Smith, Clytimas v. Walmart
DR. PENNER DEPO OUTLINE

Plaintiff : Clytimas Smith
D/A : August 15, 2013

Exhibit Number	Exhibit Name	Admitted?
SDT		
10/29/19 Letter from DA		
11/11/19 CME Report		
12/18/19 Supplemental Report		
5/5/20 Supplemental Report		
1/19/21 Supplemental Report		
Entire medical file		
Deposition List		
Trial List		
Correspondence to/from DA		
Invoices		
Rate Sheet		

DEFENSE TEAM

1. Were you retained by the defense in this case to provide expert testimony?
2. What were you asked to do in this case?
3. Tina Smith is not your patient
4. You did not treat Tina Smith
5. You were not paid by the Defense to give Tina recommendations to alleviate her pain
6. Defense paid you to do one physical evaluation of Tina, review medical records and diagnostic studies and write a report?
7. Part of the Defense team

8. Are all of your opinions contained within the three reports your office provided to my office during the deposition of your records custodian?

9. Do you have any opinions that are not contained in those three reports?

QUALIFICATIONS/TREATING PATIENTS

10. Have you gotten any new certifications in the last 5 years?

11. Has what you do in your medical practice changed in the last five years?

12. Are you still seeing patients?

13. When a patient comes to your office with a knee injury, how do you conduct the exam?

14. How long do you spend talking to a patient?

15. How long does the physical exam take?

16. What are all of the tests you perform on a patient in your office when they have a knee injury?

    a. GO THROUGH EACH TEST
        i. Name of test
        ii. How it is performed
        iii. Why it is performed
        iv. Why is it important to do that test
        v. What does it mean if it is positive or negative/present or not present

    b. McMurray's Test
        i. Used to test for problems with meniscus like high signal of the posterior horn
            1. Hyperflex knee
            2. Grab leg
            3. Rotate leg clockwise and counter clockwise
    c. Anterior Posterior Drawer Test
    d. Lachman's Exam
    e. Patella Femoral Compression Test

17. Go through inputting the ROM degree findings in each report for entire body
    a. If someone comes in complaining of knee pain, you do a physical exam and check their range of motion
        i. Use goniometer?
            1. Why?
        ii. Note each findings of any normal or restricted ROM in the patient's report?

1. Why?

iii. What are normal ROM of knee?

1. When you check a patient's range of motion, do you normally put it in their medical report?
    a. The specific degrees of motions in each knee?

CMES/TESTIMONY PER YEAR

18. Defense clients have been paying you to perform CMEs since 1977 – King – P.26:6-8

19. You've done 1000s of these types of CMEs during your career
    a. SEAK – National Directory of Medical Examiners - https://www.imenet.com/members/11301-jeffrey-s-penner
    b.

20. Your main office is in Palm Beach Gardens?

21. The other offices you have, satellite offices, in Vero Beach, Port St. Lucie, Stuart and Pompano, those offices were just for purposes of doing CMEs, correct?

    p. 7:1-6 of King .v Moreau depo

22. Defense clients pay you to travel from Broward all the way up to Vero Beach doing CMEs?

    a. 5 different counties?
        i. Broward 20-25 per year (3 years before 2019) p. 8:8-11 – King Depo
            1. Ever have privileges in any hospitals in Broward?
        ii.

23. Do you do You do about _____ of these evaluations per year

24. What is the average cost of these evaluations?

    a. $2,000.00
        i. Does that include any review of medical records?
            1. How much does it include

25. Over the years, you have given a lot of deposition and trial testimony, haven't you?

26. In fact, You've testified 100s of times for the defense over the course of your career

27. Since 2017, you've testified in deposition and at trial at least 27 times

28. And every single time it was for the Defense

Use Depo and Trial List:

2017 – 8 depos; 3 trials
2018 – 8 depos
2019 - 6 depos; 1 trial
2020 – 1 depo

Total: 23 depos; 4 trials

29. Defense client's have paid you millions and millions of dollars over the years to perform CMEs and give testimony
    (you've said that during your career doing compulsory medical examinations, you've made millions and millions of dollars) King P.30:8-11

    a. 2011 – over $500,000.00

    b. 5 years before 2011 – 0ver $500,000.00 each year

    c. In 2019, you testified that the defense paid you between $600-800,000 per year doing CMEs in 2018 and earlier

    d. At the time of that deposition, 4/30/2019, you were expecting to be paid by the Defense even more than $800,000 for doing CMEs – King P.32:13-20

        i. The increase was due to charging more per CME, right? King P32:21-25

30. You are paid a percentage from Atlantis Orthopedics for all of the money paid by Defense clients for CMEs – King P. 33:16-24

31. At least a third of your professional time is spent performing CME's for Defense clients – King P.41:2-5

32. Approximately 50% of your professional income comes from defense clients paying you to perform CMEs King P. 41:6-16

    a. 45% per expert rog answers

NO ACCIDENT RECON AND BIOMECHANICAL TRAINING

33. You have no formal biomechanical training

34. You don't hold any certifications as a biomechanical expert

35. You have never been certified or declared an expert in biomechanical or biomedical expertise

36. You are not offering any biomechanical opinions

37. You have no formal accident reconstruction training

38. You don't hold any certifications as an accident reconstructionist

39. You have never been certified or declared an expert in accident reconstruction

40. You are not offering any accident reconstruction opinions

NOT OFFERING AN OPINION ON LIABILITY

41. You are not offering an opinion on liability in this case

LETTERS OF PROTECTION

42. You know what a Letter of Protection is?

43. Your office accepts patients under letters of protection – King P.74:15-25

44. There is nothing evil about a letter of protection

45. LOPs are not unusual – King P.75:1-4

46. Most orthopedists use LOPs – King P.75:5-6

47. The idea behind a letter of protection is "to protect someone who doesn't have the funds to get the care, and they get the care, and then after the care, they get paid" King P.14-16

48. Its just a contract your office would have with a patient requiring the patient to pay your bills at the conclusion of the case

NOT OFFERING OPINIONS – COST OF MEDICAL TREATMENT

49. You are not planning to offer any opinions regarding the reasonableness of the cost of past medical treatment?

50. You're not planning to offer any opinions regarding the cost of any possible future medical treatment

NOT A SPINE SURGEON

51. You are not a spine surgeon

52. You have never performed spine surgery

53. You have never performed an anterior cervical discectomy and fusion

54. You are not offering opinions regarding surgery

55. You are not offering any opinions regarding Tina's neck and back injuries and medical treatment

DOESN'T DO SPINE INJECTIONS

56. You've never given someone an epidural steroid injection to their spine

57. You've never given someone a facet injection

58. You've never given someone a medical branch block

59. You've never given someone trigger point injections

DOESN'T OPERATE ANYMORE

60. You stopped operating on people in 2009, about 11 years ago – p.17:6-8 of King

    a. Because the need for your expertise was being replaced by other fellowship trained physicians – p. 17:1-5 of King

NOT A RADIOLOGIST

61. You are not a radiologist

62. You are not a neuroradiologist

63. You are not an interventional radiologist

64. You did not do a residency in radiology

65. You are not board certified in radiology

DOESN'T TREAT PATIENTS ANYMORE ??

66. You don't treat patients in an office any longer

67. You stopped operating more than ten years

68. You don’t treat patients for neck or back injuries

BRAIN

69. You don’t treat patients for brain injuries

70. You are not a neurologist

71. You are not giving any opinions regarding brain trauma

72. You do know that Tina had a brain surgery to fix a brain aneurysm

73. You also know Tina has issues with her memory because of the aneurysm and surgery?

FUNCTION

74. Doctor, you have no idea about Tina’s level or degree of daily activity before this fall, do you

75. Or AFTER the fall

76. Or Currently

PAIN

77. Pain is something that is real, isn't it?

78. As per what causes pain, what exacerbates pain, you would agree that the patient is in the best position to quantify the pain?

79. And based upon your review of the medical records you were provided, when you look at a diagnostic study, such as an MRI and x-ray, which is the studies you looked at in this case, are you able to see whether or not somebody is in pain by looking at those studies

80. Pain can't be seen on an MRI or an X-ray, correct?

81. MRI doesn’t measure pain

82. X-ray doesn’t measure pain

83. MRI studies don’t show chemical irritation of nerves

84. Chemical irritation of nerves can cause pain

85. Tears in the knee don't have to be painful, right?

86. But, they can be made painful by trauma even if they weren't painful before, right?

87. You don't dispute that Tina has been having pain every day since his fall

88. Are you going to be offering any opinions whether or not Tina sustained pain or had pain from the fall

SURGERIES IN GENERAL

89. Surgery is never a guaranteed cure all for pain

90. Radicular pain, loss of sensation, positive abnormal findings on MRI can make a person a surgical candidate?

91. Surgeries typically leave scars

    a. Either small puncture wounds

    b. Sometimes long scars

92. Surgery can make people worse
93. There's no operation known in orthopedics that cant make a person worse – King P.81:17-20

MRI/X-RAY FINDINGS/DEGENERATIVE ISSUES - GENERAL

94. There is a subjective component to reading an MRI scan – King P.36:11

95. Medicine is not an exact science

96. People can have degeneration in their knee and not have any pain

97. People can have tear one of the ligaments in their knee and not have any pain

98. Just because some has degeneration in their knee doesn't mean they need surgery

99. If someone has degeneration in their knee, can it wear out fast if they put more pressure on it than normal?

100. You've testified in the past that people can suffer injuries to their knees if they fall, right?

101. People can suffer tears to a knee as a result of fall, correct?

102. People can have a herniated disc and not have any pain

103. You've described, in other depositions, an analogy comparing the disc to a jelly donut, right? King P.27:12-19

104. The younger someone is, the more jelly they have in the donut? King P.27:20-22

105. A herniated disc can "happen if you pick up a toothbrush out of a drawer in your bathroom to brush your teeth", right? King P.28:9-15

106. Just because someone has degeneration in their spine, doesn't mean they need surgery

107. Just because someone has a herniated disc, doesn't mean they need surgery

108. Bone spurs found on an MRI oftentimes do not cause pain

109. Subsequent trauma can cause the areas where the bone spurs are to move, even slightly, which can cause pain

110. Bone spurs found on an MRI do not always require surgery

111. Its Very Very hard to provide a specific date of a finding on MRI

112. Just because someone has degenerative findings in the spine on MRI doesn't mean the herniations are always degenerative, correct?

113. People don't typically get x-rays on body parts without a complaint or reason to do them, is that fair?

SHOULDER INJURIES – (First DOS with left shoulder complaint -Trinidad - 1/19/18)

114. What are some of the complications of having median branch nerve blocks in the neck?

115. An injection to the neck can cause pain in the shoulder?

116. That pain can last a few minutes, a few days, even months, right?

117. What are the three phases of frozen shoulder syndrome?

    a. Freezing Stage
        i. You develop a pain (sometimes severe) in your shoulder any time you move it

ii. It slowly gets worse over time and may hurt more at night.
iii. This can last anywhere from 6 to 9 months.
iv. You're limited in how far you can move your shoulder.

b. Frozen Stage
   i. Your pain might get better but your stiffness gets worse.
   ii. Moving your shoulder becomes more difficult and it becomes harder to get through daily activities.
   iii. This stage can last 4-12 months.

c. Thawing Stage
   i. Your range of motion starts to go back to normal.
   ii. This can take anywhere from 6 months to 2 years.

118. Oftentimes diminished strength in an upper extremity can be caused by a herniated disc in the neck

ASYMPTOMATIC VS. SYMPTOMATIC/AGGRAVATION

119. People with a problem within their knees can often be asymptomatic, meaning they have no pain, right?

120. Trauma, like falling and hitting their knee, or twisting their knee, can cause that pre-existing condition to become symptomatic, correct?

121. People with a problem inside their knees are easier to hurt due to a traumatic event like falling and hitting their knee or twisting their knee?

122. Is that what happened here, that he had an exacerbation of pain as a result of trauma

123. Before the fall, did Tina ever have any complaints of pain in her left knee

124. Before the fall, did Tina ever have any complaints of pain in her right knee?

125. Before the Fall, was Tina ever recommended to have surgery to her Left Knee?

126. Before the Fall, was Tina ever recommended to have surgery to her Right Knee?

127. You've been given lots of records, are you aware of any medical treatment to Tina's left knee before the fall?

128. Any treatment to her right knee before the fall?

DISCUSSIONS WITH DEFENSE COUNSEL

129. Discussion with Opposing Counsel

130. Dates/Times/Content

a. 10/29/2019 – Letter to Dr. Penner requesting CME for 11/11/19 enclosing records
b. 11/6/2019 – Telephone Conference with Marc Greenberg (contained in the invoice)
    i. How long
    ii. Who was there
    iii. What did you talk about
c. 3/30/20 – Attempted to call Marc – didn't connect
d. 5/12/20 – Telephone conference with Marc (**invoice says it is for Record Review**) it is contained in the 7/23/20 email about "invoice #56"
e. 10/20/20 – Telephone conference with Marc (invoice received) it is contained in the 10/20/20 email about invoice for T/C today (10/20)
f.

NEGATIVE SPACE

Name	Know them? Spoke to them?	Review Records?
FACT WITNESSES		
Tina Smith		
Benjamin Colon		
Alicea Elizer		
Felicia Hammond		
Horace Manyse		
Frances Jones		
Angie Moody		
Sophia Prince		
Willie Smith		
Lori Soberal		
Jennifer Stover		
Javorous Thompson		
Michael Schwede		
Myrtle Holligan		
MEDICAL PROVIDERS/MEDICAL RECORDS		
Dr. Mark Agresti		

Dr. Alan Bezner		
Dr. Jane bistline		
Dr. Shani Katz		
Dr. Justin Kearse		
Dr. Marion Klein		
Dr. Suneet Kukreja		
Dr. Gus Leotta		
Dr. Edwin Maldonado		
Dr. Charles Matuszak		
Dr. Frank McCormick		
Dr. Pascuale Montesano		
Dr. Brett Schlifka		
Dr. Reid Stone		
Dr. Po-Heng Tsai		
Dr. Richard Sarner		
Dr. Brian Young		
Dr. Chris Thompson		
Dr. Christopher White		
Good Samaritan Medical Center		
JFK Medical Center		
Palms west Hospital		
Wellington Regional Medical Center		
Central Palm Beach surgery Center		
Gardens urgent care		
MD now		
Orchid city emergency physicians		
Dr. Merrill Reuter		
Dr. Elizabeth Trinidad		
Dr. Jordan Grable (CME)		
Dr. Mark Agrama		
Dr. John Baker		
Dr. Terry Bachow		
Dr. Gloria Dunkin		
Dr. Brett Fried		
Dr. Robert Friedman		
Dr. Patricia Harding		
Dr. Ross Hauer		
Dr. Richard Hays		
Dr. Alex Hernandez		
Dr. Mashira Jackson		

Dr. Anita Jones		
Dr. David Markowitz		
Dr. Ana Mateo-Bibeau		
Dr. Ekom Nnamdie		
Dr. Olayemi Osiyemi		
Palm Beach Neurology		
Midtown Imaging		
The Imaging Centers		
Dr. Arwyn Raina		
Dr. Lisa Sanchez		
Dr. Jason Sevald		
Dr. Sharma Shekhar		
Dr. Gary Shifrin		
Dr. John Shoosmith		
Palm Beach County fire rescue		
Advanced orthopedics		
Anesthesia services		
Associates MD medical group		
A Visiting Reddy Nurse		
Behavioral health of the palm beaches		
Benedictine health system		
Center for bone and joint surgery		
DPM medical		
Gardens urgent care		
Gateway to recovery		
Helix urgent care		
Just for women birth and Health Center		
National orthopedics and neurosurgery		
Spine and orthopedic specialists		
Triple O medical services		
Back Saver		
Palm Beach neurology Premier research Institute		
Palm Beach neurosurgery		
South Florida foot and ankle		
OB/GYN specialists		
Interventional pain services		

DEPOSITION TRANSCRIPTS		
Tina Smith 11/16/17		
Tina Smith 2/1/18		
Michael Schwede		
Benjamin Colon		
Alicea Elizer		
Frances Jones		
Javorous Thompson		
Myrtle Holligan		
Dr. Merril Reuter		
Dr. Jordan Grabel		
EXPERTS		
DISCOVERY		
Interrogatories answered by Plaintiff		
Interrogatories answered by Defendant		
COMPLAINTS/DIAGNOSES		
Neck pain		
Back pain		
Knee pain		
Head pain		
Finger pain		
Broken finger		
Hip pain		
Herniated disc in the neck		
Herniated disc in the lower back		
Partial-thickness tears of the lateral patellar facet cartilage		
deep infrapatellar bursitis		

thickened ACL which may relate to ligament sprain or partial tear		
grade one signal posterior horn of medial meniscus		
Diminished Strength in the upper extremity		
HOW INJURY OCCURED		
VIDEO OF THE FALL		

Scans

Page in PDF Med Chron Page 12 starts The Imaging Centers Imaging	Study	Treating Radiologist	Dr. Penner		
796	9/18/13 – MRI Left Knee	Partial-thickness tears of the lateral patellar facet cartilage deep infrapatellar bursitis thickened ACL which may relate to ligament sprain or partial tear grade one signal posterior horn of medial meniscus	Dr. Penner read this as an MRI of the right knee. He claims there are no problems at all in the right knee. It is "atraumatic MRI right knee"		

801	12/17/15 – MRI Right Knee	Edema and contusion underlie the tibial spine; ACL laxity and increased signal suggesting ligament sprain Focal free margin tear of the posterior horn of the medial meniscus Displaced meniscal fragment MCL – Edema consistent with Sprain Displaced meniscal fragment from the posterior horn of the medial meniscus	No changes since prior MRI of September 18, 2013. **Except there is no MRI of the right knee September 18, 2013's**		
	1/19/16 - MRI of the right knee	I cannot find this MRI in our medical records	Unchanged with prior MRI of the right knee		
806	3/7/17 - MRI of the left knee	Comparison study to the September 18, 2013 study grade 2 chondromalacia in the lateral patellar facet with multiple partial-thickness tears of the lateral patellar facet cartilage Baker's cyst appears slightly increased since prior study deep infrapatellar bursitis similar with prior study thickened ACL with laxity suggesting ACL sprain lateral meniscus exhibits grade one signal in the posterior horn	Normal MRI of the left knee		
808	3/7/17 - MRI of the right knee	Joint effusion appears slightly increased when compared to the prior study	Atraumatic right knee MRI when compared		

		mild increased signal in the patellar cartilage increased in the size of the Baker's cyst when compared to the prior study evidence of contusion/stress reaction involving the medial femoral condyle 3 mm osteochondral defect identified within the medial femoral condyle mild degree of prepatellar edema tear of the inferior surface of the posterior horn of the medial meniscus	to previous MRIs taken December 17, 2015		

ULTIMATE OPINION AND VIDEO OF FALL

131. In all the cases in your list of trial and deposition testimony where you testified as a CME doctor, did you ever testify, in even one case, that the Plaintiff's injuries were, in fact, caused by the accident they were in?

132. The majority of cases you do a CME, you find that there is not an injury, correct?

133. Do you have an independent recollection of performing the CME on Tina?

134. You conducted your CME physical exam about than 6 years and 3 months after Tina fell, right?

November 11, 2019

135. She had already gone to over 320 medical appointments related to the fall
    a. Had **3** admissions to the Emergency Room
    b. Had over 90 orthopedic appointments
    c. Had over 75 appointments for depression due to her pain
    d. Had over 120 chiropractic appointments
    e. Had **11** MRIs

f. Had **5** Cervical Epidural Injections
g. Had **9** lumbar Epidural Injections
h. Had **4** knee injections
i. Had 2 Surgeries to her lower back surgery
j. Had 2 Medical branch nerve blocks
k. Had **2** knee surgeries

136. Its your opinion that Tina didn't suffer any trauma to left knee, right knee, or shoulder as a result of the fall

137. In fact, you believe her examination was consistent with someone her age and size

138. Your company has been paid $40,320.00 by the Walmart's defense firm over the last three years. Exert Rogs Answers – P. 19

139. How much treatment do you believe Tina needed as a result of the fall

a. To her left knee
b. To her right knee
c. To any other part of her body

140. What is your understanding of how Tina was hurt?

141. You've seen the video of Tina falling in the Walmart store, right?
a. WATCH VIDEO OF TINA FALLING

142. Now that you've seen her fall, does that affect your opinion in any way?

OPINIONS – GO THROUGH MEDICAL TREATMENT

143. Go through the Med Chron and point out the Left Knee Complaints

144. Go through the Med Chron and point out the Right Knee Complaints

AGGRAVATION OF PREEXITING CONDITION

145. You believe Tina's conditions in her knees are degenerative, right?

a. They pre-existed the fall?

146. Tina's pre-existing condition made her more susceptible to injury

147. Do you agree that her fall could have aggravated those preexisting conditions?

a. Even if just temporarily?

HIS REPORTS

11/11/19 – First Report – TAB 11

148. Complaint of daily pain in her left knee

149. Complained of daily pain in her right knee

150. Pain causes difficulty sleeping at night

151. You heard "snap and crackle" in her knees during exam

152. She had been given a pain medication patch on her right knee before the exam

153. Right knee most pain in medial jointline

154. Crepitus in both knees

    a. What is that?

155. Right knee had decreased range of motion

156. Positive patella femoral compression test

157. Your record didn't note Tina's complaints of pain in her left knee during your testing

158. Your report shows Range of Motion with the specific degrees for Ankle and Upper Extremities

159. You did not use a goniometer when doing the range of motion evaluation, correct?

160. Tina's knees had restricted range of motion during your exam

161. Your report DOES NOT show the range of motion with specific degrees for the knees

162. You couldn't even perform a number of the orthopedic testing on her left shoulder because they were causing her too much pain

163. Did you do the patellar femoral testing on her left knee?

164. Did you do the McMurray's test on either knee?

165. Tina complained of left sided neck pain when you had her turn her head to the right?

166. And that pain travelled down her left arm

167. Tina had weakness in her left deltoid, bicep and tricep during your muscle testing

DECEMBER 18, 2019 SUPPLEMENTAL REPORT - TAB 12

168. Reviewed Tina's 2/1/2018 deposition transcript and summarized x-rays and imaging studies

169. This report is your interpretation of the scans?

170. You didn't have these records at the time of your evaluation?

171. At the time you drafted your first report, you hadn't even looked at this records

172. You had already decided that none of Tina's complaints were related to the fall, right?

MAY 5, 2020 SUPPLEMENTAL REPORT – TAB 13

173. Why was this done?

174. Isn't it just the same opinion as your initial report?

JANUARY 19, 2021 SUPPLEMENTAL REPORT – TAB 14

175. Why was this report done?

176. You reviewed these records in preparation of your deposition.

177. ARE THERE ANY OTHER RECORDS YOU REVIEWED BUT DID NOT INCLUDE IN YOUR REPORTS?

178. You did not review any of these records before you issued your initial report

179. Before you read these records you had already decided that none of Tina's complaints were related to the fall

MEDICAL RECORDS REVIEW

180. You were reviewing the records regarding the injuries to Tina's Knees and her Left Shoulder, right?

181. How many pages of records did you review?

182. How many hours did you spend reviewing the records?

183. What did you bill for the records review?

184. Its important that you have an accurate assessment of these records

185. And you pride yourself on having the correct information in your reports

186. Show me the 9/18/13 MRI of the RIGHT knee (Doesn't exist)

187. Show me the 1/19/16 MRI of the RIGHT knee (can't find in file)

188. DID NOT NOTE:

    a. Examples –
        i. Complaining of severe pain in the neck radiating into the left upper extremity – Billinghurst – 4/8/14

        ii. Bistline - Complaining of neck pain radiating into left upper extremity with numbness and tingling – left this out of his report

        iii. DID NOT EVEN COMMENT on DOS 6/20/17 – Bistline – Neck pain radiating to left upper extremity

        iv. She even went to JFK Medical Center complaining of neck pain radiating into her left arm – 10/8/16 – NOT IN HIS REPORT

189.

OPINIONS – REASONABLE TO HAVE INITIAL TREATMENT

190. It was reasonable for her Tina to go to West Palm Hospital right after the fall, right?

    a. You would agree that the evaluation and treatment she received at the Emergency room was medical necessary and causally related to the fall

191. It was reasonable for her to be treated by the doctors at the emergency room, right?

    b. That treatment at the hospital was medically necessary and causally related to the fall

192. It was reasonable for her to have the diagnostic studies at the hospital, right?

    c. Those studies were medically necessary and causally related to the fall

193. Because of her back and knee pain, was it reasonable for her to be prescribed medications for pain

194. When someone is in severe pain every day following a fall, can that severe pain in one body part, mask the pain from injuries to other parts of the body?

    a. Can pain medications mask pain throughout the body?

        i. Not just the pain someone is complaining of prompting the script

195. You've seen patients who were injured, complained of pain to one part of their body, and then over the couple weeks following the injury, they begin complaining of pain in other parts of their body, correct?

196. It was reasonable for her to go to the chiropractor the day after the fall because of her back and knee pain

    a. The treatment at the chiropractor's office was medically necessary and causally related to the fall

197. It was reasonable for her to go to the orthopedic doctor, Dr. John Baker, just 8 days after the fall, where she complained of knee pain, lower back and upper back pain?

    a. The treatment at Dr. Baker's office was medically necessary and causally related to the fall

198. It was reasonable for her undergo MRIs of her knee and back

    a. The MRIs of her back and knee were medically necessary and causally related to the fall

199. It was reasonable for her to go to the orthopedic doctor, Dr. Pasquale Montesano, about two weeks of so after the fall, where she complained of knee pain, lower back and upper back pain?

    b. The treatment at Dr. Montesano's office was medically necessary and causally related to the fall

200. Since Tina still had severe daily pain for 3 weeks after the fall, it was reasonable for her to be referred to a pain management doctor, right?

    a. Tina's treatment by pain management doctor, Edwin Maldonado, was medical necessary and causally related to the fall

201. Was it reasonable for Tina to have injections to her knee?

202. Was it reasonable for Tina to have injections to her lower back?

203. Was it reasonable for Tina to have injections to her neck?

204. Dr. Baker noted in his records that Tina was a candidate and may benefit from surgery to her left knee, (9/27/2013)

a. Do you agree with this recommendation?
b.

INVOICES

205. Invoices:

d. Invoice 9/5/19 - $4,700.00
e. Invoice 11/4/19 - $1,800.00
f. Invoice 2/12/20 - $600.00
g. ANOTHER INVOICE FOR THE 1/21/21 SUPPLEMENTAL REPORT?
h. Plus Depo Prep and any other charges?

206. You've been paid $_____ to give your opinion to the Defense already and you have are still owed _____

207. How long did the CME take?

b. Question session – 30 minutes
c. Physical Examination – 6 minutes

208. Your physical exam of both of Tina's knees, her neck and left shoulder was about 9 minutes?

209. You spent about 6 minutes evaluating Tina's knees?

210. You spent about 3 minutes evaluating Tina's neck, shoulders and arms?