## 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.

Case NElegervnically Filed Oct 132020 11:30 a.m. Elizabeth A. Brown Clerk of Supreme Court

## APPELLANTS' APPENDIX

## VOLUME 11

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ATTORNEYS FOR APPELLANTS

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DISTRICT COURT
CLARK COUNTY, NEVADA
TITINA FARRIS and PATRICK FARRIS,
Plaintiffs,
vs.
CASE NO. A-16-739464-C
DEPT. NO. 31

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

Defendants.

Defendants BARRY RIVES, M.D. and LAPAROSCOPIC SURGERY OF NEVADA, LLC hereby submit the following offer of proof:

If Dr. Brian Juell's testimony had not been limited, he would have testified: the LigaSure device did not cause the two holes found and repaired by Dr. Barry Rives; how the device works; the steps necessary to create a hole (full thickness injury) -have to
place jaws across the bowel itself and cauterize/burn, or cut with a blade or both; a hole would have been obvious to Dr. Rives; it would not have been possible to close the holes with staples; and Dr. Rives would have had to perform an open procedure, colectomy and colostomy. The reports and depositions are attached as exhibits A, B and C, respectively.

Dated: $\quad$ November 1,2019

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## CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that on the $1^{\text {ST }}$ day of November, 2019, service of a true and correct copy of the foregoing:

OFFER OF PROOF RE BRIAN JUELL, M.D.
was served as indicated below:
$\boxtimes$ served on all parties electronically pursuant to mandatory NEFCR 4(b);
$\square \quad$ served on all parties electronically pursuant to mandatory NEFCR 4(b), exhibits to follow by U.S. Mail;

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## EXHIBIT A

# Premiere §urgical §peciatists 

General, Vascular, Trauma E Laparoscopic Surgery

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 Mis. 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

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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 acido"sis 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 conciudes that Dr Rives fell below the standard of care on 4 counts:

1. 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 fallure.
2. Failure to adequațely 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


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American Board
of Surgery

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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 $\mathrm{C}($ 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

performed at that time was negative for pulmonary embolism or blood clots in the lung blood vessels. 1 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.




December 16th, 2018.
Exhibit 4 is Dr. Juell's CV.
Exhibit 5 is the July 3rd '15 operative
report by Dr. Rives.
Exhibit 6 is the operative report dated
July 16th, '15, by Dr. Elizabeth Hamilton.
Exhibit 7 is the consultation by Dr. Farooq
Shaikh dated July 4th, 2015.
Exhibit 8 is discharge summary dated August 15th, '15, by Dr. Mojica.

Exhibit 9 is a consultation dated July 9th
by Dr. Ripplinger.
Exhibit 10 is a rebuttal report of expert Michael Hurwitz.

Exhibit 11 is a rebuttal report of expert Alan Stein.

Dr. Juell, I'm going to show you the notice of deposition.

Have you seen that before?
A Yes.
Q Have you brought those documents with you that were requested?

A No. The only document that I did bring this morning is the CD of the x-rays on the Plaintiff from St. Rose Dominican.

I was unable to find my notes or records in printed form. I do have the records on an e-mail that was recently transmitted to me from Mr. Couchot's secretary, which I did review in preparation.

I may still have the records. I just was unable to locate them. I have been involved in looking at several cases over the last two years, some of which settled, and those records were destroyed.

So I don't know if they were inadvertently destroyed, but this is the only thing that I was able to bring this morning.

I did meet with Mr. Doyle prior to the swearing in this morning, and he did provide me with some printed copies of some of the pertinent testimony in my reports, which I do have with me this morning.

Q Do you have any billing records as to what you've charged so far --

A I don't have those.
Q -- for your time?
A I asked Mr. Doyle about it, if I had received payment.

My wife is my administrator. And I



Q Have you ever testified in a case involving issues that are present in this case, such as sepsis, bowel perforation?

A Yes, that was the case that I testified for on the Medical Board was a bowel perforation case resulting as a complication from a laparoscopy.

Q And what was your specific role in that case?

A I was asked by the Medical Board to look at the case regarding issues of malpractice regarding the surgeon.

Q And how many times have you testified in court as an expert witness on a malpractice case?

A Just, I think on just one occasion.
Otherwise, I was involved as a treating physician, but testifying in the defense.

Q The case you testified in, do you know what court it was?

A Washoe County.
Q Do you know what kind of case that was?
A It was a case regarding delayed diagnosis for breast cancer.

Q And were you an expert for the plaintiff or the defendant?

A For the defendant.
Page 14
Q Have you ever testified in a court case or reviewed a court case on behalf of a plaintiff?

A Yes. The Board of Medical Examiner case, which I referred to, that was the only time I've been involved against, you know, against the physician.

Q But in a civil action, in terms of
testifying to the standard of care and those issues on behalf of a plaintiff, have you ever done that?

A No.
Q Have you ever authored any expert reports on behalf of a plaintiff in a malpractice case?

A No.
Q So in terms of how long you've been doing expert work, do you know how long you've been doing it?

A Just probably, that case with the delayed diagnosis of breast cancer was probably over twenty years ago.

Q Okay. So have you given previous depositions in medical malpractice cases?

A Yes.
Q Do you know how many depositions you've given?

A Not specifically, but I think probably six to eight times.

Q Have those been, any of those been on behalf of a plaintiff?

A No.
Q And I think you said none of those involved perforated bowel or sepsis issues?

A No.
Q Do you recall what kind of cases those ones were?

A I think delayed diagnosis. Let's see, problems resulting from infection. I don't really specifically recall the details.

Q Looking at the discharge summary, there's a final diagnosis section on Page, I'm looking at the lower left-hand corner, it says Page 2; and this appears to be authored August 11th, '16.

A Okay, I found it, yes.
Q Looking at Diagnosis No. 1, acute respiratory failure, status post trach on T-piece tolerated well, off the vent.

Do you have an opinion as to the cause of Titina Farris's acute respiratory failure?

A Well, I think it was probably acute on chronic respiratory failure.

I believe that she had aspiration pneumonia, as well as complications from sepsis, so
that her acute respiratory failure was probably multifactorial.

Q When you're talking about pulmonary aspiration syndrome, is that involving aspiration of foreign material into the lung?

A Yes.
Q Okay. Did any other of the treating providers diagnose pulmonary aspiration syndrome?

A Not to my knowledge.
Q Looking at final diagnosis No. 2, perforated viscus with intraabdominal sepsis still status post, exploratory laparoscopic removal of prosthetic mesh and wash out partial colectomy.

Do you have an opinion as to the cause of the perforated viscus?

A The perforated viscus was a suture line failure resulting from repair or as a consequence of repair.

Q Do you have an opinion as to whether that repair -- let me withdraw that.

Am I correct there were two documented colotomies during the July 3rd --

A That's correct.
Q -- '15 procedure of Dr. Rives?
I'm going to show you Dr. Rives' operative

|  | Page 17 |  | Page 19 |
| :---: | :---: | :---: | :---: |
|  | report, which I marked as Exhibit 5. <br> A Yes, I've seen this document before. And you're correct, I believe there were two documented colotomies. <br> Q Now, this laparoscopic hernia repair, is that a procedure you do? |  | Q What if the -- |
|  |  |  | A The method, I mean, that would be surgeon's |
|  |  |  | choice, you know, based on his judgment at the time |
|  |  |  | of operation. |
|  |  |  | Q What if the staple line fails? |
|  |  |  | A Well, then there would be a leak. And |
|  | A Yes. |  | obviously the patient would be subjected to |
|  | Q How many of those have you done? |  | complications, you knows, infection. |
|  | A I don't know, hundreds. |  | Q Okay. If a staple line fails, is that |
| 10 | Q Have you ever experienced a colotomy in | 0 | beneath the standard of care? |
| 11 | doing a laparoscopic hernia repair? | 11 | A No. |
| 12 | A Yes. | 12 | Q Why not? |
|  | Q And have you repaired those with staplers? | 13 | A Well, it's a recognized complication of |
|  | A Yes. | 14 | that surgery. |
|  | Q And what kind of stapler did Dr. Rives use? | 15 | Q Are there also colotomy repairs that do not |
|  | A He used an Endo-GIA, which I believe is an | 16 | fail? |
| 17 | Ethicon device. | 17 | A Of course. |
| 18 | HE REPORTER: Which is -- I'm sorry. |  | Q Have you undergone or reviewed any |
|  | THE WITNESS: Is made by Ethicon, at least | 19 | literature as to why a colotomy repair would fail? |
| 20 | ith that name, I believe. | 20 | A Well, it's part of my specialty as a |
|  | BY MR. HA |  | general surgeon, so, yes. |
|  | $Q$ Is that a device that you use regularly |  | Q What are some of the reasons a colotomy |
|  | A I do use | 23 | would fail? |
|  | Q Looking at his operative report -- and I'm |  | A Well, typically most colotomies fail or |
| 25 | looking at the lower corner, you see Page 54, going |  | repairs fail because of tissue ischemia at the site |
|  | Page 18 |  | Page 20 |
|  | down, Page 55. Do you see that? It's over at the |  | where, you know, failure of blood supply; tension, |
|  | same |  | you know, if there was tension on the repair or |
|  | A |  | anastomosis, that can lead to failure. |
|  | Q And it appears that in freeing the colon |  | If there was infection, you know, around |
|  | from the mesh there were -- I'll use Dr. Rives' words |  | the repair, that can, you know, certainly lead to |
|  | there was a small tear in the colon and there was |  | local ischemia and breakdow |
|  | a second small colotomy also noticeable, also |  | But generally it's a malperfusion, you |
|  | repaired with an Endo-GIA 54--45 tissue load. And |  | know, of the bowel wall where the repair was done |
|  | he states (reading): After successive firing, the |  | that leads to failure. |
|  | staple lines appear to be intact. | 10 | But then ther |
|  | A Yes. |  | too, I mean, if the repair wasn't adequate, that is |
|  | Q So in repairing the colotomy, what is the | 12 | certainly a possibility as well. |
|  | objective of the surgeon when doing that? |  | Q Okay. Is it your opinion the repair was |
|  | A Well, in this case it was either a partial |  | adequate here? |
|  | or full thickness injury. And so the goal, | 15 | A That was the opinion of Dr. Rives. |
|  | obviously, is to close that completely so that | 16 | So I wasn't present at the operation. |
|  | there's no enteric content leak. | 17 | It would be, you know, obviously the |
| 18 | Q Is there a standard of care in the method | 18 | surgeon performing the procedure would have to mak |
|  | of repairing a colotomy or colotomies such as the | 19 | that determination. But I believe that he did |
| 20 | ones present in this -- | 20 | believe that it was adequate. |
|  | A Yes. | 21 | Q Do you have an opinion as to why there was |
| 22 | Q Can you explain that? | 22 | a failure of the staple line? |
|  | A Well, I mean, as long as it achieves the | 23 | A Well, I think the pati |
|  | outcome, it would meet the, you know, as we just | 24 | complications early in the course of her recovery. |
| 25 | stated, it would meet the standard of care. | 25 | And, I mean, there were multip |



| BY MR. HAND: <br> Q You note -- I'm looking at the first paragraph of your report. Do you see what I'm referring to? <br> A Yes. <br> Q When you were given the materials for review, what were you asked to do? |  |  | Page 27 |
| :---: | :---: | :---: | :---: |
|  |  |  | u would consider like |
|  |  |  | a reliable authority on the -- |
|  |  |  |  |
|  |  |  | Q -- medical issues that are here in th |
|  |  |  | e? |
|  |  |  | A |
|  |  |  | extbook |
|  | A Basically to -- the question posed was |  | Q Do you know any of them |
|  |  |  | A Yeah. I haven't |
|  |  | 10 | re is one |
|  | Q What d |  | common book -- and there is another major bo |
| 12 | standards? | 2 | don't remember the edit |
|  | A Well, just what the usual and customary expertise that a surgeon should, you know, provide a patient. | 13 | Q So going down on yo |
|  |  |  | talk about -- I'm looking at Paragraph 3 now -- I'm |
|  |  |  | reading the sentence (reading): Mobilizing and |
|  | Q Then you state also specifically did that | 16 | eing the colon from the previously |
|  | care constit |  | scar tissue and hernia was complicated by an injury |
|  |  | 18 |  |
|  | A Well, where it would be outside the | 19 | And then you state (reading): Satisfi |
|  |  | 20 | with these repairs, he completed the hernia repair |
|  |  |  |  |
|  | standards, where are you getting your criteria or 22 implantation secured with concentric rows of fixation |  |  |
|  |  |  |  |
|  | A I guess that would be my opinion of what accepted surgical standards are. |  | So when you use these words, "satisfied hese repairs," what's your basis for saying |
|  |  |  | repairs," what's your basis for saying |
|  |  |  |  |
|  |  |  | t? |
|  | 2 treatises you reviewed prior to coming here today |  | A Well, I think as he documented it in his |
|  | regarding this case? |  | operative report, that he had the colotomies, and he |
|  | 4 A No. |  | repaired them with the stapler, and he felt that the |
|  | Q Did you consult any articles, journals, |  | repairs were adequa |
|  | Qises, in forming your opinions in this case |  | Q Then you go on to state (reading): D |
|  | before you did your report? |  | Rives weighed the risks and benefits of this |
|  | A Not specifically, no. But over the cours |  | procedure, taking into account knowledge of this |
|  | of my practice I obviously read that literature. |  | relatively high-risk patient for complications and |
|  | Q Are there any books you read regularly |  | hernia recurrence and his perceived quality of |
|  | treatises? |  | surgical repair. |
|  | A Ye | 12 | So when you state Dr. Rives weighed the |
|  | Q What are those? | 13 | risks and benefits of this procedure, what's your |
|  | A Oh, I read the Jo | 14 | basis for that statement? |
|  | of Surgeons. | 15 | A Well, basically that's what all surgeons |
|  | I do continu |  | would do when they were confronted with the |
|  | they publish. I read the Journal of Trauma. | 17 | atio |
|  | ad the Journal of Critical Care. | 18 | de whether the |
|  | And I do, | 19 | wanted to convert to an open procedure, they have to |
|  | surgical books. | 20 | decide whether they felt the repairs were adequate; |
|  | Q Do you know any | 21 | they'd have knowledge if there was contamination, you |
|  | A I look at U-Tube videos now, a lot of | 22 | know, to the operation. |
|  | fferent things to continue my medical education. | 23 | And then y |
|  | Q Do you know any of the books you consult? | 24 | you're going to complete the operation based on your |
|  | A No, not specifically. | 25 | care of that specific patient, you kn |


you know, the patient, the fact that she had previous
failure.

I think he was very motivated to complete the operation laparoscopically.

But if you did an open procedure, I mean some, obviously you could, you know, test the anastomosis maybe more thoroughly, you know; compress it, you know; try to move fecal material through there, you know, to see if there was a leak.

But I don't believe that Dr. Rives felt
that that was necessary. He felt quite confident that his repairs were adequate.

Q Then you go on to state (reading): Dr. Rives admitted Titina Farris to the hospital for postoperative care.

Why was she admitted?
A I think that she just probably had risk factors, you know, for complications. And that was the indication.

And pain control. I think she was in quite a bit of pain, you know, after the operation.

And so those are the two major indications I think for admission.

Q And then you state Titina Farris fared poorly in the early postoperative period.

A Yes.
Q Explain what you mean by fared poorly.
A Well, her condition deteriorated. She had respiratory problems primarily. Then she developed tachycardia. She had low urine output. She required IV fluid administration, pain management; but ultimately her condition rapidly deteriorated to the point where she had to be admitted to the ICU for care.

Q In your opinion what was the cause of her faring poorly?

A Well, I think that she probably had an ileus, you know, as a result of the operation, that, you know, that required, you know, some resuscitation.

Then she developed, I believe, primarily pulmonary stress. I think that she developed aspiration pneumonia, or had aspiration, pulmonary aspiration syndrome.

And I think that's the reason that her condition deteriorated. It looked like shock, and

case that she probably had, you know, aspiration, you know, gastric content, or stomach contents into her lungs.

And that that created a problem with oxygen delivery. So she required higher levels of oxygen in order to meet her, her needs.

Q Then you say she had low urine output. Why did she have low urine output?

A I think she developed like a systemic
inflammatory syndrome, and probably had fluid leakage, you know, from her capillaries; and was requiring fluid resuscitation. While they were catching up with that, she develops evidence of acute kidney injury; and, you know, her urine output was low as a consequence.

Q Then you said (reading): She required IV fluid boluses. Why was that?

A To meet those fluid needs that she was developing due to the inflammation.

Q Then you state she had a tachycardic arrhythmia. Do you have an opinion why she had that?

A Well, I think it was part of the syndrome that she had with the tachycardia.

That certainly can be a direct consequence of pulmonary aspiration. But inflammation, in Page 36 general, that's your cardiac output increases in this situation; and that's a mechanism, you know, make your heart beat faster.

But she probably had an arrythmia because it was an abnormally elevated heart rate, which could contribute to actually poor cardiac output. 'Cause the heart doesn't have time to fill adequately, you know, between beats.

Q Was that -- was one of the causes of that sepsis?

A It can be. But she may have had some underlying, you know, undiagnosed heart problems as well.

Q In this case what was --
A So it may have a propensity, you know, to develop tachyarrhythmias.

Q In your opinion what was the most likely cause of the tachycardic arrhythmia?

A I think her respiratory failure and the low oxygen level. And then it may have just been a circus rhythm that developed, you know, a recurrent abnormal rhythm that was self propagating. And she had cardiac consultation and appropriate pharmacologic therapy, and that resolved.

Q Did she have any cardiac issues prior to

|  | Page 37 |  | Page 39 |
| :---: | :---: | :---: | :---: |
|  | this -- |  | 10,500. |
|  | A Not that were documented, to my |  | Q Do you know what her white blood count was |
|  | recollection. |  | on July 4th? |
|  | Q And then she was transferred to the ICU. |  | A I don't specifically recall, but I believe |
|  | Do you know who, which doctor transferred |  | it was elevated. |
|  | her to the ICU? |  | Q Okay. Do you know what her blood count was |
|  | A I believe it was the hospitalist, and I |  | on July 5th? |
|  | don't remember th |  | A Again, I don't specifically recall. But I, |
|  | Q Why did she need admission to the ICU? |  | I believe that she had a persistent elevated white |
| 10 | A Well, she had this unstable cardiac rhythm |  | count through most of her early and somewhat |
|  | and obviously impending respiratory failure. And so |  | protracted postoperative course. |
|  | they transferred to the ICU so that they can monitor |  | Q So on July 5th, that's two days after the |
|  | her condition and intervene when necessary. |  | surgery, correct? |
| 14 | Q And I think we talked about her cardiology |  | A Yes. |
|  | consultation a second ago, and you also talked to, |  | Q And I'll represent to you her white blood |
| 16 | talked about the kidney function; correct? |  | count on that day was 23.3. |
|  | A Yes. |  | A I, I think that's quite reasonably correct. |
|  | Q Then you state she developed a high white |  | Q Is there any medical significance to that |
|  | blood count. When did she develop a high white blood |  | high white blood count? |
|  | count? |  | A It's a high white blood cell count. |
|  | A I think very early. |  | Q And I'll represent to you on July 4th, the |
|  | Q Do you know -- okay, I'm sorry. |  | white blood count was 18.9 , the day before. |
|  | A I don't remember if the first white count |  | A Okay, fine. |
|  | was done prior to --I think it probably was done |  | Q The hemoglobin was nine. Is there any |
|  | prior to her being admitted to the ICU, but she did |  | medical significance to that, on July 5th the |
|  | Page 38 |  | age 40 |
|  | have an elevated white count. |  | hemoglobin was nine? |
|  | Q What is the, in general terms, the normal |  | A Well, obviously I think it was down, you |
|  | white blood count for a patient with Miss Farris's |  | know, from where she had, you know, had been when st |
|  | presentation? |  | cam |
|  | A Well, normally -- obviously when you have |  | It is low. It reflects anemia. A norma |
|  | an operation, you know, that's a surgical stress, |  | hemoglobin is around 11 to 12 grams. |
|  | that, you know, in most normal patients does elicit a |  | So it could have been as a result of the |
|  | stress response, you know, release of stress |  | fluid resuscitation that she had and the inflammatory |
|  | hormones. And some of those, you know, epinephrine, |  | situation that she had going on metabolically that |
|  | norepinephrine, they do cause demargination of the |  | there was dilutio |
|  | white blood cells. The white blood cells kind of |  | And it's also conceivable that she may have |
|  | hang out along the lining of the blood vessels. And |  | had some, you know, acute blood loss as, you know, a |
|  | those hormones cause them to let loose so they can |  | part of the operation. |
|  | circulate. |  | Q On July 5th ''ll represent to you that her |
| $15$ | And obviously white blood cells |  | hematocrit was 27. |
|  | important in your immune responses. |  | Is there any medical significance to that? |
|  | So most patients in this early |  | A Well, it's low. But actually anemia is a |
|  | postoperative period would have leukocytosis. | 18 | little bit helpful in this situation because the |
| 19 | Sometimes it's more exaggerated than others. |  | blood flows more smoothly, you know, through the |
| 20 | But it would be unusual to see a patient |  | capillaries. And so actually being a little bit |
|  | this early after operation have a normal white blood |  | anemic is actually a benefit, when you have |
| 22 | cell count. | 22 | malperfusion situation; but it's not normal. I mean |
|  | Q Do you have a number for a normal white | 23 | she's anemic, not so much so that she would require |
| 24 | blood cell count? | 24 | transfusion. |
|  | A Yeah, normally it's around less than about | 25 | Q Now, on July 6, '15, rill represent to you |


|  | Page 41 |  | Page 43 |
| :---: | :---: | :---: | :---: |
| 1 | that the white blood count was 25.8. | 1 | recall his name, but now I remember. |
| 2 | Is that a high white blood count? | 2 | Q All right. I'm just going to go over this |
| 3 | A Yes | 3 | with you briefly. |
| 4 | Q Do you have an opinion as to the cause of | 4 | A Sure. |
| 5 | the high white blood count on July 6th, '15? |  | Q It states in the first page (reading): |
| 6 | A She had persistent inflammatory syndrome. | 6 | ank you, Dr. Akbar, for this referral for fecal |
| 7 | Q In your opinion did she have any signs or | 7 | peritonitis, low-grade fever and leukocytosis, |
| 8 | symptoms of infection on July 6th, '15? | 8 | persistent intraabdominal infection or sepsis. |
| 9 | A Well, I think that that was the presumptive | 9 | Did I read that correctly? |
| 10 | diagnosis, that she had infection. And they did | 10 | A Yes, you did. |
| 11 | bring in an infectious disease specialist, and she | 11 | Q Do you agree with that statement? |
| 12 | had been placed on broad spectrum antibiotics. | 12 | A That that's what Dr. Akbar referred to you, |
| 13 | They didn't have positive blood cultures or | 13 | for this reason? Yes. |
| 14 | urine culture. | 14 | Q Do you agree with -- |
| 15 | I don't believe I ever saw them get a | 15 | A I agree that that's why he made this |
|  | sputum culture, although I wouldn't be surprised if I | 16 | referral. |
| 17 | reviewed the records that there was one at some point | 17 | I think that was in the differential |
| 18 | in time. | 18 | diagnosis at the time. I mean, obviously this is |
| 19 | at that her condition, you know, was this | 19 | very early after the operation. |
| 20 | systemic inflammatory syndrome, which infection is a | 20 | As I've stated in my report, I don't think |
| 21 | possible caus | 21 | there was necessarily evidence for that; but there |
| 22 | Q You state she developed lactic acidosis. | 22 | was obviously, you know, some contamination that |
| 23 | What is that? |  | occurred at the time of operation due to the |
| 25 | A Lactate is a metabolite that rises in the blood and can be measured; that's the blood test. | $\left\|\begin{array}{l} 24 \\ 25 \end{array}\right\|$ | colotomies, you know, that Dr. Rives encountered. And so I think that this was the reason |
| 25 | blood and can be measured; that's the blood test. |  | And so I think that this was the reason |
|  | Page 42 |  | Page 44 |
| 1 | And there are other causes of acidosis. Lactate is a | 1 | that, you know, this is one of the basis that Dr. |
| 2 | metabolic acid that's metabolized in the liver. | 2 | Akbar wanted to be covering, you know, was if this |
| 3 | the reason that lactate rises is due to | 3 | was a possibility as the underlying cause for the |
| 4 | anaerobic metabolism, meaning metabolism in the cells | 4 | patient's decline, that that's why they got the |
| 5 | in the absence of oxygen. | 5 | infectious disease in early. Also I think the |
| 6 | And the reason for that is due to | 6 | patient had acute kidney injury manifestations. So |
| 7 | malperfusion, you know, inadequate oxygen delivery or | 7 | their expertise, Dr. Akbar felt would be helpful in |
| 8 | impaired ability to utilize oxygen, which is a | 8 | her management; and got them involved early. |
| 9 | consequence of metabolic derangement. | 9 | Q You just mentioned the term differential |
| 10 | Q Let me show you what I have marked as | 10 | diagnosis. Could you explain -- |
| 11 | Exhibit 7, which is an infectious disease | 11 | A Well, when you encounter a patient like |
| 12 | consultation on July 4th, '15. | 12 | this with septic syndrome, that we previously |
| 13 | A Yes. | 13 | discussed, I mean, obviously there has to be -- |
| 14 | Q Have you had a chance to review that? | 14 | there's consideration by the, you know, intensivist, |
| 15 | A I have reviewed this previously, yes. | 15 | or the critical care doctor, or any doctor involved |
| 16 | Q If I state this correctly, this is | 16 | in her care, as to what the underlying cause is. |
| 17 | infections disease consultation on July 4, '15 at | 17 | And so there are always more than one |
| 18 | 1837; so that's 6:37 p.m., is that right? | 18 | possible cause. And so that's a list of potential |
| 19 | A Yes. | 19 | etiologies, then that's -- we refer to that as a |
| 20 | Q And it's done by Dr. Farooq Shaikh | 20 | differential diagnosis. |
| 21 | A That's correct. | 21 | Q Is there a method wherein the -- there is a |
| 22 | Q And do you know who re | 22 | priority in the differential diagnosis depending on |
| 23 | infectious disease consultation? | 23 | the severity of the condition? |
| 24 | A It indicates that Dr. Akba | 24 | A Well, obviously you want to try to |
| 25 | was the hospitalist now. I told you earlier I didn't | 25 | determine the underlying cause as soon as possible, |


report, whether the patient had fecal peritonitis?
A Well, I mean obviously I wasn't part of the care at that point in time.

But it is certainly reasonable to, in terms of choice of antibiotics, to cover that potential event.

But, no, I do not believe that the patient had fecal peritonitis at that time.

Q And why is that?
A Oh, well, obviously that's the whole reason
I reviewed the case, you know, from multiple documents, review of the x-rays, review of physicians' notes, you know, in terms of physical findings; my knowledge as a surgeon of how fast these things develop.

I mean, it would be unusual, even with, you know, a major per, a viscus perforation, to have this fulminant of a response this early in the course of, you know, recovery from surgery.

Takes time, you know, for that type of infection to develop.

You know, if there was a heavy amount of fecal contamination at the time of operation, I think Dr. Rives would have converted to an open procedure, obviously.

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That was one of the things that he probably had to consider. And I think he testified to that effect in his deposition that there wasn't.

I mean, I think it's too early in the course for her to develop that. And that's been, you know, the basis of my report.

Q What are the signs of fecal peritonitis?
A Well, obviously you're going to have septic syndrome, which she had. So it's in the differential diagnosis.

I mean, there would have been, I think there would have been clinical manifestations, you know. She would have had, you know, obvious peritonitis. From physical examination, there are certain signs, you know, that would lead you to make that conclusion; that she would have, you know, involuntary guarding. She would have potentially a mass because she had a big, you know, hernia sac.

She might have had changes in the skin. She might have had bacteremia, which she never had.

So, you know, I think that there would have been other evidence of that.

And then, of course, you know, she was subject to radiologic evaluation, which really didn't support that diagnosis.

So -- and I don't believe that her doctors taking care of her actually felt that she had that. I think it was confounding to them as to what the underlying cause was.

But they were, you know, continued to have that as an operational diagnosis so that they, you know, felt their treatment was appropriate in the event that she did have that.

But I don't think Dr. Rives or any of these doctors actually felt that she had fecal peritonitis, based on, you know, the physical findings.

But she had a protracted course, and was failing to improve; and so I think that they continuously considered that as a possibility.

Q You just stated the radiological studies didn't support the diagnosis of fecal peritonitis.

What study are you referring to?
A CT Scan that she had early, I think it was on the 4th.

Q And what would be shown on that CT Scan if she had fecal peritonitis?

A Well, she would have had a lot of free air. She had some. I mean, you would expect that.

There would have been, you know, it should have been more complicated than what, you know, you would normally expect to see after a laparoscopic procedure, you know. There wasn't a lot of air or anything.

It wasn't done with contrast because of considerations, you know, for -- at least there wasn't any oral contrast given.

Because this patient, I think, already had respiratory problems and aspiration and had abdominal distension and plus had acute kidney injury with rising creatinine in her urine. So they wanted to limit the amount of contrast that they gave her.

But there was -- the findings I think were interpreted by the radiologist and also by myself when I looked at the x -rays, that these were expected, you know, radiologic images for a patient that had a hernia repair.

Q At some point she was put on a ventilator, is that right?

A Yes.
Q Why was that necessary?
A Just because she couldn't meet her respiratory demands.

Q And do you have an opinion --
A Oxygenation.
Q -- why she couldn't meet her demands?
evidence of a leak at that time.

There was fluid in the abdomen, fluid in the hernia sac, but there wasn't a lot of free air; there wasn't a lot of inflammatory changes around where the colon had been repaired.

But then basis clinical course actually did begin to deteriorate before July 15 th which she had been relatively stable up until that point. Then she showed some deterioration in terms of her exam and other parameters.

And then that led to a CT Scan being performed on the 15 th, which showed a massive amount of free air. There is no doubt there was a leak at that time.

So that's when the decision was made to reoperate.

Q Did this patient ever improve from the day after the surgery, July 4th, up until the reoperation on July 16 th?

A Yes, yes, her condition stabilized.
Q When did she --
A I think she began improving after the first 48 hours in ICU.

Her tachycardia resolved.
Page 56
She really didn't have a spiking fever curve.

She still had respiratory failure, but there was some -- there was some improvement, I think, in terms of her oxygenation or lactic acidosis resolved. And, you know, her urine output improved; kidney function, I think, stabilized.

So I mean, yeah, she did improve.
Q Over the course of that period, July 4th to July 16 th, did her white blood count improve?

A No. I think she did have a persistent leukocytosis. It fluctuated, but never normalized.

Q And if you have a persistent high white blood count, are there criteria to assess what's causing that high white blood count?

A Well, ongoing. I mean, that's why the patient's in the ICU and has multiple consultants is there -- obviously that's a point that they're considering every single day she was in the ICU as to why she wasn't improving or why that white count wasn't improving. I mean, she was improving, but she wasn't well. I mean, she still required, you know, mechanical ventilatory support, she was still requiring sedation, she was still requiring antibiotics, I mean, based on the fact that her white

|  | count was elevated. <br> I mean, that was, I think, every physician that saw her every day was trying to figure out why the white count was still elevated. And that was why there was ongoing concerns. <br> Q In your opinion do you think Dr. Rives did anything wrong in the care of this patient? |  | Page 59 |
| :---: | :---: | :---: | :---: |
|  |  |  | BY MR. HAND: <br> Q Dr. Juell, do you have an opinion as to whether any of the other physicians involved in the care of Mrs. Farris fell below the standard of care? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | A No. |
|  |  |  | Q They did not? |
|  |  |  | A I don't believe |
|  | A No. I mean, obviously there are different |  | retrospectively, maybe they could have done better, |
|  | ways to do things. I mean, surgery, I mean, within |  | they could have done other things to take |
|  |  |  | you know, do things -- I mean, in the temporal nature |
|  | I think that --I don't really think he did |  | of their care, I think they were diligent, based |
|  | anything wrong. I think he did a surgery that hethought would be adequate. | 12 | her progress and examinati |
|  |  | 13 | Q Now, on July 9th, was there a consultation |
|  | thought would be adequate. |  | by another surgeon? |
|  | for the patient's welfare; that he was attentive in | 15 | A Yes. |
|  | the postoperative period. | 16 | Q Let me show you what's marked as Exhibit 9. |
|  | You know, I think that he diligently saw | 17 | A Thank you. |
|  | the patient and re-evaluated her on a continuous | 18 | Q A report of a Dr. Ripplinger? |
|  | basis. | 19 | A Correct |
|  | And that she did ultimately suffer a | 2 | Q Have you seen that report? |
|  | surgical complication. And I think he was in a position where he could have, you know, managed that. |  | A Yes, I have |
|  |  | 22 | Q Does he indicate there should be a fairly |
|  | position where he could have, you know, managed that. But the family chose to change horses at that time in terms of surgical care. <br> So I don't think that he did anything | 23 | low bar to reoperation? |
|  |  |  | A Yes. |
| 25 |  | 25 | MR. DOYLE: I object. It mischaracterizes |
|  |  |  | Page 60 |
|  |  |  | the evidence. |
|  | Q When you talk about surgical complication, |  | MR. HAND: Okay. |
|  | surgical complication can be, am I correct in stating |  | MR. DOYLE: In that you didn't read the |
|  | this, an iatrogenic issue? |  | whole sentence for him |
|  | A Yes. |  | BY MR. HAND |
|  | Q |  | Q Okay. I'm going to ask you to go to Page |
|  |  |  | 19 on the lower left corn |
|  | A I think so. I mean, I think he did |  | A Okay. |
|  | probably an adequate repair, but that, you know, th |  | Q Do you see where it says impression and |
|  | it ult |  | plan? |
|  |  |  | A Yes. |
| 12 | Q So a complication can be negligently caused |  | Q And I'm going to ask if I read this |
|  | and non-negligently caused | 13 | correctly (reading): I would be concerned about |
|  | A Yes. |  | possible colon leak or possibly early severe mesh |
|  | Q -- statement? | 15 | infection. Would have low threshold for reoperation, |
|  | MR. DOYLE: When you get ready to shif |  | since patient is not doing well after incarcerated |
|  | gears, can we take a brea | 17 | incisional hernia repair. Will not actively follow. |
|  | R. HAND: We can | 18 | Did I read that correctly? |
|  | . DOYLE: I need to use the men's | 19 | A Yes. |
|  | MR. HAND | 20 | Q In your opinion should that consultation |
| 22 | THE VIDEOGRAPHER: We are off the record | 21 | have put Dr. Rives on a heightened awareness of a |
|  | 55. |  | possible leak? |
|  | cess taken.) | 23 | MR. DO |
|  | THE VIDEOGRAPHER: We are back on the | 24 | THE WITNESS: I'm sure Dr. Rives w |
| 25 | record at 10:04. Please go ahead. |  | considering that on a daily basis, you know. I don't |


| think it would change anything for Dr. Rives. BY MR. HAND: <br> Q Now, I'm going to show you Dr. Hamilton's operative report from July 16, '15. <br> It's Exhibit 6 . <br> Have you seen that? |  |  | Page 6 |
| :---: | :---: | :---: | :---: |
|  |  |  | A Yes. <br> Q Do you have an opinion as to the cause of that finding, No. 2, infection-appearing mesh? <br> A On the -- there was a hole in the colon, and that was the cause. <br> Q The No. 3, Doctor notes: Approximately a quarter-size or three centimeter hole in the transverse colon anteriorly associated with the staples in the colon wall. |
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|  |  |  |  |
|  | A I haveQ Now, |  |  |
|  |  |  |  |
|  |  |  |  |
| 10 | A I'm ready | 10 | A Yes. |
|  | Q Looking at Page, |  | Q Do you have a recollec |
|  | the first page |  | the colotomy or colotomies that Dr. Rives repaired |
|  | A Yes. | 13 | If you want to look at his operative report -- |
|  | Q It has |  | A I could look at his operative report. |
|  | postoperative diagnosis. And the -- they appear to |  | Q Do you have it there? |
|  | be the same, preoperative and postoperative. And |  | A I don't think so |
|  | postoperative diagnosis: 1, perforated viscus with |  | I think you showed it to me. Maybe |
|  | free intra-abdom |  |  |
|  | Based on you |  | Yes, here it |
|  | your expertise, do you agree with that diagnosis? | 20 | I don't think he stated the size. They |
|  | A Yes. |  | were small. |
|  | Q No. 2 |  | Q Would it be fair to say that the hole |
|  | diagnosis? |  | that's referred to in Dr. Hamilton's report is larger |
|  | A Yes. |  | than the one he repaired? |
| 25 | Q 3, respiratory failure. Do you agree with |  | A It, it wouldn't be surprising. |
|  | Page 62 |  | Page |
|  | that diagnosis? |  | Q Do you have an opinion as to when, if your |
|  | A Y |  | can -- I don't know if you can or not |
|  | Q Anasarca, do you agree with that diagnosis? |  | became three centimeters or quarter-sized in the |
|  | A Yes. |  | transverse colon? |
|  | Q And feve |  | A I don't really have an opinion. I mean |
|  | A She did have fever |  | there's a lot of swelling. When you have |
|  | Q All right. And then leukocytosis, do you |  | perforation like that, the holes become bigger ove |
|  | agree with that diagnosis? |  | time, or, you know, appear bigger |
|  | A Yes, uh-huh. |  | I'm not surprised by the size, you |
|  | Q And 7, 8 and 9, do you agree with those |  | considering that length of the staple line that was |
|  | iagnoses? |  | used to close it. |
|  | A Yes. |  | I don't think there's a bearing on the siz |
|  | Q Going to what you did, and going to the |  | it was initially and the size it was at the time whe |
|  | next page, 44. |  | they found the hole. |
|  | A Sure. |  | I mean, I think it's just the result. I |
|  | Q Do you see where she states findings: |  | mean, it was along the staple line. The staple lin |
|  | Cavity identified under the bulging skin on the |  | failed. |
|  | dominal wall with evidence of free air upon |  | Q Do you know how many holes Dr. Hami |
|  | entering into the abdomen. Do you see where I just |  | found in her reoperation or operation on July 16th? |
|  | read from? |  | A Maybe she said so on the operative report. |
|  | A Yes. | 21 | According to her findings, just one. |
|  | Q All right. And, 2, infected-appearing mesh | 22 | But then, maybe there's more detai |
|  | th stool covering it and purulent feculent | 23 | Just one, I think. |
|  | contamination at the level of the mesh. | 24 | Q You note also (reading): She was failing |
|  | Do you see that finding? | 25 | to improve clinically and her abdomen remained |


he is looking at.
MR. HAND: Here is your other report.
THE WITNESS: Yeah, thank you.
MR. DOYLE: And I'm sorry to interrupt, are we on the first report or the second report now?

We have a report November --
MR. HAND: This is on the first report, I believe.

MR. DOYLE: Okay.
THE WITNESS: I see that the date of operation is listed at $7 / 16$, but at the top of the page on Dr. Hamilton's report indicated that the time of the operation was, or the operative report was 7/17/2015.

But I do see now that it was the 16 th.
So I -- I know that they got the CT Scan on the 15 th. And that demonstrated it. And I understand that they decided then they were going to go with, you know, Dr. Ripplinger's group and Dr. Hamilton to do the surgery.

I -- I have to say that I always kind of, when I read the report I was wondering why there was a delay, you know, in taking the patient to the operating room, you know, once they had that CT Scan on the 15 th. And that she obviously was going to

Page 70
require reoperation.
And I -- it wasn't explained in the records, you know.

I know Dr. Ripplinger saw her on the 9th, and then Dr. Hamilton was called in to do the surgery, but he assisted.

So, I mean, he was available -- I don't know, that was always a point of question that I had in my mind when I was reviewing the record.

But if you said I stated in my report it was 17 th, but it was actually the 16 th, I would give you that.
BY MR. HAND:
$Q$ Yes.
A I mean, obviously there was some shifting of the team and that took time, I mean.

You know, the family said Dr. Rives told them they need an operation right away. Then they said they wanted to change surgeons, and then that had to be organized. So obviously there was some delay, but...

Q Do you have any criticism of the family for changing --

A No, I mean, that I don't. I, you know -it's always about the patient, you know. The family
is going to have an opinion. And maybe they didn't have a strong feeling with Dr. Rives, you know, confidence; maybe their confidence was, you know, shaken, you know, that he had done this repair and it failed, and then she had to have another operation.

And, you know, I don't know the dynamics there, but that happens.

It's certainly, you know, I don't know that it's ever happened to me.

But I have patients come and see me, I operate on them and then I find they are operated on by different surgeons, so...

I mean, I have learned that not everybody likes you, or that they have their privilege to make a decision to go with somebody else.

I mean, it's really, I always think it's about the patient, you know. I don't know, I'm mature enough to be able to accept that, you know. Patients do what they think is best for them.

And I think the patient was stable, you know, in that period of time when they were changing surgeons. You know, I don't think there was, you know -- she was -- her condition was stable enough to allow that to take place at that time.

Q Was there any medical benefit to the Page 72
patient from July 9th up until the second surgery on July 16 th?

And my question is, were any medical benefit by Dr. Rives not reoperating during that time period?

A Between the 9 th and the 15 th?
Q Yes.
A I mean, I don't think she would have had a particularly different course. I mean, again, you know, the earlier you intervene the better.

You know, you change the course of things. And so would she have, you know, been able to go home by the 17 th if he'd operated on the 9 th?

No, this patient was sick, and she was going to take a long time to get well.

And that's what happened. So the difference of a few days there I don't think contributed to any significant degree on the patient's ultimate recovery.

Q Was, in your opinion, this outcome that the patient had a good outcome from this procedure?

A I think so. I mean, she survived. I mean, there was significant mortality risk.

And she obviously had a complicated course. And I presume that she probably required


|  | Page 77 |  | ge 79 |
| :---: | :---: | :---: | :---: |
| 1 | was required to do? | 1 | So I think Dr. Rives just, you know, |
| 2 | A No. I think he had gotten the CT Scan by | 2 | weighed everything out and decided that, you know, |
| 3 | that point; really didn't show evidence of the leak. | 3 | continue the care; that she wasn't deteriorating, |
| 4 | Her physical examination was not adversely changing. | 4 | and, you know, just to make that decision on a |
| 5 | I mean, her metabolic situation was |  | da |
| 6 | actually improving, you know; she had improved | 6 | er |
| 7 | glucose control, decreasing lactic acidosis; her | 7 | condition deteriorated, you know, prior to the CT |
| 8 | tachycardia, I think, had resolved or had | 8 | Scan of the 15th, whi |
| 9 | treated at that | 9 | perforation, I me |
| 10 | It just -- the 6th was like every other day | 10 | deteriorated prompting that $C$ T |
| 11 | that he attended he | 11 | And I think that led to the diagnosi |
| 12 | The fact that she was, you know, improving | 12 | the subsequent operation, which was appropriate. |
| 13 | -- I mean, she was stabilized -- you know, the fact | 13 | Well, so my question is, during that |
| 14 | she was improving, I'm sure there was consideration | 14 | period, after the 9th up through the 15th, did the |
| 15 | every day as to what, you know, the situation was. | 15 | standard of care for Dr. Rives change in any way from |
| 16 | Q We're going to the 9th, after that other | 16 | before that? |
| 17 | consult. Did the standard of care for Dr. Rives | 17 | A No, same standards applie |
| 18 | change at all after seeing the other consultation -- | 18 | Q Were there other crit |
| 19 | and at that point her white blood count's 22.9 -- did | 19 | besides CAT Scans in determining whether the patient |
| 20 | the standard of care change at all knowing what Dr. | 20 | has a bowel leak? |
| 21 | Ripplinger said. | 21 | A Yeah. I mean, |
| 22 | A Anyway, when Dr. Ripplinger was broug | 22 | think her physical examination would have |
| 23 | as a second opinion, which I think, you know, was | 23 | demonstrated, you know, would have changed adversely, |
| 24 | probably prompted by the family, make sure they | 24 | you know |
| 25 | weren't missing anything. | 25 | I don't have -- when I reviewed the records |
|  | Page 78 |  | age 80 |
| 1 | And he said get another CT Scan, which they | 1 | I didn't see that that was occurrin |
| 2 | got. And he didn't come back for follow-up, you | 2 | I think, you know, I mean, if there had |
| 3 | know, review the scan or, you know, document his | 3 | been other interventions, it could have been done, |
| 4 | opinion any further. | 4 | you know. |
| 5 | He just said well, I would get a CT | 5 | Just my impression was that everyon |
| 6 | but I'd have a little threshold for reoperation. |  | involved in the care was considering that as a |
| 7 | Well, he got the CT Scan with triple | 7 | possibility; but there wasn't, you know, any strong |
| 8 | contrast and it didn't show a leak. And, quite | 8 | evidence to do anything up until the time that her |
|  | honestly, I looked at the x-rays, and I don't see a | 9 | condition deteriorated and then they got the CT Scan |
| 10 | leak. | 10 | of the 15 th. |
| 11 | You know, | 11 | I mean, it was always in the back of their |
|  | have in the hernia sac and also in the abdomen were | 12 | minds or in the front of their minds; and there was |
| 13 | probably communicating. I think that the repair may | 13 | always a consideration. But the clinical situation |
| 14 | have failed a little bit, you know, in terms of the | 14 | really wasn't progressing to the point where there |
| 15 | mesh that allowed that communication. | 15 | was a smoking gun for operation prior to the 15th. |
| 16 | And in that hernia sac was very up close to | 16 | Q It seems to be you're using plural in this |
| 17 | the skin. You know, when he examined her, you know, | 17 | assessment of the patient. |
| 18 | I think that Dr. Ripplinger said that he could feel | 18 | Who's responsible to make the decision for |
| 19 | fluid, you know. But he didn't say it was red or | 19 | reoperation in this case? |
| 20 | indurated, you know, or thickened or inflamed or, you | 20 | A Well, ultimately the, the surgeon, you |
| 21 | know. | 21 | know, is the captain of the ship, I would say. And |
| 22 | And he was, just had, like everyone else, | 22 | then I would consider that if I was, you know, taking |
| 23 | like I think Dr. Rives, you know, they were | 23 | care of the patient. |
| 24 | considering the possibility of surgical complication | 24 | I mean, the other doctors can't operate. I |
| 25 | every day. But the CT Scan didn't show one. | 25 | mean, they are medical doctors. |

They don't --- operation isn't an arrow in their quiver, you know, for caring for the patient.

So the surgeon has to make that decision, you know, to reoperate, and the family has to consent.

So, but I think all of them are communicating, I presume, that's the way medicine is. You have people do, you know, providing care; and that they, you know, communicate in the record and also presumably in conversations among themselves.

And they're all advocating for what they think is necessary for the patient.

So it's, it is a plural, you know, the care
team.
Q The surgeon who's making the decision here
is Dr. Rives, is that right?
A Yes.
Q Did you see any note where Dr. Rives disagreed with any of the consultation notes?

A I don't recall seeing that, no.
Q Now, did you have a chance to review reports by Dr. Hurwitz and Dr. Stein in this case?

A Yes, uh-huh.
Q Dr. Hurwitz -I Ididn't mark this. I can if you want or I can show it to you. I'm just going
to read some questions from it and then ask you about it.

Dr. Juell, have you seen this report?
I think you did. You referred to it in the rebuttal report?

A Yes, I have seen this.
Q Going to the third page.
A Okay.
Q Dr. Hurwitz says (reading): Titina Farris was tachycardic with a heart rate as high as 140 beats per minute, and was noted by Dr. Rives to have a markedly elevated white blood count of 18.9, and her blood glucose level elevated to 517 .

Is that a correct statement?
A I believe so, yes.
Q And then he quotes the infectious disease consultation, and we've discussed that already.

And then going down to the bottom paragraph, he states (reading): Titina Farris continued to deteriorate and developed respiratory failure requiring intubation.

Is that a correct statement?
A Yes.
Q And then CT on the second postoperative day showed fluid around the liver and in the pelvis; is

## that correct?

A That is correct.
Q Then it states (reading): Over several days her white blood count elevation worsened despite broad spectrum antibiotic therapy.

Is that a correct statement?
A Well, it did go up, yes.
Q Okay. And then he states (reading): She continued to display evidence of sepsis and remained intubated on a ventilator.

Is that a correct statement?
A I think septic syndrome -- it's a reasonable operating diagnosis, yes.

Q He further states (reading): Despite this, Dr. Rives documented on July 6th, 2015 that she was progressing as expected, and further stated that patient has improved but still have not ruled out further surgery if condition does not improve or worsens.

Is that a correct statement of Dr. Rives' progress note from July 6th?

A I think it is, correct.
Q And then he notes Dr. Ripplinger's statement --

MR. DOYLE: Which, for the record, is a mischaracterization of the statement.

THE WITNESS: Right.
MR. HAND: Well, I can read the whole statement if you'd like into the record. We can do that. Do you have Dr. Rippinger's -- let's clarify that.

MR. DOYLE: Here, I got it.
It's under his impression and plan. Why don't you take a moment and read the whole thing. THE WITNESS: I've read that.
BY MR. HAND:
Q All right. I'm going to go to Page, if you look at the bottom, Page 17, in the lower corner.

A On Dr. Ripplinger's --
Q Yes.
A -- consultation?
Q Yes.
A Yes, I have it.
Q And he notes (reading): White blood cell count this morning is 22.600 . Do you see where I'm at?

A Yes, laboratory data.
Q All right. So going to the bottom, the last paragraph, impression and plan, states (reading): I think there's a reason to be concerned

|  | for possible leak from one of the two colon repairs, or an early aggressive infection of the mesh causing some of the patient's problems. <br> Did I read that correctly? |  |  |
| :---: | :---: | :---: | :---: |
|  |  |  | the point of -- I mean, she was failing to improve but she didn't deteriorate to critical condition. I mean, she could have been a lot sicker; but she was heading that direction, you know, at the point when the diagnosis was made. |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  | problems. <br> Q Then he states (reading): I would |  |  |
|  | recommend a repeat CT Scan of the abdomen and pelvis done with intravenous oral and rectal contrast and to |  | Q Then he states down in the last paragraph, he states that (reading): It was known that there |
|  |  |  |  |
|  | help rule out leak from the colon. |  | were at least two holes created during the July 3rd, |
|  |  |  | ' 15 surgery. This should have put Dr. Rives on |
|  | A Yes. |  | notice of a potential problem and the source of the infectious process. |
|  |  |  |  |
|  | fairly low threshold for at leas |  | Do you agree with that statement? |
|  |  |  | A Well, of course. I mean, I'm sure Dr. |
|  | Did I read that correct |  | Rives agreed with |
|  | A Yes. |  |  |
|  |  |  | rebuttal, expert report. I don't know if you've seen |
|  |  | 19 |  |
|  |  |  | that yet. |
|  | e ab |  |  |
|  |  |  |  |
|  | Did I read that correct? |  | A Okay |
|  | - |  | Q States -- I'm going to read it to you -(reading): It was incumbent upon Dr. Rives, with full |
|  | Q So going back to Dr. Hurwitz's report, he |  |  |
|  | states, going to the fifth page in his report, he |  |  |
|  |  |  | knowledge that the colon had been perforated and |
|  |  |  | repaired during surgery, to presume an intraabdominal |
|  | ection of the transverse |  | source of the sepsis until proven otherwise. <br> Do you agree with that statement? |
|  | ing a ther |  |  |
|  | rgy source resulted in at least two col |  | A |
|  | what refing to? |  | referring to Dr. Ripplinger (reading): Dr. |
|  | A |  |  |
|  | Q |  | Ripplinger's note should have heightened Dr. Rives' concern and prompted a return to the operating room. |
|  | repairs of the colotomies were inadequate and |  |  |
|  | d, resulting in spillage of fecal contents into |  | Do you agree with that statement? |
|  | , |  | A Well, as I stated earlier, I don't think it |
|  | Do you agree with that statement? |  |  |
|  | A No. I mean, they were adequate for, you | 13 | would heighten my concern or Dr. Rives' concern, you know, if another surgeon had that opinion. It's |
|  | know, a period of time; but ultimately they did fail. |  | already on the, you know, on the daily consideration, you know, the surgeon would have seeing the patient. |
|  |  |  |  |
|  | A So I don't know that the repairs were |  |  |
|  | inadequate. I would disagree with that. But there's | 17 | know. |
|  | no doubt that they failed. |  | But, you know, he basically did what Dr. <br> Ripplinger recommended, I mean, getting another CT |
|  | Q Then it states (reading): The patient was |  |  |
|  | allowed to become septic and deteriorate to critical | 20 | Scan with triple contrast, which as I've testified today and in my records that it didn't show a leak. I mean, that, that's the crutch of the |
|  | condition due to ongoing spillage of stool from the |  |  |
|  | perforated colon |  |  |
|  |  |  | situation. I don't think that Dr. Rives fell below |
|  | A No. |  | the standar |
|  | syndrome. But I don't think that she deteriorated to |  | Q Well, going down to the second to la |




## BY MR. HAND:

Q Dr. Juell, have you ever been disqualified as an expert witness in a case?

A No.
Q Those cases you just talked to me about where you were involved as a litigant, were any of those dealing with bowel injury or sepsis?

A No.
Q And the opinions you've given here today, are those your complete opinions you intend to give in the case --

A Yes.
Q -- if you're called to testify? Are there any other --

MR. DOYLE: Well, of course, supplemented by what's contained in his reports, which you haven't covered yet.

THE WITNESS: Yeah.
MR. DOYLE: And then also, just in fairness to you, I don't know if you've covered everything concerning his review of the images, although he's talked about that from time to time.
BY MR. HAND:
Q All right. Well, let me ask you this way. Is there anything not contained in your reports or what you've testified to today that you would give opinions on?

A Yeah. I hadn't seen the x-rays until just last week.

And I think that there are some findings on that CAT Scans that do clearly show that the patient had progressive pneumonia developing.

And I would have included that in my report had I seen those. That was not part of the reports that were generated by the radiologist at the time of operation.

But I could see that in retrospect.
The other opinion I have is that I believe the fluid in the hernia sac was communicating with the area where the colon was repaired, at least early and I think subsequently. And I do think that perhaps by July 9th that that hernia repair may have failed, which would have made that fluid continuous, you know, with the process of infection.

Obviously when Dr. Hamilton operated she just, when she cut into the area, she just released air; but there was fluid and stool around the mesh.

The fluid was obviously pushed back into the abdominal cavity when the air accumulated underneath the repair, or when the bowel perforated

|  | Page 97 |  | Page 99 |
| :---: | :---: | :---: | :---: |
|  | the pressure of the air displaced the fluid back into the abdominal cavity. <br> But I think by the 9th, I couldn't really see the mesh repair and completeness. And it looks to me like there's a free flow of fluid into this hernia sac, which is very close to the surface of the skin. | 1 | I don't have anything else. |
|  |  | 2 | THE WITNESS: You're welcome. |
|  |  |  | MR. DOYLE: Okay. |
|  |  |  | THE VIDEOGRAPHER: We are off the record |
|  |  |  | now at 11:00 o'clock. |
|  |  |  | This ends this deposition. |
|  |  |  | (The deposition was concluded at 11:00 a.m.) |
|  |  | 8 |  |
|  | So I, I'm very, would be very surprised if there was a leak at any point; that there would have | 9 |  |
| 10 | been significant manifestations, you know, on the | 10 |  |
| 11 | skin at that period of time when infection would have | 11 |  |
| 12 |  |  |  |
| 3 |  |  |  |
| 4 | So I -- my opinion was reinforced by thefact that when I reviewed those scans, that there |  |  |
| 15 |  |  |  |
| 16 | fact that when I reviewed those scans, that there wasn't evidence of a leak up until the time of the | 16 |  |
| 17 | 5th, the CAT Scan of the 15th, and the patient showedimmediate preceding deterioration. | 17 |  |
|  |  | 18 |  |
| 18 | Q All right. | 19 |  |
| 0 | A And I don't think --I don't know, I won't | 20 |  |
| 21 |  | 21 |  |
| 22 | Q Did you have an opinion -- |  |  |
| 23 | A Well, I just, you know, Dr. Hurwitz in his reports never made mention of what his impressions were of the films, you know. He obviously reviewed | 23 |  |
|  |  | 24 |  |
| 25 |  | 25 |  |
|  | Page 98 |  | Page 100 |
|  | the reports, but I don't know that he actually, you | 1 | -000- |
|  | know, looked at the films. | 2 |  |
|  | But, I mean, obviously he's testifying, you | 3 | I, BRIAN E. JUELL, M.D., hereby declare |
|  | know, for the plaintiff, so... | 4 | under penalty of perjury that I have read the |
|  | Q What do you mean by that? |  | foregoing pages 1 through 98 ; that any changes made |
|  | A Well, I mean, to me, if he looked at those, | 6 | herein were made and initialed by me; that I have |
|  | he might, you know, at least share my opinion about |  | hereunto affixed my signature. |
|  | that. |  |  |
|  | Q Are the films, as you read them, any | 9 | DATED: |
| , | different than they were read by the radiologist -- | 10 |  |
|  | A Yes. | 1 |  |
| 2 | Q -- at the hospital? Which films are | 12 |  |
| 13 | different? | 13 | BRIAN E. JUELL, M.D. |
|  | A Well, the initial angiogram really doesn't | 14 |  |
| 15 | comment about the consolidation of the lung. The | 15 |  |
| 16 | second CT Scan, I don't really see a reference | 16 |  |
| 7 | regarding the pneumonia. | 17 |  |
| 18 | And then I think the third CT Scan, I mean, | 18 |  |
| 19 | she's got complete pneumonia of the right lung | 19 |  |
| 20 | almost. And I don't remember seeing that in the | 20 |  |
| 21 | reports. But I haven't reviewed those reports since | 21 |  |
| 22 | I looked at those films. | 22 |  |
| 23 | But that was my memory. | 23 |  |
| 24 | MR. HAND: All right. Thank you, Dr. | 24 |  |
| 25 | Juell. | 25 |  |



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[PROF]
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DISTRICT COURT
CLARK COUNTY, NEVADA
TITINA FARRIS and PATRICK FARRIS, Plaintiffs,
vs.
BARRY RIVES, M.D.; LAPAROSCOPIC
SURGERY OF NEVADA, LLC, et al.,
Defendants.

Defendants BARRY RIVES, M.D. and LAPAROSCOPIC SURGERY OF NEVADA, LLC hereby submit the following offer of proof:

If Sarah Larsen had been allowed to testify, she would have testified in keeping
with her curriculum vitae, report dated 12/19/18 and Defense Life Care Plan which are attached as Exhibits A, B and C respectively.

Dated: $\quad$ November 1, 2019

## Schuering Zimmerman \& Doyle, llp

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NEVADA, LLC

## CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that on the $1^{\text {st }}$ day of November, 2019, service of a true and correct copy of the foregoing:

OFFER OF PROOF RE SARAH LARSEN
was served as indicated below:
® served on all parties electronically pursuant to mandatory NEFCR 4(b);
$\square \quad$ served on all parties electronically pursuant to mandatory NEFCR 4(b) , exhibits to follow by U.S. Mail;

\author{

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\end{tabular} <br> /s/ Riesa R. Rice <br> an employee of Schuering Zimmerman \& <br> Doyle, LLP <br> 1737-10881

}

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

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## 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
- Pediatric 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


## EXHIBIT B



# Olzack Healthcare Consulting 

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

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
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,
Grahhassen
Sarah Larsen, R.N., MSN, FNP, C.L.C.P.
Olzack Healthcare Consulting, Inc.
SL:bc
Enclosures

## EXHIBIT C

# LIFE CARE PLAN <br> FOR <br> TITINA FARRIS <br> 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
LIFE CARE PLAN
Date Prepared: 12-19-2018

| OPTION I - HOME CARE (DIRECT HIRE) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Recommendations: | $\begin{aligned} & \text { Age When } \\ & \text { Initiated / } \\ & \text { Suspended: } \end{aligned}$ | 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 I <br> Annually <br> \$13,806.45 <br> $\$ 2,485.16$ <br> \$2,355.86 |
| Option I Payroll Service | $1 \times$ Only <br> $1 \times / 2$ weeks | $1 \times$ Only <br> $1 \times / 2$ weeks | To manage payroll services for the trained attendant | Initial Fee $\$ 200.00$ Bi-Weekly $\$ 44.00$ to $\$ 68.00$ | Option I One Time Only $\$ 200.00$ Annually $\$ 1,456.00$ |
| Option I Advertising, Agency Referral Fee Allowance | $1 \times /$ year | $1 \times /$ year | To cover costs for advertising/referral service for trained attendant | \$1,000.00 / year | Option I <br> Annually <br> $\$ 1,000.00$ |

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

## LIFE CARE PLAN

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

|  |  | : |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| OPTION I - HOME CARE (DIRECT HIRE) - Continued |  |  |  |  |  |
| 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 <br> 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 |  |
|  |  | TOTALS: |  |  | Option I One Time Only $\$ 200.00$ Annually $\$ 24,101.19$ |
| Resources: <br> Paychex, Inc. <br> United States Department of L | ational Wage | Salary Data |  |  |  |

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

## LIFE CARE PLAN

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

## OPTION II - HOME CARE (AGENCY HIRE)

|  | Recommendations: | Age When Initiated/ Suspended: | Frequency: | Purpose: | Cost: | Annual Cost |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Option II Home Care Trained Attendant Agency Hire 100\% | 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 Agency Hire - 100\% $\$ 21.50$ / hour | Option II <br> Annually $\$ 23,558.63$ |
|  | Option II Housekeeping | Age 56 to Life | 2-4 hours / month | For heavy housekeeping including scrubbing, vacuuming, mopping, etc. | \$65.77 / hour | Option II Annually \$2,367.72 |
|  | Option II <br> 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 II <br> Annually <br> $\$ 630.00$ |
| $\begin{aligned} & \stackrel{\rightharpoonup}{D} \\ & \text { D } \\ & \text { D } \\ & \text { iN } \end{aligned}$ |  |  | TOTALS: |  |  | Option II Annually \$26,556.35 |

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

## LIFE CARE PLAN

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

## LIFE CARE PLAN

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

|  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| FUTURE MEDICAL CARE - Continued |  |  |  |  |  |
| Recommendations: | Age When Initiated/ Suspended: | Frequency: | Purpose: | Cost: | Annual Cost |
| Psychologist | Age 56 to Life | 10-20 $\times$ / Life | For individual and family therapy related to adjusting to health care needs | Session $\$ 100.00$ to $\$ 225.00$ | $\begin{gathered} \text { One Time Only } \\ \$ 2,437.50 \end{gathered}$ |
| Dietician | Age 56 <br> Age 56 to Life | 1 Evaluation $1 \times / \text { year }$ | For dietary counseling related to weight, blood pressure and diabetes management | Evaluation $\$ 75.00$ to $\$ 130.00$ <br> Follow Up Visit $\$ 45.00$ to $\$ 90.00$ | $\begin{gathered} \text { One Time Only } \\ \$ 102.50 \\ \\ \text { Annually } \\ \$ 67.50 \end{gathered}$ |
| Wound Clinic | Age 56 | $2 \times /$ week $\times 3-6$ months | For the evaluation and treatment of wound to left heel | $\begin{gathered} \hline \text { Visit } \\ \$ 249.24 \end{gathered}$ | $\begin{gathered} \hline \text { One Time Only } \\ \$ 9,720.36 \end{gathered}$ |
| dential |  |  |  |  | Page 5 |

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

## LIFE CARE PLAN

FUTURE MEDICAL CARE - Continued

|  |  | Annual Cost |
| :--- | :--- | :--- |
|  |  |  |



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

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

## DURABLE MEDICAL EQUIPMENT AND SUPPLIES

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

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

| DURABLE MEDICAL EQUIPMENT AND SUPPLIES - Continued |  |  |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |

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

## LIFE CARE PLAN

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

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

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

## LIFE CARE PLAN

|  | PROJECTED THERAPEUTIC MODALITIES - Continued | Annual Cost |
| :--- | :--- | :--- |
|  |  |  |

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

## LIFE CARE PLAN

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

| 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 | 1x／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

| TRANSPORTATION |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Recommendations: | Age When Initiated / Suspended: | Frequency: | Purpose: | Cost: | Annual Cost |
| Wheelchair Accessible Van (Conversion Package) | Age 56 to Life | $1 \times / 7$ years | To transport wheelchair or power scooter for community mobility | \$22,240.00 | $\begin{gathered} \text { Annually } \\ \$ 3,177.14 \end{gathered}$ |
| TOTALS: |  |  |  |  | Annually \$3,177.14 |

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

## RESOURCES

## Payroll Service／Bookkeeping

Paychex，Inc．
（855）973－2408／National Sales Line
Set－Up Fee：$\$ 200.00$＊one－time fee
Bi－Weekly：\＄44．00－\＄68．00／pay period
＊payroll fees for 1－5 employee；prices range based on complexity of payroll（for example if wages need to be garnished）

Physical Medicine and Rehabilitation
Desert Orthopedic Center
Andrew Kim D．O．－Physiatrist
2800 East Desert Inn Road，Suite 100
Las Vegas，NV 89121
（702）731－4088／Caren
Evaluation：\＄300．00－\＄500．00
Follow Up Visit：\＄ 100.00
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
Evaluation：$\$ 254.00$
Follow Up visit：$\$ 154.00$
Dynamic Pain Rehabilitation
Alexander Imas，M．D．－Physiatrist
1358 Paseo Verde Parkway，Suite 100
Henderson，NV 89012
（702）982－7100／Stephanie
Evaluation：\＄ 275.00
Follow Up visit：\＄ 100.00
McKenna，Ruggeroli \＆Helmi
6070 South Fort Apache Road 100
Las Vegas，NV 89148
702）307－7700／Daisy
Evaluation：\＄400．00
Follow Up Visit：$\$ 100.00$

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

Physical Medicine and Rehabilitation－Cont．
Innovative Pain Center
Eric Brimhall，M．D．－Physiatrist
503 South Rancho Drive，Suite G44
Las Vegas，CA 89106
（702）684－7246／Jesiree
Evaluation：$\$ 455.00$
Follow Up Visit：$\$ 100.00$

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

## Podiatry

Eastern Podiatry
3777 Pecos-McLeod, Suite 103
Las Vegas. NV 89121
(702) 434-2023 / Perala

Evaluation: $\$ 120.00$
Follow Up Visit: $\$ 45.00$
Jerry T Henry, DPM
341 North Buffalo Drive, Suite A
Las Vegas NV 89145
(702) 242-3870 / Heather

Evaluation: \$75.00
Follow Up Visit: $\$ 45.00$
Foot Care Clinic
3650 South Eastern Avenue, Suite 200
Las Vegas, NV 89169
(702) 420-7970 / Cindy

Evaluation: \$97.00
Follow Up Visit: $\$ 50.00$
Apache Foot and Ankle Specialist
Lee Wittenberg, DPM
4840 South Fort Apache Road, Suite 101
Las Vegas, NV 89147
(702) 362-6634 / Jasmine

Evaluation: $\$ 110.00$
Follow Up Visit: $\$ 45.00$

## RESOURCES

## Podiatry - Cont.

Foot and Ankle Specialist of Nevada
7135 West Sahara Avenue, Suite 201
Las Vegas, NV 89117
(702) 878-2455 / Yolanda

Evaluation: $\$ 175.00$
Follow Up Visit: $\$ 50.00$
Swenson Foot and Ankle
5380 Rainbow Boulevard, Suite 318
Las Vegas, NV 89118
(702) 873-3556 / Yarcely

Evaluation: \$120.00-\$140.00
Follow Up Visit: $\$ 45.00$

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

## Psychology

Danielson Therapy
Melissa Danielson, Ph.D. - Psychologist 9480 South Eastern Avenue, Suite 258 Las Vegas, NV 89123
(702) 339-5663 / Melissa Danielson

Session: \$125.00-\$150.00
Bree Mullin, Psy.D. - Psychologist $\square$
1820 East Warm Springs Road, Suite 115
Las Vegas, NV 89119
(702) 270-4357 / Cassidy

Session: $\$ 225.00$

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

Sessions: $\$ 100.00$

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

## Dietician

Anders and Dunaway Nutrition Consultants，Inc．
2121 East Flamingo Road，Suite 110
Las Vegas，NV 89119
（702）382－8841／Brenda
Evaluation：$\$ 75.00$
Follow Up Visit：$\$ 45.00$
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：$\$ 45.00$
Nutrition Moves
Geri Lynn Grossan，Med，RDN，CDE，HTCP
7721 Leavorite Drive
Las Vegas，NV 89128
（702）242－5730
Evaluation：$\$ 130.00$
Follow Up Visit：$\$ 90.00$
Nutrition by Joey
8275 South Eastern Avenue \＃118
Las Vegas，NV 89123
（702）878－5639／Cecelia
Evaluation：$\$ 95.00$
Follow Up Visit：$\$ 55.00$

## RESOURCES

## Dietician－Cont．

The Food Connection 4215 South Grand Canyon
Las Vegas，NV 90147
702）664－1204／Stephanie
Evaluation：$\$ 95.00$
Follow Up Visit：\＄45．00－\＄90．00

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

Physical Therapy
Select Physical Therapy
821 North Nellis Boulevard，Suite 130
Las Vegas，NV 89110
（702）452－4563／Liz
Evaluation：\＄120．00
ATI Physical Therapy
7301 Peak Drive，Suite101
Las Vegas，NV 89128
（702）940－3000／Kandra／Sherry
Evaluation：$\$ 85.00$
Matt Smith Physical Therapy
1505 Wigwam Parkway，Suite 240
Henderson，NV 89074
（702）568－0195／Brent，Donna
Evaluation：\＄85．00
Tim Soder Physical Therapy
2779 West Horizon Ridge Parkway，Suite 100
Henderson，NV 89052
（702）897－1222／Chelsea
Evaluation：\＄95．00
Tru Physical Therapy
70 East Horizon Ridge Parkway Suite 180
Henderson，NV 89002
（702）856－0422／Kylie／Tayslie
Evaluation：\＄120．00

## 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: $\$ 100.00$

## RESOURCES

## 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
Heriderson, 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: $\$ 85.00$

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

## Gym Membership with Pool

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: $\$ 23.00-\$ 31.00$
Annual 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: $\$ 35.99$ - $\$ 44.99$
Annual Fee: $\$ 45.00$

Name: Titina Farris
Date of Birth: 10-24-1962
RESOURCES

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


Multiple occupations for one geographical area

## Extany

Aras: Las Veqga -Henderson-Paratises Ny
Feriod: Hay 2017

satra


[PROF]
THOMAS J. DOYLE
Nevada Bar No. 1120
AIMEE CLARK NEWBERRY
Nevada Bar No. 11084
SChUERING Zimmerman \& Doyle, Llp
400 University Avenue
Sacramento, California 95825-6502
(916) 567-0400

Fax: 568-0400
Email: calendar@szs.com
KIM MANDELBAUM
Nevada Bar No. 318
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Attorneys for Defendants BARRY
RIVES, M.D. and LAPAROSCOPIC
SURGERY OF NEVADA, LLC

DISTRICT COURT
CLARK COUNTY, NEVADA
TITINA FARRIS and PATRICK FARRIS, Plaintiffs,
vs.
BARRY RIVES, M.D.; LAPAROSCOPIC
SURGERY OF NEVADA, LLC, et al.,
Defendants.

Defendants BARRY RIVES, M.D. and LAPAROSCOPIC SURGERY OF NEVADA, LLC hereby submit the following offer of proof:

If Erik Volk's testimony had not been limited, he would have testified in keeping with his report and future care cost report dated December 19, 2018, the Defense Life Care Plan and his deposition which are attached as Exhibits A, B, C and D respectively.

He would have also testified his testimony about a $20-30 \%$ reduction in the present value of Titina Farris' life care plan was based on Dr. Terrence Clauretie's report of October 9, 2018 in which the present value of the plan was $\$ 3,223,752$. If he had been allowed to testify about Dr. Clauretie's revised report of July 5, 2019 in which the present value of the plan was $\$ 4,663,473$, Mr. Volk would have testified about a $36 \%$ reduction.

Dated: $\quad$ November 1,2019

## Schuering Zimmerman \& Doyle, llp

By _/s/ Thomas J. Doyle
THOMAS J. DOYLE
Nevada Bar No. 1120
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

Pursuant to NRCP 5(b), I certify that on the $1^{\text {st }}$ day of November, 2019, service of a true and correct copy of the foregoing:

OFFER OF PROOF RE ERIK VOLK
was served as indicated below:
© served on all parties electronically pursuant to mandatory NEFCR 4(b);
$\square \quad$ served on all parties electronically pursuant to mandatory NEFCR 4(b), exhibits to follow by U.S. Mail;

Attorney
George F. Hand, Esq.
HAND \& SULLIVAN, LLC
3442 North Buffalo Drive Las Vegas, NV 89129

Kimball Jones, Esq.
Plaintiffs Jacob G. Leavitt, Esq. BIGHORN LAW 716 S. Jones Boulevard Las Vegas, NV 89107

| Representing | Phone/Fax/E-Mail |
| :---: | :---: |
| Plaintiffs | $702 / 656-5814$ <br> Fax: 702/656-9820 <br> hsadmin@handsullivan.com |
| Plaintiffs | $702 / 333-1111$ <br> Kimball@BighornLaw.com <br> Jacob@BighornLaw.com |

/s/ Riesa R. Rice
an employee of Schuering Zimmerman \&
Doyle, LLP
1737-10881

## EXHIBIT A

## COHEN | VOLK

ECONOMIC CONSULTING GROUP

## Re: Farris v. Rives

Dear Mr. Couchot:
As Senior Managing Economist with Cohen / Volk Economic Consulting Group, I have been retained to value economic losses in the above captioned case. I have been asked to evaluate the future cost of care for Ms. Farris based on the opinions of Dr. Stone, Dr. Kush, and Sarah Larsen. I have also been asked to respond to economic loss analysis and/or testimony by damages experts for the plaintiff.

I have been provided with the following documents:

1. Plaintiff Patrick Farris Response to Defendant's First Demand for Production and Inspection of Documents;
2. Plaintiff Patrick Farris's Answers to Defendant's First Set of Interrogatories;
3. Plaintiff Titina Farris' Response to Defendants' First Set of Request for Production of Documents;
4. Plaintiff Titina Farris's Answers to Defendant's First Set of Interrogatories;
5. Deposition transcript of Patrick Farris taken on October 11, 2018;
6. Deposition transcript of Titina Farris taken on October 11, 2018;
7. "REPORT ON PRESENT VALUE OF A LIFE CARE PLAN FOR MS.

TITINA FARRIS," dated October 9, 2018, Terrence Clauretie, Ph.D.;
8. "Life Expectancy Report Ms. Titina Farris," dated December 19, 2018, Scott Kush, M.D.;
9. "Life Care Plan for Titina Farris," dated December 19, 2018, Sarah Larsen, R.N.

My calculation report is enclosed with this letter, as are my CV, list of testimonies, and the company rate schedule. In order to complete my assignment, I have also considered information from the following sources:

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United States Bureau of Labor Statistics, United States Federal Reserve, the Social Security Administration, and the Centers for Medicare \& Medicaid Services.

## Response to Report of Terrence Clauretie, Ph.D.:

Dr. Clauretie's methodology for computing present value relies upon applying growth rates to the Dawn Cook life care plan, with two different growth rate categories: For home modifications, Dr. Clauretie assumes a future growth rate of $2.8 \%$; for "medical and professional costs," Dr. Clauretie assumes a future growth rate of $3.5 \%$ per year. The "medical and professional costs" growth rate of $3.5 \%$ is applied to all of the items in the Cook life care plan, with the exception of home modifications.

Dr. Clauretie's report indicates two sources for the "medical and professional costs" growth rate. One source is the "Forecast of future growth rate in non-medical labor from the 2018 Annual Report of the Trustees of the OASDI (if applicable)." No specific citation is provided for the page or table number where the underlying data is contained within the Trustees of the OASDI report.

The other source is "Forecast of future medical costs by Trustees of the United States Hospital and Supplementary Insurance Funds, 2018," for which Dr. Clauretie provides a link to a 2015 report titled " 2015 ANNUAL REPORT OF THE BOARDS OF TRUSTEES OF THE FEDERAL HOSPITAL INSURANCE AND FEDERAL SUPPLEMENTARY MEDICAL INSURANCE TRUST FUNDS." It is not clear why Dr. Clauretie would describe 2018 forecast data as being available in a 2015 publication. Furthermore, it is not clear exactly how the sources listed were used to arrive at the $3.5 \%$ growth rate assumption. Therefore, I cannot provide meaningful commentary at this time in response to Dr. Clauretie's methodology for concluding that costs for items placed in the "medical and professional costs" category will grow by $3.5 \%$ each and every year until 2047. If and when additional information is provided for this topic, I may augment or modify my comments as is appropriate.

Dr. Clauretie's report does not explain why he would place life care plan items such as a pool program, companion care, home maintenance and durable medical equipment into the "medical and professional costs" category. The Centers for Medicare and Medicaid Services publish price level projections for the years 2018-2026. For the category of Physician and Clinical Services, the Centers for Medicare and Medicaid Services estimates prices to increase an average of 2.2\% per year through 2026. The average projected price level increases for 2018-2026 for other

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categories are as follows: Durable Medical Equipment: 0.9\%; Home Health Care: $1.6 \%$. If Dr. Clauretie's analysis of future care costs were to rely upon growth rates ranging from $0.9 \%$ per year to $2.2 \%$ per year instead of $3.5 \%$, his present value calculations would be reduced accordingly.

Dr. Clauretie discounts future care costs based on recent yields for U.S. government bonds that mature each year until 2047. One of the problems inherent in using current rates is that they most likely will be different at the date of trial, at the date a potential award is paid, and at the time the recipient may choose to invest that award. While it is certainly the case that one can lock in today's near historically low rates, it is unreasonable to suggest that one cannot earn rates in excess of recent rates over the next 25-30 years. U.S. financial markets are still impacted by what Janet Yellen, former Chairman of the Federal Reserve, called the worst financial crisis since the Great Depression. Policies and financial conditions led to historically low interest rates starting around 2008, but interest rates have recently begun to climb. Furthermore, interest rate increases are widely forecast to continue. In my opinion, using recent low interest rates as the only basis for projecting future interest returns for the 25-30 years is not reasonable.

Furthermore, as noted above, the Trustees of the OASDI - a source utilized and cited in Dr. Clauretie's report, projects an average real interest rate of 2.7 percent, implying nominal returns of $5.3 \%$. If Dr. Clauetie were to utilize a $5.3 \%$ interest assumption for the future care cost analysis, the present cash values would be reduced significantly.

A method commonly used in the field of forensic economics for analyzing the present value of future cost of care involves examining long-run historical relationships for real interest returns (interest compared to general price inflation) and for real care cost growth rates (nominal growth compared to general price inflation). Such data is available from the Bureau of Labor Statistics and the Federal Reserve. My conclusions as to future cost of care are based on this type of analysis, and are contained in my calculation report, which is attached. My analysis results in higher net discount rates for future care than those implied by Dr. Clauretie's analysis.

## Closing:

In conclusion, please note that all work is based on information provided to date. As additional information is provided to me, I may augment or change my opinions. If you have any questions, please do not hesitate to contact me.

Mr. Chad C. Couchot December 19, 2018 Page 4 of 4

Sincerely,


Erik Volk, M.A.
Attachments

LIST OF TESTMMONIES

|  | Date | Name | Memo | Venue | Case No |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | 308 | Stoker v. Holdener | Deposition testimony. | San Joaquin | CV030509 |
|  | $5 / 08$ | Gilberston v. Cavanah | Deposition testimony. | Santa Cruz | CV156427 |
|  | $6 / 08$ | Walker v. Harf | Deposition testimony. | Sonoma | SCV238281 |
|  | $7 / 08$ | Gonzalez v. Couller | Tral Testimony. | Tulare | 821831/2006 |
|  | $8 / 08$ | Grififith v. Greenstein | Deposition testimony. | Contra Costa | C-07-01198 |
|  | $8 / 08$ | Love v. Maxwell | Deposition testimony. | Merced | 370100 |
|  | $9 / 08$ | Jones v. Kaiser | Deposition testimony. | Kaiser Arbitration | 8086 |
|  | $9 / 08$ | Waiker v. Harf | Trial Testimony. | Sonoma | SCV238281 |
|  | $9 / 08$ | Thomas v. LCA Vision | Deposition testimony. | Contra Costa | C 07-02199 |
|  | 10/08 | Johl v. CDCR | Deposition testimony. | Monterey | M85717 |
|  | $12 / 08$ | Jaworowski v. Mitchell Engineering | Trial Testimony. | San Francisco | CGC-07-469973 |
|  | 1/09 | Johl v. CDCR | Trial Testimony. | Monterey | M85717 |
|  | 3/09 | Boussina v. Kaiser | Deposition testimory. | Kaiser Arbitralion | N/A |
|  | $3 / 09$ | Simoni v. Williams | Deposition testimony. | Alameda | HG07312759 |
|  | $4 / 09$ | Lewis v. Mammoth | Deposition testimory. | USDC - Eastern District | 07-CV-00497-OWW-GSA |
|  | 5/09 | Turel v. St. Francis | Deposition testimony. | San Francisco | CGC-07-460735 |
|  | $6 / 09$ | Lopez-Smela v. City of Emeryville | Deposition testimony. | Alameda | RG08388373 |
|  | $6 / 09$ | Trotter v. Regents of UC | Deposition testimony. | Sacramento | 34-200800010695 |
|  | 6/09 | Lum v. Williams Towing | Deposition testimony. | San Francisco | CGC-08-471056 |
|  | $6 / 09$ | Moran v. Rivas | Deposition testimony. | Alameda | G05217822 |
|  | $6 / 09$ | Stephens v. Safeco | Arbitration testimony. | UIM Arbitration | Unassigned |
|  | $6 / 09$ | Elie v. Smith | Depasition testimony. | San Mateo | CIV 471364 |
|  | 7109 | Elie v. Smith | Trial Testimony. | San Mateo | CIV 471364 |
|  | $8 / 09$ | Woodthorp v. Aly | Trial Testimony. | Santa Cruz | CV 158898 |
|  | $8 / 09$ | Alvarado v. USA | Deposition testimony. | USDC - Eastern District | 1:06-cv-01381-OWW-DLB |
|  | 10/09 | Smith v. Stein | Deposition testimony. | Alameda | RG07-342763 |
|  | 11109 | Kruz v. ABM Janitorial | Deposition testimony. | Santa Clara | 108CV116101 |
|  | $11 / 09$ | Jackson v. American Express | Deposition testimony. | American Arbitration Association | 741600036209 JOG3 |
|  | 11109 | Humphrey v. Miller | Trial Testimony. | Alameda | HG07331865 |
|  | $11 / 09$ | Jackson v. American Express | Arbitration testimony. | American Arbitration Association | 741600036209 JOG3 |
|  | $12 / 09$ | Boccaleoni v. Bramer | Deposition testimony. | Mendocino | CVPM 08-52505 |
|  | 1/10 | Sturdevant v. Kaiser | Deposition testimony. | Kaiser Arbitration | 9292 |
|  | $1 / 10$ | Young v. Simpson | Deposition testimony. | San Luls Obispo | CV 080989 |
|  | 2110 | Love v. Maxwell | Trial Testimony. | Merced | 370100 |
|  | 2110 | Van Hom v. Hombeak | Deposilion testimony. | USDC - Eastem District | 1:08-cv-01622 LJO-DLB |
|  | 2110 | Smith v. Stein | Trial Testimony. | Alameda | RG07-342763 |
|  | 3110 | Richer v. Strand | Deposition testimony. | Los Angeles | PC 043690 |
|  | 4110 | Ford v. Kaiser | Deposition testimony. | Kaiser Astitration | 9337 |
|  | 5/10 | Ford v. Kaiser | Arbitration testimony. | Kaiser Arbitration | 9337 |
|  | $5 / 10$ | Kim v. KDF | Deposition testimony. | San Diego | 37-2008-00092250-CU-BT-CTL |
|  | 7110 | Dong v. Roberts | Deposition testimony. | Contra Costa | C09-01358 |
|  | 7110 | Roberts v. Genworth | Arbitration testimony. | Arbitration | ADRS Case No. 09-6187-LDK |
| $\cdots \square$ | 8110 | Sofranek v. County of Merced | Deposition testimony. | Merced | 148246 |
| $\pm 0$ | $8 / 10$ | Spath v. Finch | Deposition testimony. | Shasta | 162208 |


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| Name |
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| French v. Bemabe |
| Spath v. Finch |
| Smith v. Mercy San Juan |
| Wehr v. Fleming Distributing |
| Parker v. Poly Processing |
| Hall v. Kaiser |
| Parker v. Poly Processing |
| Wehr v. Fleming Distributing |
| Coronado v. State of Califomia |
| Coronado v. State of California |
| Wever v. County of Tuolumne |
| Lopez v. Allied |
| Desmond v. Sutter |
| Evans v. UC Regents |
| Hanamaikai v. Vandenover |
| Minjello v. PG\&E |
| Hanamaikai v. Vandenover |
| McCaslin v. Bobrik |
| Jackson et al. v. Federal Express |
| Taylor v. Optisolar |
| Engleman v. Watsonville |
| Schmieman v. Liongson |
| Jackson et al. v. Federal Express |
| John V.G. Doe v. Archdiocese of Los Angeles |
| Engleman v. Watsonville |
| Corona v SD Deacon |
| Homback v. Young |
| Webb v. Kaiser |
| Kissinger v. Epoca |
| Tuitasi v. Byal |
| Harmon v. Safeway |
| Gottlieb v. Equinox |
| Gramata v. Sears |
| Hairston v. UC Regents |
| Harmon v. Safeway |
| Casey v. Kramer |
| Cost v. Goldman |
| Vasquez v. Kaiser |
| Garcia v. St. Luke's Hospital |
| Felicity v. Foster Farms |
| John TZ Doe v. Doe 1 |
| Torres v. OC Communications |
| UIM Claim of Ann Gieseker |
| Clisura v. Wong |


| Memo | Venue | Case No |
| :---: | :---: | :---: |
| Deposition testimony. | Kings | 09C 0007 |
| Trial Testimony. | Shasta | 162208 |
| Trial Testimory. | Sacramento | 07AS02499 |
| Deposition testimony. | Sacramento | SCV23305 |
| Deposition testimony. | Napa | 26-48307 |
| Arbitration testimony. | Kaiser Artitration | 9602 |
| Trial Testimony. | Napa | 26-48307 |
| Trial Testimony. | Sacramento | SCV23305 |
| Deposition testimony. | Madera | MCV 043463 |
| Trial Testimony. | Madera | MCV 043463 |
| Deposition testimony. | Tuolumne | CV55216 |
| Deposition testimony. | Alameda | RG 10-521325 |
| Deposition testimony. | Sonoma | SCV 244206 |
| Deposition testimony. | Alameda | RG08428757 |
| Deposition testimony. | Monterey | M102285 and M105S06 |
| Trial Testimony. | San Francisco | CGC 09-493302 |
| Trial Testimony. | Monterey | M102285 and M105906 |
| Trial Testimony. | Sutter | CVCS07-0332 |
| Deposition testimory. | USDC, Central District, Western Division | CV10 1760 MMM (CW*) |
| Deposition testimony. | Alameda | RG 09456809 |
| Deposition testimony. | Santa Cruz | CISCV158407 |
| Trial Testimomy. | San Francisco | CGC10499984 |
| Trial Testimony. | USDC, Central District, Western Division | CV10 1760 MMM (CWx) |
| Depositlon testimony. | Los Angeles | JCCP 4286/BC412464 |
| Trial Testimony. | Santa Cruz | CISCV158407 |
| Deposition testimony. | Sacramento | 34-2009-000671476 |
| Deposition testimony. | Washoe County, Nevada | CV09-01990 |
| Deposition testimony. | Kaiser Arbitration | OLA 10594 |
| Deposition testimony. | San Francisco | CGC-10-496996 |
| Deposition testimony. | Alameda | HG10527875 |
| Deposition testimony. | Sonoma | SCV 248465 |
| Deposition testimony. | San Mateo | CIV487470 |
| Deposition testimony. | Santa Clara | 39-2009-00221730-CU-PA-STK |
| Trial Testimony. | Sacramento | 34-2009-00032610 |
| Trial Testimony. | Sonoma | SCV 248465 |
| Deposition testimony. | Alameda | RG 10530031 |
| Deposition testimony. | Sonoma | 244982 |
| Arbitration testimony. | Kaiser Arbitration | NA |
| Deposition testimony. | San Francisco | CGC-10-505673 |
| Deposition testimony. | Contra Costa | C-10-01576 |
| Deposition testimony. | San Joaquin | CV035092 |
| Deposition testimony. | Sacramento | 34-2010-00078456 |
| Arbitration testimony. | UIM Artitration | N/A |
| Deposition teslimony. | Alameda | RG-10-494572 |

Cohen Volk
LIST OF TESTIMONIES

|  | Date | Name | Memo | Venue | Case No |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | $01 / 12$ | Torres v. OC Communications | Trial Testimony. | Sacramento | 34-2010-00078456 |
|  | 02412 | Clisura v. Wong | Trial Testimony. | Alameda | RG-10-494572 |
|  | 0212 | Metzger v. Wells Fargo | Trial Testimony. | Marin | CNV1004997 |
|  | 03/12 | Hammonds vs. Stanford | Deposition testimony. | Santa Clara | 1-09-CV-142275 |
|  | 03/12 | Hunting v. Xium | Deposition testimony. | USDC - Eastern District | 1:10-CV-01844-OWW-JLT |
|  | 03/12 | Maniolle v. Volvo | Deposition testimony. | USDC - Northern District | C-09-4250 MMC |
|  | 04/12 | Burkett v. Ace Tile | Trial Testimony. | Fresno | O9CECG01732 AMS |
|  | 04/12 | Murphy v. CRDC | Trial Testimony. | San Francisco | CGC-11-510541 |
|  | 05/12 | Wong v. AAA | Arbitration testimony. | Artitration | N/A |
|  | 05/12 | Maniolle v. Volvo | Trial Testimony. | USDC - Northem District | C09-01209 |
|  | 05/12 | John TH Doe v. Roman Catholic Bishop of Orange | Deposition testimony. | Orange | 30-2008-00046614 |
|  | 06/12 | Wale v. Bristol Park Medical Group | Deposition testimony. | Orange | 30-2010-00408309 |
|  | 07112 | Guajardo v. Federighi Design | Deposition testimony. | Contra Costa | C11-00584 |
|  | 08/12 | Lavergne v. Sutter Medical Group | Deposition testimony. | Sacramento | 34-2010-00086267 |
|  | 08/12 | Slarve v. Coufal | Deposition testimony. | Contra Costa | C09-02127 |
|  | 08/12 | Cresser v. Isenhart | Deposition testimony. | Del Norte | CVUJ08-1021 |
|  | 08/12 | Khínani v. Stevens Creek Toyota | Deposition testimony. | Santa Clara | 1-10-CV-172612 |
|  | 09/12 | Slarve v. Coufal | Trial Testimomy. | Contra Costa | C09-02127 |
|  | 09/12 | Fehrenbach v. Bodisco | Deposition testimony. | Alameda | RG 10-521325 |
|  | $10 / 12$ | Burnham v. Truckee Tahoe Medical Group | Deposition testimony. | Nevada County, CA | T10/4206C |
|  | 10/12 | Hirshberg v. The Cooper Companies | Deposition testimony. | Alameda | RG11574879 |
|  | 11/12 | Kelly v. Safeway | Trial Testimony. | Alameda | RG 11597543 |
|  | 11/12 | Wright v . Minix | Deposition testimony. | Sacramento | 34-2010-00081328 |
|  | 12112 | Ruigomez v. PG\&E | Deposition testimony. | San Mateo | 4648 A |
|  | $12 / 12$ | Davis v. Goodwill Industries | Deposition testimony. | Sonoma | SCV-251137 |
|  | 1/13 | Pierce v. OB-GYN Associates of Santa Cruz | Deposition testimony. | Sania Cruz | CV 172334 |
|  | 1/13 | Garabedian vs. BART and Contra Costa County | Deposition testimony. | Alameda | RG11575882 |
|  | 1/13 | Kissinger v. Epoca | Trial Testimony. | San Francisco | CGC-10-496996 |
|  | 1/13 | Guajardo v. Federighi Design | Trial Testimony. | Contra Costa | C11-00584 |
|  | 1/13 | Carroll v. Figuerres | Trial Testimony. | Monterey | M113888 |
|  | 1/13 | Hughes v. Dominican Hospital | Deposition testimony. | Santa Cruz | CV172782 |
|  | 213 | Villagomez v. Postel | Deposition testimony. | San Mateo | CIV512004 |
|  | 213 | Rodrigues v. St. Helena Hospital | Deposition testimony. | Solano | FCS035726 |
|  | 213 | Botelho v. Memorial Hospital of Los Banos | Deposition testimomy. | Merced | CU151886 |
|  | 213 | Guterres v. Horodyski | Deposition testimony. | Solano | FCS032869 |
|  | 3/13 | Emerson v. Alta Bates | Deposition testimony. | Alameda | RG09474670 |
|  | $4 / 13$ | Edwards v. Escrow of the West | Deposition testimany. | Los Angeles | BC 453397 |
|  | $4 / 13$ | Schmidig v. Castro, et al. | Deposition testimony. | Santa Cruz | CV168832 |
|  | 4/13 | Edwards v. Escrow of the West | Trial Testimony. | Los Angeles | BC 453397 |
|  | $4 / 13$ | Dom v. Granlund | Deposition testimony. | Butle | 152861 |
|  | 5/13 | Goldberg v. Regents of UC | Deposition testimony. | San Francisco | CGC-10-502054 |
|  | $5 / 13$ | Dom v. Granlund | Trial Testimony. | Butte | 152861 |
| $\stackrel{\square}{\square}$ | $5 / 13$ | Ziolkowski v. OSL Projects | Deposition testimony. | San Francisco | 11-515954 |
| $\pm 6$ | $5 / 13$ | Coyle v. County of Del Norte | Depositlon testimony. | Del Norte | CVPM07-1572 |

## Cohen Volk

ERIK VOLK

| Memo | Venue | Case No |
| :---: | :---: | :---: |
| Deposition testimony. | Clark County, NV | A-10-630441-C |
| Deposition testimany. | San Francisco | RG12634817 |
| Deposition testimony. | San Francisco | CGC-12-517558 |
| Deposition testimony. | Madera | MCV054279 |
| Deposition testimony. | Merced | 11 C 0407 |
| Deposition testimony. | Kaiser Arbitration | N/A |
| Deposition testimony. | Fresno | 12 CE CG 01086 |
| Deposition testimony. | Kern | S-1500-CV-275839, WDP |
| Deposition testimony. | Los Angeles | BC 354744 |
| Trial Testimony. | Fresno | 12 CE CG 01086 |
| Deposition testimony. | San Bemardino | CIVDS1106795 |
| Trial Testimony. | Santa Cruz | CV 172334 |
| Deposition testimony. | San Mateo | CIV 510631 |
| Depositian testimony. | Sonoma | SCV251218 |
| Deposition testimony. | Contra Costa | MSC09-00632 |
| Deposition testimony. | Solano | FCS033503 |
| Trial Testimony. | Sonoma | SCV251218 |
| Deposition testimony. | Kaiser Arbitration | NA |
| Trial Testimony. | San Francisco | CGC-11-516561 |
| Arbitration testimony. | Kaiser Artitration | N/A |
| Deposition testimony. | San Bernardino | CIVDS 1200820 |
| Deposilion testimony. | Santa Clara | 112CV222724 |
| Deposition testimony. | Kaiser Adtitration | Abitration No. 11782 |
| Arbiration testimony. | Kaiser Arbitration | Arbitration No. 11782 |
| Deposition testimony. | Alameda | RG11603512 |
| Arbitration testimony. | Kaiser Arbitration | NA |
| Deposition testimony. | Sacramento | 34-2011-00104589 |
| Deposition testimony. | Contra Costa | MSC12-01549 |
| Trial Testimony. | USDC - Eastern District | 2:11-CV-02986-KJM-DAD |
| Trial Testimony. | Santa Cruz | CV172782 |
| Deposition testimony. | Alameda | RG10543161 |
| Trial Testimony. | Contra Costa | MSC12-01549 |
| Deposition testimony. | San Francisco | CGC-11-514969 |
| Deposition testimony. | San Francisco | CGC-12-524936 |
| Trial Testimony. | San Joaquín | 39-2011-00258291-CU-MM-STK |
| Deposition testimony. | Sacramento | 34-2011-00099829 |
| Deposition testimony. | San Mateo | CIV 513490 |
| Trial Testimony. | Alameda | HG12612812 |
| Deposition testimony. | Madera | MCV061942 |
| Deposition testimony. | Kaiser Arbitration | N/A |
| Deposition testimony. | Underinsured Motorist Arbitration | 1015480136-1-5 |
| Deposition testimony. | Placer | S-CV-0027264 |
| Deposition testimony. | Contra Costa | CIVMSC09-01786 |
| Arbitration testirnony. | Kaiser Arbitration | N/A |

ERIK VOLK
LIST OF TESTMONIES

|  | Date | Name | Memo | Venue | Case No |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | 7/14 | Walker v. Women's Healthcare of Redding | Deposition testimony. | Shasta | 177425 |
|  | $7 / 14$ | Gardner v. Farmers insurance | Arbitration testimony. | Underinsured Motorist Arbitration | 1015480136-1-5 |
|  | 8/14 | Martinez v. Rite Aid | Deposition testimony. | Los Angeles | BC 401746 |
|  | 8/14 | O'Hearn v. Friedlander | Trial Testimony. | Placer | SCV0032000 |
|  | 8/14 | Yeh v. Fung | Deposition testimony. | San Francisco | CGC-12-524157 |
|  | 9/14 | Cuevas vs. Contra Costa County | Trial Testimony. | Conita Costa | CIVMSC09-01786 |
|  | 10/14 | Regan v. Moultor-Barrett | Deposition testimony. | Alameda | RG12644025 |
|  | 10/14 | Poole v. Sutler | Deposition testimony. | San Francisco | CGC-12-518002 |
|  | 10/14 | A.M., a minor, et al. v. LAUSD (three plaintiffs) | Deposition testimony. | Los Angeles | BC4B4111 |
|  | 10/14 | Gross v. Lucile Satter Packard Children's Hospital | Deposition testimony. | Santa Clara | 1-11-CV-214925 |
|  | 10/14 | Armstrong v. UC Regents | Deposition testimony. | San Francisco | CGC-13-533443 |
|  | 10/14 | Regan v. Moulton-Barrett | Trial Testimony. | Alameda | RG12644025 |
|  | 11/14 | DeOllveira vs. Kaiser | Arbitration festimony. | Kaiser Arbitration | NA |
|  | 1214 | Armstrong v. UC Regents | Trial Testimony. | San Francisco | CGC-13-533443 |
|  | 1214 | Palacio vs. U.S. | Deposition testimony. | USDC - Eastern District | 2:13-CV-01012-JAM-CKD |
|  | 1/15 | Zagon v. Camichael Care | Deposition testimony. | Sacramento | 34-2012-118019 |
|  | 1/15 | Poole v. Sutter | Trial testimony. | San Francisco | CGC-12-518002 |
|  | $2 / 15$ | Gordon v. East Bay Golden Cab | Deposition testimony. | Alameda | RG12625551 |
|  | $2 / 15$ | G.M. and MoGrath v. LAUSD | Deposition testimony. | Los Angeles | BC493898 |
|  | $2 / 15$ | Jane CAJ Doe vs. Pathpoint | Deposition testimony. | Los Angeles | PC 052205 |
|  | 215 | G.M. and McGrath v. LAUSD | Trial testimony. | Los Angeles | BC493898 |
|  | 3/15 | Thakur v. Maduri | Deposition testimany. | Santa Clara | 1-13-CV-241324 |
|  | 3/15 | J.B. Development v. Brelle West | Trial Testimony. | Placer | S-CV-0027264 |
|  | 3/15 | First Service Credit Union v. United Road Towing | Deposition testimony. | Clark County, NV | A-10-616806-C |
|  | 3/15 | Cortez v. Sytu | Trial Testimony. | Madera | MCV061942 |
|  | 3/15 | Hernandez v. DirecTV | Deposition testimony. | Placer | SCV0033601 |
|  | 3/15 | Valdez v. Salinas Valley Hospital | Deposition testimany. | Monterey | M 102561 |
|  | 3/15 | First Service Credit Union v. United Road Towing | Trial Testimony. | Clark County, NV | A-10-616805-C |
|  | 4/15 | Gonzalez v. Metro Taxi Cab | Deposition testimony. | Alameda | RG 13688030 |
|  | $4 / 15$ | Navarro v. Pacific Basin Milling | Deposition testimony. | Yolo | P010-1331 |
|  | $4 / 15$ | Valdez v. Salinas Valley Hospital | Trial Testimony. | Monterey | M 102561 |
|  | $5 / 15$ | Morales V. Рала | Deposition testimony. | Fresno | 13 CE CG 00942 |
|  | 5/15 | Mallen v. CPMC | Deposition testimony. | San Francisco | CGC13-534704 |
|  | 5/15 | Sharma v. Methodist Hospital | Deposition testimony. | Sacramento | 34-2013-00138981 |
|  | 5/15 | Gonzalez v. Metro Taxi Cab | Trial Testimony. | Alameda | RG 13688030 |
|  | 5/15 | Ajemian v. Cupertino Square Shopping Center | Deposition testimony. | Santa Clara | 110CV178249 |
|  | 5/15 | Sedano v. USA | Deposition testimomy. | USDC - Eastern District | 1:14-CV-00192-LJO-JLP |
|  | 6/15 | Shama v. Methodist Hospital | Trial Testimony. | Sacramento | 34-2013-00138981 |
|  | $6 / 15$ | Powell v. Fuentes | Deposition testimony. | Shasta | 179557 |
|  | $7 / 15$ | John J.B. Doe vs. Aspen Education | Deposition testimony. | Arbitration | 72-420-01086-11 |
|  | $7 / 15$ | Bianchi v. CSAA Insurance Exchange | Deposition testimony. | Arbitration | ARB - UIM |
|  | $7 / 15$ | Bianchi v. CSAA Insurance Exchange | Arbitration testimony. | Artitration | ARB - UIM |
| $\vec{\square}$ | $7 / 15$ | Kumar v. Kaiser | Arbitration testimony. | Arbitration | N/A |
| $\rightarrow 0$ | $8 / 15$ | Herger v. Cammanosano | Deposition testimony. | Yolo | No. PO 11-2750 |

LIST OF TESTIMONIES

| Date |
| :--- |
|  |
| $8 / 15$ |
| $9 / 15$ |
| $9 / 15$ |
| $9 / 15$ |
| $9 / 15$ |
| $10 / 15$ |
| $10 / 15$ |
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| 12115 |
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| $8 / 16$ |
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| Name |
| :---: |
| Drake v. DeRose |
| Murphy v. Yu |
| John TDC Doe v. LAUSD |
| Ficklin v. AAA |
| Palacio vs. U.S. |
| Baldacchino v. Kaiser |
| Eaglin v. Metzgar |
| John TDC Doe v. LAUSD |
| Engle v. Early |
| Ficklin v. AAA |
| Barulich v. Johnson |
| McKenzie v. Coyle |
| Drew v. Siskiyou Medical Group |
| Herger v. Cammarosano |
| Lam v. City of San Jose |
| Blackman v. Kaiser |
| Skirner v. Country Builders Construction |
| Blackman v. Kaiser |
| Gholson v. Wiebe |
| Urano v. Intemational Surfacing Systems |
| Muniz v. Van Rein |
| Nersesyan $\mathbf{v}$. Wilcoxen |
| Jeppson v. Romanowsky |
| Jane SM Doe v. Massage Green |
| Stevers v. Jiffy Lube International, Inc. |
| Portillo v. Gossman |
| Nersesyan v. Wilcoxen |
| Waltrip v. Abidi |
| Vogel v. St. Louise Regional Hospital |
| Stevens v. Jiffy Lube International, Inc. |
| Stevens v. Jiffy Lube Intemational, Inc. |
| Huoh v. Bentolila |
| Kelley v_Landeck |
| Sangervasi v. Kaiser |
| Sangervasi v. Kaiser |
| Bamberg v. Westfield LLC |
| Simpson v. Sutter Solano |
| Barajas v.Erickson |
| Lopez v. Weiss, M.D. |
| Pamell v. Centennial |
| Andronico v. The Stinking Rose |
| John VZ Doe vs. Hesperia Unified School District |
| Jaquez v. Rackley |
| Lopez v. Weiss, M.D. |


| Memo | Venue | Case No |
| :---: | :---: | :---: |
| Deposition testimony. | Washoe County, Nevada | CV 1301103 |
| Deposition testimony. | San Francisco | CGC-14-536963 |
| Deposition testimony. | Los Angeles | BC543015 |
| Deposition testimony. | Arbitration | N/A |
| Trial Testimony. | USDC - Eastern District | 2:13-CV-01012-JAM-CKD |
| Arbitration testimony. | Arbitration | N/A |
| Deposition testimony. | Alameda | RG14-710653 |
| Trial Testimony. | Los Angeles | BC543015 |
| Deposition testimony. | Alameda | RG13702017 |
| Arbitration testimony. | Arbitration | N/A |
| Deposition testimony. | San Maieo | CIV530635 |
| Deposition testimony. | Sonoma | SCV-256463 |
| Deposillon testimony. | Siskiyou | SCCV 11-1022 |
| Trial Testimony. | Yolo | No. PO 11-2750 |
| Trial Testimony. | USDC - Northem District | 14-cv-00877 PSG |
| Deposition testimony. | Kaiser Arbitration | No. 13453 |
| Deposition testimony. | Alameda | RG14718031 |
| Arbitration testimony. | Kaiser Arbitration | No. 13453 |
| Deposition testimony. | Los Angeles | S-1500-CV-277699-1hb |
| Deposition testimony. | Contra Costa | C11-02131 |
| Trial Testimony. | Sacramento | 34-2012-00130385 |
| Deposition testimony. | Sacramento | 34-2013-00140432 |
| Deposition testimony. | Santa Clara | 113 CV 252113 |
| Deposition testimony. | Riverside | MCC1400308 |
| Deposition testimony. | American Arbitration Association | No. 01-15-0005-2190 |
| Trial Testimony. | San Mateo | CIV 513490 |
| Arbitration lestimony. | Sacramento | 34-2013-00140432 |
| Deposition testimony. | Santa Cruz | CV 178574 |
| Deposition testimony. | Santa Clara | 114 CV 265419 |
| Deposition testimony. | American Arbitration Association | No. 01-15-0005-2190 |
| Arbitration testimony. | American Arbiration Association | No. 01-15-0005-2190 |
| Deposition testimony. | San Francisco | CUD-13-646863 |
| Deposition testimony. | Alameda | RG15757496 |
| Deposition testimony. | Kaiser Arbitration | N/A |
| Arbitration testimony. | Kaiser Arbitration | N/A |
| Deposition testimony. | Los Angeles | BC518215 |
| Trial Testimony. | Solano | FCS042780 |
| Deposition testimony. | Monterey | GNM120928 |
| Deposition testimony. | Sonoma | SCV 252729 |
| Deposition testimony. | Clark County, NV | A-14710329-C |
| Deposition testimony. | San Francisco | CGC15545899 |
| Deposition testimony. | San Bemardino | CIVDS1410904 |
| Deposition testimony. | Santa Clara | 115 CV 283531 |
| Trial Testimony. | Sonoma | SCV 252729 |

## ERIK VOLK

Cohen Volk
LIST OF TESTIMONIES

|  | Date | Name | Memo | Venue | Case No |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | $9 / 16$ | Ugur v. Garg, M.D. | Deposition testimony. | San Mateo | CIV 531517 |
|  | 10/16 | Miller v. Sutter Amador | Depasition testimony. | Amador | 13-CV-8253 |
|  | 10/16 | Lo v. Greater Fresno | Trial Testimony. | Fresno | 15CECG00854 MWS |
|  | 11/16 | Egbert v. Budman | Deposition testimony. | Sonama | SVC 256303 |
|  | 11/16 | John JS, John PB and John NC Doe vs. Fullerton | Deposition testimony. | Orange | 30-2014-00763793-CU-PO-CJC |
|  | 11/16 | Jane SM Doe v. Massage Green | Trial Testimony. | Riverside | MCC1400308 |
|  | 12/16 | Su v. Vavinek | Deposition testimony. | San Francisco | CGC-15-548830 |
|  | $12 / 16$ | Barajas v. Erickson | Trial Testimony. | Monterey | GNM120928 |
|  | 1216 | Natvig v. Toy | Deposition testimony. | San Francisco | CGC-15-543719 |
|  | 12116 | Jackson v. Setzer | Deposition testimony. | Sacramento | 34-2015-00173787 |
|  | 12116 | Walker v. Suntind | Depasition testimony. | Sonoma | SCV-256269 |
|  | 1/17 | Diemandezi v. RLJ Lodging Trust | Deposition testimony. | Alameda | RG15759540 |
|  | 1/17 | Baxter v. Dignity Health et al. | Deposition testimony. | Clark County, NV | A-13-687208-C |
|  | $1 / 17$ | Doty v. Eden Medical Center et al. | Deposition testimony. | Alameda | RG14738936 |
|  | 1/17 | Diemandezi v. RLJ Lodging Trust | Trial Testimony. | Alameda | RG15759540 |
|  | 1/17 | Jendayiv. Leister | Deposition testimony. | Alameda | RG15781124 |
|  | 1/17 | Chapman v. Hodhod | Deposition testimony. | Orange | 30-2015-00771890-CU-PO-CJC |
|  | 2117 | Favro v. State of California | Deposition testimony. | Contra Costa | MSCC13-01934 |
|  | 217 | Doty v. Eden Medical Center et al. | Trial Testimony. | Alameda | RG14738936 |
|  | 217 | Towey v. Longoria | Trial Testimony. | Sacramento | 34-2014-00161165 |
|  | 2117 | Doe v. Marten | Trial Testimony. | San Francisco | CPF-11-511337 |
|  | 3/17 | Cahill v. Wausau Insurance Company | Arbitration testimony. | JAMS Arbitration | 1100084909 |
|  | 3/17 | Malouf v. 24-Hour Fitness | Deposition testimony. | San Francisco | CGC-14-541025 |
|  | 3/17 | Galvin v. Green Earth Development | Deposition testimony. | Contra Costa | MSC1300970 |
|  | 3/17 | Phommachakr v. Regents of UC | Deposition testimony. | Sacramento | 34-2016-00191498 |
|  | $3 / 17$ | Lara v. Sutter Davis | Trial Testimony. | USDC - Eastem District | 2:14-Cv-2053 KJN KJM |
|  | $4 / 17$ | Kuster v. Sutti \& Associates | Deposition testimony. | San Francisco | CGC-15-546169 |
|  | $4 / 17$ | Hagan v. Army and Navy Academy | Deposition testimony. | San Diego - North County | 37-2014-00009527-CU-PO-NC |
|  | $4 / 17$ | Abebe v. Kaiser | Deposition testimony. | Kaiser Arbilration | N/A |
|  | $4 / 17$ | Dacosta v. Valleycare | Deposition testimony. | Alameda | RG15762040 |
|  | $4 / 17$ | Frias v. Caffornia Materials | Deposition testimony. | San Joaquin | 39-2015-00329427-CU-PO-STK |
|  | $5 / 17$ | Espana v. Alegre | Deposition testimony. | San Joaquin | 39-2014-00312463-CU-PN-STK |
|  | $5 / 17$ | Kuster v. Sutti \& Associates | Triar testimony. | San Francisco | CGC-15-546169 |
|  | 6117 | Lewis v. Ecosmart | Deposition testimony. | Sonoma | SCV-256907 |
|  | $6 / 17$ | Hennager v. Salas | Deposition testimony. | San Benito | CU-15-00016 |
|  | 5/17 | Frias v. Califomia Materials | Trial Testimony. | San Joaquin | 39-2015-00329427-CU-PO-STK |
|  | $6 / 17$ | Danker v. Old Republic | Deposition testimony. | Underinsured Motorist Arbitration | Unassigned |
|  | $6 / 17$ | Molina v. Ensign | Deposition testimony. | Kem | S-1500-CV280995-LHB |
|  | 6/17 | Hagan v. Army and Navy Academy | Trial Testimony. | San Diego - North County | 37-2014-00009527-CU-PO-NC |
|  | $6 / 17$ | Bano v. Fluker | Deposition testimony. | Alameda | RG15792304 |
|  | $6 / 17$ | Egbert v. Budman | Trial Testimony. | Sonoma | SVC 256303 |
|  | 7177 | Nawabi v. State of Calfomia | Deposition testimony. | San Joaquin | 39-2013-00304284-CU-PA-STK |
|  | $7 / 17$ | Hofmann v. Board of Trustees of CSU | Deposition testimony. | San Francisco | CGC-16-549831 |
| $\square 1$ | 7177 | Evans v. AC Transil | Deposition testimany. | Alameda | RG16825093 |

## Cohen Volk <br> ERIK VOLK

## LST OF TESTIMONIES

| Memo | Venue | Case No |
| :---: | :---: | :---: |
| Deposition testimony. | San Francisco | CGC-14-543008 |
| Deposition testimony. | Sacramento | 34-2013-00155132 |
| Arbitration testimony. | Kaiser Arbitration | NA |
| Deposition testimony. | San Francisco | CGC-15-543720 |
| Arbitration testimony. | Underinsured Motorist Arbitration | N/A |
| Deposition testimony. | Yolo | PO15-543 |
| Deposition testimony. | Alameda | RG15796088 |
| Trial Testimony. | San Francisco | CGC-15-543720 |
| Trial Testimony. | San Mateo | CIV537912 |
| Trial Testimony. | Amador | 13-CV-8253 |
| Deposition testimony. | San Bernardino | CIVDS1418836 |
| Deposition testimony. | King County, WA | No. 16-2-05076-0 KNT |
| Deposition testimony. | Santa Clara | 114 CV 258924 |
| Deposition testimony. | Humboldt | DR140177 |
| Deposition festimony. | Fresno | 13CECG03906 |
| Deposition testimony. | Alameda | AG16-811648 |
| Deposition testimony. | Contra Costa | CIVMSC13-00167 |
| Trial Testimony. | Contra Costa | C14-01279 |
| Deposition testimony. | Clark County, NV | A-16-748252-C |
| Deposition testimony. | San Joaquin | UPI-2013-0012146 |
| Deposition testimony. | San Diego | 37-2015-00037520-CU-NP-CTL |
| Deposition testimony. | Napa County | 26-66881 |
| Trial Testimony. | Clark County, NV | A-15-714369-C |
| Trial Testimony. | San Diego | 37-2015-00037520-CU-NP-CTL |
| Deposition testimory. | San Francisco | CGC-15-549645 |
| Deposition testimony. | Contra Costa | C15-00333 |
| Deposition testimony. | Alameda | AG16-811648 |
| Trial Testimony. | Contra Costa | CIVMSC13-00167 |
| Deposition testimony. | Santa Cruz | 16CV03210 |
| Trial Testimony. | Napa County | 26-66881 |
| Trial Testimony. | Fresno | 13CECG03906 |
| Trial Testimony. | San Mateo | CIV 536328 |
| Deposition testimony. | Merced | 16CV-02137 |
| Deposition testimony. | Placer | SCVOO34326 |
| Deposition testimony. | USDC - Northem District | 3:16-cv-6744 SK |
| Deposition testimony. | San Francisco | CGC16554706 |
| Deposition testimony. | Los Angeles | BC 610421 |
| Deposition testimony. | Sacramento | 34-2014-00170698 |
| Arbitration testimony. | Kaiser Arbitration | NA |
| Trial Testimony. | Sacramento | 34-2014-00170698 |
| Deposition testimony. | Contra Costa | C15-01484 |
| Deposition testimony. | San Francisco | CGC-17-556945 |
| Deposition testimony. | San Francisco | CGC-16-556125 |
| Deposition testimony. | Santa Clara | 115CV282466 |

## Cohen Volk

ERIK VOLK
LIST OF TESTIMONIES

| Date | Name |
| :---: | :---: |
| 7118 | Nava v. Doaba Enterpises |
| 7118 | Woodruff v. PG\&E |
| 7118 | Kang v. Robertson |
| 7118 | White v. Subramanyan |
| 7118 | Ruel v. Kaiser |
| 7118 | Yee v. Boucher |
| 7118 | Yuan v. The Legends at Wallow Creek, et al. |
| 8/18 | Zheng v. Lee |
| 8/18 | Ruel v . Kaiser |
| $8 / 18$ | Gutierrez v. Santa Rosa Memorial Hospital |
| 8/18 | Ruel v. Kaiser |
| 9/18 | Yuan v. The Legends at Willow Creek, et al. |
| $9 / 18$ | Hole v. Sutter Roseville Medical Center |
| 9/18 | Hardy v. Cardinale |
| 9/18 | Thunderbutte v. Deatsch |
| 10118 | Malcolm v. Ralston |
| 10/18 | Trujillo v. McKinley Holdings |
| 10/18 | Borra v. Gnekow Family Winery |
| 11/18 | Velazquez v. Singh |
| 12118 | Phillips v. State of Califomia |
| 12118 | Borra v. Gnekow Family Winery |
| $12 / 18$ | Brown v. CSAA |


| Memo | Venue | Case No |
| :---: | :---: | :---: |
| Deposition testimony. | Santa Clara | 113CV244525 |
| Trial Testimony. | San Francisco | CGC-16-556125 |
| Deposition testimony. | Contra Costa | C16-01108 |
| Trial Testimony. | San Francisco | CGC-14-541404 |
| Deposition testimony. | Kaiser Arbitration | N/A |
| Deposition testimany. | Santa Clara | 16CV298399 |
| Deposition testimany. | Sacramento | 34-2015-00186315 |
| Deposition testimony. | San Francisco | CGC-17-568431 |
| Deposition testimony. | Kaiser Arbitration | NA |
| Deposition testimony. | USDC - Northem District | No. 3:16-CV-02645-SI |
| Arbitration testimony. | Kaiser Arbitration | NA |
| Deposition testimony. | Sacramento | 34-2015-00186315 |
| Trial Testimony. | Placer | SCVOO34326 |
| Deposition testimony. | San Francisco | CGC 17-558413 |
| Deposition testimony. | El Dorado | PC 20160539 |
| Deposition testimony. | San Francisco | CGC 17-588567 |
| Deposition testimony. | Sacramento | 34-2016-00197307 |
| Deposition festimony. | Stanislaus | 2023168 |
| Deposition testimony. | Sacramento | 34-2016-00196290-CU-PA-GDS |
| Deposition testimony. | Madera | MCV 075805 |
| Trial testimony. | Stanislaus | 2023168 |
| Arbitration testimony. | Uninsured Motorist Arbitration | N/A |

COHEN | VOLK ECONOMIC CONSULTING GROUP

FUTURE CARE COST REPORT Valuation of Life Care Plan Prepared by Sarah Larsen

Farris v. Rives

Major Assumptions:
Private Pay
Based on 21.5 Additional Years at Age 56.2, Per Dr. Kush

## Table 1A

## Summary of Future Cost to Care for Titina Farris <br> Private Pay <br> Option I: Direct Hire (90\%)

|  |  | Present Value |  |
| :--- | :--- | :--- | ---: |
| Table 3A: | Home Care | $\$$ | 409,338 |
| Table 4: | Future Medical Care | $\$$ | 27,453 |
| Table 5: | Wheelchair Needs | $\$$ | 4,790 |
| Table 6: | Durable Medical Equipment and Supplies | $\$$ | 599 |
| Table 7: | Projected Therapeutic Modalities | $\$$ | 10,789 |
| Table 8: | Orthotics | $\$$ | 1,715 |
| Table 9: | Transportation | $\$$ | 52,626 |

Table 1B

## Summary of Future Cost to Care for Titina Farris <br> Private Pay <br> Option II: Agency Hire

|  |  | Present Value |  |
| :--- | :--- | ---: | ---: |
| Table 3B: | Home Care | $\$$ | 450,787 |
| Table 4: | Future Medical Care | $\$$ | 27,453 |
| Table 5: | Wheelchair Needs | $\$$ | 4,790 |
| Table 6: | Durable Medical Equipment and Supplies | $\$$ | 599 |
| Table 7: | Projected Therapeutic Modalities | $\$$ | 10,789 |
| Table 8: | Orthotics | $\$$ | 1,715 |
| Table 9: | Transportation | $\$$ | 52,626 |

## Table 2

## Actuarial Data

| Date of Birth: | $10 / 24 / 1962$ |  |
| :--- | :--- | :--- |
| Date of Valuation: | $3 / 18 / 2019$ |  |
| Age at Date of Valuation: | 56.40 | years |
| Life Expectancy at Date of Valuation (1): | 21.30 | years |

[^1]
## Future Care Costs

Home Care
Option I：Direct Hire（ $90 \%$ ）

| Description（1）： | Age | Dates |  |  | Period | Frequency | Unit Cost |  | Annual Cost |  | NDR | Present Cash <br> Value |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Direct Hire Attendant（90\％） | 56.40 | 3／18／2019 | － | 7／4／2040 | 21.30 | 2－4hr／day | \＄ | 16.52 | \＄ | 16，292 | 2．25\％ | \＄ | 276，385 |
| Agency Hire Attendant（10\％） | 56.40 | 3／18／2019 | － | 7／4／2040 | 21.30 | 2－4hr／day | \＄ | 21.50 | \＄ | 2，356 | 2．25\％ | \＄ | 39，968 |
| Payroll Service | 56.40 | 3／18／2019 | － | N／A | N／A | 1x | \＄ | 200.00 |  | N／A | N／A | \＄ | 200 |
| Payroll Service | 56.40 | 3／18／2019 | － | 7／4／2040 | 21.30 | 1x／2wk | \＄ | 56.00 | \＄ | 1，456 | 2．25\％ | \＄ | 24，700 |
| Advertising，etc． | 56.40 | 3／18／2019 | － | 7／4／2040 | 21.30 | 1x／yr | \＄ | 1，000 | \＄ | 1，000 | 2．25\％ | \＄ | 16，964 |
| Housekeeping | 56.40 | 3／18／2019 | － | 7／4／2040 | 21.30 | 2－4hr／mo | \＄ | 65.77 | \＄ | 2，368 | 2．25\％ | \＄ | 40，172 |
| Case Management | 56.40 | 3／18／2019 | － | 7／4／2040 | 21.30 | 4－8hr／yr | \＄ | 105.00 | \＄ | 630 | 2．00\％ | \＄ | 10，949 |
| Total Care Costs： |  |  |  |  |  |  |  |  |  |  |  | \＄ | 409，338 |

[^2]
## Table 3B

## Future Care Costs <br> Home Care <br> Option II：Agency Hire

| Description（1）： | Age | Dates |  |  | Period | Frequency | Unit Cost |  | Annual Cost |  | NDR | Present Cash Value |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Agency Hire Attendant | 56.40 | 3／18／2019 | － | 7／4／2040 | 21.30 | 2－4hr／day | \＄ | 21.50 | \＄ | 23，559 | 2．25\％ | \＄ | 399，666 |
| Housekeeping | 56.40 | 3／18／2019 | － | 7／4／2040 | 21.30 | 2－4hr／mo | \＄ | 65.77 | \＄ | 2，368 | 2．25\％ | \＄ | 40，172 |
| Case Management | 56.40 | 3／18／2019 |  | 7／4／2040 | 21.30 | 4－8hr／yr | \＄ | 105.00 | \＄ | 630 | 2．00\％ | \＄ | 10，949 |
| Total Care Costs： |  |  |  |  |  |  |  |  |  |  |  | \＄ | 450，787 |

1 －Future care costs per＂Life Care Plan for Titina Farris，＂prepared by Olzack Healthcare Consulting，Inc．，dated December 19， 2018.

## Table 4

Future Care Costs
Future Medical Care

| Description (1): | Age | Dates |  |  | Period | Frequency | Unit Cost |  | Annual <br> Cost |  | NDR | Present Cash Value |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| PM\&R - Evaluation | 56.40 | 3/18/2019 | - | N/A | N/A | 1 x | \$ | 377.00 |  | A | N/A | \$ | 377 |
| PM\&R - Follow-Up | 56.40 | 3/18/2019 | - | 7/4/2040 | 21.30 | $4 \mathrm{x} / \mathrm{yr}$ | \$ | 127.00 | \$ | 508 | 1.50\% | \$ | 9,273 |
| Podiatrist - Evaluation | 56.40 | 3/18/2019 | - | N/A | N/A | 1x | \$ | 125.00 |  | A | N/A | \$ | 125 |
| Podiatrist - Initial Yr | 56.40 | 3/18/2019 | - | 3/17/2020 | 1.00 | 6-12x/yr | \$ | 47.50 | \$ | 428 | 1.50\% | \$ | 425 |
| Podiatrist - Thereafter | 57.40 | 3/18/2020 | - | 7/4/2040 | 20.30 | $4-6 x / y \mathrm{r}$ | \$ | 47.50 | \$ | 238 | 1.50\% | \$ | 4,108 |
| Psychologist | 56.40 | 3/18/2019 | - | 7/4/2040 | 21.30 | 10-20x/life | \$ | 162.50 | \$ | 114 | 1.50\% | \$ | 2,081 |
| Dietician - Evaluation | 56.40 | 3/18/2019 | - | N/A | N/A | 1x | \$ | 102.50 |  | A | N/A | \$ | 103 |
| Dietician - Follow-Up | 56.40 | 3/18/2019 | - | 7/4/2040 | 21.30 | $1 \mathrm{x} / \mathrm{yr}$ | \$ | 67.50 | \$ | 68 | 1.50\% | \$ | 1,241 |
| Wound Clinic | 56.40 | 3/18/2019 | - | N/A | N/A | 39x | \$ | 249.24 |  | A | N/A | \$ | 9,720 |
| Total Care Costs: |  |  |  |  |  |  |  |  |  |  |  | \$ | 27,453 |

1 - Future care costs per "Life Care Plan for Titina Farris," prepared by Olzack Healthcare Consulting, Inc., dated December 19, 2018.

## Table 5

## Future Care Costs <br> Wheelchair Needs

| Description (1): | Age | Dates |  | Period | Frequency | Unit Cost |  | Annual Cost |  | NDR | Present Cash Value |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Power Scooter/Wheelchair | 56.40 | 3/18/2019 | - 7/4/2040 | 21.30 | 1x/7yr | \$ | 1,678 | \$ | 240 | 2.75\% | \$ | 3,883 |
| Manual Wheelchair | 56.40 | 3/18/2019 | - 7/4/2040 | 21.30 | 1x/7yr | \$ | 179.75 | \$ | 26 | 2.75\% | \$ | 421 |
| Wheelchair Cushion | 56.40 | 3/18/2019 | - 7/4/2040 | 21.30 | 1x/2yr | \$ | 31.29 | \$ | 16 | 2.75\% | \$ | 259 |
| Portable Ramps | 56.40 | 3/18/2019 | - 7/4/2040 | 21.30 | 1x/7yr | \$ | 100.85 | \$ | 14 | 2.75\% | \$ | 227 |

[^3]
## Table 6

Future Care Costs
Durable Medical Equipment and Supplies

| Description (1): | Age | Dates |  |  | Period | Frequency | Unit Cost |  | Annual Cost |  | NDR | Present Cash Value |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 4-Wheeled Walker | 56.40 | 3/18/2019 |  | 7/4/2040 | 21.30 | 1x/5yr | \$ | 65.83 | \$ | 13 | 2.75\% | \$ | 210 |
| Reacher | 56.40 | 3/18/2019 |  | 7/4/2040 | 21.30 | 1x/5yr | \$ | 11.56 | \$ | 2 | 2.75\% | \$ | 32 |
| Handheld Shower Head | 56.40 | 3/18/2019 |  | 7/4/2040 | 21.30 | 1x/5yr | \$ | 25.19 | \$ | 5 | 2.75\% | \$ | 81 |
| Shower Bench | 56.40 | 3/18/2019 |  | 7/4/2040 | 21.30 | 1x/5yr | \$ | 56.08 | \$ | 11 | 2.75\% | \$ | 178 |
| Grab Bars | 56.40 | 3/18/2019 | - | 7/4/2040 | 21.30 | $1 \mathrm{x} / 5 \mathrm{yr}$ | \$ | 14.66 | \$ | 3 | 2.75\% | \$ | 49 |
| Single Point Cane | 56.40 | 3/18/2019 | - | 7/4/2040 | 21.30 | 1x/5yr | \$ | 14.81 | \$ | 3 | 2.75\% | \$ | 49 |
| Total Care Costs: |  |  |  |  |  |  |  |  |  |  |  | \$ | 599 |

1 - Future care costs per "Life Care Plan for Titina Farris," prepared by Olzack Healthcare Consulting, Inc., dated December 19, 2018.

## Table 7

Future Care Costs Projected Therapeutic Modalities

| Description (1): | Age | Dates |  |  | Period | Frequency | Unit Cost |  | Annual Cost |  | NDR | Present Cash Value |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Physical Therapy Eval. | 56.40 | 3/18/2019 | - | 7/4/2040 | 21.30 | 1x/yr | \$ | 102.50 | \$ | 103 | 2.00\% | \$ | 1,790 |
| Occupational Therapy Eval. | 56.40 | 3/18/2019 | - | 7/4/2040 | 21.30 | $1 \mathrm{x} / \mathrm{yr}$ | \$ | 102.50 | \$ | 103 | 2.00\% | \$ | 1,790 |
| Gym - Enrollment Fee | 56.40 | 3/18/2019 | - | N/A | N/A | 1 x | \$ | 69.50 |  |  | N/A | \$ | 70 |
| Gym - Annual Fee | 56.40 | 3/18/2019 | - | 7/4/2040 | 21.30 | $1 \mathrm{x} / \mathrm{yr}$ | \$ | 22.50 | \$ | 23 | 2.50\% | \$ | 381 |
| Gym - Monthly Fee | 56.40 | 3/18/2019 | - | 7/4/2040 | 21.30 | 1x/mo | \$ | 34.00 | \$ | 408 | 2.50\% | \$ | 6,758 |
| Total Care Costs: |  |  |  |  |  |  |  |  |  |  |  | \$ | 10,789 |

1 - Future care costs per "Life Care Plan for Titina Farris," prepared by Olzack Healthcare Consulting, Inc., dated December 19, 2018.

## Table 8

## Future Care Costs

## Orthotics

| Description (1): | Age | Dates |  |  | Period | Frequency | Unit Cost |  | Annual Cost |  | NDR | Present Cash Value |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Bilateral Custom Fit AFO | 56.40 | 3/18/2019 | - | 7/4/2040 | 21.30 | $2 \mathrm{x} / 3-4 \mathrm{yr}$ | \$ | 66.30 | \$ | 38 | 2.75\% | \$ | 615 |
| PRAFO | 56.40 | 3/18/2019 | - | 7/4/2040 | 21.30 | 1x/3-4yr | \$ | 236.30 | \$ | 68 | 2.75\% | \$ | 1,100 |
| Total Care Costs: |  |  |  |  |  |  |  |  |  |  |  | \$ | 1,715 |

1 - Future care costs per "Life Care Plan for Titina Farris," prepared by Olzack Healthcare Consulting, Inc., dated December 19, 2018.

## Table 9

## Future Care Costs <br> Transportation

| Description (1): | Age | Dates |  |  | Period | Frequency | Unit Cost |  | Annual Cost |  | NDR | Present Cash Value |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Conversion Package | 56.40 | 3/18/2019 | - | 7/4/2040 | 21.30 | $1 \mathrm{x} / 7 \mathrm{yr}$ | \$ | 22,240 | \$ | 3,177 | 2.50\% | \$ | 52,626 |
| Total Care Costs: |  |  |  |  |  |  |  |  |  |  |  | \$ | 52,626 |

1 - Future care costs per "Life Care Plan for Titina Farris," prepared by Olzack Healthcare Consulting, Inc., dated December 19, 2018.

## EXHIBIT B

## Planet Depos ${ }^{\circ}$

We Make It Happen "'

# Transcript of Erik Volk 

Date: June 20, 2019
Case: Farris, et al. -v- Rives, M.D., et al.

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Email:: transcripts@planetdepos.com
www.planetdepos.com


Transcript of Erik Volk
Conducted on June 20, 2019


## Transcript of Erik Volk

Conducted on June 20, 2019

BE IT REMEMBERED that, pursuant to Notice of Taking Deposition, on Thursday, June 20, 2019, commencing at the hour of 1:00 p.m., at Regus HQ Global Workplaces, 2121 North California Boulevard, Suite 290, Walnut Creek, California, before me, Sonia Boughton Rogers, A Certified Shorthand Reporter in the State of California, there personally appeared

ERIK VOLK, called as a witness by the Plaintiff, and who, being by me first duly sworn, was thereupon examined and interrogated as herein set forth.
----000---

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## Transcript of Erik Volk

Conducted on June 20, 2019

GEORGE F. HAND, Attorney at Law, of the Law Offices
of Hand \& Sullivan, LLC, 3442 North Buffalo Drive, Las
Vegas, Nevada 89129, appeared as counsel on behalf of the Plaintiff.

Telephone: 702-656-5814 Fax: 702-656-9820
Email: Ghand@handsullivan.com

CHAD C. COUCHOT, Attorney at Law, of the Law Offices of Schuering, Zimmerman \& Doyle, LLP, 400 University Avenue, Sacramento, California 95825 , appeared as counsel on behalf of the Defendants.

Telephone: 916-567-0400 Fax: 916-568-0400
Email: Ccc@szs.com

Also Present: James Terrell, Certified Videographer ----00---

## Transcript of Erik Volk

Conducted on June 20, 2019
5

June 20, 2019
PROCEEDINGS
---000---
THE VIDEOGRAPHER: This begins media number 1 in the videotaped deposition of Erik Volk, in the matter of Titina Farris and Patrick Farris versus Barry Rives, M.D., et al., as filed under the District Court, Clark County, Nevada; Case Number A-16-739464-C, Department Number 31.

Today's date is June 20, 2019. The time on the video monitor is 1:03 p.m. The video operator is James Terrell, representing Planet Depos.

This video deposition is taking place at 2121 North California Boulevard, in Walnut Creek, California.

And if counsel will now please identify yourselves and state whom you represent. We can begin with the remote counsel.

Counsel, can you hear?
(No audible response.)
MR. COUCHOT: George, can you hear the videographer?

Oops.
THE VIDEOGRAPHER: Counsel, did you mute your audio?

MR. COUCHOT: It just crashed here.
THE VIDEOGRAPHER: Ah. Okay. Going off record

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## Transcript of Erik Volk

Conducted on June 20, 2019
at 1:04.
(A bell chimes.)
MR. COUCHOT: Back on.
THE VIDEOGRAPHER: Counsel, are you there?
MR. HAND: Yeah; I'm here.
THE VIDEOGRAPHER: All right. I just read the
caption. And it's now time for Counsel to identify
01:03:58
01:04:00
01:04:00
01:04:02
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01:04:06
01:04:09
01:04:12
01:04:15
01:04:16
01:04:19
MR. COUCHOT: Chad Couchot for Defendants.
THE VIDEOGRAPHER: Thank you.
01:04:21
01:04:23
01:04:23
01:04:27
01:04:27
01:04:43
01:04:43
01:04:43
01:04:43
01:04:43
Hand. I'm one of the attorneys representing Titina Farris
01:04:47
01:04:51
01:04:56
01:04:59

## Transcript of Erik Volk

Conducted on June 20, 2019
$\begin{array}{ll}\text { A } & \text { Yes. } \\ \text { Q } & \text { About how many times? } \\ \text { A } & \text { Between } 250 \text { and } 300 \text {. } \\ \text { Q } & \text { Can } I \text { do away with the usual admonitions, or do }\end{array}$ you need me to go over those?

A You can do away with them.
Q Have you ever testified in a case in Clark

County, Nevada?
A Yes.
Q How many times did you testify in Clark County, Nevada?

A I believe I've testified in trial 3 or 4 times, and I've probably given 3 to 5 depositions as well; though they may not have actually been taken in Clark County, for cases that were venued in Clark County.

Q Those cases in Clark County, do you recall if you testified on behalf of the plaintiff or the defendant in those cases?

A I believe I testified on behalf of the defendant.

Q Do you have a breakdown of your expert work between reviewing cases for plaintiffs and reviewing cases for defendants, in terms of the percentage?

A Overall, it's roughly 30 percent for plaintiffs and 70 percent for defendants.

01:04:59

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01:05:43
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01:05:51
01:05:54
01:05:56
01:06:02
01:06:06
01:06:09
$01: 06: 12$

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Transcript of Erik Volk
Conducted on June 20, 2019


## Transcript of Erik Volk

Conducted on June 20, 2019
9

| conclusions over the life expectancy and estimated how | 01:07:46 |
| :---: | :---: |
| much different my figures would be if I were to apply my | 01:07:49 |
| net discount rates. | 01:07:53 |
| Q So if you applied your method of analysis to | 01:07:55 |
| the cook report, could you tell me what figures you came | 01:08:00 |
| to in that regard. | 01:08:05 |
| A So this would incorporate any other assumptions | 01:08:0 |

of Dr. Clauretie such as life expectancy. So it's just
working off of his figures. So working off of his life
expectancy and his methodology, as applied to the Cook
plan, I would estimate my figures would be 20 to 30 percent lower.

Q Than Dr. Clauretie's figures?
A Yes.
Q Do you have your report in front of you?
A Yes.
Q Now, your report's dated December 19th, 2018?
A It is.
Q Looking at page 2 of your report. Do you see 01:08:55 01:09:11 01:09:15 01:09:15

01:09:19
01:09:22
01:09:25

## Transcript of Erik Volk

Conducted on June 20, 2019


## Transcript of Erik Volk

Conducted on June 20, 2019
11
rate, including your calculation of the growth rate? Is
$01: 10: 49$ $01: 10: 53$ 01:10:55 01:10:57 01:11:02 01:11:06 01:11:11 01:11:21

01:11:25
01:11:31
01:11:36

01:11:38
01:11:41
01:11:46
01:11:48

01:11:51
01:11:53
01:11:58

01:12:01
01:12:05
01:12:07
01:12:09

01:12:12
01:12:15
01:12:17

## Transcript of Erik Volk

Conducted on June 20, 2019
12
using are high, relative to the specific projections of
the center for Medicare and Medicade services over the next 8 or 9 years.

Q Did you review the Consumer Price Index in
formulating your opinions in this case?
A Yes.
Q Where is that referenced in your report?
A On the -- At the top of page 2, where I'm
listing where I've considered information from the
following sources. I included the US Bureau of Labor Statistics.

Q Does that include the Consumer Price Index?
A Yes. And in the production of documents that I provided several days ago, I provided all of the backup -background data that $I$ relied upon from the Consumer Price Index.

Q You brought your file with you today?
A I did.
Q Just tell me what's in your file.
A I printed out all of the documents that were sent to me for the case. So that would include Dr. Clauretie's deposition and exhibits; the report of Dr. Kush; the deposition of Titina Farris;

Various discovery responses, answered by the plaintiff, Titina Farris; such as the defendant's first

01:13:05
01:12:21
01:12:26
01:12:29
$01: 12: 32$
01:12:37
$01: 12: 39$
01:12:40
01:12:44
01:12:53
01:12:56
01:12:59
01:13:02

01:13:08
01:13:11
01:13:15
01:13:18
01:13:19
01:13:22
01:13:26
01:13:30
$01: 13: 35$
01:13:40
01:13:45
01:13:49

## Transcript of Erik Volk

Conducted on June 20, 2019
set of Interrogatories; the defendant's first set of
Requests For Production of Documents; Patrick Farris'
response to similar requests; the deposition of Patrick
Farris; the Dawn Cook life care plan;
My CV, my report, my notes on Dr. Clauretie's depo,
my notes on the plaintiff's depos, the backup data for my
report, including my -- as well as my list of testimony's;
Notes of telephone conversations, Dr. Clauretie's
report, the report of Ms. Larsen, the Notice of my
deposition; and then my correspondence file.
Q I'm going to ask that that part of your file be
copied and marked for identification, I guess, as Exhibit 6.

A Do you just want to mark my binder or everything $I$ just said?

Q Well, I want the correspondence, the backup documentation for your calculations. I don't need the reports of the other experts or the depositions; just your backup documents, correspondence you've mailed, those kind of things.

A Okay.
Q All right. How much did you charge today for your work on the case?

A There was one invoice that was sent out in January for $\$ 6416$. Through last week, there was another 8

01:13:54 01:13:57 01:14:01 01:14:07 01:14:15 01:14:21 01:14:27 01:14:31

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01:15:25
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$01: 15: 35$

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## Transcript of Erik Volk

Conducted on June 20, 2019
and a quarter hours compiled for the case but not billed yet. And then $I$ would estimate another 3 to 5 hours this week preparing for the deposition.

Q The way that Dr. Clauretie filed his opinion, the methodology he used that we just discussed, is that a generally accepted way in economics to do these kind of calculations and analyses?

A I would say that both of our approaches are commonly used in the field. The approach of separating out interest from growth and calculating them distinctly from each other, and also the net discount rate methodology is very common as well. They're both commonly relied upon methodologies in the field.

Q Have you ever used Dr. Clauretie's method in doing an economic analysis of a life care plan?

A I have used the methodology of developing specific growth rates for specific items. That was in cases where $I$ was asked to provide future-value testimony in addition to present-value testimony.

So in order to do future-value testimony, I had to estimate specific growth rates for care items.

Q Was that necessary to do in this case?
A Not to my knowledge. That was not something I was asked to do, or have I developed any opinions with regard to that assignment.

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01:16:33
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## Transcript of Erik Volk

Conducted on June 20, 2019

Q Do you have any information as to at what rate hospital-related services have grown under the Consumer Price Index over the last, say, 30 years?

A I could give you a rough estimate. But that would be the best $I$ could do.

Q What is that?
A I would estimate the hospital and related services, as measured by the Medical Care Services Index, would probably be in the neighborhood of 4 to 5 percent a year, over the past 30 years.

Q And is that kind of the Consumer Price Index you're getting that number?

A Right.
Q Going down to the paragraph that starts: The other source is forecast of future medical cost by trustees.

Do you see what I'm referring to?

A Yes.
Q You state:
It is not clear why Dr. Clauretie would describe 2018 forecast data as being available in a 2015 publication.

Can you explain what you meant by that comment in your report.

A So on page 2 of his report, it says: Materials relied on - Forecast of future medical costs by trustees

01:17:26 01:17:32 01:17:36 01:17:40 01:17:43 01:17:45 01:17:47 $01: 17: 49$ 01:17:55 01:17:58 01:18:01 01:18:10 01:18:13 01:18:14 01:18:27 01:18:31 01:18:33 01:18:35 01:18:36

01:18:39
01:18:43
01:18:49
01:18:52
01:18:55
01:19:04

## Transcript of Erik Volk

Conducted on June 20, 2019
16
of the United States Hospital and supplementally --
Supplementary Insurance Trust Funds, 2018.
And then it has a link. It says that that data can
be found on the following link. And the link is to a 2015 publication.

Q I see. So looking -- If you have a second to
look at Dr. Clauretie's report where he states he relied on -- well, number one, the Dawn Cook life care plan; number 2, forecasts of future growth rates, non-medical labor, from the 2018 Annual Report of the Trustees of the OASDI.

Is that something that's customarily used by economists in doing calculations and analyses of life care plans?

A You know, I only see the analyses and the economist that I see; so I obviously can't speak for the rest of the world of economists. I see this approach very infrequently, mainly by Dr. Clauretie.

I don't recall whether I've seen other economists using the exact same source to project specific growth rates; though $I$ have seen economists use this other data from the Center for Medicare and Medicaid Services in order to project future cost growth.

Q Have you ever had other cases where Dr. Clauretie was the economist on the side of the case?

01:19:09 01:19:13

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01:20:14
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01:20:23
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01:20:33
01:20:36
01:20:41
$01: 20: 43$

## Transcript of Erik Volk

Conducted on June 20, 2019

A Yes.
Q Do you know how many cases that was?
A Oh, I would estimate somewhere between 15 and 30.

Q Going down to number 4, where it states, Life Expectancy Tables from the United States Government.

What life expectancy tables do you customarily rely on in doing your life care plan analyses?

A Well, if there's no medical input or life expectancy expert input, $I$ usually use the life expectancy tables that are published by the US Department of Health and Human Services. They're national vital statistics reports.

Q Using that table, do you know what the life expectancy of Titina Farris was calculated to be?

A That would be something I'd have to look up. I couldn't estimate that for you off the top of my head.

Q You've reviewed the Cook report, correct?
A I looked at it. I didn't review it in any detail.

Q So if you go to page 24 of the Cook report, which has been marked as Exhibit 5.

A Yes.
Q Do you see where she states: Ms. Farris has a life expectancy of 29 years according to the National

01:20:46 01:20:47 01:20:53 01:20:57 01:20:58 01:21:06

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01:21:38
01:21:41
01:21:43
01:21:48
01:21:51
01:21:55
01:21:56
01:22:01
01:22:10
01:22:12
01:22:16

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## Transcript of Erik Volk

Conducted on June 20, 2019

Vital Statistics Reports?
01:22:21
01:22:22

01:22:23

01:22:24
01:22:29

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01:22:49

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## Transcript of Erik Volk

Conducted on June 20, 2019
options for how the attendant care is hired: Direct hire, as well as agency hired. For direct hire, my
present-value conclusion is $\$ 507,310$, and for agency hire it's \$548,759.

Q So I understand is, you are not giving opinions on the necessity of recommended health care. Is that correct?

A That's correct.
Q
You're not giving opinions on the actual cost put forward for these different items of health care, or accessories or the other items in the report, in the life care plans.

Is that correct?
A Not the unit costs. I'm giving a present-value analysis of the costs.

Q So you're not determining what these things actually cost; is that right?

A On a unit basis; that's correct.
Q So like the cost of a wheelchair -- I'm just using that as an example -- that's not something you can do figuring out without the cost.

Is that right?
A Not in this case; that's correct.
Q In other words, you're relying on the costs put

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A That's correct.
Q So if we look at the Cook life care plan, you 01:26:10
didn't do any calculation under your methodology as to
what the present value of that plan would be.
Is that right?
A That's incorrect. I think we talked about that earlier. I did do a calculation for that.

Q What was it? I'm sorry. I missed it.
A I said that my number would be, all else equal, life expectancy -- and the Cook plan, the way Clauretie analyzed it -- my figure would be 25 to 30 percent lower.

Q And that's using the cook proposed cost as well as the Cook life expectancy.

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A Correct.
Q And on what basis would your present-value calculation be 25 to 30 percent lower? Can you explain that to me.

A Sure. The present-value analysis is entirely driven by the relationship between the growth rates and 01:27:15 the discount rates. So if you look at the difference between the interest rates Dr. Clauretie's using and the growth rates he's using, and if you take interest rate
minus growth rate, that's equivalent to what $I$ would call a net discount rate, which is the statistic $I$ use in my report.

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So for example, he's using a 3 and a half percent growth rate for most every item in the Dawn Cook life care plan, while at the same time, the interest rates that he's using, even though they change from year to year depending on the maturity, the interest rates that Dr. Clauretie is using are approximately 3 percent per year.

So his relationship between the discount rate and growth rate is what $I$ would say 3 minus 3.5 or minus point one half percent net discount rate. The relationship between interest and growth is about minus . 5 percent.

Whereas if you look at my report, my calculations, my net discount rates range from a positive one and a half percent to a positive 2.75 percent.

So that's the long answer to your short question. That explains why my figures are 25 to 30 percent lower.

Q Going down to the bottom of page 2, you state:
Dr. Clauretie's report does not explain why he would place life care plan items such as pool program, companion care, home maintenance, durable medical equipment into the medical and professional cost category.

Can you explain the significance of what you state in your report. Explain that to me.

A Sure. So I've looked at the various categorical indices from the Bureau of Labor Statistics. And the Bureau of Labor Statistics' data is broken down

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into various subcategories, such as wages of home health care workers, or general price inflation, or maintenance costs, et cetera.

So these items -- pool program, and companion care and home maintenance, in my experience in this industry and based on my research -- would generally not be considered to be medical costs. They're usually better described by other indices. And those indices, on average, historically have not grown as fast as medical care costs.

Q So what is non-medical costs? What's the growth rate that you've found in your research to be on the non-medical costs?

A I can only do it in real terms, because I'm not projecting a specific growth rate. But in real terms, medical care services have exceeded general price inflation by about a percent and a half, whereas physician's services have exceeded general price inflation by about. 75 percent per year.

Attendant care wages have tended to exceed general price inflation by about. 1 percent per year or thereabouts, so roughly equal to general price inflation. And equipment and supplies have tended to lag behind general price inflation by about three-quarters of a percent per year.

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So in real terms, that gives you a sense as to the 01:31:20 $01: 31: 23$ 01:31:28 01:31:31 01:31:40 01:31:46 01:31:50 01:31:53 $01: 32: 00$ $01: 32: 05$ 01:32:09

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he's referring to a '15 study.
Putting that aside, is the data he relied on with
this Trustees of the United States Hospital Supplementary
Insurance Trust Fund a generally accepted source for
analyzing future medical costs?
A I have seen on occasion other economists use
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Or overall expenditures under the Medicare Trustees'
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Other than that, I can't say that his methodology is not reliable or isn't used by others; because I think it is.

Q Going down to Dr. Clauretie's report, number 6, where he talks about interest rates and United States treasury bonds.

Did you have a chance -- Did you review
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Q Do you have any comment on his testimony regarding how he uses United States treasury bonds in doing his calculations?

A Yes. So there's this concept that I've read about called delusive exactness. It's the -- It's the idea that the -- using current interest rates gives the impression of being an exact analysis of what to expect from the future.

In my opinion, the current interest rates, all they tell you is what happens to be available in the market at a given point in time. They don't deal with issues such as:

What if Dr. Clauretie's growth rates turn out to be too high for a few years? Well, if that's the case, there's going to be leftover money that needs to be reinvested.

We don't know the interest rates that are going to be available at that time, so using today's interest rates doesn't tell you the complete picture.

Furthermore, since the 2008 subprime financial crisis, the Federal Reserve has been keeping interest rates at a level that, on average, has been the lowest -for example, from 2008 to 2017, that's the lowest 10 -year average interest rate period in the US economy in the last 60-plus years.

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So if we're looking at just current interest rates and projecting those out for the next 25 to 30 years,
then basically what we're doing is we're projecting
out one the lowest interest rate periods in the US economy in the last 60 years, in my opinion, a relatively anomalous period of time.

So given the long-run history of interest rates, given the recent increases in the Federal fund rates and given various Government projections that interest rates are likely to increase in the future, $I$ don't consider it reasonable nor prudent to suggest that current interest rates are the only methodology or the only reasonable measure of what interest rates could be received in the future.

Q Well, how does that change his calculations on the future cost in this life care plan? Does it make it go up? Does it make it go down? I don't understand.

A So for example, if he were to average interest rates over the past 30 years rather than looking at current interest rates, what you would find is that the average over the past 30 years has been closer to 5 percent.

So if he were to use a 5 percent interest rate in his projection, by looking at a 30 -year history, for example, rather than what interest rates happen to be in

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the market at this moment, he'd have lower present values.
Q So do you have an opinion as to how much lower present value would be if we used that alternative method of -- not the present value, but the number reduced to present value would be if we used this other method that you just told me about?

A Yeah. It would be the 25 to 30 percent that I mentioned earlier. It would be basically the result you would get with my net discount rates.

Q Did you segregate out in any way the growth rate? I know you talked about that net calculation. But did you do any type of calculation separating it out?

A Not from my own analysis. Certainly in arriving at my net discount rates, I compared long-run historical growth rates to long-run historical CPI general inflation as well as interest rates.

So in arriving at my net discount rates, I looked at segregated data for growth rates and interest rates. And then my net discount rate is based on a comparison of how they relate to each other over time.

Q Well, what -- If you could tell me, what was the average growth rate you used for, say, the last 30 years in coming to your net discount rate?

A So if we were just to look at the last 30 years -- By the way, I look at longer-run periods of time

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| as well. Some of the data series go back to the early | 01:39:24 |
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| $50^{\prime} \mathrm{s}$ or even $40^{\prime} \mathrm{s}$ and $30^{\prime} \mathrm{s}$. | 01:39:27 |
| So in arriving at my opinions, I considered the | 01:39:30 |
| long-run track record of all of these individual time | 01:39:33 |
| series. | 01:39:35 |
| But if we just look at the last 30 years, the | 01:39:36 |
| attendant care wages on average have grown about 2.8 | 01:39:39 |
| percent. General price inflation has been around 2.8 to | 01:39:43 |
| 2.9 percent. General wages in the economy's been about | 01:39:48 |
| 2.8 to 2.9 percent. | 01:39:54 |
| I think that some other indices have grown more. | 01:39:56 |
| Like prescription drugs, I think, have been more like 4 | 01:40:01 |
| percent, 4 to 5 percent. I think we talked about medical | 01:40:04 |
| care being 4 to 5 percent. | 01:40:08 |
| So over the past 30 years, those have been the | 01:40:10 |
| approximate growth rates. | 01:40:13 |
| Q Now, going down to page 3 of your report, | 01: 40: 15 |
| you're talking about the Trustees of the OASDI. | 01: $40: 26$ |
| That's an average real interest rate of 2.7 percent, | 01: 40:35 |
| implying nominal returns of 5.3 percent. If Dr. Clauretie | 01:40:40 |
| were to utilize a 5.3 interest assumption for future care | 01: 40:43 |
| cost analysis, the present cash values would be reduced | 01:40:48 |
| significantly. | 01: 40:53 |
| Could you explain what you mean by that. | 01: $40: 54$ |
| A Sure. What I mean is that -- What $I$ mean is | 01:40:55 |
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that he's using projections of the OASDI and the Medicare Trustees in order to come up with the growth rates, but he's not using their projections for the interest rates.

The OASDI trustees project future interest rates at 5.3 percent. He's using for his analysis current interest rates, that are around 3 percent.

So if he were to use 5.3 percent interest rates, consistent with the OASDI projections, rather than the current interest rate of 3 percent, his present values would be reduced.

Q I'm going to ask you to turn to your tables. We'll go to Table 1A.

A Okay.
Q You have these categories, such as home care, future medical care, wheelchair needs, et cetera. And you break it down into different tables. I believe you have $3 A, 4,5,6,7,8,9$. And these are taken -- These figures are taken from the Larsen report?

A The category names are. And the unit costs and the annual costs are. The present cash values I came up with based on my methodology.

Q So going to table $3 A$, the future care costs for home care. I just want to understand what you used. Home care, you have the present value of 409,338 .

Do you know what Larsen had in her report as to the

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gross number not reduced to present value?
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A (No audible response.)
Q And before you answer that, Mr. Volk, these
are -- just so we're clear, we're talking about
direct-hire under this calculation.

And you also have a table for -- or tables for agency-hired people?

A Yes. That's true.
Q Do you have one -- Do you have different tables
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for the agency verses direct hire, or is it just one
table? If you can explain this.
A $3 A$ is direct hire; $3 B$ is direct -- I'm sorry.
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$3 B$ is agency hire; $3 A$ is direct hire.
Q Why is agency generally higher?
A Because if you're hiring an attendant through a
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home health care agency, you're paying for their overhead
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01: 44:31 bottom-line number of 409,338 . That is home care costs, direct hire.

So looking at that column, what did Ms. Larsen have
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for the costs not reduced to present value for that
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| Q Did you add up what she had and then reduce it | 01: 45:03 |
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| to present value? | 01:45:08 |
| A No. I went through the -- her plan item by | 01:45:09 |
| item and analyzed each item individually. | 01: $45: 14$ |
| Q So for example, you have direct hire. And as a | 01:45:21 |
| direct-hire attendant, the first row, the total is | 01: $45: 32$ |
| 276.385. What methodology -- I know you told me | 01:45:36 |
| generally. | 01:45:42 |
| Did you do any specific calculations to reduce it to | 01:45:44 |
| present value; for example, the direct-hire attendant, did | 01:45:48 |
| you go to certain sources to do that? | 01:45:51 |
| A So I do rely on various sources, such as | 01:45:53 |
| Consumer Price Index and Federal Reserve data to arrive at | 01:45:56 |
| that 2.25 percent net discount rate. | 01:46:00 |
| In terms of the calculation itself, I use Excel. | 01:46:04 |
| Excel has built into it present value of an annuity | 01:46:09 |
| formula called $=P V$. | 01: $46: 15$ |
| And the inputs for that are the number of years, | 01:46:17 |
| which is 21.3 , the net discount rate, which is 2.25 | 01: $46: 19$ |
| percent and the annual cost of 16,292 . | 01: $46: 25$ |
| Utilizing the present value of an annuity formula | 01: $46: 30$ |
| within Excel, the present value is $\$ 276,385$. | 01: $46: 34$ |
| Q Do you have those spreadsheets in your file, or | 01:46:43 |
| are they like on a computer? | 01:46:47 |
| A I have printouts of the spreadsheets in my | 01:46:48 |

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report. I don't have the Excel -- I don't have a flash drive that contains the Excel file.

Q So this Table $3 A$, that's a printout of the
Excel sheet?
A Correct.
Q So going to the -- these things like payroll service, advertising, housekeeping. Did you use a different methodology to calculate the present value of those costs? Or if you could explain how you did that.

A I used the same methodology throughout, in terms of the calculations, which is to do the number of years, the annual cost and the net discount rate.

The net discount rate changes depending on the categories. Some costs go up faster than others. For example, the case management costs historically have gone up slightly more than the worker costs. That's why I'm using a lower discount rate for case manager than for the workers themselves.

As you'll see if we get to Table 4, doctor's fees historically have gone up faster than attendant care costs. So because of that, I'm using a lower net discount rate for doctors' services.

Q So that NDR column is net discount rate?
A Correct.
Q So for example, looking at Table 3A, I see,

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okay, case management. And that -- that has a discount rate of 2 percent, housekeeping 2.5 percent. The advertising, you're listing these net discount rates.

So explain to me -- We're talking about -- I'll start with the top one: Direct hire attendant. And you're doing calculation up to 2040. That's based on the Kush life expectancy?

A Yes.
Q So unit cost, could you explain what that means in this table?

A That's the hourly cost to hire the person from the Sarah Larsen report.

Q So if we then go to the annual cost, 16,292. And that's over at least 21.3 years, correct?

A Yes. Though the figure I'm showing, the 16,292, is today, the unit cost in 2019.

Q So I just want to understand how you did this. So if we -- If we took that figure of 16,292 times 21.3 , that equals $347,019.60$.

And you reduce it, present value, to 276,385 ;

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is that --
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A Your math is all correct. I don't actually go through the process of multiplying it out like do and then reducing it.

The process of it being reduced to present value is

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accomplished via the net discount rate and the present value of an annuity formula. It's all one calculation.
21.3 years, 16,292 a year in today's dollars, and a
2.25 percent net discount rate leads to 276,385 , without
the intermediate step of multiplying it out over time first, like you did.

Q So you have a formula in your Excel program that does that calculation?
A. Yeah. Also in my handheld Texas Instruments calculator.

Q Did you tell me the -- You mentioned to me before that an annuity that you referred to calculating present value. What is that precise source?

A There's a formula for present value of an annuity within Excel. If you type: = and then the letters PV, there's a function in Excel for $=P V$. And then it asks you to put in the inputs, such as the number of years, the

Q And that does present value calculation after you do that?

A Correct.
Q Going to Table 3 B , referring to agency hire. There's different categories. Are you using the same Excel formula to calculate the present cash value?

A Correct.

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Q And then we go to future medical costs. Using the same process through the Excel sheet to calculate the present cash value?
A Correct.
Q Same as with Table 5 and through Table 6?
A Yes, and yes.
Q I understand you've never run the cook figures through Excel. Is that correct?
A I did not analyze them item by item in the same manner that \(I\) analyzed Larsen. The only thing I did with respect to Cook is to estimate what my present values would be if \(I\) were using the same life expectancy and figures that Dr. Clauretie's using.
Q So you didn't do an actual Excel calculation using -- even under Larsen's plan of the 29-year life expectancy.
Is that correct?
A Not in Excel. You asked me to do an estimate of that calculation earlier in the depo, which I think I did for you, using my handheld calculator.
Q You've done estimates, but you haven't run -crunched the numbers through an Excel sheet; is that correct?
A I have not plugged in 29-year life expectancy, which is really all \(I\) would need to do, at this point,
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would be to change the life expectancy from 21.3 to 29

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Q Is there any materials that you would like to 01:55:56 01:56:02 01:56:05 01:56:08 01:56:11 01:56:15 01:56:18 01:56:24 01:56:28 01:56:31 01:56:35 01:56:38 01:56:40 01:56:43 01:56:45 01:56:48 01:56:53 01:56:57 01:57:00 01:57:02 01:57:07

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## Transcript of Erik Volk

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MR. COUCHOT: Thank you. Nothing for me.
THE VIDEOGRAPHER: Nothing? All right.
This marks the end of the deposition of Erik Volk.
We're going off the record at 1:57.
THE REPORTER: May I get your transcript orders
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video operator. Do you want video copies?
MR. HAND: Yeah.
THE VIDEOGRAPHER: Do you know what format, or do you want them to contact you? I mean do you want sync or --

MR. HAND: I want sync.
THE VIDEOGRAPHER: Okay. Sync. Thank you.
MR. COUCHOT: I'll get the same. And then for transcript orders, I'll get a full-on condensed and electronic, no double-sided. Thanks.

MR. HAND: Thank you. (The deposition concluded at 1:59 p.m.)
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## Transcript of Erik Volk

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I declare under penalty of perjury that the foregoing is true and correct. Subscribed at
$\qquad$ , California, this $\qquad$ day of
$\qquad$ , 2019.

ERIK VOLK

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STATE OF CALIFORNIA) SS.

I do hereby certify that the witness in the foregoing deposition was by me duly sworn to testify to the truth in the within-entitled cause; that said deposition was taken at the time and place therein stated; that the testimony of said witness was correctly reported by me, a Certified Shorthand Reporter and disinterested person, and was under my supervision thereafter transcribed and when so transcribed was carefully read to or by the said witness, and, being in every desire, was thereafter by the said witness duly subscribed; that if unsigned by the witness, signature has been waived, in accordance with stipulation between counsel for the respective parties.

And I further certify that $I$ am not of counsel or attorney for either or any of the parties to said deposition nor in any way interested in the outcome of the cause named in said caption.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office this $20 t h$ day of June, 2019.


SONIA BOUGHTON ROGERS, CSR NO. 8153 Certified Shorthand Reporter

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| :---: | :---: | :---: | :---: |

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| :---: | :---: | :---: | :---: |

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| ```11:8, 11:18, 15:19, 21:16, 21:21, 40:1 stated 40:6 statement 11:10, 11:20 states 9:23, 16:1, 16:7, 17:5, 17:6, 17:24, 23:24, 24:3, 24:21, 25:2 statistic 20:24 statistics 12:11, 17:12, 18:1, 18:5, 21:24, 21:25 step 34:5 stipulation 40:13 stone 8:16 study 24:1 subcategories 22:1 subprime 25:20 subscribed 39:4, 40:12 such 9:8, 12:25, 21:18, 22:1, 24:11, 25:11, 29:14, 31:12, 34:17, 36:9, 36:22 suggest 26:11 suite 3:6 sullivan 4:4 supervision 40:9``` | supplementally 16:1 <br> supplementary <br> 16:2, 23:25, <br> 24:3 <br> supplies <br> 22:23 <br> sure $\begin{aligned} & 20: 18, \quad 21: 23, \\ & 28: 25 \\ & \text { surgery } \\ & 1: 12 \\ & \text { swear } \\ & 6: 16 \\ & \text { sworn } \\ & 3: 13,40: 4 \\ & \text { sync } \\ & 38: 12, \quad 38: 14, \\ & 38: 15 \end{aligned}$ $T$ <br> table <br> 17:14, 29:12, <br> 29:22, $30: 6$, <br> 30:11, $30: 18$, <br> 32:3, 32:19, <br> 32:25, 33:10, <br> 34:22, 35:5 <br> tables <br> 2:32, 17:6, <br> 17:7, 17:11, <br> 29:11, 29:16, <br> 30:6, $30: 9$ <br> take <br> 11:10, 11:12, <br> 11:13, 11:14, <br> 11:20, 18:17, <br> 20:22 <br> taken <br> 6:25, 7:14, <br> 29:17, 29:18, <br> 40:5 <br> takes <br> 10:9 <br> taking <br> 3:3, 5:12 <br> talked <br> 20:6, 23:22, | 27:11, 28:13 talking $11: 24,28: 18$ $30: 4,33: 4$ <br> talks $24: 21$ <br> telephone <br> $4: 7,4: 15$, 13:8 <br> tell <br> 9:5, 12:19, <br> 25:10, 25:19, <br> 27:21, $34: 11$ <br> tended $22: 20,22: 23$ <br> terms $7: 23,22: 14,$ $22: 15,23: 1 \text {, }$ $31: 15,32: 11$ <br> terrell $4: 20,5: 11$ <br> terrence $2: 21,2: 31$ $9: 20$ <br> testified $7: 7,7: 12$ $7: 17,7: 19$ <br> testify $7: 10, \quad 40: 4$ <br> testimony $8: 18,14: 18$ $14: 19,14: 20$ <br> 25:1, 40:6 <br> testimony's $13: 7$ <br> texas $34: 9$ <br> th $9: 17,18: 15 \text {, }$ $36: 19, \quad 40: 20$ <br> than $\begin{aligned} & 9: 13, \quad 23: 5, \\ & 24: 17, \quad 26: 19, \\ & 26: 25, \quad 29: 8, \\ & 32: 14, \quad 32: 16, \\ & 32: 17, \quad 32: 20 \\ & \text { thank } \\ & 6: 13, \quad 37: 7, \\ & 37: 22, \quad 37: 25, \end{aligned}$ | $\begin{aligned} & 38: 1, \quad 38: 15, \\ & 38: 19 \end{aligned}$ <br> thanks <br> 38:18 <br> that's <br> themselves $6: 8, \quad 32: 18$ <br> then <br> 11:17, 13:10, <br> 14:2, 16:3, <br> 26:3, 27:19, <br> 31:1, 33:13, $33: 23,34: 15,$ $34: 16, \quad 35: 1,$ $38: 16$ <br> there $\begin{aligned} & 3: 8,6: 4,11: 2, \\ & 11: 3,13: 24, \\ & 13: 25,23: 4, \\ & 36: 3,36: 10, \\ & 37: 1 \\ & \text { there's } \\ & 17: 9,18: 25, \\ & 23: 15,25: 4, \\ & 25: 15,34: 14, \\ & 34: 16,34: 23 \end{aligned}$ <br> thereabouts <br> 22:22 <br> thereafter <br> 40:9, 40:11 |
| :---: | :---: | :---: | :---: |

## Transcript of Erik Volk

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| therefore | this | too | under |
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| $\begin{aligned} & 28: 13,35: 19 \\ & \text { this } \end{aligned}$ | $\begin{aligned} & 34: 5, \quad 40: 6 \\ & \text { times } \end{aligned}$ | $\begin{aligned} & 24: 3, \quad 24: 13 \\ & 28: 18, \quad 29: 2, \end{aligned}$ | $\begin{array}{ll} 16: 21, & 17: 10, \\ 18: 13, & 20: 24 \end{array}$ |
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| $\begin{aligned} & 18: 13, ~ 19: 20, \\ & 20: 12, ~ 20: 21, \\ & 20: 22, ~ 21: 1, \\ & 21: 4, ~ 21: 6, \\ & 25: 6, ~ 25: 18, \\ & 29: 1, ~ 29: 3, \\ & 29: 5, ~ 32: 17, \\ & 32: 21, \quad 34: 23, \\ & 35: 1, \quad 35: 12, \\ & 35: 13, \quad 35: 15, \\ & 35: 20 \\ & \text { usual } \\ & 7: 4 \\ & \text { usually } \\ & 17: 10, \quad 22: 7 \\ & \text { utilize } \\ & 28: 21 \\ & \text { utilizing } \\ & 31: 21 \\ & \hline \end{aligned}$ | ```verses 30:10 versus 5:6 very 14:12, 16:17 via 34:1 video 5:10, 5:12, 38:9 videographer 4:20, 5:4, 5:20, 5:22, \(5: 25,6: 4,6: 6\), 6:13, 38:2, 38:8, 38:11, 38:15 videotaped 1:20, 5:5 vital 17:12, 18:1, 18:5 volk 1:21, 2:12, 3:11, 5:5, 6:21, 30:3, 37:7, 37:22, 38:3, 39:11 volk's 2:27 vs 1:9 W wage 30:17 wages 22:1, 22:20, 28:7, 28:9 waived 40:13 walnut 3:6, 5:13 want 13:14, 13:16, 29:23, 33:17, 36:10, 38:9,``` |  |  |
| :---: | :---: | :---: | :---: |

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PLANET DEPOS
[PROF]
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RIVES, M.D. and LAPAROSCOPIC
SURGERY OF NEVADA, LLC

DISTRICT COURT CLARK COUNTY, NEVADA

TITINA FARRIS and PATRICK FARRIS, Plaintiffs,
vs.
BARRY RIVES, M.D.; LAPAROSCOPIC SURGERY OF NEVADA, LLC, et al.,

Defendants.

Defendants BARRY RIVES, M.D. and LAPAROSCOPIC SURGERY OF NEVADA, LLC hereby submit the following offer of proof:

If Dr. Lance Stone had been allowed to testify, he would have testified in keeping with his curriculum vitae, report dated December 19, 2018, the Defense Life Care Plan
and his deposition which are attached as Exhibits A, B and C respectively.

Dated: November 1, 2019

## Schuering Zimmerman \& Doyle, llp

By _/s/Thomas J. Doyle
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(916) 567-0400

Attorneys for Defendants BARRY RIVES, M.D. and LAPAROSCOPIC SURGERY OF NEVADA, LLC

## CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that on the $1^{\text {st }}$ day of November, 2019, service of a true and correct copy of the foregoing:

OFFER OF PROOF RE LANCE STONE, D.O.
was served as indicated below:
© 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;

| Attorney | Representing | Phone/Fax/E-Mail |
| :---: | :---: | :---: |
| George F. Hand, Esq. HAND \& SULLIVAN, LLC 3442 North Buffalo Drive Las Vegas, NV 89129 | Plaintiffs | $\begin{aligned} & \text { 702/656-5814 } \\ & \text { Fax: } 702 / 656-9820 \\ & \text { hsadmin@handsullivan.com } \end{aligned}$ |
| Kimball Jones, Esq. Jacob G. Leavitt, Esq. BIGHORN LAW 716 S. Jones Boulevard Las Vegas, NV 89107 | Plaintiffs | $\begin{aligned} & \text { 702/333-1111 } \\ & \text { Kimball@BighornLaw.com } \\ & \hline \text { Jacob@BighornLaw.com } \end{aligned}$ |
|  |  | /s/ Riesa R. Rice <br>  <br> Doyle, LLP <br> 1737-10881 |

## EXHIBIT A

## LANCE R STONE, D.O.

484 Lake Park Avenue, Oakland, CA, 94610
T.510-600-5993 Lance.Stone@stjoe.org lancerstone@gmail.com

## PROFESSIONAL ACTIVITIES

| 2018- current | Medical Director <br> Santa Rosa Memorial Hospital-ARU <br> Santa Rosa, California |
| :--- | :--- |
| 2011-2017 |  |
|  | Chair <br>  <br>  <br>  <br> Department of Rehabilitation Medicine <br> Alameda Health Systems |
| Oakland, California |  |$\quad$| Health Information Management Committee |
| :--- |
| Associate |

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 |

## 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, Haider 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, Fanchiang 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
OrcuttSA, 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 phenol 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 Ill 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

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

## EXHIBIT B

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 care. 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. Títina Marie Farrís 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 hístory was obtained and 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 $\mathbf{3}$ decubitus
6. Situational depression, anxiety and sleep disturbance
7. Viscus perforation with intra-abdominal sepsis status post exploratory laparotomy and removal of prosthetic mesh
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 Tibial and Peroneal nerves
15. Right ankle contracture with bilateral foot drop
16. Weight gain
17. Chronic neuropathic musculoskeletal myo-fascial pain
18. High fall risk
19. Impaired mobility and ADL status
20. Impaired avocational status

Based upon my independent review of Ms. Farris medical records lagree in general with Dr. Barchuck's diagnosis. However, the medical records I reviewed support my conclusions that several medical problems were pre-existing 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
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:

1. 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), $4 \mathrm{WW}-\mathrm{I}$ 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 comorbidities, 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


[^0]:    ${ }^{1}$ These additional documents were added after the first 29 volumes of the appendix were complete and already numbered (6,493 pages).

[^1]:    1 - Based on 21.5 additional years at age 56.2, per Dr. Kush's Life Expectancy Report for Titina Farris, dated December 19, 2018.

[^2]:    1 －Future care costs per＂Life Care Plan for Titina Farris，＂prepared by Olzack Healthcare Consulting，Inc．，dated December 19， 2018.

[^3]:    1 - Future care costs per "Life Care Plan for Titina Farris," prepared by Olzack Healthcare Consulting, Inc., dated December 19, 2018.

