr Hurwitz supports the allegations of the plaintiff. He fails to make the case for a smoking gun for earlier reoperation or a technical error by Dr Rives constituting an act of malpractice.

Response to Expert Report of Dr Alan J. Sein, MD

Dr Stein is an Infectious Disease specialist practicing in New York. Clearly, he is not an expert in surgery. He retrospectively states that Dr Rives fell below the standard of care regarding a decision for reoperation. He correctly reiterates Ms. Farris's failure to progress on a day to day basis. Ms. Farris certainly was in critical condition. His statement that other causes of her early postoperative deterioration were eliminated is clearly open to debate. Bowel perforation and abdominal sepsis were

always on the list but the precise point where surgery was necessary is not specified. He does not make a case that Ms. Farris outcome, which was favorable would have been significantly improved by earlier intervention. Dr. Stein statement that CT scans are not sensitive to determine sources of intraabdominal sources of infection in the early postoperative period is a misleading statement at best.

Ms. Farris had an unusually confounding postoperative course but likely had the same operation she would have received had the indications for reoperation been mandated at an earlier point in her care. These experts fail to make a case that her clinical course and recovery would have been significantly altered to point constituting malpractice on the part of Dr Rives.

In conclusion, I continue to believe the care Mrs. Farris received from Dr. Rives met the standard of care. The opinions expressed in this report and my original report are held to a reasonable degree of medical probability.

-Brian E Juell MD FACS

EXHIBIT "8"

2240 WEST 16th STREET SAFFORD, ARIZONA 85546 (928) 348-4030 (928) 348-4033

BART J. CARTER, M.D., F.A.C.S.

Diplomate, American Board of Surgery General Surgery Laparoscopic Surgery

December 19th, 2018

Dear Mr. Couchot:

Per your request, I reviewed the deposition of Dr. Barry Rives and the expert reports by Dr. Michael Hurwitz and Dr. Alan Stein. I continue to believe the surgical care Dr. Rives provided to Titina Farris was within the standard of care, as discussed in my previous report.

Dr. Hurwitz' report does not include any reference to the findings of the CT scan of the abdomen and pelvis from July 9, 2015. That study was important, because it was did not demonstrate an increase in free air or significant fluid collections. There was no ct evidence in this important CT for air acute intra-abdominal process.

In both their reports. Dr. Ilurwitz and Dr. Stein included an incomplete quote from Dr. Greg Ripplinger's note for his second opinion examination performed on July 9, 2015, which seems to take Dr. Ripplinger out of context. Dr. Hurwitz and Dr. Stein both stated that Dr. Ripplinger "suspected a bowel leak and stated there should be a fairly low threshold for reoperation." implying Dr. Ripplinger thought Mrs. Farris should be taken to surgery at that time. What Dr. Ripplinger actually said, after discussing his recommendation for a CT scan with intravenous oral and rectal contrast was:

"I think there should be a fairly low threshold for at least a diagnostic laparoscopy or even laparotomy if there are any significant abnormalities noted on the CT scan especially if there is increase in fluid in the abdomen, I would be concerned for a possible bowel leak."

In other words, Dr. Ripplinger's recommendation to return Mrs. Farris to surgery was contingent upon observing significant abnormalities on the CT scan performed on July 9. 2015, There were no such abnormalities on the CT scan.

Dr. Hurwitz noted the two colotomies "should have put Dr. Rives" on notice of a potential problem and the source of the infectious process." It is clear from both the records of Dr. Rives' care, and his deposition testimony, that Dr. Rives was aware of a potential failure of the repair of the colostomies. Dr. Rives testified in deposition that a failure of the repair was considered when Mrs. Farris' condition began to deteriorate. Appropriate imaging studies were ordered to evaluate for such a possibility and that examination was negative.

The "signs of infection" Dr. Hurwitz describes are also signs of the acute inflammatory condition which may also occur following surgery. Only in retrospect are we able to clearly see that the failure of this colotomy repair may have been the primary culprit. Further, Mrs. Farris' postoperative deterioration is more consistent with pulmonary complications than an intra-abdominal infection. Acute pulmonary edema pulmonary embolism or pulmonary aspiration are all significant items on the different diagnosis. On postoperative day one, Mrs. Farris became short of breath. Later that day, she required intubation for acute respiratory failure. The CT scan of the chest, abdomen, and pelvis, performed on July 5, 2015 showed a small right pleural effusion, as well as bilateral pulmonary consolidation. There was no clear evidence of a bowel perforation or any other acute intra-abdominal process until July 15, 2018. At that point, the third post-operative CT scan showed findings concerning for a leak and the appropriate decision was made to return to surgery.

Dr. Hurwitz noted "the stapled repairs were inadequate and did not hold, resulting in leakage of fecal material into the abdominal cavity." I agree that the repair failed. It appears the suture line for one or both of the colotomies did ultimately fail. But the fact that a repair fails does not mean there is a breach of the standard of care. Stapled repair of the bowel is a commonly utilized technique for repair with or without over sewing of the stapled line. Stapled repairs are acceptable and are clearly within the standard. In other words, repairs can and will fail even when the standard of care is met. The description of the repairs Dr. Rives gave during his deposition demonstrates the repairs were performed properly. Dr. Rives repaired both colotomies with an Endo-GIA stapler. Before firing the stapler, Dr. Rives inspected the surrounding tissue and determined it was healthy enough to hold staples. After the repairs, he inspected the staple sites and squeezed the colon with a clamp to see if any air bubbles arose or stool exuded out. There was no sign of leakage from the repairs and there was no fecal contamination observed. Before the procedure was completed, the repairs were irrigated and the abdomen was drained, per Dr. Rives' custom and practice. In addition, Dr. Rives inspected the mesenteric side of the colon to assure there was no injury.

If the repair of the colotomies failed immediately, as Dr. Hurwitz seems to suggest, one would expect to see extravasation of contrast from the bowel on the CT scan performed on July 9, 2015. There was no such extravasation. Accordingly, one or both of the colotomy repairs most likely failed at some point between July 9, 2015, and July 15, 2015, when the subsequent CT scan showed increased free air.

The opinions I have expressed in this report are held to a reasonable degree of medical probability. I reserve the right to supplement my opinions as new and/or additional information is provided to me.

Respectfully.

Bart Carrer MD, FACS

A-16-739464-C

DISTRICT COURT CLARK COUNTY, NEVADA

Malpractice - Medical/Dental

COURT MINUTES

September 20, 2019

A-16-739464-C

Titina Farris, Plaintiff(s)

Barry Rives, M.D., Defendant(s)

September 20, 2019

3:15 PM

Minute Order: Vacate

Plaintiffs' Motion to Strike set 9-25-19

HEARD BY: Truman, Erin

COURTROOM: No Location

COURT CLERK: Jennifer Lott

JOURNAL ENTRIES

- Plaintiffs' Motion to Strike was VACATED per Judge Kishner. (9-25-19 Hearing in Discovery was VACATED in Odyssey on 9-20-19.)

CLERK'S NOTE: This Minute Order was electronically served by Courtroom Clerk, Jennifer Lott, to all registered parties for Odyssey File & Serve. jl

PRINT DATE: 09/20/2019 Page 1 of 1

Minutes Date:

September 20, 2019

A.App.348 **Electronically Filed** 9/20/2019 10:21 AM Steven D. Grierson CLERK OF THE COURT

1 **OBJ** KIMBALL JONES, ESQ. 2 Nevada Bar No.: 12982 JACOB G. LEAVITT, ESQ. 3 Nevada Bar No.: 12608 **BIGHORN LAW** 4 716 S. Jones Blvd. 5 Las Vegas, Nevada 89107 Phone: (702) 333-1111 Email: Kimball@BighornLaw.com Jacob@BighornLaw.com 7 8 GEORGE F. HAND, ESQ. Nevada Bar No.: 8483 HAND & SULLIVAN, LLC 3442 N. Buffalo Drive 10 Las Vegas, Nevada 89129 Phone: (702) 656-5814 11 Email: GHand@HandSullivan.com 12 Attorneys for Plaintiffs 13 14 15

DISTRICT COURT

CLARK COUNTY, NEVADA

CASE NO.: A-16-739464-C

DEPT. NO.: XXXI

TITINA FARRIS and PATRICK FARRIS,

Plaintiffs,

Defendants.

vs.

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M.D.; BARRY RIVES, SURGERY OF NEVADA, LLC et al.,

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27 28 TAKING DEPOSITION OF DR. GREGG RIPPLINGER

PLAINTIFFS' OBJECTION TO DEFENDANTS' SECOND AMENDED NOTICE OF

LAPAROSCOPIC

COMES NOW Plaintiffs PATRICK FARRIS and TITINA FARRIS, by and through their attorney of record, KIMBALL JONES, ESQ. and JACOB G. LEAVITT, ESQ., with the Law Offices of BIGHORN LAW and GEORGE F. HAND, ESQ., with the Law Offices of HAND & SULLIVAN, LLC, and hereby submits this Objection to Defendants' Second Amended Notice of Taking Deposition of Dr. Gregg Ripplinger.

Page 1 of 3

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This Notice was served on September 20, 2019, nearly sixty (60) days past the discovery deadline in this matter of July 24, 2019 and therefore, is attempting to conduct discovery outside of and in direct violation of, this Court's Order.

DATED this 20th day of September, 2019.

BIGHORN LAW

By: /s/Kimball Jones
KIMBALL JONES, ESQ.
Nevada Bar.: 12982
JACOB G. LEAVITT, ESQ.
Nevada Bar No.: 12608
716 S. Jones Blvd.
Las Vegas, Nevada 89107

GEORGE F. HAND, ESQ. Nevada Bar No.: 8483 HAND & SULLIVAN, LLC 3442 N. Buffalo Drive Las Vegas, Nevada 89129

Attorneys for Plaintiffs

CERTIFICATE OF SERVICE 1 2 Pursuant to NRCP 5, NEFCR 9 and EDCR 8.05, I hereby certify that I am an employee of 3 BIGHORN LAW, and on the 20th day of September, 2019, I served the foregoing PLAINTIFFS' 4 OBJECTION TO DEFENDANTS' SECOND AMENDED NOTICE OF TAKING DEPOSITION 5 OF DR. GREGG RIPPLINGER as follows: 6 7 Electronic Service – By serving a copy thereof through the Court's electronic service system; and/or 8 U.S. Mail—By depositing a true copy thereof in the U.S. mail, first class postage 9 prepaid and addressed as listed below: 10 Kim Mandelbaum, Esq. 11 MANDELBAUM ELLERTON & ASSOCIATES 2012 Hamilton Lane 12 Las Vegas, Nevada 89106 13 Thomas J. Doyle, Esq. 14 Chad C. Couchot, Esq. SCHUERING ZIMMERMAN & DOYLE, LLP 15 400 University Avenue Sacramento, California 95825 16 Attorneys for Defendants 17 18 /s/ Erickson Finch An employee of **BIGHORN LAW** 19 20 21 22 23 24 25 26 27 28

Electronically Filed 9/20/2019 10:21 AM Steven D. Grierson CLERK OF THE COURT

1 **OBJ** KIMBALL JONES, ESQ. 2 Nevada Bar No.: 12982 JACOB G. LEAVITT, ESQ. 3 Nevada Bar No.: 12608 **BIGHORN LAW** 4 716 S. Jones Blvd. 5 Las Vegas, Nevada 89107 Phone: (702) 333-1111 6 Email: Kimball@BighornLaw.com Jacob@BighornLaw.com 7 8 GEORGE F. HAND, ESQ. Nevada Bar No.: 8483 9 HAND & SULLIVAN, LLC 3442 N. Buffalo Drive 10 Las Vegas, Nevada 89129 Phone: (702) 656-5814 11 Email: GHand@HandSullivan.com 12 Attorneys for Plaintiffs **DISTRICT COURT** 13 **CLARK COUNTY, NEVADA** 14 15 TITINA FARRIS and PATRICK FARRIS, CASE NO.: A-16-739464-C 16 Plaintiffs, DEPT. NO.: XXXI VS. 17 18 BARRY RIVES, M.D.; LAPAROSCOPIC SURGERY OF NEVADA, LLC et al., 19 Defendants. 20 21 PLAINTIFFS' OBJECTIONS TO DEFENDANTS' PRE-TRIAL DISCLOSURE STATEMENT PURSUANT TO NRCP 16.1(a)(3)(C) 22 23 COMES NOW Plaintiffs PATRICK FARRIS and TITINA FARRIS, by and through their 24 attorneys of record, KIMBALL JONES, ESQ. and JACOB G. LEAVITT, ESQ., with the Law Offices 25 of BIGHORN LAW and GEORGE F. HAND, ESQ., with the Law Offices of HAND & SULLIVAN, 26 LLC, and hereby objects to Defendants' Pre-Trial Disclosure Statement Pursuant to NRCP 27 16.1(a)(3)(C) as follows: 28 111

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I. <u>WITNESSES/PARTIES DEFENDANT EXPECTS TO PRESENT AT TRIAL</u>

Plaintiffs objects to Defendants' listed witness number 12, Gary Ripplinger, M.D., as Defendant was aware of this witness from the beginning of the case, but failed to disclose this witness prior to the close of discovery in this matter. As such, Plaintiffs did not have reasonable opportunity to investigate this witness.

Further, Plaintiffs object to any testimony by Defendants' "Rebuttal" Experts Lance Stone, D.O., Sarah Laren, RN, Bruce Adornator, M.D., Kim Erlich, M.D., and Scott Kush, M.D.¹

Finally, Plaintiffs object to the Reports of Defendants' Initial Experts, Bart Carter, M.D., Brian E. Juell, M.D., as they are cumulative given that both experts have virtually identical qualifications and opinions in the present case.

II. WITNESSES/PARTIES DEFENDANT MAY PRESENT AT TRIAL

Plaintiffs objects to Defendants' listed witnesses numbers 3 through 19, as Defendants failed to disclosure this witnesses prior to the close of discovery in this matter and as such provided Plaintiffs no opportunity to depose this witnesses.

V. <u>DOCUMENTS DEFENDANT MAY USE AT TRIAL</u>

Plaintiffs object to the use of any depositions of non-party witnesses for any other purpose other than impeachment or refreshing recollection, minus a proper showing of unavailability of the witness. Plaintiffs object to all exhibits attached to the deposition transcript based on relevance, hearsay, and foundation.

Plaintiffs object to the Reports of Defendants' "Rebuttal" Experts Lance Stone, D.O., Sarah Laren, RN, Bruce Adornator, M.D., Kim Erlich, M.D., and Scott Kush, M.D.

¹ Plaintiffs' arguments for excluding Defendants' Rebuttal Witnesses have been previously briefed in Plaintiffs' Motion to Strike Defendants' Rebuttal Witnesses.

Plaintiffs objects to the Reports of Defendants' Initial Experts, Bart Carter, M.D., Brian E. Juell, M.D., as they are cumulative given that both experts have virtually identical qualifications and opinions in the present case.

Plaintiffs reserve the right to make additional arguments and/or further objections at trial.

DATED this 20th day of September, 2019.

BIGHORN LAW

By: /s/Kimball Jones
KIMBALL JONES, ESQ.
Nevada Bar.: 12982
JACOB G. LEAVITT, ESQ.
Nevada Bar No.: 12608
716 S. Jones Blvd.
Las Vegas, Nevada 89107

GEORGE F. HAND, ESQ. Nevada Bar No.: 8483 HAND & SULLIVAN, LLC 3442 N. Buffalo Drive Las Vegas, Nevada 89129

Attorneys for Plaintiffs

CERTIFICATE OF SERVICE 1 2 Pursuant to NRCP 5, NEFCR 9 and EDCR 8.05, I hereby certify that I am an employee of 3 BIGHORN LAW, and on the 20th day of September, 2019, I served the foregoing PLAINTIFFS' 4 OBJECTIONS TO DEFENDANTS' PRE-TRIAL DISCLOSURE STATEMENT PURSUANT TO 5 $NRCP\ 16.1(a)(3)(C)$ as follows: 6 7 Electronic Service – By serving a copy thereof through the Court's electronic service system; and/or 8 U.S. Mail—By depositing a true copy thereof in the U.S. mail, first class postage 9 prepaid and addressed as listed below: 10 Kim Mandelbaum, Esq. 11 MANDELBAUM ELLERTON & ASSOCIATES 2012 Hamilton Lane 12 Las Vegas, Nevada 89106 13 Thomas J. Doyle, Esq. 14 Chad C. Couchot, Esq. SCHUERING ZIMMERMAN & DOYLE, LLP 15 400 University Avenue Sacramento, California 95825 16 Attorneys for Defendants 17 18 /s/ Erickson Finch An employee of **BIGHORN LAW** 19 20 21 22 23 24 25 26 27 28

RECEIVED

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OBJ

By Trish Pearson at 10:52 am, Sep 21, 2019

BY PAP

Sep 21 2019

A.App.355

Electronically Filed 9/20/2019 6:15 PM Steven D. Grierson CLERK OF THE COURT

KIMBALL JONES, ESQ. CALENDARED Nevada Bar No.: 12982 **ENTRY** JACOB G. LEAVITT, ESQ. N/E 3 Nevada Bar No.: 12608 **BIGHORN LAW** 4 716 S. Jones Blvd. 5 Las Vegas, Nevada 89107 Phone: (702) 333-1111 6 Email: Kimball@BighornLaw.com Jacob@BighornLaw.com 7 8 GEORGE F. HAND, ESQ. Nevada Bar No.: 8483 9 HAND & SULLIVAN, LLC 3442 N. Buffalo Drive 10 Las Vegas, Nevada 89129 Phone: (702) 656-5814 11 Email: GHand@HandSullivan.com 12 Attorneys for Plaintiffs DISTRICT COURT 13 CLARK COUNTY, NEVADA 14 15 TITINA FARRIS and PATRICK FARRIS, CASE NO.: A-16-739464-C 16 Plaintiffs, DEPT. NO.: XXXI VS. 17 18 BARRY RIVES, M.D.; LAPAROSCOPIC SURGERY OF NEVADA, LLC et al., 19 Defendants. 20 21 PLAINTIFFS' OBJECTION TO DEFENDANTS' TRIAL SUBPOENA OF NAOMI CHANEY, M.D. 22 23 COMES NOW Plaintiffs PATRICK FARRIS and TITINA FARRIS, by and through their 24 attorneys of record, KIMBALL JONES, ESQ. and JACOB G. LEAVITT, ESQ., with the Law Offices 25 of BIGHORN LAW and GEORGE F. HAND, ESQ., with the Law Offices of HAND & SULLIVAN, 26 LLC, and hereby objects to Defendants' Trial Subpoena of Naomi Chaney, M.D.

Page 1 of 3

2019 at 10:00 a.m. Defendants are well aware that Trial in this matter commences on Monday, October

Defendants Trial Subpoena commands Dr. Chaney to appear for Trial on Monday, October 14,

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14, 2019 and that with jury selections and opening arguments, testimony will not begin on the first day of trial. Voir Dire in this case will be just beginning at the time noted on Defendant's Trial Subpoena. Moreover, certainly Defendants' case in chief will not commence on the first day of trial.

Therefore, commanding a doctor's appearance, just to sit at ideal outside the courtroom, for days on end, creates undue burden and expense and is in direct violation of NRCP 30(c)(1). (A party or attorney responsible for issuing and serving a subpoena must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena. The court that issued the subpoena must enforce this duty and may impose an appropriate sanction — which may include lost earnings and reasonable attorney fees — on a party or attorney who fails to comply.)

DATED this 20th day of September, 2019.

BIGHORN LAW

By: /s/Kimball Jones
KIMBALL JONES, ESQ.
Nevada Bar.: 12982
JACOB G. LEAVITT, ESQ.
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Las Vegas, Nevada 89107

GEORGE F. HAND, ESQ. Nevada Bar No.: 8483 HAND & SULLIVAN, LLC 3442 N. Buffalo Drive Las Vegas, Nevada 89129

Attorneys for Plaintiffs

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Electronically Filed 9/24/2019 11:08 AM Steven D. Grierson CLERK OF THE COUR

[OPPM] 1 THOMAS J. DOYLE 2 Nevada Bar No. 1120 CHAD C. COUCHOT Nevada Bar No. 12946 3 SCHUERING ZIMMERMAN & DOYLE, LLP 400 University Avenue 4 Sacramento, California 95825-6502 5 (916) 567-0400 Fax: 568-0400 6 Email: calendar@szs.com 7 KIM MANDELBAUM Nevada Bar No. 318 8 MANDELBAUM ELLERTON & ASSOCIATES 2012 Hamilton Lane Las Vegas, Nevada 89106 9 (702) 367-1234 Email: filing@memlaw.net 10 11 Attorneys for Defendants BARRY RIVES, M.D. and LAPAROSCOPIC 12 SURGERY OF NEVADA, LLC 13 **DISTRICT COURT** 14 CLARK COUNTY, NEVADA 15 TITINA FARRIS and PATRICK FARRIS, CASE NO. A-16-739464-C **DEPT. NO. 31** 16 Plaintiffs, DEFENDANTS BARRY RIVES, M.D. and 17 LAPAROSCOPIC SURGERY OF NEVADA, VS. LLC'S OPPOSITION TO PLAINTIFFS' 18 MOTION FOR SANCTIONS UNDER RULE BARRY RIVES, M.D.: LAPAROSCOPIC 37 FOR DEFENDANTS' INTENTIONAL 19 SURGERY OF NEVADA, LLC, et al., **CONCEALMENT OF DEFENDANT RIVES'** 20 Defendants. HISTORY OF **NEGLIGENCE AND** LITIGATION AND MOTION FOR LEAVE TO AMEND COMPLAINT TO ADD CLAIM 21 FOR PUNITIVE DAMAGES ON ORDER **SHORTENING TIME** 22 23 I. INTRODUCTION 24 Plaintiffs Titina Farris and Patrick Farris' Motion for Sanctions alleges Defendant 25 Barry Rives M.D.'s intentional concealment of a prior medical malpractice action, Center 26

v. Rives. Plaintiffs' Motion lacks merit because there was no such intentional concealment. In an unverified response to interrogatories from Plaintiffs, Dr. Rives identified various medical malpractice actions where he had been named as defendant. Due to a mistake of counsel, the *Center* matter was omitted from the list of prior actions. The omission by counsel was inadvertent. It was not an attempt by Dr. Rives, or anyone else, to conceal the matter.

While the *Center* matter was inadvertently omitted from the discovery response, it was disclosed and discussed, during the deposition of Dr. Rives. Further, when the omission from the discovery responses was brought to the attention of Defendants, the responses were supplemented. Plaintiffs have not been prejudiced in any way. The information regarding the *Center* case has been available on the Eighth Judicial District Court's website, since the inception of this case.

Plaintiffs' Motion seeks to take advantage of a mistake in an unverified discovery response by introducing irrelevant and prejudicial facts of another medical malpractice action at trial. Introduction of evidence relating the *Center* matter would be improper and extremely prejudicial to Defendants. In essence, it would require Defendants to defend both cases at trial.

There are no grounds for sanctions or punitive damages. Further, Plaintiffs' motion to amend the complaint to plead punitive damages is untimely. The deadline to amend the pleadings was November 15, 2018.

II. FACTS AND PROCEDURAL HISTORY

This is a medical malpractice action arising from the care and treatment Plaintiff Titina Farris received from Dr. Barry Rives at St. Rose Dominican Hospital-San Martin Campus, in July 2015. On July 3, 2015, Dr. Rives performed a laparoscopic reduction and repair of an incarcerated incisional hemia with mesh. During the procedure there were two inadvertant injuries to the colon which Dr. Rives repaired using an Endo-GIA stapler.

The day after the procedure, Mrs. Farris suffered respiratory distress. She was intubated and placed on a ventilator. She was admitted to the intensive care unit where she was followed by Dr. Rives and various other specialists. Mrs. Farris' condition slowly improved until July 14, 2015.

On July 15, 2015, a CT scan of the abdomen and pelvis with oral and rectal contrast was performed. Dr. Rives advised Mrs. Farris and her family the study was very concerning for a possible leak and/or abscess, either of which would require surgical intervention. He recommended an exploratory laparotomy with explantation of the mesh, an abdominal washout, and a thorough inspection of the entire small and large bowel. Plaintiff Patrick Farris, Mrs. Farris' husband, did not want to proceed with the surgery at that time. Mr. Farris wanted to see how Mrs. Farris fared overnight before making a decision.

On July 16, 2015, Dr. Rives had an hour-long conversation with Mrs. Farris' family regarding the urgent need for surgery. Mrs. Farris' family indicated they were uncomfortable with Dr. Rives as Mrs. Farris' surgeon, and they requested a second surgical opinion. The family consulted with hospital administration and Dr. Gary Mono, a general surgeon. After the meeting, Dr. Rives signed off the case and Dr. Elizabeth Hamilton, a general surgeon, began following Mrs. Farris.

On July 16, 2015, Dr. Hamilton performed an exploratory laparotomy. She described the procedure as incredibly difficult due to extreme inflammation. In her operative report, Dr. Hamilton described a single perforation about 2.5 to 3 cm in the transverse colon. Mrs. Farris' condition improved after the laparotomy. Two abdominal drains were placed by a interventional radiologist, on July 29, 2015 and July 30, 2015. On August 11, 2015, she was discharged to a rehabilitation facility.

Plaintiffs filed the Complaint on July 1, 2016. The Complaint included an affidavit by Dr. Vincent Pesiri, a general surgeon. According to Dr. Pesiri several aspects of Dr.

1 Rives' care were below the standard of care:

Intraoperative technique;

Failure to adequately repair bowel perforations at the time of July 3, 2015 surgery;

Poor post-operative management of perforated bowel and resultant sepsis.

At the time the Complaint was filed, the matter of *Center v. Rives* was an open case in the Eight Judicial District of Nevada. Information regarding the *Center* matter was available on the Odyssey website throughout the entire duration of this lawsuit; the *Center* Complaint was filed February 5, 2016. Defense counsel represents Dr. Rives in both this matter and the *Center* matter.

On March 7, 2017, defense counsel served responses to interrogatories from Plaintiffs, in the *Center* matter. (Exhibit A to Declaration of Chad Couchot.) The responses included the description of prior medical malpractice actions where Dr. Rives had been named as a defendant including: case name; jurisdiction; case number; the identity of defense counsel; the identity of plaintiff's counsel and a summary of the allegations. The discovery responses in *Center* specifically identified the Farris matter as follows:

Farris v. Rives; Eighth District Court, Clark County Nevada; A-l 6-739464-C; Thomas Doyle; George Hand; alleged failure to diagnose and repair a bowel perforation; ongoing.

On April 17, 2017, defense counsel served responses to interrogatories from Plaintiffs in this matter. (Exhibit B to Declaration of Chad Couchot.) Interrogatory No. 3 asked Dr. Rives if he had been named as a defendant in a lawsuit arising from alleged out practice for professional negligence, and to identify such actions by the jurisdiction, caption, and case number. In response to the interrogatory, defense counsel utilized the information from Dr. Rives' response to the similar interrogatory in the *Center* matter. (Id.) When transferring the information to the discovery responses, defense counsel neglected to add the *Center* matter to the list, which was simply an oversight on the part of counsel.

Dr. Rives' responses to the interrogatories at issue in this case, were not verified by him. 1 2 (Declaration of Chad Couchot ¶¶ 2-3.) George Hand, Plaintiffs' then and current counsel, took the deposition of Dr. Rives 3 in this matter on October 24, 2018. During the deposition, Mr. Hand reviewed the names 4 of the cases identified in response to Interrogatory No. 3 with Dr. Rives: 5 If I could direct you to Response No. 3 and the question Q 6 is if you had ever been named as a defendant in a case arising from alleged malpractice or negligence. So I'm 7 just going to go over these with you. We're on Page 2. There is a case, Brown versus Rives, Eighth District 8 Court. Is that case resolved or still ongoing; do you 9 know? It is still pending. 10 Α Can you tell me briefly just what the allegations of the 11 Q case are. 12 Α The patient had to have a peritoneal dialysis catheter removed. She had a incisional hemia at the same time. 13 She was very sick. And I made it clear we were just to take care of the PD catheter for infection reasons. She 14 later had to have surgery to repair the incisional hernia and a piece of the peritoneal dialysis catheter was 15 involved in the hernia sac. 16 And we have of Lang versus Rives. Can you tell me 17 Q what the allegations in that case were? 18 That was a defense verdict. It was a delay in Α recognizing a enterocutaneous fistula. 19 And we have Doucette versus Garcia. Can you tell me 20 Q what the allegations in that case were. 21 Again, defense verdict. It was a patient with a Α perforated colon due to metastatic lymphoma. And I 22 guess the allegation was delay in diagnosis of the lymphoma. 23 And there is Schorle versus Southern Hills Hospital. Can Q 24 you tell me what the allegations in that case were. 25 The case was a patient who had spinal surgery, had a Α colon perforation. I ended up doing surgery to repair 26 the colon, gave her an ostotomy, ended up reversing

1 2		he patient's ostotomy, but because of the lawsuit, every doctor on chart was named. And I was quickly dropped thereafter.	
3	Q A	And we have a case, <i>Tucker v. Rives</i> . Can you tell me he allegations in that case.	
4 5	A M	Ms. Tucker had a duct of Luschka leak post-operatively after a laparoscopic colon discectomy. I guess it would	
6		s that case resolved or ongoing?	
7		t was dismissed.	
8 9	(Exhibit	t C to Declaration of Chad Couchot, 10:25-12:19)	
10	Contrary to the asser	tion of Plaintiffs' counsel, Dr. Rives was not asked if there were any	
11	other cases in which he was named as a defendant.		
12	Immediately after the above quoted discussion of the facts regarding the prior		
13	medical malpractice actions, Dr. Rives was asked about his response to Interrogatory No.		
14	5, which pertained to testimony in court or at deposition. Dr. Rives was asked if there		
15	were any other matters in which he had given the deposition, which was the subject of		
16	interrogatory Number No. 5. When Dr. Rives did not recall the Center matter, defense		
17	counsel reminded him:		
18		And looking at Response No. 5, there is notes of depositions you gave in some of these cases we just	
19	∥ t	talked about. Are there any other depositions that you given, such as an expert for patient or for defendant	
20		doctor in any cases?	
21	A I	I've testified as a participant in care.	
22	Q '	What case was that?	
23	,	There have been a few. One involved a patient who was misdiagnosed with perforated appendicitis, delay	
24		in treatment, presented to the OR in distress. I was the surgeon on the case. And the suit was against the	
25		internal medicine doctor. There was another suit involving delay in diagnosis of a patient that was	
26		treated by a rehab facility, transferred to a hospital. And basically, was not doing well on arrival and there was	

1		nothing we could do surgically for her.	
2	Q	That's it, that you recall?	
3	A	Those are the two that I can recall at this time.	
4	MR	R. COUCHOT: Sinner is not on there?	
5	ТН	THE WITNESS: Mm-hmm?	
6 7	MR. COUCHOT: Sinner is not on there? Just to be compete, when I prepared this he had not been deposed in the Sinner case so that is not listed there. So that would be responsive to		
8		at question.	
9	MR. HAND: What was the name of that case?		
10	THE WITNESS: Sinner versus Rives.		
11	BY MR. HAND:		
12	Q	Is it on here? It's not listed here –	
13	MR. COUCHOT: It's subsequent.		
	BY MR. HAND:		
14	Q	Can you tell me what that case involved.	
15 16	А	Patient had a diaphragmatic hernia tear laparoscopically. She aspirated and became septic.	
17	Q	ls that still ongoing?	
18	A	That's pending.	
19	Q	And you gave a deposition in that case?	
20	A	Yes.	
21	Q	Is that a case in Las Vegas?	
22	А	Yes.	
23	(E:	xhibit C, 12:20-14:11)	
24	Defense counsel and Dr. Rives did not describe the matter as "Sinner v. Rives," as		
25	erroneously transcribed. The misidentified name first came to the attention of defense		
26	counsel approximately one week ago, Plaintiffs' counsel stated they intended to file this		

Motion. (Declaration of Chad Couchot ¶ 5.)

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Despite what Plaintiffs now allege to be significant similarities between the Center matter, and the Rives matter, hernia repairs and subsequent sepsis, there were no further questions posed to Dr. Rives during his deposition about the Center matter. Further, Plaintiffs have never, to this date, requested clarification regarding the "Sinner" matter from defendants, nor have they requested any additional information about the Center matter.

Mr. Jones' declaration states he became aware of the *Center* by searching Odyssey "during the summer of 2019." Plaintiffs' counsel did not notify defense counsel of any alleged concealment until September 11, 2019, the date of the EDCR 2.67 conference, when Plaintiffs' counsel stated they intended to file the instant motion.

Notably, Plaintiffs' Motion does not include a declaration by George Hand, the attorney who has represented Plaintiffs since the inception of this case, and continues to do so. There is no information regarding what Mr. Hand was or was not aware of, his thought process, and what different discovery he would have conducted.

Discovery in this matter closed on June 14, 2019. Mr. Jones did not associate as counsel until July 15, 2019. What discovery Mr. Jones might have conducted, if he were attorney of record when discovery was open, is irrelevant. Further, neither Mr. Jones, Mr. Hand nor any other representative of Plaintiffs have asked for any additional information regarding the *Center* matter, at any time. (Declaration of Chad Couchot ¶¶ 7-8.) Further, Plaintiffs never asked Defendants to produce any deposition transcripts pertaining to the five prior medical malpractice actions identified in Dr. Rives' discovery responses.

Upon learning of the omission of the Center matter for the responses to interrogatories, supplemental responses the interrogatories were prepared. The supplemental responses were served September 13, 2019. (Exhibit E to Declaration of Chad Couchot.)

III. LAW AND ARGUMENT

A. THERE IS NO EVIDENCE OF ANY INTENTIONAL CONCEALMENT

The crux of Plaintiffs' Motion is the allegation of intentional concealment by Dr. Rives. Plaintiffs contend Dr. Rives intentionally concealed both the *Center* matter during the course of this litigation, and the *Farris* matter during the *Center* litigation. Those allegations are not supported by evidence.

I. Plaintiffs' Motion Crucially Mischaracterizes Dr. Rives' Deposition Testimony.

Plaintiffs' Motion misrepresents the deposition testimony of Dr. Rives in a crucial manner. Plaintiffs contend Dr. Rives was asked, during his deposition, the "same question" as Interrogatory No. 3: to identify the prior actions where he had been named as a defendant. Dr. Rives was not asked that question during his deposition. Instead, he was asked to describe the facts surrounding each of the lawsuits identified in the discovery responses. (Exhibit C, 10:25-12:19) Specifically, Plaintiffs' counsel named each case identified in the interrogatory responses and asked Dr. Rives to describe the allegations. (Id.) There was no follow-up question posed asking Dr. Rives if there were any other actions where he was named as defendant.

The testimony Plaintiffs cite for the proposition that Dr. Rives was asked to name all medical malpractice actions where he had been named as a defendant, actually addressed Interrogatory No. 5. Interrogatory No. 5 asked Dr. Rives to identify each medical malpractice case in which he had testified in court or at deposition. Dr. Rives was asked to identify any other depositions he had given, aside from those listed in the response to Interrogatory No. 5. (Exhibit C, 12:20-14:11). In response, Dr. Rives described the matters he recalled in which he had testified. Defense counsel reminded Dr. Rives about the *Center* matter, because Dr Rives had given a deposition in that matter after the date the response was repaired to Interrogatory No. 5.

Plaintiffs' Motion misrepresents the statements by defense counsel during the

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deposition regarding Center. Plaintiffs contend defense counsel stated Center was a "subsequent" case. The discussion and testimony Plaintiffs cite, as quoted above, pertained to prior deposition testimony, the list of depositions in response to Plaintiffs' Interrogatory No. 5. Dr. Rives' testimony in Center, was in fact given after the responses to the interrogatories were served. The responses to the discovery requests were served on April 17, 2017. Dr. Rives' deposition in *Center*, began on October 25, 2017, and was concluded on April 17, 2018. Accordingly, defense counsel's statement that the deposition was "subsequent" in relation to the time the discovery responses were prepared, was accurate. It is unreasonable for Plaintiffs to contend those comments were made in response a question which was not asked during the deposition-Name all prior lawsuits where Dr. Rives was named as a defendant.

Plaintiffs argument that Dr. Rives, and his counsel, intentionally provided the name "Sinner," during the deposition in this matter, is unreasonable and incorrect. The mistaken name is obviously a typographical error by the stenographer. Two other examples of transcription errors are featured in the following excerpt: 1) the identification of the first question by Plaintiffs' counsel as "A" instead of "Q;" and the reference to "val prep" during a discussion about "bowel prep."

- Did Mrs. Farris have bowel prep prior to this A procedure?
- Α No, she did not.
- Did you recommend that? Q
- No. Α
- Why not? Q
- I don't do val preps for any of my colon or bowel Α surgeries. It causes an inflammatory cascade. Nowadays, with enhance recovery after surgery, bowel preps are probably about -- most people don't do them 70 percent of the time. Some people are still doing them 30 percent of the time.

(Exhibit C, 31:13-24).

It is obvious the court reporter misheard the word "Center," and instead recorded "Sinner," just as the court reporter misheard the words "bowel preps," and instead recorded "val preps." Further, Dr. Rives identified the matter as a Las Vegas case. Plaintiffs could have used that information, through reasonable diligence, to learn the information they claim was concealed, by searching the Odyssey website for matters involving Dr. Rives, just as Mr. Jones did immediately after he associated as counsel. If Dr. Rives and counsel intended to conceal the Center matter, counsel would not have reminded Dr. Rives about his deposition testimony, and Dr. Rives would not have identified the jurisdiction where the case was venued.

ii. There Is No Evidence of a Conspiracy to Hide Information.

Plaintiffs claim that the omission of the *Center* matter is evidence of a "coordinated effort to avoid admitting Rives' habit of committing the same medical errors, which have led to similar, life destroying outcomes for his unfortunate patients." That argument lacks merit. If Dr. Rives, and his counsel, sought to conceal information about prior medical malpractice actions, they would have objected to the request to provide that information, and not answered the pertinent interrogatory. Instead, they provided the information regarding: *Brown v. Rives; Lang v. Rives; Doucette v. Garcia; Schorle vs. Southern Hills; and Tucker v. Rives*.

The *Center* matter was inadvertently omitted from the list of prior medical malpractice actions. The inadvertent omission was due to the fact that defense counsel utilized a list of prior medical malpractice actions prepared in responses to interrogatories in the *Center* matter, which were served approximately one month prior. The utilization of the prior list explains the reason why this matter, *Farris v. Rives*, is included in the response to the interrogatories in this matter. Notably, Dr. Rives did not verify the discovery responses. There is no evidence Dr. Rives intentionally concealed the *Center*

1 matter from Plaintiffs.

Plaintiffs contend that Dr. Rives "sought to hide the existence of *Farris* from *Center*, and to hide the existence of *Center* from *Farris*..." That allegation is undermined by the fact that Dr. Rives' responses to interrogatories propounded in the *Center* matter, specifically identified the *Farris* matter by name, case number, counsel and factual description:

Farris v. Rives; Eighth District Court, Clark County Nevada; A-l 6-739464-C; Thomas Doyle; George Hand; alleged failure to diagnose and repair a bowel perforation; ongoing. (Exhibit B.)

Dr. Rives did not attempt to conceal the *Farris* matter. To the contrary, he provided all of the information that was requested about the *Farris* case, including the name of Plaintiffs' counsel, and a description of the alleged facts. (*Id.*) Under those circumstances, it is unreasonable to argue Dr. Rives sought to hide the existence of the *Farris* matter.

Plaintiff's claim that Dr. Rives' "lied about the facts" in his matter, during his deposition in the Center case, is incorrect. Dr. Rives was asked to provide a brief description of the facts in this case:

- Q. With regards to the next case, Farris versus Rives, is that case still ongoing?
- A. Yes.
- Q. And in ten words or less, can you --you don't have to do it in ten words or less, but can you just give us a brief description of what that -- the allegations are in that case?
- A. Patient had a laparoscopic hernia repair and resulted in a colocutaneous fistula postoperatively that required subsequent surgery.

(Exhibit D, 18:3-12)

Dr. Rives' description of this matter was correct. Mrs. Farris underwent a laparoscopic hernia repair. The procedure resulted in a colocutaneous fistula, a communication

between the colon and the skin. The description was reasonable because it was accurate, and responsive to the request by Plaintiffs' counsel to be brief.

Plaintiffs' claim that Dr. Rives' description of the facts from the *Center* matter during his deposition in this case, was entirely erroneous, is incorrect. The brief discussion regarding the facts of *Center* during the deposition were as follows:

- Q Can you tell me what that case involved.
- A Patient had a diaphragmatic hernia tear laparoscopically. She aspirated and became septic.

(Exhibit C, 14:2-5.)

Dr. Rives' brief explanation of the *Center* case was accurate. During his deposition in the *Center* case, Dr. Rives explained his belief that the cause of Mrs. Center's sepsis was aspiration:

- Q. And at the time, what was your understanding of the cause of the sepsis?
- A. At the time that it happened, between myself and the other consultants, there was talk about multiple possible reasons. The most likely being aspiration pneumonitis.

(Exhibit D, 11:9-14.)

Plaintiffs go on to cite testimony from Dr. Rives' deposition in the *Center* matter, which quoted the bronchoscopy report by Dr. Yan-bor Lin, in which Dr. Lin sated "The most likely etiology of the sepsis is extrapulmonary." Dr. Lin was deposed in the *Center* matter and addressed those findings. He testified that he performed the bronchoscopy because he and others were concerned about aspiration. Although he did not see any overt signs of aspiration, it remained in his differential diagnosis because it might have been too soon to see changes due to aspiration. (Exhibit F to Declaration of Chad Couchot, 57:13-60:14.)

Dr. Rives' testimony about the facts of *Center* during the his deposition in this matter, was entirely consistent with his testimony in the *Center* deposition, and it was

entirely consistent with his belief. Both he, and Defendants' retained expert witnesses in the *Center* matter, believed the most likely cause of Mrs. Center's sepsis was aspiration. See, for example, the report of Dr. Alex Balekian, a retained defense expert in the *Center* matter. (Exhibit G to Declaration of Chad Couchot.)

Plaintiffs' Motion is premised on the contention they only recently learned facts of Center which are "remarkably similar," to the facts in this case. The "similar" facts they cite in support of that contention are 1) they both involved hernia surgery; 2) they both involved a perforation of an organ; 3) both patients became septic; and 4) there were injuries to the extremities. (Motion for Sanctions 9:14-20). As of the date of Dr. Rives' deposition, Plaintiffs were aware that there was another case, filed in Las Vegas, involving a diaphragmatic hernia tear, and the development of sepsis. Those facts encompass three of the four alleged similarities. The fourth alleged similarity, the risk of damage to the extremities from sepsis, was well known to Plaintiffs— It is the very basis of this lawsuit.

Accordingly, each of the four alleged similarities between this case and *Center* were known, or could have easily been discovered, as of the date of Dr. Rives' deposition. That information was sufficient for Plaintiffs to perform whatever investigation they deemed necessary. There were absolutely no follow-up questions asking for additional details during the deposition. There was no subsequent request for additional information. Instead of investigating the matter, Plaintiffs chose to wait until discovery closed to file this Motion.

B. THERE IS NO PREJUDICE TO PLAINTIFFS

Plaintiffs' Motion alleges prejudice, but it demonstrates none. Plaintiffs contend the alleged concealment of the *Center* matter:

...prevented plaintiffs from inquiring into the notice which defendant Rives necessarily would have had of the dangers of perforating organs, sepsis setting in, and failing to immediately recommend surgery in order to correct the damages.

Plaintiffs were in no way prevented from inquiring as to Dr. Rives' knowledge of the dangers of organ perforation, sepsis, and the indication of urgent surgery. Those specific areas of inquiry were well known to Plaintiffs since the inception of this lawsuit. In fact, the Complaint included an affidavit by Dr. Vinent Pesiri, a general surgeon, who raised those very issues. After describing Mrs. Farris' hospital course in detail, Dr. Pesiri opined that Dr. Rives breached the standard of care by his intraoperative technique; his failure to adequately repair bowel perforations at the time of surgery; and his post management of a perforated bowel and resultant sepsis. According, Plaintiffs had the entire duration of discovery to investigate whether Dr. Rives had notice of the danger of perforating organs, the danger of sepsis, and the danger delayed surgery.

Further, those very subjects were addressed during Dr. Rives' deposition, at length. Since the inception of this action, Plaintiffs have been critical of Dr. Rives' alleged failure to appreciate an ongoing organ perforation, resulting in sepsis. Plaintiffs had every opportunity to ask Dr. Rives about what notice he had about the dangers of perforating organs during his deposition. Plaintiffs had every opportunity to ask Dr. Rives about the dangers of sepsis. Finally, Plaintiffs had every opportunity to ask Dr. Rives about the dangers of delayed surgery when it was indicated for a septic patient.

The claim that Plaintiffs' were unable to investigate those issues for lack of knowledge regarding the *Center* matter is both inaccurate and disingenuous. As discussed above, Dr. Rives described the facts of *Center* during his deposition, and the issues Plaintiffs' claim they were unable to investigate have been well-known since the inception of this case. Plaintiffs had every opportunity to conduct additional discovery on those issues. They chose not to.

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C. EVIDENCE PERTAINING TO CENTER V. RIVES IS INADMISSIBLE

I. Evidence of Another Action for Medical Malpractice Is Not Relevant in a Medical Malpractice Action.

Relevant evidence is evidence "having any tendency to make the existence of any fact that is of consequence to the determination of an action more or less probable than it would without the evidence." NRS 48.015. Evidence that is not relevant is inadmissible. NRS 48.025(2).

In this action, Plaintiffs' theories of liability against Defendants arise from Dr. Rives' alleged medical malpractice. In order to prevail on a claim for medical malpractice, a plaintiff must show a defendant's conduct departed from the accepted standard of care or practice and the departure was the actual and proximate cause of the injuries suffered. *See Prabhu v. Levine*, 112 Nev. 1538, 930 P.2d 103 (1996).

Evidence of Dr. Rives' involvement as a defendant in a prior action for medical malpractice is not relevant and it is therefore inadmissible. The fact Dr. Rives was a defendant in a prior lawsuit is not an element of Plaintiffs' cause of action for medical malpractice. Further, this information has no tendency to make the existence of a fact of consequence to Plaintiffs' causes of action more or less probable. Plaintiffs must demonstrate Dr. Rives' care in this action fell below the standard of care, and that care was a cause of Plaintiffs' injuries. Dr. Rives' care of another patient is irrelevant to the care provided to Mrs. Farris.

ii. Evidence of Another Action for Medical Malpractice Should Be Excluded Because it Is Impermissible Character Evidence.

Evidence of character or a character trait is inadmissible for the purpose of showing a person acted in conformity with such evidence on a particular occasion. NRS 48.045(1). Evidence of character or a character trait is admissible only in limited circumstances, including criminal actions and for purposes of attacking a person's credibility. *Id*.

Dr. Rives' involvement as a defendant in a prior action for medical malpractice cannot be used to show he was negligent in this action. Plaintiffs must show Dr. Rives' care was negligent as to Mrs. Farris; evidence of his prior involvement in another medical malpractice action cannot be used to show a trait of negligence or carelessness in this action.

None of the exceptions for admitting character evidence are applicable in this action. This action is a civil action and evidence used to attack or support the credibility of a witness is limited to opinion evidence relating to truthfulness or untruthfulness pursuant to Nevada Revised Statutes 50.085(1). Dr. Rives' involvement in a prior medical malpractice action is not an opinion and it does not relate to truthfulness or untruthfulness.

iii. Evidence of Involvement as a Defendant in Another Action for Medical Malpractice Should Be Excluded Because it Would Be Unfairly Prejudicial and it Would Mislead the Jury.

Even if relevant, evidence is not admissible if its probative value is substantially outweighed by the danger of unfair prejudice, confusion of the issues or misleading the jury. NRS 48.035(1). Defendants contend any evidence of Dr. Rives' involvement as a defendant in another action for medical malpractice is not relevant and is inadmissible. However, even if such evidence was relevant, it is inadmissible because any probative value the evidence would be substantially outweighed by the danger the evidence would unfairly prejudice defendants and mislead the jury.

The obvious intent of presenting evidence of the *Center* matter in this case, is to convince the jury that Dr. Rives has the tendency to provide negligent care to his patients. Plaintiffs' counsel contends:

Like the instant case, the *Center* case involves a botched hemia repair surgery by Rives wherein Rives negligently punctured a patient's vital organ, failed to correct the error during surgery, failed to properly diagnose the obvious cause of the ensuing sepsis, and ultimately caused his patient's legs to be destroyed for life by failing to timely correct his error

 while leaving her in a prolonged critical, septic state. (Motion for Sanctions 4:17-22.)

Evidence of Dr. Rives' involvement as a defendant in another medical malpractice action would unfairly prejudice Defendants because a jury would infer he has a tendency to provide negligent care to his patients. This is improper and unfairly prejudicial to Defendants. It is extremely prejudicial considering Mrs. Center's serious injuries, the loss of her lower legs, and the fact that a trial in the matter resulted in a verdict in favor of Plaintiffs.

Plaintiffs in this action seek to argue that Dr. Rives' care in this case was similarly negligent, resulting in bilateral footdrop. This is improper, and would necessarily result in the need for Defendants to defend the care Dr. Rives provided to Mrs. Center, during the trial in this matter, resulting in confusion, extreme prejudice, and undue burden.

D. NEITHER SANCTIONS NOR PUNITIVE DAMAGES ARE WARRANTED

I. There Was No Wilful Noncomplaince Warranting Sanctions.

Generally, sanctions may only be imposed where there has been willful noncompliance with a court order or where the adversary process has been halted by the actions of the unresponsive party. *GNLV Corp. v. Service Control Corp.*, 111 Nev. 866, 900 P.2d 323 (1995). See also, *Temora Trading Co. v. Perry*, 98 Nev. 229, 645 P.2d 436, cert. denied, 459 U.S. 1070, 103 S. Ct. 489, 74 L. Ed. 2d 632 (1982). Sanctions must be proportional to the discovery violation. *City of Sparks v. Second Judicial Dist. Court ex rel. County of Washoe*, 112 Nev. 952, 920 P.2d 1014 (1996).

In light of the fact that Plaintiffs are asking for Defendants' Answer to be stricken, it is appropriate to consider Nevada case law analyzing when dismissal is an appropriate discovery sanction. Discovery sanction of dismissal must be just and must relate to the claims at issue in the discovery order which has been violated, dismissal should be imposed only after careful consideration of all relevant factors, and the order of dismissal must be supported by an express, careful and preferably written explanation of the district

court's analysis. Stubli v. Big D Int'l Trucks, Inc., 107 Nev. 309, 810 P.2d 785 (1991).

A court may properly consider in deciding whether dismissal is an appropriate sanction the following factors: (1) the degree of willfulness of the offending party; (2) the extent to which the non-offending party would be prejudiced by a lesser sanction; (3) the severity of the sanction of dismissal relative to the severity of the discovery abuse; (4) whether any evidence has been irreparably lost; (5) the policy favoring adjudication on the merits; (6) whether sanctions unfairly operate to penalize a party for the misconduct of his or her attorney; and (7) the need to deter both the parties and future litigants from similar abuses. *Stubli v. Big D Int'l Trucks, Inc.*, 107 Nev. 309, 810 P.2d 785 (1991); *GNLV Corp. v. Service Control Corp.*, 111 Nev. 866, 900 P.2d 323 (1995).

The above cited case law, and the factors from *Stubli*, weigh heavily against imposing any sanction. The omission of the *Center* matter from Dr. Rives' unverified discovery responses was an inadvertant oversight by counsel. There was no willfulness on Dr. Rives' part. No evidence has been lost. There has been no prejudice to Plaintiffs. No discovery has been precluded. Any sanction would unfairly penalize Dr. Rives for an oversight by his counsel. There is no need to deter the parties or future litigants from similar conduct. Under those circumstances, any sanction would be unjust.

ii. The Motion for Leave to Plead Punitive Damages Is Untimely.

The deadline to amend the pleadings was November 15, 2018. Accordingly, Plaintiffs' request for leave to amend the Complaint to plead punitive damages is untimely and must be denied. Plaintiffs claim that they were only aware of the grounds for this motion upon receipt of the deposition transcript from the *Center* matter on September 10, 2019 is incorrect. Plaintiffs were aware of the facts of the *Center* case when Dr. Rives described them during his deposition on October 24, 2018. Plaintiffs could have easily confirmed the name of the matter, the facts alleged, and the name of Plaintiffs' counsel, by simply searching the Eighth Judicial District Court website, as Mr. Jones did almost

immediately after he associated as counsel. Plaintiffs did nothing with the knowledge that Dr. Rives was involved with another ongoing matter, involving a hemia repair and a patient who developed sepsis, until this Motion was filed.

iii. There Are No Grounds for Punitive Damages.

To recover punitive damages in Nevada, a plaintiff must prove that a defendant has been guilty of oppression, fraud or malice, express or implied. NRS 42.005. Implied malice requires evidence that a defendant acted with a culpable state of mind. *Countrywide Home Loans v. Thitchener*, 124 Nev. 725 (2008). Therefore, in order to properly plead punitive damages, the plaintiff must allege the defendant's conduct exceeded mere recklessness or gross negligence. Even unconscionable irresponsibility will not support a punitive damages award. *Maduike v. Agency Rent-a-Car*, 114 Nev. 1 (1998).

In essence, an allegation of punitive damages must be supported by allegations of fraud, oppression or malice. See, NRS 42.005(1). NRS 42.001(2) defines fraud as intentional misrepresentation, deception, or concealment of a material fact known to the person with the intent to deprive another person of his rights or property or to otherwise injure another person. NRS 42.001(3) defines malice as conduct intended to injure a person or despicable conduct engaged in with a conscious disregard for the rights or safety of others. NRS 42.001(4) defines oppression as despicable conduct that subjects a person to cruel and unjust hardship with a conscious disregard of the rights of the person. NRS 42.001(1) defines conscious disregard as the knowledge of probable harmful consequences of a wrongful act and a willful and deliberate failure to act to avoid those consequences.

Plaintiff claims punitive damages are appropriate because Dr. Rives:

...had knowledge of the extremely dangerous nature of his actions as they resulted in catastrophic injury mere months before plaintiff Titina's own entries in this matter.

Those allegations are insufficient to warrant punitive damages. An injury to an organ,

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sepsis, and associated injuries, are known risks of abdominal surgery. The fact that Dr. Rives' previous patient suffered an adverse outcome does not demonstrate a conscious disregard of Mrs. Farris' rights or safety. It is not oppressive conduct. Dr. Rives exercised his best judgment in managing Mrs. Farris' care and treatment. His care is fully supported by Defendants' retained expert witnesses. There is no evidence suggesting Dr. Rives did anything malicious, oppressive or despicable. Plaintiffs' experts simply contend his care fell below the standard of care. There is no evidence of any conduct which would warrant punitive damages under Nevada law.

IV. CONCLUSION

Plaintiffs' Motion lacks merit because there was no intentional concealment. Due to a mistake of counsel, the Center matter was omitted from the list of prior actions. The omission by counsel was inadvertent. It was not an attempt by Dr. Rives, or anyone else, to conceal the matter. Despite the error, Plaintiffs were aware of the facts of Center, and the fact the matter was venued in Las Vegas, because those matters were discussed in the deposition of Dr. Rives.

Plaintiffs have not been prejudiced in any way. There are no relevant subjects or topics which Plaintiffs were unable to investigate. The issues they claim to have learned from further investigation of the Center matter were the same issues that have existed in this case since its inception.

Plaintiffs' Motion seeks to take advantage of a mistake in an unverified discovery response by introducing irrelevant and prejudicial facts of another medical malpractice action at trial. Introduction of evidence relating the Center matter would be improper and extremely prejudicial to Defendants. In essence, it would require Defendants to defend both cases at trial.

Plaintiffs' request to amend the complaint to plead punitive damages is untimely. Further, there are no grounds for sanctions or punitive damages. Accordingly, Plaintiffs Motion for Sanctions and request for leave to amend must be denied. Dated: September 24, 2019 SCHUERING ZIMMERMAN & DOYLE, LLP By_ Nevada Bar No. 12946 400 University Avenue Sacramento, CA 95825-6502 (916) 567-0400 Attorneys for Defendants BARRY RIVES, M.D. and LAPAROSCOPIC SURGERY OF NEVADA, LLC

CERTIFICATE OF SERVICE 1 Pursuant to NRCP 5(b), I certify that on the 24th day of September, 2019, service 2 of a true and correct copy of the foregoing: 3 DEFENDANTS BARRY RIVES, M.D. and LAPAROSCOPIC SURGERY OF NEVADA, 4 LLC'S OPPOSITION TO PLAINTIFFS' MOTION FOR SANCTIONS UNDER RULE 37 FOR DEFENDANTS' INTENTIONAL CONCEALMENT OF DEFENDANT RIVES' HISTORY OF 5 NEGLIGENCE AND LITIGATION AND MOTION FOR LEAVE TO AMEND COMPLAINT TO ADD CLAIM FOR PUNITIVE DAMAGES ON ORDER SHORTENING TIME 6 was served as indicated below: served on all parties electronically pursuant to mandatory NEFCR 4(b); X 7 served on all parties electronically pursuant to mandatory NEFCR 4(b), exhibits to 8 follow by U.S. Mail; 9 by depositing in the United States Mail, first-class postage prepaid, enclosed; 10 by facsimile transmission; or 11 by personal service as indicated. 12 Phone/Fax/E-Mail Representing Attorney 13 Plaintiffs 702/656-5814 George F. Hand, Esq. Fax: 702/656-9820 14 HAND & SULLIVAN, LLC 3442 North Buffalo Drive hsadmin@handsullivan.com 15 Las Vegas, NV 89129 16 **Plaintiffs** 702/333-1111 Kimball Jones, Esq. Kimball@BighornLaw.com Jacob G. Leavitt, Esq. 17 Jacob@BighornLaw.com **BIGHORN LAW** 716 S. Jones Boulevard 18 Las Vegas, NV 89107 19 20 21 an employee of Schuering Zimmerman & 22 Doyle, LLP 1737-10881 23 24 25 26

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13	DISTRIC	T COLUM
14		T COURT
15		NTY, NEVADA
16	TITINA FARRIS and PATRICK FARRIS,) CASE NO. A-16-739464-C) DEPT. NO. 31
17	Plaintiffs,) DECLARATION OF CHAD COUCHOT IN
18	vs.) SUPPORT OF OPPOSITION TO) PLAINTIFFS' MOTION FOR SANCTIONS
19	BARRY RIVES, M.D.; LAPAROSCOPIC SURGERY OF NEVADA, LLC, et al.,) UNDER RULE 37 FOR DEFENDANTS') INTENTIONAL CONCEALMENT OF
20	Defendants.) DEFENDANT RIVES' HISTORY OF) NEGLIGENCE AND LITIGATION AND
21) MOTION FOR LEAVE TO AMEND) COMPLAINT TO ADD CLAIM FOR
22) PUNITIVE DAMAGES ON ORDER) SHORTENING TIME
23		5
24		
25	I, CHAD C. COUCHOT, declare:	

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partner of the law firm of Schuering Zimmerman & Doyle, LLP, attorneys of record for

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Defendants BARRY J. RIVES, M.D.; LAPAROSCOPIC SURGERY OF NEVADA, LLC.

- I prepared Dr. Barry Rives' responses to plaintiff's discovery requests, 2. including Dr. Rives' responses to interrogatories served April 17, 2017. (True and correct copies of the pertinent portions of the Responses to Interrogatories as attached hereto as Exhibit B.) Interrogatory No. 3 asked Dr. Rives if he had been named as a defendant in a lawsuit arising from alleged out practice for professional negligence, and to identify such actions by the jurisdiction, caption, and case number. In response to the interrogatory I utilized information I learned in preparing Dr. Rives' response to a similar interrogatory in the Center matter. (True and correct copies of the pertinent portions of the Responses to Interrogatories in the Center matter are as attached hereto as Exhibit A.)
- The responses to interrogatories in the Center matter were served on March 3. 7, 2017, approximately one month before the responses to the interrogatories in the Farris matter were served. When transferring the information from the Center responses to the responses in the Farris matter, I neglected to add Center to the list of prior actions, which was simply an oversight on my part. Dr. Rives' responses to the interrogatories in the Farris matter, were not verified by him.
- Mr. Hand took the deposition of Dr. Rives on October 24, 2018. (True and 4. correct copies of the pertinent pages of the deposition transcript are attached as Exhibit C.) During the deposition, Mr. Hand reviewed the names of the cases identified in Dr. Rives' discovery responses with him. Dr. Rives was not asked if there were any other cases in which he was named as a defendant. Dr. Rives was asked if there were any other matters in which he had given the deposition, which was the subject of interrogatory Number No. 5. When Dr. Rives did not recall the Center matter, I reminded him.
- I did not describe the Center matter as "Sinner v. Rives," as erroneously 5. recorded in the deposition transcript. The misidentified name first came to my attention

on or about September 11, 2019, when I was advised that Plaintiffs' counsel intended to file this Motion.

- 6. True and correct copies of the pertinent pages of the transcript of the deposition of Dr. Rives in the Center matter are attached as Exhibit D.
- 7. The declaration of Kimball Jones states he became aware of the Center matter by searching Odyssey "during the summer of 2019." Mr. Jones associated as counsel on July 15, 2019. George Hand has been representing Plaintiffs since the inception of this case; the Complaint was filed July 1, 2016. The information regarding the Center matter was available on Odyssey website throughout that entire time; the Center Complaint was filed February 5, 2016. Discovery in this matter closed on June 14, 2019. Mr. Jones did not associate as counsel until July 15, 2019.
- 8. Plaintiffs' counsel did not notify me or my office of any alleged concealment until September 11, 2019, during the EDCR 2.67 conference. On that date, Plaintiffs' counsel stated they intended to file the instant motion. Neither Mr. Jones, Mr. Hand, nor any other representative of Plaintiffs have ever asked for additional information regarding the Center case. Further, Plaintiffs never asked Defendants to produce any deposition transcripts pertaining to the five prior medical malpractice actions identified in Dr. Rives' discovery responses.
- 9. Upon learning of the omission of the Center matter from the responses to interrogatories, I prepared supplemental responses the interrogatories. (True and correct copy of the pertinent portions of the supplemental responses to interrogatories are attached hereto as Exhibit E.) The supplemental responses were served September 13, 2019.
- 10. True and correct copies of pertinent portions of the deposition of Dr. Yan-bor Lin, taken May 5, 2018, are attached hereto as Exhibit F.
 - 11. A true and correct copy of the report of Dr. Alex Balekian from the Center

matter, is attached hereto as Exhibit G. Dr. Balekian was a retained expert on behalf of Dr. Barry Rives.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct, and if called to testify, I could competently do so.

Executed this 24th day of September, 2019, at Sacramento, California.

CHAD'C. COUCHOT

1 **CERTIFICATE OF SERVICE** Pursuant to NRCP 5(b), I certify that on the 24th day of September, 2019, service 2 3 of a true and correct copy of the foregoing: 4 DECLARATION OF CHAD COUCHOT IN SUPPORT OF OPPOSITION TO PLAINTIFFS' MOTION FOR SANCTIONS UNDER RULE 37 FOR DEFENDANTS' 5 INTENTIONAL CONCEALMENT OF DEFENDANT RIVES' HISTORY OF NEGLIGENCE AND LITIGATION AND MOTION FOR LEAVE TO AMEND COMPLAINT TO ADD CLAIM FOR 6 PUNITIVE DAMAGES ON ORDER SHORTENING TIME was served as indicated below: 7 X served on all parties electronically pursuant to mandatory NEFCR 4(b): 8 served on all parties electronically pursuant to mandatory NEFCR 4(b), exhibits to follow by U.S. Mail; 9 by depositing in the United States Mail, first-class postage prepaid, enclosed; 10 by facsimile transmission; or 11 by personal service as indicated. 12 Representing Attorney Phone/Fax/E-Mail 13 George F. Hand, Esq. **Plaintiffs** 702/656-5814 14 HAND & SULLIVAN, LLC Fax: 702/656-9820 3442 North Buffalo Drive hsadmin@handsullivan.com 15 Las Vegas, NV 89129 16 **Plaintiffs** Kimball Jones, Esq. 702/333-1111 Jacob G. Leavitt, Esq. Kimball@BighornLaw.com 17 **BIGHORN LAW** Jacob@BighornLaw.com 716 S. Jones Boulevard 18 Las Vegas, NV 89107 19 20 21 an employee of Schuering Zimmerman & 22 Dovle, LLP 23 1737-10881 24 25 26

EXHIBIT A

1	[RSPN] THOMAS J. DOYLE	
2	Nevada Bar No. 1120 SCHUERING ZIMMERMAN & DOYLE, LLP	
3	400 University Avenue Sacramento, California 95825-6502	
4	(916) 567-0400 Fax: 568-0400	
5	Email: calendar@szs.com	
6	KIM MANDELBAUM Nevada Bar No. 318	
7	MANDELBAUM ELLERTON & ASSOCIATES 2012 Hamilton Lane	
8	Las Vegas, Nevada 89106 (702) 367-1234	
9	Email: filing@memlaw.net	
10	Attorneys for Defendants BARRY J. RIVES, M. SURGERY OF NEVADA, LLC	D.; LAPAROSCOPIC
11	DISTRICT	COURT
12	CLARK COUNT	ΓY, NEVADA
13	VICKIE CENTER; THOMAS CENTER,	CASE NO. A-16-731390-C
14	individually, and as the Husband to VICKIE) CENTER,	
15	Plaintiffs,	DEFENDANT DR. BARRY RIVES' RESPONSE TO PLAINTIFF VICKIE
16	vs.	CENTER'S FIRST SET OF INTERROGATORIES
17	BARRY J. RIVES, M.D.; LAPAROSCOPIC)	
18	SURGERY OF NEVADA, LLC, A Nevada Limited-Libility Company; ABDUL-SAMI	
19	SIDDIQUI, M.D.; A.S.F. SIDDIQUI, M.D. LTD.; YANN-BOR LIN, M.D., et al.,	
20	Defendants.	
21		
22		
23	TO: William R. Brenske, Esq., attorney for	
24	Under authority of Rule 33 of the Ne	vada Rules of Civil Procedure, Defendant
25	BARRY J. RIVES, M.D. hereby responds in v	writing and under oath to interrogatories
26	directed to him by Plaintiff VICKIE CENTER a	s follows:

Not applicable.

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INTERROGATORY NO. 11:

If any drawings, diagrams, photographs, motion pictures, or videotapes been prepared or taken of any object or person involved in the incident, please identify the person who took them and the date taken, what is depicted, and the name and address of the person who now has custody of each drawing, diagram photograph, motion picture and/or videotape.

RESPONSE TO INTERROGATORY NO. 11:

RESPONSE TO INTERROGATORY NO. 10:

Not applicable.

INTERROGATORY NO. 12:

If it is your contention that the Plaintiff's injuries were caused in whole or in part by the fault of some person or persons other than yourself, whether named as defendant in this action or not, or that some such other person or persons may have shared in the legal responsibility for the injuries set forth in Plaintiff's Complaint, please state the name and present address of each such person or entity, each act or omission by which you contend such person is at fault for causing Plaintiff's injuries, and the relationship of each person or entity, if any, to you or any other party in this action.

RESPONSE TO INTERROGATORY NO. 12:

Objection: this Interrogatory calls for an expert opinion and seeks information about the disclosure of expert witnesses and the deadline for such disclosure has not yet arrived. As such, this Interrogatory constitutes a premature contention Interrogatory and is subject to supplementation in accordance with the governing discovery deadlines. Racine v. PHW Las Vegas, LLC, 2012 U.S. Dist. LEXIS 172632 (D. Nev. Nov. 4, 2012).

INTERROGATORY NO. 13:

If you every been sued for malpractice or professional negligence, please state the

///

name of the plaintiff(s) and the defendant(s), the case number and court where filed, the name of the lawyer representing you and the parties, if any, the allegations of negligence made against you, and the manner in which the claim was resolved.

RESPONSE TO INTERROGATORY NO. 13:

Objection: irrelevant and not reasonably calculated to lead to the discovery of admissible evidence; constitutional right to privacy; compound; and overbroad and burdensome. Without waiving these objections, Dr. Rives and/or Laparoscopic Surgery of Nevada, to the best of Dr. Rives' recollection, have been named as a defendant in the following actions:

Brown v. Rives; Eighth District Court, Clark County Nevada; A-15-718937-C; Thomas Doyle; Christian Griffen; alleged failure to properly remove peritoneal dialysis catheter; ongoing.

Farris v. Rives; Eighth District Court, Clark County Nevada; A-16-739464-C; Thomas Doyle; George Hand; alleged failure to diagnose and repair a bowel perforation; ongoing.

Lang v. Rives; Eighth District Court, Clark County Nevada; A10-618207-C; Thomas Doyle; Keith Gregory; alleged improper management of a ventral hernia; defense verdict.

Doucette v. Garcia; Eighth District Court, Clark County Nevada; A552664; Thomas Doyle; Walter Cannon; alleged failure to inform patient of diagnosis of lymphoma; defense verdict.

Schorle vs. Southern Hills Hospital; Eighth District Court, Clark County Nevada; A-12-672833-C; Thomas Doyle; Michael D. Mazur; the case involved an exploratory laparotomy following a surgical procedure to the spine; motion to dismiss granted.

Tucker v. Rives; Eighth District Court, Clark County Nevada; A576148; Thomas Doyle; Patti S. Wise; the case invoived a bile duct leak; the matter was dismissed without any payment on behalf of Dr. Rives.

Complaint you intend to offer at the time of trial, including the basis therefore including any and all medical research and/or evidence you rely upon to support such alternative theories of causation.

RESPONSE TO INTERROGATORY NO. 30:

Objection: this Interrogatory calls for an expert opinion and seeks information about the disclosure of expert witnesses and the deadline for such disclosure has not yet arrived. As such, this Interrogatory constitutes a premature contention Interrogatory and is subject to supplementation in accordance with the governing discovery deadlines. *Racine v. PHW Las Vegas*, *LLC*, 2012 U.S. Dist. LEXIS 172632 (D. Nev. Nov. 4, 2012).

Dated: March 7, 2017

SCHUERING ZIMMERMAN & DOYLE, LLP

By CHAD C. COUCHOT

Nevada Bar No. 12946 400 University Avenue

Sacramento, CA 95825-6502

(916) 567-0400

Attorneys for Defendants BARRY J. RIVES,

M.D.; LAPAROSCOPIC

1		CERTIFIC	CATE OF SERVICE	
2		Pursuant to NRCP 5(b), I certify t	hat on the The day of N	March, 2017, service of a
3	true	and correct copy of the foregoing:		,
4	EIDC	DEFENDANT DR. BARRY RIVES T SET OF INTERROGATORIES	response to plain	TIFF VICKIE CENTER'S
5		was served as indicated below:		
6	XI	served on all parties electronical		
7		served on all parties electronicall follow by U.S. Mail;	y pursuant to mandatory	NEFCR 4(b), exhibits to
8		by depositing in the United State	s Mail, first-class postage	prepaid, enclosed;
9		by facsimile transmission; or		
10		by personal service as indicated.		
11	Atto	mey	Representing	Phone/Fax/E-Mail
12		n Dr. Krametbauer, Esq.	Plaintiff	702/385-3300
13	3800	NSKE & ANDREEVSKI) Howard Hughes Pkwy, Ste. 500		wbrenske@hotmail.com
14	Las	Vegas, NV 89169		
15	Rob	ert C. McBride, Esq. ROLL KELLY TROTTER	Defendant Mir	702/792-5855
16	8329	W. Sunset Road, Suite 260 Vegas, NV 89113	Mohammad, M.D.	Fax: 702/796-5855
17	1663	vegas, 144 00110		·
18	Johr	n H. Cotton, Esq. n J. Savage, Esq.	Defendants Western Critical Associates	702/832-5909 Fax: 702/832-5910
19	John	n H. Cotton & Associates, Ltd.) West Sahara Ave., Ste. 200	(Watanabe), Ltd., Yann-Bor Lin, M.D.,	
20	Las	Vegas, NV 89117	Antonio Flores Erazo, M.D.	
21	"	1 1 29 YS 4 1 . YS .	B 5 1 4 11 3 1	700,070,0400
22	Linc	icia Egan Daehnke, Esq. la K. Rurangirwa, Esq.	Defendants Abdul- Sami Siddiqui, M.D.;	702/979-2132 Fax: 702/979-2133
23	2300	CHNKE STEVENS, LLP DW. Sahara Ave., Ste. 680	A.S.F. Siddiqui, M.D., Ltd.	
24	Las	Vegas, NV 89102	Ol.	
25				chuering Zimmerman &
26			Doyle, LLP 1737-10766	;
·				

EXHIBIT B

ELECTRONICALLY SERVED 04/17/2017 01:20:37 PM

ı		
1 2	[RSPN] THOMAS J. DOYLE Nevada Bar No. 1120	
3	SCHUERING ZIMMERMAN & DOYLE, LLP 400 University Avenue	
4	Sacramento, California 95825-6502 (916) 567-0400	
_	Fax: 568-0400	
5	Email: calendar@szs.com	
6	KIM MANDELBAUM Nevada Bar No. 318	
7	MANDELBAUM ELLERTON & ASSOCIATES 2012 Hamilton Lane	
8	Las Vegas, Nevada 89106 (702) 367-1234	
9	Èmail: filing@memlaw.net	
10	Attorneys for Defendants BARRY RIVES, M. LAPAROSCOPIC SURGERY OF NEVADA, LI	D.; LC
11	,	
12	DISTRIC	CT COURT
13	CLARK COU	INTY, NEVADA
14	TITINA FARRIS and PATRICK FARRIS,) CASE NO. A-16-739464-C) DEPT. NO. 22
15	Plaintiffs,	j
16	vs.) DEFENDANT DR. BARRY RIVES') RESPONSE TO PLAINTIFF TITINA) FARRIS' FIRST SET OF
17	BARRY RIVES, M.D.; LAPAROSCOPIC) FARRIS' FIRST SET OF) INTERROGATORIES
18	SURGERY OF NEVADA, LLC, et al.,	{
19	Defendants.	_}
20		
21	TO: George F. Hand, Esq., attomey for P	laintiff Titina Farris:
22	Under authority of Rule 33 of the Nev	ada Rules of Civil Procedure, Defendant Barry
23	Rives, M.D. hereby respond in writing and	under oath to interrogatories directed to him
24	by Plaintiff Titina Farris as follows:	
25	INTERROGATORY NO. 1:	
26	State your full name, professional	address and attach a current copy of your
		-1-
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 curriculum vitae (CV). In the event you do not have a CV, state in detail your professional qualifications, including your education by identifying schools from which you graduated and the degrees granted and dates thereof, your medical internships and residencies, fellowships and a bibliography of your professional writing(s).

RESPONSE TO NO. 1:

Barry James Rives. 10001 S. Eastern Avenue #309, Henderson, NV 89052. A copy of Dr. Rives' curriculum vitae is attached.

INTERROGATORY NO. 2:

State whether you have held any position on a committee or with an administrative body at any hospital, clinic or other similar health care facility. If so, state when you held such position(s) and the duties and responsibilities involved in such position(s).

RESPONSE TO NO. 2:

Not applicable.

INTERROGATORY NO. 3:

Have you early been named as a defendant in a lawsuit arising from alleged malpractice or professional negligence? If so, state the court/jurisdiction, the caption and the case number for each lawsuit.

RESPONSE TO NO. 3:

Objection: irrelevant and not reasonably calculated to lead to the discovery of admissible evidence; constitutional right to privacy; compound; and overbroad and burdensome. Without waiving these objections, Dr. Rives and/or Laparoscopic Surgery of Nevada, to the best of Dr. Rives' recollection, have been named as a defendant in the following actions: Brown v. Rives; Eighth District Court, Clark County Nevada; A-15-718937-C; Farris v. Rives; Eighth District Court, Clark County Nevada; A-16-739464-C; Lang v. Rives; Eighth District Court, Clark County Nevada; A10-618207-C; Doucette v. Garcia; Eighth District Court, Clark County Nevada; A552664; Schorle vs. Southern Hills

Hospital; Eighth District Court, Clark County Nevada; A-12-672833-C; and Tucker v. Rives; Eighth District Court, Clark County Nevada; A576148.

INTERROGATORY NO. 4:

///

Since the institution of this action, have you been asked to appear before or attend any meeting of a medical committee or official board of any medical society or other entity for the purpose of discussing this case? If so, state the date(s) of each such meeting and the name and address of the committee, society or other entity conducting each meeting.

RESPONSE TO NO. 4:

Objection: This interrogatory seeks information protected by the peer review privileges under NRS 49.119 and 49.265. Without waiving these objections: no.

INTERROGATORY NO. 5:

Have you ever testified in court or at deposition in a medical malpractice case in any capacity (e.g., defendant, witness, etc.)? if so, state the court, the caption and the case number of each such case, the approximate date of your testimony, whether you testified as a treating physician or expert and whether you testified on your own behalf or on behalf of the defendant or the plaintiff.

RESPONSE TO NO. 5:

Objection: irrelevant and not reasonably calculated to lead to the discovery of admissible evidence; constitutional right to privacy; compound; and overbroad and burdensome. Without waiving these objections, Dr. Rives has testified in depositions and during trial in the matters of Lang v. Rives; Eighth District Court, Clark County Nevada; A10-618207-C; and Doucette v. Garcia; Eighth District Court, Clark County Nevada; A552664. He gave a deposition in the matter of Tucker v. Rives; Eighth District Court, Clark County Nevada; A576148.

Hospital, San Martin Campus. l RESPONSE TO NO. 26: 2 Pursuant to NRCP 33(d), see Titina Farris' medical records from St. Rose 3 Dominican Hospital-San Martin Campus. Further, the witnesses currently known to Dr. 4 Rives have been identified in his NRCP 16.1 disclosure. 5 April 17, 2017 6 Dated: SCHUERING ZIMMERMAN & DOYLE, LLP 7 8 By 9 CHAD C. COUCHOT Nevada Bar No. 12946 10 400 University Avenue Sacramento, CA 95825-6502 11 (916) 567-0400 Attorneys for Defendants BARRY RIVES, 12 M.D.; LAPAROSCOPIC SURGERY OF NEVÁDA, LLC 13 14 15 16 17 18 19 20 21 22 23 24 25 26

1 2 3	true		CERTIFICATE OF	SERVICE ne 171 day of April , 2017, service of a
	true		o), I certify that on th	17th, 14 11 core
2	true		•	ie 11' day of April, 2017, service of a
3		and correct copy of the	foregoing:	
4 5 6 7 8	SET 🖾	OF INTERROGATORIE was served as indicated served on all parties of served on all parties effoliow by U.S. Mail;	S ted below: electronically pursua electronically pursuar	SE TO PLAINTIFF TITINA FARRIS' FIRST and to mandatory NEFCR 4(b); and to mandatory NEFCR 4(b), exhibits to est-class postage prepaid, enclosed;
9		by facsimile transmis	sion; or	
0	0	by personal service a	s indicated.	
11 12 13 14 15 16 17 18 19 20 21 22 23	Geo HAN 344	orney orge F. Hand, Esq. ND & SULLIVAN, I.LC 2 North Buffalo Drive Vegas, NV 89129	D	Phone/Fax/E-Mail 702/656-5814 Fax: 702/656-9820 hsadmin@handsullivan.co m Clinus n employee of Schuering Zimmerman & Doyle, LLP 737-10881
25 26				

EXHIBIT C

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1
                         DISTRICT COURT
 2
                      CLARK COUNTY, NEVADA
 3
 4
 5
     TITINA FARRIS and PATRICK
     FARRIS,
 6
     Plaintiffs,
                                   ) CASE NO A-16-739464-C
 7
                                   ) DEPT NO 22
 8
         vs.
 9
     BARRY RIVES, M.D.,
     LAPAROSCOPIC SURGERY OF
10
     NEVADA, LLC, et al,
11
     Defendants.
12
13
14
15
16
                DEPOSITION OF BARRY RIVES, M.D.
17
                   Taken on October 24, 2018
18
                         At 10:07 a.m.
19
                     At Veritex Las Vegas
20
              2250 South Rancho Drive, Suite 195
21
                    Las Vegas, Nevada 89102
22
23
24
25
    Reported by: Yvette Rodriguez, CCR NO. 860
                       LAS VEGAS REPORTING
                  scheduling@lvreporting.com
                          702.803.9363
```

1	Q Anything on that CV that has to be added
2	or deleted in any way?
3	A No. Except for the maybe the operation
4	dates of my licenses and stuff.
5	Q Can I see those interrogatories again for
6	a second? Thank you.
7	In July of 2015, were you part of a
8	practice?
9	A My solo practice, yes.
10	Q Is that Laparoscopic Surgery of Nevada,
11	LLC?
12	A That is correct.
13	Q How long has that been in existence?
14	A It started in May of 2007. So that's
15	about 11 years.
16	Q And has there ever been any other members
17	of that practice who are physicians?
18	À No.
19	Q Are there any other employees of that
20	entity?
21	A No.
22	Q Where is your office located?
23.	A 8285 West Arby, Suite 190, Las Vegas,
24	Nevada 89113.
25	Q If I could direct you to Response No. 3
	THE WEST OF PERSONNELLIS

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and the question is if you had ever been named as a defendant in a case arising from alleged malpractice or negligence. So I'm just going to go over these with you. We're on Page 2. There is a case, Brown versus Rives, Eighth District Court. Is that case resolved or still ongoing; do you know?

A It is still pending.

Q Can you tell me briefly just what the allegations of the case are.

A The patient had to have a peritoneal

dialysis catheter removed. She had a incisional hernia at the same time. She was very sick. And I made it clear we were just to take care of the PD catheter for infection reasons. She later had to have surgery to repair the incisional hernia and a piece of the peritoneal dialysis catheter was involved in the hernia sac.

- Q And we have of Lang versus Rives. Can you tell me what the allegations in that case were?
- A That was a defense verdict. It was a delay in recognizing a enterocutaneous fistula.
- Q And we have Doucette versus Garcia. Can you tell me what the allegations in that case were,
- A Again, defense verdict. It was a patient with a perforated colon due to metastatic lymphoma.

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1 And I guess the allegation was delay in diagnosis of 2 the lymphoma. And there is Schorle versus Southern Hills 3 Hospital. Can you tell me what the allegations in 4 5 that case were. The case was a patient who had spinal 6 surgery, had a colon perforation. I ended up doing 7 surgery to repair the colon, gave her an ostotomy, 8 ended up reversing the patient's ostotomy, but 9 because of the lawsuit, every doctor on chart was 10 named. And I was quickly dropped thereafter. 11 And we have a case, Tucker v. Rives. Can 12 you tell me the allegations in that case. 13 A Ms. Tucker had a duct of Luschka leak 14 post-operatively after a laparoscopic colon 15 discectomy. I guess it would be complications from 16 17 surgery. 18 Is that case resolved or ongoing? It was dismissed. 19 And looking at Response No. 5, there is 20 notes of depositions you gave in some of these cases 21 we just talked about. Are there any other 22 depositions that you given, such as an expert for 23 patient or for defendant doctor in any cases? 24

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A

I've testified as a participant in care.

1	Q What case was that?
2	A There have been a few. One involved a
3	patient who was misdiagnosed with perforated
4	appendicitis, delay in treatment, presented to the
5	OR in distress. I was the surgeon on the case. And
6	the suit was against the internal medicine doctor.
7	There was another suit involving
8	delay in diagnosis of a patient that was treated by
9	a rehab facility, transferred to a hospital. And
10	basically, was not doing well on arrival and there
11	was nothing we could do surgically for her.
12	Q That's it, that you recall?
13	A Those are the two that I can recall at
14	this time.
1.5	MR. COUCHOT: Sinner is not on there?
16	THE WITNESS: Mm-hmm?
17	MR. COUCHOT: Sinner is not on there?
18	Just to be compete, when I prepared this
19	he had not been deposed in the Sinner case so
20	that is not listed there. So that would be
21	responsive to that question.
22	MR. HAND: What was the name of that case?
23	THE WITNESS: Sinner versus Rives.
24	BY MR. HAND:
25	Q Is it on here? It's not listed here
	TAC VECAC DEDODTING

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1	MR. COUCHOT: It's subsequent.
2	BY MR. HAND:
3	Q Can you tell me what that case involved.
4	A Patient had a diaphragmatic hernia tear
5	laparoscopically. She aspirated and became septic.
6	Q Is that still ongoing?
7	A That's pending.
8	Q And you gave a deposition in that case?
9	A Yes.
10	Q Is that a case in Las Vegas?
11	A Yes.
12	Q Have you given any lectures involving
13	hernia repair?
14	A Other than to medical students or
15	residents, no.
16	Q Prior to coming here today, what did you
17	review, if anything?
18	A I reviewed my office notes, progress
19	notes. My progress notes and my operative notes. I
20	think I reviewed some of the radiology findings.
21	Q Did you review any other operative
22	reports?
23	A No.
24	Q Is there anything that you would like to
25	review that you haven't looked at in this case?
	LAS VEGAS REPORTING

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has a blade that divides. So that it will remove 1 2 the tissue from the staple line. 3 Clarify this note. Did the small tear in 4 the colon come from trying to get the mesh out of 5 the -- I mean, getting the colon out of the mesh or 6 was it created with the stapler? I don't 7 understand. The colotomy was made by getting the 8 Α No. 9 colon off of the mesh. Once you have a hole in the 10 colon, there is various ways to repair it. One of the ways is you use a stapling device to close the 11 12 defect. A Did Mrs. Farris have bowel prep prior to 13 14 this procedure? 15 No, she did not. 16 Did you recommend that? 17 Α No. 18 Why not? 19 I don't do val preps for any of my colon 20 or bowel surgeries. It causes an inflammatory 21 cascade. Nowadays, with enhance recovery after 22 surgery, bowel preps are probably about -- most 23 people don't do them 70 percent of the time. Some 24 people are still doing them 30 percent of the time.

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So do you recall the size of the tear in

25

Q

CERTIFICATE OF REPORTER 1 STATE OF NEVADA) 2 ss: COUNTY OF CLARK 3 I, Yvette Rodriguez, a duly commissioned Notary Public, Clark County, State of Nevada do 5 hereby certify: 6 That I reported the deposition of 7 BARRY RIVES, M.D., commencing on October 24, 8 2018 at 10:17 a.m. 9 That prior to being deposed, the witness 10 was duly sworn by me to testify to the truth; 11 that I thereafter transcribed my said shorthand 12 notes into typewriting; and that the 13 typewritten transcript is a complete, true, and 14 accurate transcription of my said shorthand 15 notes. 16 I further certify that I am not a relative 17 or employee of counsel or any of the parties 18 nor a relative or employee of the parties 19 involved in said action, nor a person 20 financially interested in the action. 21 IN WITNESS WHEREOF, I have set my hand in 22 my office in the County of Clark, State of 23 Nevada, this 30th day of October, 2018. 24

LAS VEGAS REPORTING scheduling@lvreporting.com 702.803.9363

YVETTE RODRIGUEZ CCR NO

25

EXHIBIT D

```
DISTRICT COURT
1
                     CLARK COUNTY, NEVADA
2
3
    VICKIE CENTER; THOMAS CENTER,
     individually, and as the Husband
5
     to VICKIE CENTER,
6
                Plaintiffs,
 7
                                        ) CASE NO.
           vs.
                                        ) A-16-731390-C
 8
 9
     BARRY JAMES RIVES, M.D.;
     LAPAROSCOPIC SURGERY OF NEVADA
     LLC, A Nevada Limited-Liability
10
     Company; ABDUL-SAMI SIDDIQUI,
     M.D.; A.S.F. SIDDIQUI, M.D. LTD;
11
     YANN-BOR LIN, M.D.; WESTERN
     CRITICAL CARE ASSOCIATES
12
     (WANTANABE), LTD.; MIR MOHAMMAD,
13
     M.D.; ANTONIO FLORES ERAZO, M.D.,
     DOES 1-45; and ROE CORPORATIONS
     1-45; inclusive
14
                Defendants.
15
16
17
         VIDEO DEPOSITION OF BARRY JAMES RIVES, M.D.
18
19
       Taken at the Law Offices of Brenske & Andreevski
                  3800 Howard Hughes Parkway
20
                            Suite 500
                   Las Vegas, Nevada 89169
21
                     Tuesday, April 17, 2018
22
                           10:59 a.m.
23
     Job Number:
                   451742
24
     Reported by: Angela Campagna, CCR #495
25
```

BARRY JAMES RIVES, M.D. - 04/17/2018

1	Page 11 Q. Now, was any part of Vickie Center's
.2	stomach or surrounding organs injured
3	perioperatively as a result of that surgery?
4	A. No.
5	Q. And Ms. Center had suffered from sepsis
6	one day postop after that first surgery. Fair
7	statement?
8	A. That is correct.
9	And at the time; what was your
10	understanding of the cause of the sepsise
11	A. At the time that it happened, between
12	myself and the other consultants; there was talk
13	about multiple possible reasons. The most likely
14	being aspiration pneumonitis.
15	Q. Do you remember a bronchoscopy being
16	done?
17	A. I believe there was a bronchoscopy done
18	the next day or two, sometime afterwards.
19	Q. What were the results of that
20	bronchoscopy?
21	A. I don't recall them off the top of my
22	head.
23	Q. Okay. How long did you believe that
24	the source of that sepsis was from the lungs? If
25	you don't understand the question, it's a good time

BARRY JAMES RIVES, M.D. - 04/17/2018

1	Page 18 was left behind in a hernia sac, and the patient
2	later had to have surgery to remove it.
3	Q. With regards to the next case, Farris
4	versus Rives, is that case still ongoing?
5	A. Yes.
6	Q. And in ten words or less, can you
7	you don't have to do it in ten words or less, but
8	can you just give us a brief description of what
9	that the allegations are in that case?
10	A. Patient had a laparoscopic hernia
11	repair and resulted in a colocutaneous fistula
12	postoperatively that required subsequent surgery.
13	Q. Did you perform that subsequent
14	surgery?
15	A. No.
16	Q. Do you remember who did?
17	A. I know the group. I don't remember
18	which member of the group did it.
19	Q. Who is the group?
20	A. Southern Nevada Surgery. I think it
21	was Dr. Hamilton or Dr. Ripplinger.
22	Q. As you sit here today, do you have a
23	recollection of why you did not do the surgical
24	repair?
25	A. The family asked for a second opinion.
I	,

BARRY JAMES RIVES, M.D. - 04/17/2018

	Page 140
1	REPORTER'S CERTIFICATE
2	
3	STATE OF NEVADA)) ss.
4	COUNTY OF CLARK)
5	
6	I, Angela Campagna, a certified court reporter in Clark County, State of Nevada, do hereby certify:
7	That I reported the taking of the
8	video deposition of the witness, BARRY JAMES RIVES, M.D., on Tuesday, April 17, 2018, commencing at the
9	hour of 10:59 a.m. That prior to being examined, the
10	witness was by me first duly sworn to testify to the truth, the whole truth, and nothing but the truth.
1 10	That I thereafter transcribed my
11	said shorthand notes into typewriting and that the typewritten transcript of said deposition is a
12	complete, true, and accurate transcription of
13	shorthand notes taken down at said time. I further certify that I am not a
	relative or employee of an attorney or counsel of
14	any of the parties, nor a relative or employee of any attorney or counsel involved in said action, nor
15	a person financially interested in said action.
16	IN WITNESS WHEREOF, I have hereunto set my hand in my office in the County of
	Clark, State of Nevada, this 1st day of May 2018.
17	
18	Alex
19	ANGELA CAMPAGNA, CCR #495
20	
21	
22	
23	
24	
25	

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EXHIBIT E

ELECTRONICALLY SERVED 9/13/2019 4:30 PM

1	[RSPN] THOMAS J. DOYLE
2	Nevada Bar No. 1120 SCHUERING ZIMMERMAN & DOYLE, LLP
3	400 University Avenue Sacramento, California 95825-6502
4	(916) 567-0400 Fax: 568-0400
5	Email: calendar@szs.com
6	KIM MANDELBAUM Nevada Bar No. 318
7	MANDELBAUM ELLERTON & ASSOCIATES 2012 Hamilton Lane
8	Las Vegas, Nevada 89106 (702) 367-1234
9	Email: filing@memlaw.net
10	Attorneys for Defendants BARRY RIVES, M.D.; LAPAROSCOPIC SURGERY OF NEVADA, LLC
11	
12	DISTRICT COURT
13	CLARK COUNTY, NEVADA
14	TTTINA FARRIS and PATRICK FARRIS,) CASE NO. A-16-739464-C) DEPT. NO. 22
15	Plaintiffs,) DEFENDANT DR. BARRY RIVES'
16	vs.) SUPPLEMENTAL RESPONSE TO) PLAINTIFF TITINA FARRIS' FIRST SET
17	BARRY RIVES, M.D.; LAPAROSCOPIC) OF INTERROGATORIES SURGERY OF NEVADA, LLC, et al.,)
18) Defendants.)
19)
20	
21	TO: George F. Hand, Esq., attorney for Plaintiff Titina Farris:
22	Under authority of Rule 33 of the Nevada Rules of Civil Procedure, Defendant Barry
23	Rives, M.D. hereby respond in writing and under oath to interrogatories directed to him
24	by Plaintiff Titina Farris as follows:
25	INTERROGATORY NO. 1:
26	State your full name, professional address and attach a current copy of your
	1.

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curriculum vitae (CV). In the event you do not have a CV, state in detail your professional qualifications, including your education by identifying schools from which you graduated and the degrees granted and dates thereof, your medical internships and residencies, fellowships and a bibliography of your professional writing(s).

RESPONSE TO NO. 1:

Barry James Rives. 10001 S. Eastern Avenue #309, Henderson, NV 89052. A copy of Dr. Rives' curriculum vitae is attached.

INTERROGATORY NO. 2:

State whether you have held any position on a committee or with an administrative body at any hospital, clinic or other similar health care facility. If so, state when you held such position(s) and the duties and responsibilities involved in such position(s).

RESPONSE TO NO. 2:

Not applicable.

INTERROGATORY NO. 3:

Have you eery been named as a defendant in a lawsuit arising from alleged malpractice or professional negligence? If so, state the court/jurisdiction, the caption and the case number for each lawsuit.

RESPONSE TO NO. 3:

Objection: irrelevant and not reasonably calculated to lead to the discovery of admissible evidence; constitutional right to privacy; compound; and overbroad and burdensome. Without waiving these objections, Dr. Rives and/or Laparoscopic Surgery of Nevada, to the best of Dr. Rives' recollection, have been named as a defendant in the following actions: Brown v. Rives; Eighth District Court, Clark County Nevada; A-15-718937-C; Farris v. Rives; Eighth District Court, Clark County Nevada; A-16-739464-C; Lang v. Rives; Eighth District Court, Clark County Nevada; A10-618207-C; Doucette v. Garcia; Eighth District Court, Clark County Nevada; A552664; Schorle vs. Southern Hills

Hospital; Eighth District Court, Clark County Nevada; A-12-672833-C; and Tucker v. Rives; Eighth District Court, Clark County Nevada; A576148.

SUPPLEMENTAL RESPONSE TO NO. 3:

Objection: irrelevant and not reasonably calculated to lead to the discovery of admissible evidence; constitutional right to privacy; compound; and overbroad and burdensome. Without waiving these objections, Dr. Rives and/or Laparoscopic Surgery of Nevada, to the best of Dr. Rives' recollection, have been named as a defendant in the following actions: Brown v. Rives; Eighth District Court, Clark County Nevada; A-15-718937-C; Farris v. Rives; Eighth District Court, Clark County Nevada; A-16-739464-C; Lang v. Rives; Eighth District Court, Clark County Nevada; A10-618207-C; Doucette v. Garcia; Eighth District Court, Clark County Nevada; A552664; Schorle vs. Southern Hills Hospital; Eighth District Court, Clark County Nevada; A-12-672833-C; and Tucker v. Rives; Eighth District Court, Clark County Nevada; A576148; Center v. Rives, Eighth District Court, Clark County Nevada; A576148; Center v. Rives, Eighth District Court, Clark County Nevada; A-16-731390-C.

INTERROGATORY NO. 4:

Since the institution of this action, have you been asked to appear before or attend any meeting of a medical committee or official board of any medical society or other entity for the purpose of discussing this case? If so, state the date(s) of each such meeting and the name and address of the committee, society or other entity conducting each meeting.

RESPONSE TO NO. 4:

Objection: This interrogatory seeks information protected by the peer review privileges under NRS 49.119 and 49.265. Without waiving these objections: no.

<u>INTERROGATORY NO. 5:</u>

Have you ever testified in court or at deposition in a medical malpractice case in any capacity (e.g., defendant, witness, etc.)? if so, state the court, the caption and the

26 ///

case number of each such case, the approximate date of your testimony, whether you testified as a treating physician or expert and whether you testified on your own behalf or on behalf of the defendant or the plaintiff.

RESPONSE TO NO. 5:

Objection: irrelevant and not reasonably calculated to lead to the discovery of admissible evidence; constitutional right to privacy; compound; and overbroad and burdensome. Without waiving these objections, Dr. Rives has testified in depositions and during trial in the matters of Lang v. Rives; Eighth District Court, Clark County Nevada; A10-618207-C; and Doucette v. Garcia; Eighth District Court, Clark County Nevada; A552664. He gave a deposition in the matter of Tucker v. Rives; Eighth District Court, Clark County Nevada; A576148.

SUPPLEMENTAL RESPONSE TO NO. 5:

Objection: irrelevant and not reasonably calculated to lead to the discovery of admissible evidence; constitutional right to privacy; compound; and overbroad and burdensome. Without waiving these objections, Dr. Rives has testified in depositions and during trial in the matters of Lang v. Rives; Eighth District Court, Clark County Nevada; A10-618207-C; and Doucette v. Garcia; Eighth District Court, Clark County Nevada; A552664. He gave a deposition in the matter of Tucker v. Rives; Eighth District Court, Clark County Nevada; A576148. He gave a deposition and testified in trial in Center v. Rives, Eighth District Court, Clark County Nevada, A-16-731390-C.

INTERROGATORY NO. 6:

If you have authored any professional or scholarly articles, such as medical journal articles, etc., identify the writing in a matter sufficient to enable it to be obtained.

RESPONSE TO NO. 6:

Not applicable.

-4-

			•
1	Dominican	Hospital-San Martin Campu	is. Further, the witnesses currently known to Dr.
2	Rives have l	been identified in his NRCP	16.1 disclosure.
3	Dated:	September 13, 2019	
4			SCHUERING ZIMMERMAN & DOYLE, LLP
5			1
6	·	•	ByCHAD C. COUCHOT
7	·:		Nevada Bar No. 12946
8			400 University Avenue Sacramento, CA 95825-6502 (916) 567-0400
9		· ·	Attorneys for Defendants BARRY RIVES, M.D.; LAPAROSCOPIC SURGERY OF NEVADA, LLC
10		-	NEVADA, LLC
11	·		
12			
13			
14			
15			•
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CERTIFICATE OF SERVICE 1 Pursuant to NRCP 5(b), I certify that on the 13th day of September, 2019, service 2 of a true and correct copy of the foregoing: 3 DEFENDANT DR. BARRY RIVES' SUPPLEMENTAL RESPONSE TO PLAINTIFF 4 TITINA FARRIS' FIRST SET OF INTERROGATORIES was served as indicated below: 5 served on all parties electronically pursuant to mandatory NEFCR 4(b); 6 served on all parties electronically pursuant to mandatory NEFCR 4(b), exhibits to follow by U.S. Mail; 7 by depositing in the United States Mail, first-class postage prepaid, enclosed; 8 by facsimile transmission; or 9 by personal service as indicated. 10 11 Phone/Fax/E-Mail Representing Attorney 702/656-5814 **Plaintiff** 12 George F. Hand, Esq. Fax: 702/656-9820 HANĎ & SULLIVAN, LLC hsadmin@handsullivan.co 13 3442 North Buffalo Drive Las Vegas, NV 89129 14 15 Luaur 16 An employee of Schuering Zimmerman & 17 Doyle, LLP 1737-10881 18 19 20 21 22 23 24 25 26

EXHIBIT F

```
DISTRICT COURT
1
                     CLARK COUNTY, NEVADA
2
3
    VICKIE CENTER; THOMAS CENTER,
    individually, and as the Husband
    to VICKIE CENTER,
6
                Plaintiffs,
7
                                        ) CASE NO.
           vs.
                                        ) A-16-731390-C
8
    BARRY JAMES RIVES, M.D.;
9
    LAPAROSCOPIC SURGERY OF NEVADA
    LLC, A Nevada Limited-Liability
10
     Company; ABDUL-SAMI SIDDIQUI,
    M.D.; A.S.F. SIDDIQUI, M.D. LTD;
11
     YANN-BOR LIN, M.D.; WESTERN
     CRITICAL CARE ASSOCIATES
12
     (WANTANABE), LTD.; MIR MOHAMMAD,
     M.D.; ANTONIO FLORES ERAZO, M.D.,
13
    DOES 1-45; and ROE CORPORATIONS
     1-45; inclusive
14
15
                Defendants.
16
17
           VIDEO DEPOSITION OF YANN-BOR LIN, M.D.
18
19
       Taken at the Law Offices of Brenske & Andreevski
                  3800 Howard Hughes Parkway
20
                            Suite 500
                   Las Vegas, Nevada 89169
21
                     Wednesday, May 9, 2018
22
                           10:23 a.m.
23
     Job No.:
                          453556
24
     Reported by: Angela Campagna, CCR #495
25
```

YANN-BOR LIN, M.D. - 05/09/2018

1	proximity to to surgery. She had not only
2	complained of belly pain, but also possibly chest
3	pain. So we were also assessing her for possible
4	pulmonary embolism versus DVT, deep vein thrombosis.
5	THE REPORTER: I'm sorry?
6	THE WITNESS: DVT, it's called deep vein
7	thrombosis.
8	BY MR. KRAMETBAUER:
9	Q. Why you had said aspiration
10	pneumonia, is that also referred to as aspiration
11	pneumonitis?
12	A. That is correct.
13	Q. Why were you why was aspiration
14	pneumonitis part of your differential diagnosis?
15	A. She had acute hypoxic respiratory
16	failure requiring high levels of oxygen. She was in
17	severe respiratory distress. She had evidence of
18	lung disease on her x-ray. And she was within the
19	first 24 to 48 hours post-surgery.
20	Q. Now, as a result of that differential
21	diagnosis of aspiration pneumonitis, you performed a
22	bronchoscopy; correct?
23	A. That's correct.
24	Q. Am I saying that correctly,
25	bronchoscopy or bronchoscopy?

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YANN-BOR LIN, M.D. - 05/09/2018

	Page 58
1	A. Bronchoscopy.
2	Q. Bronchoscopy.
3	MR. KRAMETBAUER: We'll go ahead and attach
4	this as Exhibit we're on Exhibit 4 now, next in
5	order?
6	I apologized in advance, Doctor,
7	we've been jumping around.
8	(Exhibit 4 marked.)
9	BY MR. KRAMETBAUER:
10	Q. What are we looking at here, Doc?
11	A. This is a report of bronchoscopy with
12	bronchoalveolar lavage.
13	Q. And you had done this on the following
14	day, February 8th, 2018. Fair statement?
15	A. Yes.
16	Q. Why did you do this?
17	A. I was concerned about possible
18	aspiration and possible pneumonia.
19	Q. Aspiration pneumonitis?
20	A. The terminology aspiration pneumonitis
21	indicates a chemical reaction to aspiration.
22	Pneumonia would indicate that infection it was
23	accompanied by infection.
24	Q. And what was the result of your
25	bronchoscopy on the 8th of February 2015?
1	

A.App.423

YANN-BOR LIN, M.D. - 05/09/2018

1	Page 59 A. There were there were minimal signs		
2	of inflammation in the airways. So there was no		
3	aspirated material that was seen and no foreign		
4	material was seen.		
5	Q. In fact, you write at the end of your		
6	operative note that the most likely etiology of her		
7	sepsis is extrapulmonary. Can you explain to this		
8	jury what that means?		
9	A. That means that the results of the		
10	bronchoscopy were not did not indicate that she		
11	had acutely aspirated. That is not to say that she		
12	may not have. She may still have, we just didn't		
13	see any overt signs of it.		
14	Q. You didn't see any objective		
15	MR. DOYLE: Whoa, whoa. Can he finish		
16	that answer, please.		
17	MR. KRAMETBAUER: Were you finished, Doctor?		
18	MR. DOYLE: No. You interrupted him in		
19	mid-sentence.		
20	BY MR. KRAMETBAUER:		
21	Q. Go ahead.		
22	A. So that's not to say that that was		
23	still that still could not have happened. She		
24	still could have had aspiration pneumonitis and		
25	aspiration pneumonia, but it could have been too		

YANN-BOR LIN, M.D. - 05/09/2018

	Page 60		
1	early for the body to react.		
2	Q. So I just want to make sure I		
3	understand your testimony here today, Doctor.		
4	A. Yes.		
5	Q. Is it your testimony that she could		
6	have had aspiration pneumonitis prior to your		
7.	bronchoscopy, you just didn't see any evidence of it		
8	during the bronchoscopy?		
9	A. That is correct.		
10	Q. So is it fair apologize.		
11	A. You may you may or may not have		
12	it's not it's it's very sensitive, but it's		
13	not a hundred percent. As with medicine, everything		
14	is not a hundred percent.		
15	Q. Sure. And this is only a day later.		
16	Fair statement?		
17	A. Yes.		
18	Q. It's only two days postop. Fair		
19	statement?		
20	A. This is yes. Two days postop.		
21	Q. She had surgery on the 6th?		
22	A. Yes.		
23	Q. You assess her on the 7th?		
24	A. Yes.		
25	Q. She codes on the 7th?		
1			

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YANN-BOR LIN, M.D. - 05/09/2018

1	Page 131 REPORTER'S CERTIFICATE
2	
3	STATE OF NEVADA)
4) ss. COUNTY OF CLARK)
5	
6	I, Angela Campagna, a certified court reporter in Clark County, State of Nevada, do hereby
7	certify: That I reported the taking of the
8	video deposition of the witness, YANN-BOR LIN, M.D., on Wednesday, May 9, 2018, commencing at the hour of 10:23 a.m.
9	That prior to being examined, the
10	witness was by me first duly sworn to testify to the truth, the whole truth, and nothing but the truth. That I thereafter transcribed my
11	said shorthand notes into typewriting and that the typewritten transcript of said deposition is a
12	complete, true, and accurate transcription of shorthand notes taken down at said time.
13	I further certify that I am not a
14	relative or employee of an attorney or counsel of any of the parties, nor a relative or employee of any attorney or counsel involved in said action, nor
15	any attorney of counsel involved in said action, nor a person financially interested in said action. IN WITNESS WHEREOF, I have
16	hereunto set my hand in my office in the County of Clark, State of Nevada, this 22nd day of May 2018.
17	Clark, Blace of Nevada, Clira 12th day of May 2018.
18	
19	ANGELA CAMPAGNA, CCR #495
20	
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25	

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EXHIBIT G

05 August 2018

SCHUERING ZIMMERMAN & DOYLE, LLP 400 University Avenue Sacramento. CA 95825

Re: Center v Rives

Dear Mr. Couchot,

Thank you for allowing me the opportunity to review the case of Center v Rives. My qualifications to render an expert opinion are listed in my CV attached to this report. Briefly, I am in my eighth year of employment at the Keck School of Medicine of the University of Southern California, and I attend in the intensive care units (ICUs) of LAC+USC Medical Center, a safety-net hospital and Level 1 Trauma Center for Los Angeles County, and Keck Hospital of USC, a tertiary referral center for cardiothoracic, neurosurgical, and acute stroke care for Southern California. In the past five years, I have given a deposition in two cases. My pertinent malpractice consulting information is also attached to this report.

In preparation for this report, I have reviewed the following documents:

- 1. Medical records of Vickie Center from St. Rose Dominican Hospital
- 2. Complaint
- 3. Deposition of Dr. Barry Rives
- 4. Deposition of Dr. Yann-Bor Lin

It is my opinion, to a reasonable degree of medical probability, that the care and treatment provided to Ms. Center by Dr. Rives during her hospitalization at St. Rose Dominican Hospital (SRDH) met the standard of care.

Ms. Center was admitted to SRDH on 06 February 2015 for an elective repair of a paraesophageal hernia. After an uncomplicated laparoscopic repair with Nissin fundoplication, she was recovered in the post-anesthesia care unit. On post-operative day 1, at 0800, she was reported to have hypotension, which improved with fluid administration. Throughout the course of the morning, she had intermittent hypotension, as well as low oxygen saturations, which prompted transfer to the intensive care unit (ICU). There, she was intubated, with witnessed vomiting, aspiration, and bradycardia from worsened hypoxemia; this bradycardia necessitated ACLS protocol with CPR. Also on post-operative day 1, she developed acute respiratory distress syndrome (ARDS) with multi-organ failure, including hypotension, diffuse intravascular coagulation (DIC), and acute renal failure requiring hemodialysis briefly. Although her renal function recovered, she experienced necrosis of her extremities, requiring subsequent amputation procedures.

A bronchoscopy was performed well after her intubation and while she was on mechanical ventilation. In this bronchoscopy report, there was no mention of visible contents of vomitus within her airway. The findings of this bronchoscopy would not be inconsistent with a prior aspiration episode: (1) a bronchoscope cannot advance to the farthest recesses of the lungs where aspirated abdominal contents would eventually settle due to gravity; (2) immediately after an intubation for aspiration, a respiratory therapist or nurse would be expected to perform suctioning via the endotracheal tube to clear out any remaining secretions within the larger airways; and (3) the lung would be expected to clear out those settled secretions within the farthest recesses as part of the normal healing process.

Ms. Center's hospital stay can be divided into three periods: her initial elective operation, her immediate post-operative period, and her post-ARDS course. In this report, I will be commenting on her immediate post-operative period in the ICU and afterward. Around the time of her ICU transfer, Ms. Center had signs and symptoms - low white blood cell count, low blood pressure, low oxygen levels - consistent with sepsis and the development of ARDS with multi-organ failure. The possible sources of this sepsis and ARDS would include the following: (1) abdominal cavity infection from a surgical complication leading to peritoneal sepsis with resultant ARDS as a secondary complication; (2) pneumonia from peri-operative aspiration leading to ARDS as the primary process; (3) colitis not related to her surgery leading to sepsis and resultant ARDS as a secondary complication. According to the chest and abdominal computed tomography (CT) imaging done on 08 February 2015, she had radiographic changes consistent with a post-operative state, as well as colitis that was incidentally found. Whether the colitis was a primary process, or whether the colonic edema occurred as a result of her low blood pressure and aggressive fluid resuscitation is unclear. Nonetheless, with medical care alone (antibiotics and mechanical ventilation without surgery), her ARDS and sepsis improved to allow for extubation on 12 February 2015. This clinical response would argue against an abdominal abscess causing the initial insult; an abscess would have to be addressed with drainage.

The subsequent events during her hospital stay can all be traced to this one bout of sepsis and ARDS, whose probable cause was aspiration pneumonia:

Her limb necrosis occurred because of profound hypotension from her sepsis.

Her abdominal abscess, which developed between her CT scan on 08 February 2015 and her post-extubation CT scan on 17 February 2015, was likely a result of her bag-mask ventilation prior to her intubation. Because bag-mask ventilation is applied at the mouth, air can be introduced into both the lungs and the stomach; it is quite common to find gastric distention on x-rays immediately following an intubation with bag-mask ventilation, and a freshly post-operative stomach would be expected to be at greater risk of

perforation with subsequent abdominal abscess formation. However, this perforation risk cannot be avoided in a hypoxemic patient who requires bagmask ventilation before intubation.

Deep venous thrombosis and gastric ulcer are the most frequently-documented complications in the ICU literature; they still occur with a frequency of roughly 15% even among patients who receive medical prophylaxis. Her gastric ulcer perforated and required exploratory laparotomy on 18 March 2015.

Empyema can occasionally complicate pneumonia, and her aspiration pneumonia was complicated by an empyema that required decortication.

Dr. Rives met the standard of care and treated Ms. Center's sepsis and ARDS; the sepsis and ARDS were caused by aspiration and pneumonia, which are well-described in the peri-operative period. The subsequent goings-on during her hospital stay can all be traced to this initial peri-operative event:

- --empyema requiring decortication can result from pneumonia
- --limb necrosis can result from the profound hypotension of sepsis
- --a gastric defect leading to an abdominal abscess can form from the bagmask ventilation of a patient who is being intubated
- --gastric ulcer with perforation and deep venous thrombosis of the leg frequently occur in patients with ARDS regardless of the initial cause of the ARDS.

In summary, it is my opinion, to a reasonable degree of medical probability, that the care provided by Dr. Rives to Ms. Center at St. Rose Dominican Hospital was within the standard of care and did not lead to a missed diagnosis of post-operative abdominal abscess that resulted in sepsis and ARDS.

Cordially.

Alex A. Balekian, MD, MSHS

Electronically Filed 9/25/2019 12:51 PM Steven D. Grierson CLERK OF THE COURT

[OBJ] 1 THOMAS J. DOYLE 2 Nevada Bar No. 1120 AIMEE CLARK NEWBERRY 3 Nevada Bar No. 11084 SCHUERING ZIMMERMAN & DOYLE, LLP 4 400 University Avenue Sacramento, California 95825-6502 5 (916) 567-0400 Fax: 568-0400 6 Email: calendar@szs.com 7 KIM MANDELBAUM Nevada Bar No. 318 8 MANDELBAUM CLARK NEWBERRY & ASSOCIATES 2012 Hamilton Lane 9 Las Vegas, Nevada 89106 (702) 367-1234 10 Email: filing@memlaw.net 11 Attorneys for Defendants BARRY RIVES, M.D. and LAPAROSCOPIC 12 SURGERY OF NEVADA, LLC 13 **DISTRICT COURT** 14 CLARK COUNTY, NEVADA 15 TITINA FARRIS and PATRICK FARRIS,) CASE NO. A-16-739464-C 16 DEPT. NO. 31 Plaintiffs. 17 **DEFENDANTS BARRY J. RIVES, M.D.'S** VS. AND LAPAROSCOPIC SURGERY OF 18 **NEVADA, LLC'S OBJECTION TO** BARRY RIVES, M.D.; LAPAROSCOPIC PLAINTIFFS' NINTH SUPPLEMENT TO 19 SURGERY OF NEVADA, LLC, et al., EARLY CASE CONFERENCE **DISCLOSURE OF WITNESSES AND** 20 Defendants. **DOCUMENTS** 21 22 COMES NOW, Defendants BARRY J. RIVES, M.D. and LAPAROSCOPIC SURGERY 23 OF NEVADA, LLC ("Defendants"), by and through their attorneys of record, Thomas J. 24 Doyle and Aimee Clark Newberry of Schuering Zimmerman & Doyle, LLP, and hereby 25 submits this objection to Plaintiffs TITINA FARRIS' and PATRICK FARRIS' ("Plaintiffs") 26

Ninth Supplement to Early Case Conference Disclosure of Witnesses and Documents as follows:

OBJECTIONS TO SUPPLEMENTAL DISCLOSURE OF WITNESSES

- 26. Vickie Center- Defendants object to the disclosure of this witness on the grounds it is untimely under NRCP 16.1 after the close of discovery, she does not possess relevant testimony and her testimony will unduly prejudice, waste time, confuse the issues and mislead the jury under NRS 48.035.
- 27. **Mary Jayne Langan**-Defendants object to the disclosure of this witness on the grounds it is untimely under NRCP 16.1 after the close of discovery, she does not possess relevant testimony and her testimony will unduly prejudice, waste time, confuse the issues and mislead the jury under NRS 48.035.

OBJECTION TO SUPPLEMENTAL DISCLOSURE OF DOCUMENTS

Barry James Rives, M.D.'s Deposition Transcript (October 25, 2017) from *Center v. Rives* (PLTF11620-PLFT11630)- Defendants object to the disclosure of this document on the grounds it was untimely disclosed under NRCP 16.1, it lacks relevance, it is hearsay, it lacks foundation, it is impermissible character evidence, and it will unduly prejudice, waste time, confuse the issues and mislead the jury under NRS 48.035.

Barry James Rives, M.D.'s Deposition Transcript (April 17, 2018) from Center v. Rives (PLTF11631-PLFT11667)- Defendants object to the disclosure of this document on the grounds it was untimely disclosed under NRCP 16.1, it lacks relevance, it is

///

1	hearsay, it	lacks foundation, it is imp	permissible character evidence, and it will unduly
2	prejudice,	waste time, confuse the is	sues and mislead the jury under NRS 48.035.
3	Dated:	September 24, 2019	
4			SCHUERING ZIMMERMAN & DOYLE, LLP
5			
6			By <u>/s/ Aimee Clark Newberry</u> AIMEE CLARK NEWBERRY
7			Nevada Bar No. 11084 400 University Avenue
8		•	Sacramento, CA 95825-6502 (916) 567-0400
9			Attorneys for Defendants BARRY RIVES, M.D. and LAPAROSCOPIC SURGERY OF
10			NEVADA, LLC
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1 **CERTIFICATE OF SERVICE** 2 Pursuant to NRCP 5(b), I certify that on the 25th day of September, 2019, service 3 of a true and correct copy of the foregoing: DEFENDANTS BARRY J. RIVES, M.D.'S AND LAPAROSCOPIC SURGERY OF NEVADA, 4 LLC'S OBJECTION TO PLAINTIFFS' NINTH SUPPLEMENT TO EARLY CASE CONFERENCE 5 DISCLOSURE OF WITNESSES AND DOCUMENTS was served as indicated below: 6 X served on all parties electronically pursuant to mandatory NEFCR 4(b): 7 served on all parties electronically pursuant to mandatory NEFCR 4(b), exhibits to follow by U.S. Mail; 8 by depositing in the United States Mail, first-class postage prepaid, enclosed; 9 by facsimile transmission: or 10 by personal service as indicated. 11 Attorney Representing Phone/Fax/E-Mail 12 George F. Hand, Esq. **Plaintiffs** 702/656-5814 13 HAND & SULLIVAN, LLC Fax: 702/656-9820 3442 North Buffalo Drive hsadmin@handsullivan.com 14 Las Vegas, NV 89129 15 Kimball Jones, Esq. **Plaintiffs** 702/333-1111 Jacob G. Leavitt, Esq. Kimball@BighornLaw.com 16 **BIGHORN LAW** Jacob@BighomLaw.com 716 S. Jones Boulevard 17 Las Vegas, NV 89107 18 19 20 /s/ Jodie Chalmers An employee of Schuering Zimmerman & 21 Dovle, LLP 1737-10881 22 23 24 25 26

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Location: District Court Civil/Criminal Help

REGISTER OF ACTIONS CASE No. A-16-739464-C

Titina Farris, Plaintiff(s) vs. Barry Rives, M.D., Defendant(s)

Case Type: Date Filed: Location:

Malpractice -Medical/Dental 07/01/2016 Department 31

Cross-Reference Case Number:

A739464

PARTY INFORMATION

Defendant Laparoscopic Surgery of Nevada LLC

Lead Attorneys Thomas J. Doyle Retained 9165670400(W)

Defendant Rives, Barry, M.D.

Thomas J. Doyle Retained 9165670400(W)

Plaintiff Farris, Patrick Kimbali Jones Retained 702-333-1111(W)

Plaintiff

Farris, Titina

Kimball Jones Retained 702-333-1111(W)

EVENTS & ORDERS OF THE COURT

09/28/2019 | Motion for Sanctions (10:00 AM) (Judicial Officer Kishner, Joanna S.) Plaintiffs' Motion for Sanctions Under Rule 37 for Defendants' Intentional Concealment of Defendant Rives' History of Negligence and Litigation and Motion for Leave to Amend Complaint to Add Claim for Punitive Damages on Order Shortening Time

Minutes

09/26/2019 10:00 AM

Arguments by counsel regarding allegations of intentional concealment of defense, deposition of Dr. Rives, and Plaintiff's request for sanctions and punitive damages. Court stated its findings; and offered to set an evidentlary hearing for Dr. Rives to appear. Court noted punitive damages are not appropriate on a sanction basis based on what was provided to the Court at this juncture and applicable case law. Following statements by counsel regarding scheduling, Plaintiff's counsel estimated no more than an hour for the hearing. COURT ORDERED, matter SET for evidentiary hearing. Parties to notify the Court in advance by no later than noon on October 3, 2019, confirming whether or not they want the evidentiary hearing to go forward; and the Court will issue a ruling, if the evidentiary hearing does not go forward. Issues not addressed today may be addressed at time of Calendar Call. 10/07/19 8:30 A.M. EVIDENTIARY HEARING 10/08/19 9:00 A.M. CALENDAR CALL 10/14/19 9:00 A.M. TRIAL BY JURY (MED MAL #1)

Parties Present Return to Register of Actions

Electronically Filed 9/26/2019 11:26 AM Steven D. Grierson CLERK OF THE COURT

OBJ 1 KIMBALL JONES, ESQ. 2 Nevada Bar No.: 12982 JACOB G. LEAVITT, ESQ. 3 Nevada Bar No.: 12608 **BIGHORN LAW** 4 716 S. Jones Blvd. 5 Las Vegas, Nevada 89107 Phone: (702) 333-1111 6 Email: Kimball@BighornLaw.com Jacob@BighornLaw.com 7 8 GEORGE F. HAND, ESQ. Nevada Bar No.: 8483 9 HAND & SULLIVAN, LLC 3442 N. Buffalo Drive 10 Las Vegas, Nevada 89129 Phone: (702) 656-5814 11 Email: GHand@HandSullivan.com 12 Attorneys for Plaintiffs 13 DISTRICT COURT 14 CLARK COUNTY, NEVADA 15 TITINA FARRIS and PATRICK FARRIS, 16 A-16-739464-C CASE NO.: DEPT. NO.: XXXI Plaintiffs, 17 VS. 18 M.D.; LAPAROSCOPIC RIVES, BARRY 19 SURGERY OF NEVADA, LLC et al., 20 Defendants. 21 PLAINTIFFS' OBJECTION TO DEFENDANTS' FOURTH AND FIFTH SUPPLEMENT 22 TO NRCP 16.1 DISCLOSURE OF WITNESSES AND DOCUMENTS 23 COMES NOW Plaintiffs PATRICK FARRIS and TITINA FARRIS, by and through their 24 attorney of record, KIMBALL JONES, ESQ. and JACOB G. LEAVITT, ESQ., with the Law Offices 25 of BIGHORN LAW and GEORGE F. HAND, ESQ., with the Law Offices of HAND & SULLIVAN, 26 27 LLC, and hereby submits this Objection to Defendants' Fourth and Fifth Supplement to NRCP 16.1 28

Page 1 of 4

Disclosure of Witnesses and Documents.

28 | | / / /

Discovery in this matter closed on July 24, 2019. Yet, on September 12, 2019 and over forty-five (45) past the close of discovery, Defendants served their Fourth Supplement to NRCP 16.1 Disclosure of Witnesses and Documents. Within this disclosure, Defendants – for the first time – listed eighteen (18) new witnesses.

Further, on September 23, 2019, Defendants served their Fifth Supplement to NRCP 16.1 Disclosure of Witnesses and Documents, providing a supplemental report from their expert and additional medical articles, less than thirty (30) days before trial.

NRCP 37(c)(1) states, "(1) A party that without substantial justification fails to disclose information required by Rule 16.1, 16.2, or 26(e)(1), or to amend a prior response to discovery as required by Rule 26(e)(2), is not, unless such failure is harmless, permitted to use as evidence at a trial, at a hearing, or on a motion any witness or information not so disclosed. In addition to or in lieu of this sanction, the court, on motion and after affording an opportunity to be heard, may impose other appropriate sanctions. In addition to requiring payment of reasonable expenses, including attorney's fees, caused by the failure, these sanctions may include any of the actions authorized under Rule 37(b)(2)(A), (B), and (C) and may include informing the jury of the failure to make the disclosure."

The Ninth Circuit has analyzed the Federal Rule 37 enforcement provision--which mirrors NRCP 37--and noted that adopted in was intended as a "broadening of the sanctioning power," creating an "automatic sanction" and "provid[ing] a strong inducement for disclosure of material." *Yeti by Molly, Ltd. v. Deckers Outdoor Corp.*, 259 F.3d 1101, 1106 (9th Cir. 2001).

Clearly, Defendants knew of these eighteen (18) new witnesses well in advance of the close of discovery in this matter and for whatever reason failed to disclose them. Simply put—Defendants failed to disclose these witnesses as they were required to under NRCP 16.1.

Further, Defendants' deliberately provided their expert with articles to alter/add to his opinions after the close of discovery and had their expert provide supplemental opinions after Plaintiffs conducted his Deposition in this matter and disclosed such supplemental opinions, well past the thirty (30) days before trial.

Defendants' late disclosures now leave Plaintiffs with insufficient time to depose these new witnesses prior to Trial and to obtain a second deposition of their expert regarding these new opinions. These late disclosures are all the more egregious as Defendants knew of their existence and desire to produce, yet failed to timely disclose.

The harm to Plaintiffs' case in allowing these new witnesses and untimely supplemental expert report will greatly prejudice Plaintiffs' case. There is no opportunity to cure this harm. As such, the only course of action in this matter is that mandated by NRCP—these witnesses must not be allowed to testify and Defendants' supplemental expert report, and opinions therein, must be excluded. Frankly, they all must be Stricken. Based upon the mandatory guidance of NRCP and the harmful nature of the late disclosures, Defendants' untimely disclosures should be Stricken.

DATED this 26th day of September, 2019.

BIGHORN LAW

By: /s/Kimball Jones
KIMBALL JONES, ESQ.
Nevada Bar.: 12982
JACOB G. LEAVITT, ESQ.
Nevada Bar No.: 12608
716 S. Jones Blvd.
Las Vegas, Nevada 89107

GEORGE F. HAND, ESQ. Nevada Bar No.: 8483 HAND & SULLIVAN, LLC 3442 N. Buffalo Drive Las Vegas, Nevada 89129

Attorneys for Plaintiffs

CERTIFICATE OF SERVICE 1 2 Pursuant to NRCP 5, NEFCR 9 and EDCR 8.05, I hereby certify that I am an employee of 3 BIGHORN LAW, and on the 26th day of September, 2019, I served the foregoing PLAINTIFFS' 4 OBJECTION TO DEFENDANTS' FOURTH AND FIFTH SUPPLEMENT TO NRCP 16.1 5 **DISCLOSURE OF WITNESSES AND DOCUMENTS** as follows: 6 7 Electronic Service – By serving a copy thereof through the Court's electronic service system; and/or 8 U.S. Mail—By depositing a true copy thereof in the U.S. mail, first class postage 9 prepaid and addressed as listed below: 10 Kim Mandelbaum, Esq. MANDELBAUM ELLERTON & ASSOCIATES 11 2012 Hamilton Lane 12 Las Vegas, Nevada 89106 13 Thomas J. Doyle, Esq. 14 Chad C. Couchot, Esq. SCHUERING ZIMMERMAN & DOYLE, LLP 15 400 University Avenue Sacramento, California 95825 16 Attorneys for Defendants 17 18 /s/Erickson Finch An employee of BIGHORN LAW 19 20 21 22 23 24 25 26 27 28

Electronically Filed 9/26/2019 4:45 PM Steven D. Grierson CLERK OF THE COURT

1	[OBJ]	Stevent, Line	
2	THOMAS J. DOYLE Nevada Bar No. 1120		
3	AIMEE CLARK NEWBERRY Nevada Bar No. 11084		
4	SCHUERING ZIMMERMAN & DOYLE, LLP 400 University Avenue		
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6	Fax: 568-0400 Email: calendar@szs.com		
7	KIM MANDELBAUM		
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10	(702) 367-1234 Email: filing@memlaw.net		
11	Attorneys for Defendants BARRY		
12	RIVES, M.D. and LAPAROSCOPIC SURGERY OF NEVADA, LLC		
13	DISTRI	°T ∼∩≀IDT	
14	DISTRICT COURT		
15		UNTY, NEVADA	
16	TITINA FARRIS and PATRICK FARRIS,) CASE NO. A-16-739464-C) DEPT. NO. 31	
17	Plaintiffs,) DEFENDANTS BARRY RIVES, M.D.'S	
18	vs.) AND LAPAROSCOPIC SURGERY OF) NEVADA, LLC'S OBJECTION TO	
19	BARRY RIVES, M.D.; LAPAROSCOPIC SURGERY OF NEVADA, LLC, et al.,) PLAINTIFFS' INITIAL PRE-TRIAL) DISCLOSURES	
20	Defendants.		
21	*	_)	
22	Defendants BARRY J. RIVES, M.D., and LAPAROSCOPIC SURGERY OF NEVADA, LLC		
23	("Defendants") hereby object to plaintiffs' pretrial disclosures made on September 13,		
24	2019 as follows:		
25	///		
26	///		
l II	1		

I.

WITNESSES

A. Witnesses Plaintiffs Expect to Present at Trial:

- 26. Vickie Center Defendants object to the disclosure of this witness on the grounds it is untimely under NRCP 16.1 after the close of discovery, she does not possess relevant testimony and her testimony will unduly prejudice, waste time, confuse the issues and mislead the jury under NRS 48.035.
- 27. Mary Jayne Langan- Defendants object to the disclosure of this witness on the grounds it is untimely under NRCP 16.1 after the close of discovery, she does not possess relevant testimony and her testimony will unduly prejudice, waste time, confuse the issues and mislead the jury under NRS 48.035.

B. Witnesses Plaintiffs' Plan to Subpoena:

- 10. Vickie Center- Defendants object to the disclosure of this witness on the grounds it is untimely under NRCP 16.1 after the close of discovery, she does not possess relevant testimony and her testimony will unduly prejudice, waste time, confuse the issues and mislead the jury under NRS 48.035.
- 11. Mary Jayne Langan- Defendants object to the disclosure of this witness on the grounds it is untimely under NRCP 16.1 after the close of discovery, she does not possess relevant testimony and her testimony will unduly prejudice, waste time, confuse the issues and mislead the jury under NRS 48.035.

H.

EXHIBITS

A. Plaintiffs' Exhibits:

Defendants object to the following documents listed in Plaintiffs' pretrial disclosure:

2. Dr. Rives' Records- PLTF 008649-PLTF008697- Defendants object to these records on the grounds it contains a telephone note that is hearsay evidence and it lacks

foundation. Additionally, defendants object to the portion of these documents containing the telephone note under NRS 48.035.

- 5. Photographs of Titina Farris- PLTF008728-PLTF8742- Defendants object to these documents on the grounds the documents are cumulative, lack foundation and should be excluded under NRS 48.035.
- 6. Desert Valley Therapy Records and Billing- PLTF008743-PLTF8823-Defendants object to these documents on the grounds the documents lack foundation on the issue of whether Ms. Farris' past medical expenses were reasonable or necessarily incurred and should be excluded under NRS 48.035. If the bills are admitted, the bills should be limited to the amounts actually paid by Ms. Farris or her health insurer. Further objections are made on the grounds the records are hearsay and lack foundation.
- 7. Dr. Hamilton Records and Billing-PLTF008824-PLTF8907-Defendants object to these documents on the grounds the documents lack foundation on the issue of whether Ms. Farris' past medical expenses were reasonable or necessarily incurred and should be excluded under NRS 48.035. If the bills are admitted, the bills should be limited to the amounts actually paid by Ms. Farris or her health insurer. Further objections are made on the grounds the records are hearsay and lack foundation.
- 8. St. Rose Dominican- San Martin Campus Records and Billing-PLTF008908-PLTF9101- Defendants object to these documents on the grounds the documents lack foundation on the issue of whether Ms. Farris' past medical expenses were reasonable or necessarily incurred and should be excluded under NRS 48.035. If the bills are admitted, the bills should be limited to the amounts actually paid by Ms. Farris or her health insurer. Further objections are made on the grounds the records are hearsay and lack foundation.
- 9. St. Rose Dominican- Siena Campus Records and Billing-PLTF009102-PLTF9124- Defendants object to these documents on the grounds the

documents lack foundation on the issue of whether Ms. Farris' past medical expenses were reasonable or necessarily incurred and should be excluded under NRS 48.035. If the bills are admitted, the bills should be limited to the amounts actually paid by Ms. Farris or her health insurer. Further objections are made on the grounds the records are hearsay and lack foundation.

- 12. Videos of Titina Farris, Patrick Farris, Addison Durham, Lowell Pender and Sky Prince- NOT BATES STAMPED- Defendants object to these videos on the grounds the videos contain hearsay, improper lay opinions, are cumulative and should be excluded under NRS 48.035.
- 14. Dr. Steven Y. Chinn, M.D. Records and Billing- PLTF010150-PLTF010174-Defendants object to these documents on the grounds the documents lack foundation on the issue of whether Ms. Farris' past medical expenses were reasonable or necessarily incurred and should be excluded under NRS 48.035. If the bills are admitted, the bills should be limited to the amounts actually paid by Ms. Farris or her health insurer. Further objections are made on the grounds the records are hearsay and lack foundation.
- 15. CareMerdian Medical and Billing Records- PLTF010175-PLTF010174-Defendants object to these documents on the grounds the documents lack foundation on the issue of whether Ms. Farris' past medical expenses were reasonable or necessarily incurred and should be excluded under NRS 48.035. If the bills are admitted, the bills should be limited to the amounts actually paid by Ms. Farris or her health insurer. Further objections are made on the grounds the records are hearsay and lack foundation.
- 17. National Vital Statistics Reports United States Life Tables 2015-PLTF11457-PLTF11520- Defendants object to these documents on the ground the documents lack foundation.

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IV. 1 PLAINTIFFS' DEMONSTRATIVE EXHIBITS 2 Defendants reserve the right to object to any of the demonstrative exhibits listed in 3 Plaintiffs' pretrial disclosure upon Defendants opportunity to review the demonstratives 4 generically described in Plaintiffs' pretrial disclosures. 5 September 26, 2019 6 Dated: SCHUERING ZIMMERMAN & DOYLE, LLP 7 8 By <u>/s/ Aimee Clark Newberry</u> AIMEE CLARK NEWBERRY 9 Nevada Bar No. 11084 400 University Avenue 10 Sacramento, CA 95825-6502 (916) 567-0400 11 Attorneys for Defendants BARRY RIVES, M.D. and LAPAROSCOPIC SURGERY OF 12 NEVADA, LLC 13 14 15 16 17 18 19 20 21 22 23 24 25 26

1 **CERTIFICATE OF SERVICE** 2 Pursuant to NRCP 5(b), I certify that on the 26th day of September, 2019, service 3 of a true and correct copy of the foregoing: 4 DEFENDANTS BARRY RIVES, M.D.'S AND LAPAROSCOPIC SURGERY OF NEVADA. LLC'S OBJECTION TO PLAINTIFFS' INITIAL PRE-TRIAL DISCLOSURES 5 was served as indicated below: X served on all parties electronically pursuant to mandatory NEFCR 4(b): served on all parties electronically pursuant to mandatory NEFCR 4(b), exhibits to follow by U.S. Mail; 8 by depositing in the United States Mail, first-class postage prepaid, enclosed: 9 by facsimile transmission; or 10 by personal service as indicated. 11 **Attorney** Representing Phone/Fax/E-Mail 12 George F. Hand, Esq. **Plaintiffs** 702/656-5814 HAND & SULLIVAN, LLC Fax: 702/656-9820 13 3442 North Buffalo Drive hsadmin@handsullivan.com Las Vegas, NV 89129 14 **Plaintiffs** Kimball Jones, Esq. 702/333-1111 15 Kimball@BighornLaw.com Jacob G. Leavitt, Esq. **BIGHORN LAW** Jacob@BighornLaw.com 16 716 S. Jones Boulevard Las Vegas, NV 89107 17 18 19 /s/ Jodie Chalmers 20 an employee of Schuering Zimmerman & Doyle, LLP 21 1737-10881 22 23 24 25 26

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KIMBALL JONES, ESO. Nevada Bar No.: 12982 JACOB G. LEAVITT, ESQ.

Nevada Bar No.: 12608

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3442 N. Buffalo Drive Las Vegas, Nevada 89129 Phone: (702) 656-5814

Email: GHand@HandSullivan.com

Attorneys for Plaintiffs

DISTRICT COURT

APPROVED BY N

CLARK COUNTY, NEVADA

TITINA FARRIS and PATRICK FARRIS,

Plaintiffs,

CASE NO.:

A-16-739464-C

DEPT. NO.: XXXI

VS. 17

> BARRY RIVES. M.D.; LAPAROSCOPIC SURGERY OF NEVADA, LLC et al.,

> > Defendants.

20

HEARING DATE REQUESTED

21 22

PLAINTIFFS' MOTION TO STRIKE DEFENDANTS' FOURTH AND FIFTH SUPPLEMENT TO NRCP 16.1 DISCLOSURE OF WITNESSES AND DOCUMENTS ON **ORDER SHORTENING TIME**

23 24

COMES NOW Plaintiffs PATRICK FARRIS and TITINA FARRIS, by and through their

25

attorneys of record, KIMBALL JONES, ESQ. and JACOB G. LEAVITT, ESQ., with the Law Offices

26

of BIGHORN LAW and GEORGE F. HAND, ESQ., with the Law Offices of HAND &

27 28 SULLIVAN, LLC, and hereby submit this Motion to Strike Defendants' Fourth and Fifth Supplement

to NRCP 16.1 Disclosure of Witnesses and Documents on Order Shortening Time ("Motion").

Page 1 of 10

SEP 26'19 M10:11

This Motion is made and based upon all of the pleadings and papers on file herein and the attached Memorandum of Points and Authorities.

DATED this 25th day of September, 2019.

BIGHORN LAW

By: /s/ Kimball Jones

KIMBALL JONES, ESQ.

Nevada Bar.: 12982

JACOB G. LEAVITT, ESQ.

Nevada Bar No.: 12608

716 S. Jones Blvd.

Las Vegas, Nevada 89107

GEORGE F. HAND, ESQ. Nevada Bar No.: 8483 HAND & SULLIVAN, LLC 3442 N. Buffalo Drive Las Vegas, Nevada 89129

Attorneys for Plaintiffs

Page 2 of 10

1 **NOTICE OF HEARING** 2 All INTERESTED PARTIES, AND THEIR ATTORNEYS OF RECORD 3 It appearing to the satisfaction of the Court, and good cause appearing therefore, IT IS 4 HEREBY ORDERED that the foregoing MOTION shall be heard on the 5 2019, at the hour of in the above-noted Courtroom. 6 DATED this 2 day of 7 JOANNA S. KISHNER 8 9 Respectfully submitted by: 10 11 **BIGHORN LAW** 12 Motion must be filed/served by By: /s/ Kimball Jones KIMBALL JONES, ESQ. 13 Opposition must be filed/served by: Nevada Bar.: 12982 JACOB G. LEAVITT, ESQ. 14 Reply must be filed/served by: Nevada Bar No.: 12608 15 716 S. Jones Blvd. Please provide courtesy copies to Chambers upon filing. Las Vegas, Nevada 89107 16 GEORGE F. HAND, ESQ. 17 Nevada Bar No.: 8483 18 HAND & SULLIVAN, LLC 3442 N. Buffalo Drive 19 Las Vegas, Nevada 89129 20 Attorneys for Plaintiffs 21 22 23 24 25 26 27 28

MEMORANDUM OF POINTS AND AUTHORITIES

I. STATEMENT OF RELEVANT FACTS

Plaintiff Titina Farris was a patient of Defendant Rives. Rives, while performing surgery on Plaintiff, negligently cut her colon in three places, though he only identified two holes during surgery. Thereafter, Rives failed to adequately repair the colon and/or sanitize the abdominal cavity. With feces actively in her abdomen, Plaintiff predictably went into septic shock and was transferred to the ICU. Nevertheless, Rives still failed to recommend any surgery to repair the punctured colon until he was ultimately removed from the case thirteen (13) days later. Unfortunately, the consequences of Rives' negligence caused Plaintiff's organs to begin shutting down and her extremities to suffer permanent impairment. Ultimately, Plaintiff developed critical care neuropathy, destroying all nerve function in her lower legs and feet, commonly referred to as bilateral drop foot.

Discovery in this matter closed on July 24, 2019. Yet, on September 12, 2019 and over forty-five (45) past the close of discovery, Defendants served their Fourth Supplement to NRCP 16.1 Disclosure of Witnesses and Documents. Within this disclosure, Defendants – for the first time – listed eighteen (18) new witnesses. See Exhibit "1."

Further, on September 23, 2019, Defendants served their Fifth Supplement to NRCP 16.1 Disclosure of Witnesses and Documents, providing a supplemental report from their expert and additional medical articles, less than thirty (30) days before trial. See Exhibit "2."

Defendants have offered no rationale for their failure to list these eighteen (18) new witnesses, prior to the close of discovery, or in failing to provide their expert's supplemental report at least thirty (30) days before trial, other than to now ambush Plaintiffs. As such, these untimely disclosed witnesses and untimely produced supplemental expert report and additional articles, are properly Stricken and Excluded from Trial.

Page 5 of 10

II. LEGAL ARGUMENT AND ANALYSIS

A. Legal Authority.

NRCP 37(c)(1) states, "(1) A party that without substantial justification fails to disclose information required by Rule 16.1, 16.2, or 26(e)(1), or to amend a prior response to discovery as required by Rule 26(e)(2), is not, unless such failure is harmless, permitted to use as evidence at a trial, at a hearing, or on a motion any witness or information not so disclosed. In addition to or in lieu of this sanction, the court, on motion and after affording an opportunity to be heard, may impose other appropriate sanctions. In addition to requiring payment of reasonable expenses, including attorney's fees, caused by the failure, these sanctions may include any of the actions authorized under Rule 37(b)(2)(A), (B), and (C) and may include informing the jury of the failure to make the disclosure."

The Ninth Circuit has analyzed the Federal Rule 37 enforcement provision--which mirrors NRCP 37--and noted that adopted in was intended as a "broadening of the sanctioning power," creating an "automatic sanction" and "provid[ing] a strong inducement for disclosure of material." *Yeti by Molly, Ltd. v. Deckers Outdoor Corp.*, 259 F.3d 1101, 1106 (9th Cir. 2001).

As noted above, discovery closed in this matter on July 24, 2019. Yet, on September 12, 2019 and over forty-five (45) past the close of discovery, Defendants untimely disclosed eighteen (18) new witnesses in their Fourth Supplement to NRCP 16.1 Disclosure of Witnesses and Documents. See Exhibit 1.

Clearly, Defendants knew of these witnesses well in advance of the close of discovery in this matter and for whatever reason failed to disclose them. Simply put—Defendants failed to disclose these witnesses as they were required to under NRCP 16.1.

Further, Defendants' deliberately provided their expert with articles to alter/add to his opinions after the close of discovery and had their expert provide supplemental opinions after Plaintiffs

conducted his Deposition in this matter and disclosed such supplemental opinions, well past the thirty (30) days before trial.

Defendants' late disclosures now leave Plaintiffs with insufficient time to depose these new witnesses prior to Trial and to obtain a second deposition of their expert regarding these new opinions.

These late disclosures are all the more egregious as Defendants knew of their existence and desire to produce, yet failed to timely disclose.

As noted above, NRCP 37 forbids the use of this late-disclosed evidence unless the failure to disclose is "harmless." In assessing whether the late disclosure was substantially justified or harmless, courts look to five (5) factors: (1) the surprise to the party against whom the evidence would be offered; (2) the ability of that party to cure the surprise; (3) the extent to which allowing the evidence would disrupt the trial; (4) the importance of the evidence; and (5) the non-disclosing party's explanation for its failure to disclose the evidence. *Dey L.P.v. Ivas Pharms., Inc.*, 233 F.R.D. 567, 571 (C.D. Cal. 2005) (citing to *Southern States Rack & Fixture, Inc. v. SherwinWilliams Co.*, 318 F.3d 592 (4th Cir. 2003)).

<u>Surprise to Party</u>: Obviously, the disclosure of these new witnesses, after the close of discovery, leaves Plaintiffs fundamentally unable to prepare for their testimony at Trial. Likewise, do disclosing new expert opinions less than thirty (30) days before trial. Plaintiff simply has no way to curb this prejudice due to Defendants' tactical decision to sit on these witnesses and supplemental expert report and then ambush Plaintiffs at this late juncture.

Ability to Cure Surprise: As noted above, Plaintiffs has no recourse in this late date to prepare for the Trial testimony of these late disclosed witnesses or of their expert's new opinions.

<u>Disruption of Trial</u>: Trial is less than thirty (30) days away. There is simply insufficient time to depose these late disclosed witnesses or for a second deposition of their expert. Any utility in the testimony of these witnesses at Trial is substantially outweighed by the prejudice they will lend to the proceedings.

Importance of Evidence: Defendants must not have thought highly of these witnesses, as they failed to disclose any of them, prior to the close of discovery. Likewise, the new opinions from their expert must not be critical to their case either. Any probative value, which is seemingly low based upon Defendants' failure to timely disclose, would obviously be overshadowed by the prejudicial effect of Plaintiffs being unable to perform proper discovery.

<u>Defendants' Explanation</u>: Defendants has not yet proffered an explanation for their failure to disclose these late witnesses or the late supplemental expert report. However, Plaintiffs believe that there can be no explanation which would satisfactorily explain their failure to disclose for such an extended period of time.

All five (5) of the factors used by the Court to analyze if a failure to disclose fall in favor of Plaintiffs. The harm to Plaintiffs' case in allowing these new witnesses and untimely supplemental expert report will greatly prejudice Plaintiffs' case. There is no opportunity to cure this harm. As such, the only course of action for this Court in this matter is that mandated by NRCP—these witnesses must not be allowed to testify and Defendants' supplemental expert report, and opinions therein, must be excluded. Frankly, they all must be Stricken. Based upon the mandatory guidance of NRCP and the harmful nature of the late disclosures, Plaintiffs respectfully requests that the Court GRANT their Motion and Strike Defendants' untimely disclosures.

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III. <u>CONCLUSION</u>

For the foregoing reasons, Plaintiffs respectfully requests that this Court GRANT Plaintiffs' Motion to Strike Defendants' Fourth and Fifth Supplement to NRCP 16.1 Disclosure of Witnesses and Documents on Order Shortening Time.

DATED this 25th day of September, 2019.

BIGHORN LAW

By: /s/Kimball Jones
KIMBALL JONES, ESQ.
Nevada Bar.: 12982
JACOB G. LEAVITT, ESQ.
Nevada Bar No.: 12608
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Attorneys for Plaintiffs

Page 9 of 10

1 **CERTIFICATE OF SERVICE** 2 Pursuant to NRCP 5, NEFCR 9 and EDCR 8.05, I hereby certify that I am an employee of 3 BIGHORN LAW, and on the ____ day of September, 2019, I served the foregoing PLAINTIFFS' 4 MOTION TO STRIKE DEFENDANTS' FOURTH AND FIFTH SUPPLEMENT TO NRCP 16.1 5 DISCLOSURE OF WITNESSES AND DOCUMENTS ON ORDER SHORTENING TIME as 6 follows: 7 8 Electronic Service - By serving a copy thereof through the Court's electronic service system; and/or U.S. Mail—By depositing a true copy thereof in the U.S. mail, first class postage 10 prepaid and addressed as listed below: 11 Kim Mandelbaum, Esq. 12 MANDELBAUM ELLERTON & ASSOCIATES 2012 Hamilton Lane 13 Las Vegas, Nevada 89106 14 Thomas J. Doyle, Esq. 15 Chad C. Couchot, Esq. SCHUERING ZIMMERMAN & DOYLE, LLP 16 400 University Avenue 17 Sacramento, California 95825 Attorneys for Defendants 18 19 An employee of BIGHORN LAW 20 21 22 23 24 25 26 27 28

Page 10 of 10

EXHIBIT "1"

1	[DDW] THOMAS J. DOYLE			
2	Nevada Bar No. 1120 CHAD C. COUCHOT			
3	Nevada Bar No. 12946 SCHUERING ZIMMERMAN & DOYLE, LLP			
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7	KIM MANDELBAUM			
8	Nevada Bar No. 318 MANDELBAUM ELLERTON & ASSOCIATES			
9	2012 Hamilton Lane Las Vegas, Nevada 89106			
10	(702) 367-1234 Email: filing@memlaw.net			
11	Attorneys for Defendants BARRY RIVES, M.D.; LAPAROSCOPIC SURGERY OF NEVADA, LLC			
12	,			
13	DISTRICT COURT			
14	CLARK COUNTY, NEVADA			
15	TITINA FARRIS and PATRICK FARRIS,) CASE NO. A-16-739464-C) DEPT. NO. 31			
16	Plaintiffs,) DEFENDANTS BARRY RIVES, M.D.'S			
17	vs.) AND LAPAROSCOPIC SURGERY OF) NEVADA, LLC'S FOURTH SUPPLEMENT			
18	BARRY RIVES, M.D.; LAPAROSCOPIC) TO NRCP 16.1 DISCLOSURE OF SURGERY OF NEVADA, LLC, et al.,) WITNESSES AND DOCUMENTS			
19) Defendants.			
20)			
21				
22	Under the authority of Rule 16.1(a)(1) of the Nevada Rules of Civil Procedure,			
23	Defendants BARRY RIVES, M.D. and LAPAROSCOPIC SURGERY OF NEVADA, LLC hereby			
24	submits this fourth supplemental list of witnesses and documents as follows (the new			
25	information ls in bold):			
26	///			

-1-

1	A.	LIST	OF WITNESSES
2		1.	Titina Farris c/o George F. Hand, Esq.
3			HAND & SULLIVAN, LLC 3442 North Buffalo Drive
4			Las Vegas, NV 89129
5		Ms. F	Farris is expected to testify regarding the facts and circumstances giving rise
6	to thi	s actio	on.
7		2.	Patrick Farris
8			c/o George F. Hand, Esq. HAND & SULLIVAN, LLC
9			3442 North Buffalo Drive Las Vegas, NV 89129
0		Mr. F	arris is expected to testify regarding the facts and circumstances giving rise
1	to thi	s actio	n.
2		3.	Barry Rives, M.D.
3			c/o Thomas J. Doyle Schuering Zimmerman & Doyle, LLP
4			400 University Avenue Sacramento, CA 95825
5		Dr. R	ives is expected to testify regarding the facts and circumstances surrounding
6	this n	natter,	including his care and treatment of Plaintiff Titina Farris.
7		4.	Person Most Knowledgeable
18			Laparoscopic Surgery of Nevada c/o Schuermg Zimmerman & Doyle, LLP
9			400 University Avenue Sacramento, California 95825-6502
20		Pers	on Most Knowledgeable for Laparoscopic Surgery of Nevada is expected to
21	testify regarding the facts and circumstances of the claims alleged in the Complaint and		
22	allege	ed dan	nages.
23		5.	Person Most Knowledgeable
24			St. Rose Dominican - San Martin Campus 8280 West Warm Springs Road
25			Las Vegas, Nevada 89113
26		Pers	on Most Knowledgeable for St. Rose Dominican - San Martin Campus is

	<u> </u>				
1	expected to testify regarding his/her examination, treatment, diagnosis and overall health				
2	conditions of Plaintiff.				
3	6. Bess Chang, M.D.				
4	8530 W. Sunset Road Las Vegas, NV 89113				
5	Dr. Chang is expected to testify regarding his examination, treatment, diagnosis				
6	and overall health conditions of Plaintiff.				
7	7. Elizabeth Hamilton, M.D. 10001 Eastern Avenue, Ste. #200				
8	Henderson, NV 89052				
9	Dr. Hamilton is expected to testify regarding her examination, treatment, diagnosis				
10	and overall health conditions of Plaintiff.				
11	8. Naomi Chaney, M.D. 5380 South Rainbow Blvd.				
12	Las Vegas, NV 89118				
13	Dr. Chaney is expected to testify regarding her examination, treatment, diagnosis				
14	and overall health conditions of Plaintiff.				
15	9. Person Most Knowledgeable Desert Valley Therapy				
16	6830 W. Oquendo, #101 Las Vegas, NV 89119				
17	Las vegas, IV 05115				
18	Person Most Knowledgeable for Desert Valley Therapy is expected to testify				
19	regarding his/her examination, treatment, diagnosis and overall health conditions of				
20	Plaintiff.				
21	10. Person Most Knowledgeable Steinberg Diagnostic Medical Imaging Centers				
22	9070 W. Post Road Las Vegas, NV 89148				
23	- 2.00 Y C5.00, 11Y CD 1 10				
24	Person Most Knowledgeable for Steinberg Diagnostic Medical Imaging Centers is				
25	expected to testify regarding his/her examination, treatment, diagnosis and overall health				
26	conditions of Plaintiff.				

1	11.	Lowell Pender (Son of Titina Farris)
2		3620 Mountain River Street Las Vegas, NV 89129
3		200 VOB00, 11 V 00 1-1
4	Lowe	ell Pender, is expected to testify regarding the facts and circumstances of the
5	claims alleg	ed in the Complaint and alleged damages.
6	12.	Addison Durham (Brother of Titina Farris
7		40 Montessori
8		Las Vegas, NV 89117
9	Addis	on Durham is expected to testify regarding the facts and circumstances of the
10	claims alleg	ed in the Complaint and alleged damages.
11	13.	Sky Prince (Daughter of Titina Farris)
12		6450 Crystal Dew Drive
13		Las Vegas, NV 89118
14	Addis	on Durham is expected to testify regarding the facts and circumstances of the
15	claims alleg	ed in the Complaint and alleged damages.
16	14.	Steven Y. Chinn, M.D. 6950 W. Desert Inn Rd., #110
17		Las Vegas, NV 89117
18	Dr. Ch	ninn is expected to testify regarding his examination, treatment, diagnosis and
19	overall healt	th conditions of Plaintiff.
20	15.	Person Most Knowledgeable Care Meridian
21		3391 N. Buffalo Drive Las Vegas, NV 89129
22		Las vegas, IV 65125
23	Perso	on Most Knowledgeable for Care Meridian is expected to testify regarding
24	his/her exan	nination, treatment, diagnosis and overall health conditions of Plaintiff.
25	16.	Gregg Ripplinger M.D. 10001 S Eastern Ave #201
26		Henderson, NV 89052 (702) 914-2420

1	Dr. Ripplinger is expected to testify about the care, and treatment, and				
2	diagnosis of Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.				
3	17. Thomas Gebhard, M.D.				
4	2400 S Cimarron Rd Ste 100 Las Vegas, NV 89117				
5	(702) 477-0772				
6	Dr. Gebhard is expected to testify about the care, and treatment, and diagnosis of				
7	Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.				
8	18. Matthew Treinen D.O.				
9	5495 S Rainbow Blvd Ste 203 Las Vegas , NV 89118 (702) 477-0772				
10	(102) 411-0112				
11	Dr. Treinen is expected to testify about the care, and treatment, and diagnosis				
12	of Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.				
13	19. Ravishankar Konchada M.D. 5495 S Rainbow Blvd, Suite 101				
14	Las Vegas, NV, 89118 (702) 477-0772				
15					
16	Dr. Konchada is expected to testify about the care, and treatment, and				
17	diagnosis of Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.				
18	20. Tanveer Akbar M.D. 520 Fremont Street				
19	Las Vegas, NV 89101 (702) 382-5200				
20					
21	Dr. Akbar is expected to testify about the care, and treatment, and diagnosis				
22	of Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.				
23	21. Kenneth Mooney M.D. 10001 S Eastern Avenue, Suite 203				
24	Henderson, NV 89052 (702) 616-5915				
5					
6	Dr. Mooney is expected to testify about the care, and treatment, and diagnosis				

1	of Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.
2 3	22. Alka Rebentish M.D. 6088 S Durango Drive 100 Las Vegas, NV 89113
4	(702) 380-4242
5	Dr. Rebentish is expected to testify about the care, and treatment, and
6	diagnosis of Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.
7	23. Arvin Gupta M.D. 6970 W Patrick Lane, Suite 140
8	Las Vegas, NV 89113 (702) 588-7077
9 0	Dr. Gupta is expected to testify about the care, and treatment, and diagnosis
1	of Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.
2	24. Ali Nauroz M.D. 657 N Town Center Drive
3	Las Vegas, NV 89144 (702) 233-7000
4	
5	Dr. Nauroz is expected to testify about the care, and treatment, and diagnosis
6	of Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.
7	25. Syed Zaidi M.D. 9280 W Sunset Road, Suite 320
8 9	Las Vegas, NV 89148 (702) 534-5464
20	Dr. Zaidi is expected to testify about the care, and treatment, and diagnosis
1	of Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.
22	26. Ashraf Osman M.D.
23	5380 S Rainbow Blvd, Suite 110 Las Vegas, NV 89118 (725) 333-8465
24	(180) 000 0 100
5	Dr. Osman is expected to testify about the care, and treatment, and diagnosis
26	of Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.

1	27. Charles McPherson M.D.
· 2	3121 Maryland Pkwy #502 Las Vegas, NV 89109 (208) 415-5795
3	(200) 413-3193
4	Dr. McPherson is expected to testify about the care, and treatment, and
5	diagnosis of Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.
6	28. Teena Tandon M.D. 6970 W Patrick Lane, Suite 140
7 8	Las Vegas, NV 89113 (702) 588-7077
	Du Tondou is supported to tout if you have the same of
9	Dr. Tandon is expected to testify about the care, and treatment, and diagnosis
10	of Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.
11	29. Farooq Shaikh M.D. 3880 S Jones Blvd
12	Las Vegas, NV 89103 (702) 636-6390
13	(0.22) 0.00 0.000
14	Dr. Shaikh is expected to testify about the care, and treatment, and diagnosis
15	of Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.
16	30. Howard Broder M.D. 2865 Siena Heights Drive, Suite 331
17	Henderson, NV 89052 (702) 407-0110
18	(102) 401-0110
19	Dr. Broder is expected to testify about the care, and treatment, and diagnosis
20	of Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.
21	31. Doreen Kibby PAC 2865 Siena Heights Drive, Suite 331
22	Henderson, NV 89052
23	(702) 407- 0110
24	Dr. Kibby is expected to testify about the care, and treatment, and diagnosis
25	of Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.
26	

1	32.	Herbert Cordero-Yordan M.D. 2300 Corporate Circle, # 100			
2		Henderson, NV 89074			
3		(702) 731-8224			
4	Dr. Cordero-Yordan is expected to testify about the care, and treatment, and				
5	diagnosis o	of Mrs. Farris at St. Rose Dominican Hospital - San Martin Campus.			
6	33.	Darren Wheeler, M.D.			
7		4230 Burnham Avenue Las Vegas, NV 89119			
8		(702) 733-7866			
9	Dr. W	heeler is expected to testify about the care, and treatment, and diagnosis			
lo	of Mrs. Far	ris at St. Rose Dominican Hospital - San Martin Campus.			
1	B. DOC	UMENTS			
12	1.	Medical and billing records from Laparoscopic Surgery of Nevada			
13	(BR000001-	BR000049).			
14	2.	Medical records from St. Rose Dominican Hospital (previously produced by			
15	plaintiffs.)				
16	3.	Medical records from Dr. Barry Rives (previously produced by plaintiffs.)			
17	4.	Medical records from Dr. Noami Change (previously produced by plaintiffs.)			
18	5.	Medical records from Dr. Elizabeth Hamilton (previously produced by			
19	plaintiffs.)				
20	6.	Photographs of plaintiff Titina Farris (previously produced by plaintiffs.)			
21	7.	Medical and billing records from Desert Valley Therapy (previously produced			
22	by plaintiffs.)			
23	8.	Medical and billing records from Dr. Hamilton (previously produced by			
24	plaintiffs.)				
25	9.	Medical and billing records from St. Rose Dominican Hospital - San Martin			
26	Campus for	July 2015 admission (previously produced by plaintiffs.)			

1	10. Medical and billing records from St. Rose Dominican Hospital - San Marti					
2	Campus for July 2016 admission (previously produced by plaintiffs.)					
3	11. Medical records from Dr. Chaney (previously produced by plaintiffs.)					
4	12.	12. Billing records from Dr. Chaney (previously produced by plaintiffs.)				
5	13.	Medical and billing records from Advanced Orthopedics & Sports Medicine				
6	(previously	produced by plaintiffs.)				
7	14.	Diagnostic films taken at St. Rose Dominican Hospital (previously produced				
8	by plaintiffs	.)				
9	15.	Video of Titina Farris taken by Lowell Pender on April 15, 2015 (previously				
10	produced b	y plaintiffs.)				
11	16.	Videos of Titina Farris, Patrick Farris, Addision Durham, Lowell Pender and				
12	Sky Prince (previously produced by plaintiffs.)				
13	17.	Marriage certificate (previously produced by plaintiffs.)				
14	18.	Medicai and billing records from Dr. Steven Y. Chinn (previously produced				
15	by plaintiffs.)				
16	19.	Medical and billing records from Care Meridian (previously produced by				
17	plaintiffs.)					
8	20.	Billing records from St. Rose Dominican Hospital - Siena Campus (BR-				
19	SRDSB00000	01-BR-SRDSB000015);				
20	21.	Medical and billing records from Dr. Elizabeth Hamilton (BR-				
21	HAMILTON	00001-BR-HAMILTON000073);				
22	22.	Records of Bess Chang, M.D. (CHANG000001-CHANG000008) (CD will be				
3	mailed);					
4	23.	Advanced Orthopedics & Sports Medicine (AOSM000001-AOSM000029) (CD				
5	will be maile	ed);				
6	24.	Certificate of no imaging from Dr. Chang (CHANG-CNR-IMAGING000001-				

1	CHANG-CNR-IMAGING000002);					
2	25. Medical records from Southern Nevada Pain Center (SNPC000001-					
3	SNPC000051) (CD will be mailed);					
4	26. Medical records from Internal Medicine of Spring Valley (IMSV000001-					
5	IMSV000888) (CD will be mailed);					
6	27. Medical records from Care Meridian (CM000001-CM000299) (CD will be					
7	mailed);					
8	28. Certificate of no imaging from Dr. Hamilton (HAMILTON-CNR-					
9	IMAGING000001-HAMILTON-CNR-IMAGING000002) (CD will be mailed);					
10	29. Medical records from ATI Physical Therapy (ATI000001-ATI000081) (CD will					
11	be mailed);					
12	30. Medical records from St. Rose Dominican Hospital - Siena Campus (BR-					
13	SRDSM000001-BR-SRDSM000927) (CD will be mailed);					
14	31. Certificate of no imaging from St. Rose Dominican Hospital - Siena Campus					
15	(BR-SRDM-CNR-IMAGING000001-BR-SRDM-CNR-IMAGING000002) (CD will be mailed);					
16	32. Dr. Bart Carter's expert report (previously produced);					
17	33. Dr. Brian Juell's expert report (previously produced);					
18	34. Dr. Carter's rebuttal expert report (previously produced);					
19	35. Dr. Juell's rebuttal expert report (previously produced);					
20	36. Dr. Lance Stone's rebuttal expert report (previously produced);					
21	37. Sarah Larsen's rebuttal expert report (previously produced);					
22	38. Dr. Bruce Adornato's rebuttal expert report (previously produced);					
23	39. Dr. Kim Erlich's rebuttal expert report (previously produced);					
24	40. Dr. Scott Kush's rebuttal expert report (previously produced);					
25	41. Erik Volk's rebuttal expert report (previously produced);					
26	42. Dr. Erlich's supplemental expert report;					

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43. Dr. Juell's supplemental expert report.

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Dated:

supplements by reference.

September 12, 2019

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SCHUERING ZIMMERMAN & DOYLE, LLP

By

Defendants reserve the right to supplement this list of documents as discovery

continues and to submit any exhibit of any other party. Said Defendants further reserve

the right to amend this list of witnesses, documents and tangible items should, during the

course of the discovery of this matter, additional witnesses and documentation become

known to defendants or defendants' counsel. Defendants hereby incorporate all

documents produced by the parties in their Early Case Conference Disclosures and

CHAD C. COUCHOT Nevada Bar No. 12946 400 University Avenue Sacramento, CA 95825-6502 (916) 567-0400

Attorneys for Defendants BARRY RIVES, M.D.; LAPAROSCOPIC SURGERY OF NEVADA, LLC

-11-

Alvaro H. Devio, M.D., F.A.C.S. Certified American Board of Surgery

Brian E. Juell, M.D., F.A.C.S. Certified American Board of Surgery and Surgical Critical Care



Premiere Surgical Specialists

General, Vascular, Trauma & Laparoscopic Surgery

Jomes C. Nunley, M.D., F.R.C.S. Certified American Board of Surgery

Thomas E. Rembetski, M.D. Certified American Board of General and Vascular Surgery

September 9, 2019

To Whom it May Concern:

I was asked to provide a supplemental report explaining details brought up in my deposition in the Ferris case.

Sepsis and Systemic Inflammatory Response Syndrome (SIRS):

Sepsis commonly refers to a patients metabolic and physiologic response to an underlying infection. Sepsis can occur with and without bacteremia where live bacterial organisms can be present and cultured from a patient's blood. In cases of sepsis when bacteria are not present in the blood, bacterial toxins may activate the patient's inflammatory response. The activation of the inflammatory response is the body's defense mechanism to the infection. The inflammatory response may escalate and become over amplified leading to a dysfunctional and dysregulated state which can lead to shock and ultimately tissue and organ injury. This injury chiefly occurs in the micro vascular circulation leading to cellular injury and cell death. Evidence of organ dysfunction is systemic resulting in acute lung, kidney, cardiac, gut, and brain injury. Unless the process is reversed this disorder can progress to multi-system organ failure and death.

In my deposition I referred to Systemic Inflammatory Response Syndrome (SIRS) or Septic Syndrome. The signs of SIRS include:

Temperature >38 degrees C(fever) or less than 36 degrees C (hypothermia)
Heart rate > 90 beats/ minute
Respiratory Rate > 20 breathes/ minute (tachypnea)
White blood cell count > 12,000 or < 4,000 or more than 10% bands (immature WBC)

Sepsis is a specific form of SIRS in which the inflammatory cascade is initiated by infection. This inflammatory cascade pathway can be initiated identically without infection as a cause. SIRS can be initiated by multiple traumatic injury, hemorrhagic shock, pancreatitis, tissue ischemia, tissue injury including crush injury, immune-mediated organ injury, and as in Ms. Ferris's case pulmonary aspiration syndrome. Sepsis and SIRS look the same clinically.

Testimony regarding my interpretation of serial radiologic studies:

in preparation for the deposition, I had received and reviewed the serial CT and chest radiographs obtained on Ms. Ferris prior to her return to the operating room for the colon anastomotic failure surgery. Briefly these are my findings and interpretations:

Ms. Ferris developed rapid onset respiratory failure and SIRS after the initial surgery. Her chest X-ray demonstrated evidence of likely pulmonary aspiration with a right upper lobe infiltrate. A CT angiogram



6554 South McCarran Baulevard, Suite B • Reno, Nevada 89509 Phone (775) 324-0288 • Fax (775) 323-5504 performed at that time was negative for pulmonary embolism or blood clots in the lung blood vessels. I found evidence on that scan of early pneumonia likely due to pulmonary aspiration which included consolidation and airway changes in both the upper and lower lung lobes not specifically reported by the radiologist. The subsequent two CT scans demonstrated progressive and severe consolidation and pneumonia development particularly in the right lung. The right lung is almost completely collapsed and consolidated on the scan performed on the day prior to her return to surgery. This scan was the first scan diagnostic of the colon anastomotic failure. The progressive pneumonia was in my medical opinion the more likely explanation for the clinical findings of SIRS prior to her second abrupt deterioration immediately antecedent to her second surgery.

Ms. Ferris's initial operation for repair of her recurrent incisional hernia involved reduction of the protruded abdominal contents back into the confines of the abdomen and bridging mesh tacked in place to cover the gap in the abdominal wall. This left a space superficial to the mesh. This space filled with fluid that came very close to the overlying skin. This fluid communicated through and around the mesh prosthesis with the abdominal cavity below the mesh. This fluid collection persisted up to the time of the second surgery. The colon section that was repaired was immediately adjacent to the mesh and the fluid collection. Had the failure of the colon repair occurred earlier in the clinical course or had Ms. Ferris had progressive fecal peritonitis resulting from the colon injury the fluid above the repair would have abscessed which would have led to obvious signs of infection manifesting on the abdominal wall tissues covering the fluid collection. The lack of redness, swelling, blistering and other changes on physical exams by multiple physicians and surgeons over the 10 days prior to the colonic leak surgery is a strong argument against that advocated by the plaintiffs.

Sincoroly

Brian E. Juell MD FACS

1		CERTIFICATE OF SERVICE					
2		D			iay of September, 2019,		
					lay of September, 2019,		
3	servi	rice of a true and correct		•			
4	NEV	'ADA, LLC'S FOURTH SU	UPPLEMENT TO N	ND LAPARU NRCP 16.1 D	OSCOPIC SURGERY OF DISCLOSURE OF		
5	WIT	NESSES AND DOCUMES was served as indicat	ENTS ited below:				
6		served on all parties e	electronically purs				
7	X	served on all parties e to follow by U.S. Mail;	electronically pur	suant to man	ndatory NEFCR 4(b), exhibits		
8		,	•	firet_class D	ostage prepaid, enclosed ;		
9		by facsimile transmiss		, ilist-ciass p.	оѕтаде ргераіц, епсіозец ,		
10		by personal service as	•				
11							
12]]	omey	Representing		Phone/Fax/E-Mail		
13	HAN	orge F. Hand, Esq. ND & SULLIVAN, LLC	Plaintiff		702/656-5814 Fax: 702/656-9820		
14		2 North Buffalo Drive Vegas, NV 89129			hsadmin@handsullivan.co m		
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