

Thomas Keighley: [00:00:00](#) All right. Good morning. We are going on the record. The time is approximately 11:03 on November 14, 2019. This is the videotaped deposition of Linda Lajterman, and this deposition is taking place at 8 Birchwood Drive, Stockholm, New Jersey. My name is Thomas Keighley of Prism Video, and I am a videographer, notary public. If I could ask counsel to please introduce themselves for the record.

David Kulwicki: [00:00:30](#) My name is David Kulwicki. I am counsel for plaintiff, Mary Clemmons.

Shawn Pearson: [00:00:37](#) I am Shawn Pearson. I am counsel for defendant, Nationwide Insurance Company.

Thomas Keighley: [00:00:42](#) Very good, and I will just swear in the witness. You promise to affirm that the testimony that you will give today will be the truth, the whole truth, and nothing but the truth?

Linda Lajterman: [00:00:50](#) I do.

Thomas Keighley: [00:00:51](#) Very good. Counsel, we can proceed.

David Kulwicki: [00:00:52](#) Ms. Lajterman, if you would kindly state your full name and give us your current business address.

Linda Lajterman: [00:01:01](#) Linda Lajterman. My address is 8 Birchwood Drive, Stockholm, New Jersey 07460.

David Kulwicki: [00:01:12](#) And Linda, if you would kindly tell us what your profession is.

Linda Lajterman: [00:01:17](#) I am a registered nurse. I'm a certified case manager. I'm a certified disability management specialist. I'm a senior disability analyst, and I'm a board certified life care planner.

David Kulwicki: [00:01:29](#) All right. Did you prepare a cost projection for Mary Clemmons, and are you prepared to talk about that today?

Linda Lajterman: [00:01:37](#) Yes, I am.

David Kulwicki: [00:01:39](#) All right. Let's mark as exhibit one your curriculum vitae, and does this set forth your professional credentials?

Linda Lajterman: [00:01:48](#) Yes, it does.

David Kulwicki: [00:01:51](#) And let's just run through those. So, you've been a registered nurse since 1979. Is that correct?

- Linda Lajterman: [00:01:56](#) That's correct.
- David Kulwicki: [00:01:58](#) Can you tell us about your clinical nursing experience?
- Linda Lajterman: [00:02:01](#) While I was working as a clinical nurse, I worked in a hospital. I worked in several hospitals on Medical Surgical units, Pediatrics, Obstetrical Newborn nursery. I also worked in outpatient clinics.
- David Kulwicki: [00:02:17](#) And you're also a certified case manager since 1996. Is that correct?
- Linda Lajterman: [00:02:21](#) That's correct.
- David Kulwicki: [00:02:22](#) Tell us what a case manager does.
- Linda Lajterman: [00:02:25](#) The case manager is the liaison between all parties involved, and they coordinate care. They disperse information to all the parties. They ensure the client gets the care they need and with the goal being good outcome of their injury or illness.
- David Kulwicki: [00:02:46](#) Okay. Nurse Lajterman, you've also been certified as a disability specialist since 1997. Is that correct?
- Linda Lajterman: [00:02:53](#) That's correct.
- David Kulwicki: [00:02:55](#) And what is that?
- Linda Lajterman: [00:02:56](#) That's almost the same as a case manager, only it has a more of a vocational component to it.
- David Kulwicki: [00:03:04](#) Okay. Tell us about your experience as a case manager and a disability specialist.
- Linda Lajterman: [00:03:11](#) Since 1990, I was an insurance-based case manager for most New Jersey, or some of the companies were based out in Pennsylvania, too, and we provide case management services to auto accident victims, workers compensation clients. In 1996 or 1997, I became a certified life care planner, which kind of takes all of those certifications and use together to create life care plans.
- David Kulwicki: [00:03:52](#) What is a life care plan?
- Linda Lajterman: [00:03:54](#) A life care plan is a detailed document that identifies the needs, both medical and nonmedical with the associated costs for someone who is catastrophically injured or chronically ill through their lifetime.
- David Kulwicki: [00:04:11](#) What is a cost projection?

- Linda Lajterman: [00:04:13](#) A cost projection is a document that's prepared to inform all parties involved of the expected or estimated future care through lifetime or through a medical event.
- David Kulwicki: [00:04:31](#) Please tell us about your education and training that went into becoming a certified life care planner.
- Linda Lajterman: [00:04:38](#) To become a certified life care planner, you need to first meet the criteria to be able to take and sit in the class, and that was 120 hours of intense education in life care planner. Then, we prepare a life care plan for critique and review, and then, we have to sit and pass a certification exam. And every five years, I have to submit 80 units of continuing education.
- David Kulwicki: [00:05:07](#) Nurse Lajterman, do you have experience in preparing life care plans and cost projections for individuals with similar disabilities to Mary Clemmons?
- Linda Lajterman: [00:05:19](#) Yes, I do.
- David Kulwicki: [00:05:21](#) Have you been accepted as an expert in courts in the areas of life care planning, case management, and cost projections?
- Linda Lajterman: [00:05:28](#) Yes, I have.
- David Kulwicki: [00:05:29](#) Tell us how you go about preparing a cost projection. What do you do? What are the steps?
- Linda Lajterman: [00:05:35](#) The steps are once we receive the referral, and we get the documentation from the referral source, we review all the records and all the documents that were provided. Then, we identify the diagnoses in question, and that's usually from the most recent medical records that we have available and bills. And then, we really kind of pour through. We give a nice chronology of the events, and then, we identify future care recommendations that were included in the medical records from the treating physicians. And then, from there, we will use sources, like official disability guidelines, which the insurance companies use for their standards of care and clinical practice guidelines. We make sure everything lines up. Then, we identify what's needed and provide a cost based on either the billing records in the file, or we have sources that we use. Official disability guidelines also gives costs. We use Fair Health Benchmark. We use the Physician's Fee Reference, and these are all geographic-specific. So, we include the zip code, and that gives us the current price in that geographic location.

David Kulwicki: [00:06:58](#) Is this the standard methodology that you were trained in?

Linda Lajterman: [00:07:01](#) Yes.

David Kulwicki: [00:07:03](#) Okay. At my request, did you prepare a cost projection for Mary Clemmons's future medical care?

Linda Lajterman: [00:07:08](#) Yes, I did.

David Kulwicki: [00:07:11](#) And did you rely on the following records in coming to your conclusions: the records and billing of the Cleveland Clinic, the records of [Caranova 00:07:19] Medical Clinic, the records of Blanchard Valley Health System, and the deposition transcript of Mary Clemmons?

Linda Lajterman: [00:07:27](#) Yes, I did.

David Kulwicki: [00:07:30](#) Tell us what was pertinent from your record review.

Linda Lajterman: [00:07:35](#) So, once we did the chronology of events, I reviewed Mary's response to the intervention that she was given and identified what the treating doctors recommended after her response and followup. And from there, we identified what's involved in that care as far as office visits, return visits, followup care, and then, we identify it, and then, we cost it out.

David Kulwicki: [00:08:13](#) Well, let's mark as exhibit two your medical cost projection for Mary Clemmons. It's a two-page document, and why don't you take us through that and tell us what your cost projections include.

Linda Lajterman: [00:08:30](#) Okay. So, in the tables, page one of the actual cost projection, there are comments, but in the actual report, there's a little bit more detail under factors for consideration. So, Ms. Clemmons has not been discharged from care, and she was recommended to continue with these procedures until they no longer work. So, in order to have these procedures, she needs to see the pain management specialist, and usually, it's one time before. So, they create a treatment plan and identify what needs to be done. Then, she has the procedures, procedure or procedures, and then, she returns for a followup care sometime after. The doctor will determine when, and that's where they assess the progress that she achieved from this intervention. So, that's for the office visits. In the records, it noted that Ms. Clemmons was recommended to have a TENS unit for ongoing, self-directed pain management that she can do at home.

Linda Lajterman: [00:09:45](#) So, the units are replaced every four to six years. So, I estimated five over her lifetime, and then, she needs the supplies. That would be the electrodes, the wires, all the things that are the components of the TENS unit. So, they need to be replenished so that they're available when she needs them. Then, the records of Dr. Rosenquist said Ms. Clemmons can return for repeat injections until they are no longer effective. And the records note good results. So, the radiofrequency ablation, RFA, procedure, which is burning of the nerves, she can have them, according to the ODG guidelines, one to three times per year as needed. So, for cost projecting purposes, I allocated twice per year. Dr. [Znidarsic 00:10:43] also recommended that Ms. Clemmons participate in a home exercise program, which included chair yoga, and that's at no cost.

Linda Lajterman: [00:10:55](#) Now, because she's still treating, and things can change over the years, we include an allowance for additional specialists or diagnostic tests as needed, and that could be additional pain management specialists, orthopedics, an MRI, additional X-rays. So, for about five years, we just give that allocation once per year. That's to cover anything that may pop up or additional care she would need. The prescription and over-the-counter pain medication that she was on according to the records was Celebrex 200, which is an anti-inflammatory so that she can have as needed, and I cost out one tablet per day, which she can have more than that, but I only cost out one per day, and I brought that through life because pain medication is recommended and used according to symptoms, which are subject to change.

David Kulwicki: [00:12:06](#) Now, you mentioned ODG guidelines, and perhaps you said what that is, and I missed it. But can you tell us again what that refers to?

Linda Lajterman: [00:12:13](#) Okay. Official Disability Guidelines, those are the standards and practice guidelines that insurance companies use to determine the reasonableness of care, how they determine what they're going to reimburse and what they're not going to reimburse, and what the allowed treatment would be. So, for example, if I'm trying to find out how much physical therapy would be recommended, and the doctor didn't say in the records, I would then go to the Official Disability Guidelines and look up the diagnosis and what the physical therapy recommendations are, and that's what I would cost out.

David Kulwicki: [00:13:00](#) Okay. So, looking at your cost projection, there is the item, the line item, and you've explained that, the frequency, and you've explained that. Can you go

through, now, and tell us what the cost of each of these items is, what the annual cost is, and what the total cost would be over the course of the treatment period?

Linda Lajterman: [00:13:28](#) Okay. So, we start with the present age of 58.9, and we research the life expectancy according to the national vital statistics. And so, that gives 26.4 additional years to a life expectancy of 85.1. So, with line item number one, a frequency of two to six times per year with a base cost of \$219, that would be an average of four times per year. The annual cost would be 876 dollars, and bring that across through her life, comes to \$22,776. The TENS-

David Kulwicki: [00:14:13](#) The next item is the TENS unit. Can you take us through the cost associated with that?

Linda Lajterman: [00:14:18](#) Okay. So, a TENS unit is replaced every four to six years. So, through her life expectancy, she would have approximately five. The base cost would be \$41, bring that through five additional units through her life, and that comes to \$205.

David Kulwicki: [00:14:38](#) Okay. The next item is TENS unit supplies. Take us through that and tell us what the cost is associated with it.

Linda Lajterman: [00:14:47](#) Okay. So, the TENS unit supplies are used as needed, and they're replenished monthly. So, at \$11 per month for about 20 different uses, it comes to \$132 per year. Bring that through life, comes to \$3432.

David Kulwicki: [00:15:11](#) All right. Do the same for the radio frequency ablation, please.

Linda Lajterman: [00:15:15](#) Okay. According to the guidelines, she can have them one to three times per year as needed. So, for cost projecting purposes, I used price per year. The base cost is \$4203.56 with an annual cost of \$8407.12, bringing a total cost to \$218,585.12.

David Kulwicki: [00:15:47](#) All right. You mentioned that the home exercise yoga is essentially free. She can do that on her own, correct?

Linda Lajterman: [00:15:55](#) That's correct.

David Kulwicki: [00:15:56](#) The next item is pain ... the additional specialists and diagnostic tests, and tell us how you costed that out in your projection for that item.

Linda Lajterman: [00:16:07](#) So, I used the average base cost of an office visit, which was \$219, gave an additional one time per year for five years, and that gave \$1095 over her lifetime.

Linda Lajterman Dep 11:14:19 (Completed 11/15/19)

David Kulwicki: [00:16:27](#) And then, finally, the prescription for Celebrex, give us the cost projection for that item.

Linda Lajterman: [00:16:34](#) Okay. So, I calibrated one does per day, and they're at \$6.50 per tab, and if she took one per day for a year, it's \$2372.86. Bringing that through life, comes to \$61,694.36.

David Kulwicki: [00:17:00](#) Nurse Lajterman, can you tell us your total cost projection, putting all these items together?

Linda Lajterman: [00:17:05](#) The total cost for Mary's estimated care would be \$284,806.48.

David Kulwicki: [00:17:13](#) All right, Nurse Lajterman, assuming that there is medical testimony that the medical treatments that Mary has undergone to this point in time are likely to continue into the future on a permanent basis, can you state to a reasonable degree of professional probability as to whether the services outlined in your cost projection are reasonable and necessary for Mary's future care and treatment?

Linda Lajterman: [00:17:43](#) Yes.

David Kulwicki: [00:17:45](#) And what is your opinion in that regard?

Linda Lajterman: [00:17:47](#) More likely than not, she will require this care.

Shawn Pearson: [00:17:51](#) [inaudible 00:17:51] objection.

David Kulwicki: [00:17:52](#) Nurse Lajterman, in arriving at the conclusions that are contained in your cost projection, have you applied generally accepted and recognized standards in preparing those cost projections?

Linda Lajterman: [00:18:05](#) Yes, I did.

David Kulwicki: [00:18:08](#) All right. Thank you. That's all the questions I have.

Shawn Pearson: [00:18:11](#) Go off the record.

Thomas Keighley: [00:18:12](#) Sure. All right. The time's 11:21, and we're going to go off the record.

Thomas Keighley: [00:18:15](#) All right. The time's 11:22, and we are back on the record.

Shawn Pearson: [00:18:21](#) Is it Lajterman? Am I pronouncing that correctly?

Linda Lajterman: [00:18:24](#) That's correct.

Shawn Pearson: [00:18:25](#) All right. And you are in New Jersey, correct?

Linda Lajterman: [00:18:27](#) That's correct.

Shawn Pearson: [00:18:29](#) And just to confirm, you do not know Mary Clemmons?

Linda Lajterman: [00:18:32](#) No, I do not.

Shawn Pearson: [00:18:33](#) Never met her?

Linda Lajterman: [00:18:34](#) Nope.

Shawn Pearson: [00:18:35](#) Never talked to any of her doctors who treated after this December 11, 2016 accident?

Linda Lajterman: [00:18:40](#) No, I did not.

Shawn Pearson: [00:18:42](#) Okay. Just want to clarify something here quickly. Exhibit two, which is your report, that was prepared on June 24, 2019, that was provided to Mr. David Kulwicki, sitting to my left, with a cost projection at the next to the last page of the report, right?

Linda Lajterman: [00:19:05](#) That's correct.

Shawn Pearson: [00:19:05](#) The number that you just provided is different than the number that's on that first page of the medical cost projection for Mary Clemmons.

Linda Lajterman: [00:19:13](#) That's correct.

Shawn Pearson: [00:19:14](#) All right. You're aware of that, right?

Linda Lajterman: [00:19:15](#) Yes.

Shawn Pearson: [00:19:16](#) You've never prepared another report, an addendum, anything like that?

Linda Lajterman: [00:19:21](#) No, I did not.

Shawn Pearson: [00:19:23](#) What were you made known ... When did someone tell you that the number there that you had on the original report is either wrong or needed to be changed? When did you learn of that?

Linda Lajterman: [00:19:33](#) I addressed it this morning because when I reviewed Mary's deposition transcript, I saw she testified that that might not be ... excuse me. Shut me off.

Thomas Keighley: [00:19:46](#) You want to go off the record for a minute?

Linda Lajterman: [00:19:48](#) Yeah. Hold on.

Linda Lajterman Dep 11:14:19 (Completed 11/15/19)

Thomas Keighley: [00:19:51](#) Let's go off the record for a bit.

Linda Lajterman: [00:19:53](#) Just one second. I need water.

Thomas Keighley: [00:19:56](#) Time's 11:23. Hold on.

Thomas Keighley: [00:19:56](#) All right. The time is 11:20-

Shawn Pearson: [00:19:56](#) Are you better now?

Linda Lajterman: [00:19:56](#) Yeah.

Shawn Pearson: [00:19:56](#) All right.

Thomas Keighley: [00:19:56](#) The time's 11:24. We're back on the record.

Shawn Pearson: [00:19:58](#) Okay. Ms. Lajterman, you're better now?

Linda Lajterman: [00:20:01](#) Yes, I am. Thank you.

Shawn Pearson: [00:20:04](#) Ready to proceed?

Linda Lajterman: [00:20:04](#) Sorry about that. Yes.

Shawn Pearson: [00:20:05](#) It's okay. Before we went off the record, you were testifying that you reviewed Mary's deposition transcript, and that was cause for you to make some changes to your report.

Linda Lajterman: [00:20:16](#) That's correct.

Shawn Pearson: [00:20:17](#) [crosstalk 00:20:17] telling the jury what you did.

Linda Lajterman: [00:20:18](#) I removed the reconstructive breast-

Shawn Pearson: [00:20:21](#) What did you review in her deposition transcript?

Linda Lajterman: [00:20:24](#) I'm sorry. Can you repeat that?

Shawn Pearson: [00:20:26](#) You testified that in reviewing Mary's deposition transcript, you read something that caused you to change your report. What did you read?

Linda Lajterman: [00:20:35](#) That she was not going to proceed with breast reduction surgery.

Shawn Pearson: [00:20:39](#) Okay. I think what she testified to, and I have it here, I just want to make sure we are on the same page, and the jury is clear what was testified to. On page 125, beginning at line, I think it's line five. Let me find it here. Yeah, beginning on line five, I asked her, "Dr. Raymond Isakov, regarding your breast reduction, that has nothing

to do with this accident, correct?" She answered, "Well, she told me, I mean, with how bad my back was with not being able to stand up straight because of the pain, that sometimes if your breasts are so big that it can cause excessive back pain. So, I went to see him, and he said that he did not think that that was a factor in this," is what she testified to. Correct?

Linda Lajterman: [00:21:37](#)

Correct.

Shawn Pearson: [00:21:38](#)

All right. Now, when you prepared your report, you had that deposition transcript, correct?

Linda Lajterman: [00:21:44](#)

Yes, I did.

Shawn Pearson: [00:21:45](#)

You also had the records from the treatment that she had with Steven in connection with this case, correct?

Linda Lajterman: [00:21:51](#)

That's correct.

Shawn Pearson: [00:21:52](#)

So, in reviewing the deposition transcript, did you just miss that testimony initially?

Linda Lajterman: [00:21:58](#)

No. No, I didn't, but because she had significant thoracic spasms and pain that interfered with a lot of her activities of daily living, I left it in because I didn't want to underfund the cost projection in the event she had such significant pain that she did undergo the breast reduction surgery. But then, when I reread the deposition transcript, I reconsidered and took it out.

Shawn Pearson: [00:22:27](#)

Okay. And just so the jury's clear on what we're talking about, you projected that she was going to need reconstructive breast surgery, bilateral mastectomy versus vertical breast reduction, to the tune of \$34,096, correct?

Linda Lajterman: [00:22:44](#)

That's correct.

Shawn Pearson: [00:22:44](#)

With a primary care charge, primary care doctor charge that went along with that, of \$219?

Linda Lajterman: [00:22:55](#)

Yes, that's for the pre-op clearance.

Shawn Pearson: [00:22:57](#)

All right. And then, pre-op diagnostic testing in the amount of \$467.27?

Linda Lajterman: [00:23:02](#)

That's correct.

Shawn Pearson: [00:23:03](#)

All right. And that projection, you've removed since you read Mary's deposition?

Linda Lajterman: [00:23:10](#) Right, because initially-

Shawn Pearson: [00:23:11](#) [crosstalk 00:23:11] a second time.

Linda Lajterman: [00:23:13](#) I'm sorry. We over-talked each other. Can you repeat your question.

Shawn Pearson: [00:23:16](#) You removed that after reading Mary's deposition testimony again today, correct?

Linda Lajterman: [00:23:21](#) That's correct.

Shawn Pearson: [00:23:21](#) All right.

Linda Lajterman: [00:23:23](#) Initially, I put it in because Dr. Isakov opined she would benefit from bilateral mastopexy versus vertical breast reduction. So, that's why it went in there initially.

Shawn Pearson: [00:23:38](#) Do you have that record that you just referred to?

Linda Lajterman: [00:23:41](#) It's in the ... Yeah, yeah. It was in Dr. Isakov's records.

Shawn Pearson: [00:23:46](#) And you made reference to it, and just, since we're on that topic, let's continue on that topic. You indicate that she ... on page four of your report. On October 26, 2017, Mary Clemmons presented to plastic surgeon, Dr. Raymond Isakov, complaining of increased symptomatic heavy breasts with shoulder pain and upper back pain. Dr. Isakov opined she would benefit from bilateral mastopexy ... pronounce it for me.

Linda Lajterman: [00:24:13](#) Mastopexy.

Shawn Pearson: [00:24:14](#) Mastopexy, that's what I thought, versus vertical breast reduction. Did you read that correctly?

Linda Lajterman: [00:24:24](#) Yes, you did.

Shawn Pearson: [00:24:26](#) All right. Initially, the date you have there, I believe is wrong. I think the visit was actually October 25 of 2017.

Linda Lajterman: [00:24:33](#) Okay. Well-

Shawn Pearson: [00:24:34](#) Looking at the record, you see the record there?

Linda Lajterman: [00:24:36](#) I see on my chronology of events. I don't have Mary's ... that actual record right in front of me.

Shawn Pearson: [00:24:43](#) You don't have the record.

Linda Lajterman: [00:24:46](#) No, I have the synopsis and chronology of events that we created.

Shawn Pearson: [00:24:50](#) Well, I'm going to mark the record. I want you to actually have the record in front of you. I'm going to refer to defendant's exhibit S1, volume one and base number 000368 is the record. You want to see it?

Linda Lajterman: [00:25:11](#) Well, I guess. I don't know how that would work since you're there.

Shawn Pearson: [00:25:15](#) Neither do I. Let's go off the record and figure it out. How about that?

Linda Lajterman: [00:25:15](#) Okay.

Shawn Pearson: [00:25:17](#) I don't know how we do it either. That's what I was asking [crosstalk 00:25:17].

Thomas Keighley: [00:25:17](#) All right. The time is 11:29. We're off the record.

Thomas Keighley: [00:25:25](#) All right. The time is 11:33, and we're back on the record.

Shawn Pearson: [00:25:30](#) Ms. Lajterman, with technology, we can do amazing things. We were able to get you that record in your location, correct? And you have it now in front of you?

Linda Lajterman: [00:25:37](#) Yes, I do.

Shawn Pearson: [00:25:40](#) All right. Just to make sure that you have the same thing that I have, at the top left corner under contact information, it's dated October 25, 2017?

Linda Lajterman: [00:25:49](#) That's correct.

Shawn Pearson: [00:25:51](#) At the bottom of that document, it reads D-E-F-T 000368, yes? Very bottom.

Linda Lajterman: [00:26:03](#) Yes. I got it.

Shawn Pearson: [00:26:03](#) All right. And then, it should be two pages.

Linda Lajterman: [00:26:05](#) It is.

Shawn Pearson: [00:26:06](#) All right. And then, the next page, it reads D-E-F-T 000369. Yes?

Linda Lajterman: [00:26:12](#) That's correct. Yes.

Shawn Pearson: [00:26:15](#) All right. I just want to go through this for a moment and understand how you arrived at your initial determination that this was necessary due to the injuries being claimed by this automobile accident, okay?

Linda Lajterman: [00:26:26](#) Okay.

Shawn Pearson: [00:26:29](#) Because you made that decision that this was going to be treatment that she needed, right?

Linda Lajterman: [00:26:34](#) It was a recommendation that I noted in the records related to back pain. So, I put it in.

Shawn Pearson: [00:26:42](#) Okay. And I just want to make sure that we're on the same page. As you go down through the record, there is a section under progress notes that reads, "CC". Did I read that correctly?

Linda Lajterman: [00:26:55](#) Wait a minute.

Shawn Pearson: [00:26:56](#) Did you find it?

Linda Lajterman: [00:26:57](#) I think I jumped ahead of you. Hold on one second. Yes, I see it.

Shawn Pearson: [00:27:03](#) It's on the first page. Get it?

Linda Lajterman: [00:27:04](#) Yes. I got it.

Shawn Pearson: [00:27:05](#) Do you know what CC stands for?

Linda Lajterman: [00:27:08](#) Current complaint.

Shawn Pearson: [00:27:10](#) All right. So, that reads, "Interested in breast reduction," correct?

Linda Lajterman: [00:27:14](#) That's correct.

Shawn Pearson: [00:27:15](#) There's nothing about the motor vehicle accident or any mid or lower back problems, does it?

Linda Lajterman: [00:27:20](#) No, it does not.

Shawn Pearson: [00:27:21](#) All right. And if you go down further, under HPI, what does that mean?

Linda Lajterman: [00:27:27](#) That's history patient information or ... I think that's what HPI.

Shawn Pearson: [00:27:35](#) History and present illness, maybe?

Linda Lajterman: [00:27:41](#) It appears it could be ... history of present injury or illness or whatever.

Shawn Pearson: [00:27:53](#) Okay. But that reads, "Patient complains of symptomatic heavy breasts," correct?

Linda Lajterman: [00:27:58](#) Correct.

Shawn Pearson: [00:28:00](#) You've been in the nursing field for quite some time. I'm sure you understand a medical record, correct?

Linda Lajterman: [00:28:05](#) Yes, I do.

Shawn Pearson: [00:28:05](#) This is not foreign to you. You've seen one of these before.

Linda Lajterman: [00:28:07](#) That's correct.

Shawn Pearson: [00:28:09](#) What's symptomatic mean to you?

Linda Lajterman: [00:28:11](#) Symptomatic means that she has symptoms related to her heavy breasts.

Shawn Pearson: [00:28:18](#) If you move down a little further, it indicates her current bra size was a D.

Linda Lajterman: [00:28:26](#) That's correct.

Shawn Pearson: [00:28:26](#) And that her desired bra size would be as small as possible. Does it not?

Linda Lajterman: [00:28:28](#) Yes, it does.

Shawn Pearson: [00:28:30](#) It further reads, "She complains of, or CO, macromastia."

Linda Lajterman: [00:28:34](#) That's correct.

Shawn Pearson: [00:28:35](#) What is that?

Linda Lajterman: [00:28:35](#) That's large breasts.

Shawn Pearson: [00:28:37](#) Okay. It indicates shoulder pain, correct?

Linda Lajterman: [00:28:41](#) That's correct. Yes.

Shawn Pearson: [00:28:42](#) Upper back pain, yes?

Linda Lajterman: [00:28:45](#) That's correct. Yes.

Shawn Pearson: [00:28:45](#) And shoulder grooves.

Linda Lajterman: [00:28:46](#) Correct.

Shawn Pearson: [00:28:47](#) Yes?

Linda Lajterman: [00:28:48](#) Yes.

Shawn Pearson: [00:28:48](#) All right. Turn to the second page, please. Let me know when you're there.

Linda Lajterman: [00:28:55](#) I'm there.

Shawn Pearson: [00:28:57](#) The plan indicates, and I'm looking midway down that document. Found plan?

Linda Lajterman: [00:29:04](#) Yes.

Shawn Pearson: [00:29:04](#) Read along with me, "She would benefit from bilateral mastopexy versus vertical breast reduction." "May help improve her shape," is in parentheses, correct?

Linda Lajterman: [00:29:13](#) Correct.

Shawn Pearson: [00:29:14](#) "I do not believe that insurance would cover this, and this was explained in detail to the patient. I have reviewed risk, benefits, personnel, and alternatives. She states understanding and wishes to proceed. I will obtain photos today." You read that, and initially, you included that as being part of her future medical care, correct?

Linda Lajterman: [00:29:36](#) Correct, because she did complain, and it is documented that she had upper back pain. So-

Shawn Pearson: [00:29:48](#) I understand that. That's the reason that she had upper back pain. You don't believe that she had an shoulder pain, though, correct?

Linda Lajterman: [00:29:48](#) Shoulder pain, really, I don't ... I don't have any documentation.

Shawn Pearson: [00:29:49](#) From the accident, I'm sorry. You don't believe she had any shoulder pain from the accident?

Linda Lajterman: [00:29:58](#) There's no documentation that I have of shoulder pain from the accident.

Shawn Pearson: [00:30:07](#) Okay. I want you to turn to page six of your report, exhibit two.

Linda Lajterman: [00:30:17](#) Okay. I'm here.

Shawn Pearson: [00:30:21](#) Under factors for consideration, you indicate the medical cost projection estimate is based on the conditions of lumbar facet arthropathy, chronic bilateral low back pain without sciatica, chronic bilateral thoracic back pain, myofascial pain, lumbar degenerative disk disease, and sacroiliac joint disfunction of both sides. Did I read that correct?

Linda Lajterman: [00:30:45](#) Yes, you did.

Shawn Pearson: [00:30:47](#) There's no mention of upper back problems at all in your factors for consideration. [crosstalk 00:30:53]

Linda Lajterman: [00:30:53](#) No, that's incorrect. That's incorrect. Chronic bilateral thoracic back pain would be her upper back.

Shawn Pearson: [00:31:00](#) I'm going to read it again, and I'm going to ask my question again. There is no mention of upper back pain in that report. Is that correct?

Linda Lajterman: [00:31:10](#) Thoracic, the thoracic spine is the upper back.

Shawn Pearson: [00:31:14](#) That was your opinion.

Linda Lajterman: [00:31:16](#) That's pretty much a fact.

Shawn Pearson: [00:31:17](#) It doesn't say upper back in the ... We're talking over each other. It doesn't say upper back in the report, does it?

Linda Lajterman: [00:31:24](#) I'm sorry. I'm not understanding what you're asking me. The thoracic is the mid, upper back.

Shawn Pearson: [00:31:31](#) Mid, upper back. Mid or upper back.

Linda Lajterman: [00:31:36](#) It's both. It depends on who's talking about it.

Shawn Pearson: [00:31:39](#) Thank you. I appreciate that.

Linda Lajterman: [00:31:39](#) The cervical spine is your neck. Then you have your thoracic spine, which is your mid back, and then, you have your lumbar spine, which is your lower back.

Shawn Pearson: [00:31:50](#) All right. And once again, in your report, under factors for consideration, it's very simple. You don't write there, "Upper back," do you? You write, "Thoracic spine."

Linda Lajterman: [00:32:01](#) That's correct.

Shawn Pearson: [00:32:02](#) All right. And throughout the course of the treatment provided to Ms. Clemmons by Dr. Rosenquist and all those other doctors that treated her after this accident, there was a reflection or a reference to mid spine and thoracic. There was never a reflection or reference to upper back, other than in this record with Dr. Isakov. Are you aware of that?

Linda Lajterman: [00:32:27](#) I'm sorry. I'm not understanding what you're trying to get me to say because there was plenty of reference to thoracic pain in her records, a lot of it, spasms.

Shawn Pearson: [00:32:39](#) There were references to thoracic pain, which you referred to in your report. You do. You indicate thoracic pain complaints. That's what you do refer to.

Linda Lajterman: [00:32:47](#) Okay. Yes, I do.

Shawn Pearson: [00:32:48](#) But Dr. Isakov's record indicates upper back. It says nothing about thoracic. Correct?

Linda Lajterman: [00:33:01](#) I'm sorry, but the thoracic spine is from ... You cervical spine ends, probably, somewhere at your shoulder blades, and the thoracic ends somewhere close to your waistline. So, that's your thoracic spine, your upper back. It's not your low back. It's not from the waist down. That's low back.

Shawn Pearson: [00:33:22](#) You're not a doctor, are you?

Linda Lajterman: [00:33:23](#) I'm a registered nurse and a senior disability analyst, and I've reviewed, in the past four years, at least 300 neck and back cases from doctors all over the country, and the general understanding of the spine is that there's a cervical spine, a thoracic spine, and a lumbar spine.

Shawn Pearson: [00:33:47](#) You didn't answer my question. You are not a doctor, are you?

Linda Lajterman: [00:33:50](#) No, I'm not.

Shawn Pearson: [00:33:52](#) Okay. I just want to make sure of that. And here is the distinction that I'm asking you about. The record, your report makes reference to thoracic back complaints, bilateral thoracic complaints is what you write. Bilateral lumbar complaints is what you write. I would tell you that the medical records of the doctors who treated Ms. Clemmons after this accident make reference to mid and low back problems. There are no references to upper back problems that she was claiming after this accident. Are you aware of that?

Linda Lajterman: [00:34:27](#) Okay. I think where the disconnect is, is that-

Shawn Pearson: [00:34:30](#) Just want to know whether you were aware of that. That's all that I'm asking.

Linda Lajterman: [00:34:38](#) Listen. I read thoracic spine many times throughout this set of medical records. The breasts are in front of the thoracic spine.

Shawn Pearson: [00:34:53](#) Let's do this Ms. Lajterman. We'll have to agree to disagree. As you're testifying here today, if you find some reference to the medical records that were produced in

conjunction with the treatment received after this accident that make reference to any upper back complaint related to this accident. I want you to point them out, okay? We'll move on, and here's what I'll say to you. You based your conclusion on the fact that you thought that upper back reference in Dr. Isakov's record was related to this accident. Is that correct?

Linda Lajterman: [00:35:27](#) I'm sorry. Can you repeat that?

Shawn Pearson: [00:35:31](#) You based your projection on the fact that there were upper back complaints in Dr. Isakov's record, and you were making your projections about the need for bilateral breast reduction. Is that correct?

Linda Lajterman: [00:35:50](#) Thoracic spine, yes. Thoracic back pain, yes.

Shawn Pearson: [00:35:54](#) There's no reference to thoracic back pain in that record. It said upper back pain.

Linda Lajterman: [00:35:58](#) Well, okay. You can call it whatever term, whatever you would like to call it. So, yes.

Shawn Pearson: [00:35:58](#) I'm reading it just as you are. It says upper back pain. Does it not?

Linda Lajterman: [00:36:07](#) I'm rereading it.

Linda Lajterman: [00:36:08](#) (silence)

Shawn Pearson: 00:36:42 It's just one place that I saw.

Linda Lajterman: [00:36:42](#) Yeah. All right. You want to call it upper back. Call it upper back. Yes. There's no thoracic.

Shawn Pearson: [00:36:47](#) I don't want to call it anything. It says upper back.

Linda Lajterman: [00:36:48](#) There's no thoracic. There's no thoracic in this record, but there are in others.

Shawn Pearson: [00:36:54](#) All right. I just need to remit with you that it says upper back pain, correct?

Linda Lajterman: [00:36:59](#) Correct. Yes.

Shawn Pearson: [00:37:02](#) All right. And based on that, you made a conclusion that that was part of her future medical costs, right?

Linda Lajterman: [00:37:10](#) Yes.

Shawn Pearson: [00:37:12](#) All right. Let's move on. You are not a doctor, as I've asked you earlier. You are not attempting to offer an

opinion that Ms. Clemmons's treatment was wholly due to the December 11, 2016 motor vehicle, are you?

- Linda Lajterman: [00:37:25](#) That's correct.
- Shawn Pearson: [00:37:28](#) The conclusion and projections are about future treatment. Those are your speculations of what medical treatment she will have or need for the rest of her natural life, correct?
- David Kulwicki: [00:37:38](#) Objection.
- Shawn Pearson: [00:37:40](#) That's what it is, right?
- Shawn Pearson: [00:37:44](#) You can answer, ma'am.
- Linda Lajterman: [00:37:45](#) I'm sorry. Can you please repeat what the question-
- Shawn Pearson: [00:37:49](#) I'll repeat the question. I said the conclusion and projections about future treatment are your speculation
- David Kulwicki 00:38:00 Objection
- Shawn Pearson 00:38:00 of what medical treatment she will need for the rest of her natural life. Those are your speculations?
- Linda Lajterman: [00:38:00](#) That's correct. It's speculation. Yes.
- Shawn Pearson: [00:38:03](#) All right. Just as you speculated she was going to need breast reduction that would be related to this automobile accident.
- Linda Lajterman: [00:38:09](#) That's correct.
- Shawn Pearson: [00:38:09](#) Okay. No one really and truly knows what treatment she's going to need even a year from now. Is that correct?
- Linda Lajterman: [00:38:11](#) There's standards and clinical practice guidelines that are used to estimate reasonableness of treatment.
- Shawn Pearson: [00:38:13](#) That's not what I asked you. My questions is, was no one really truly knows what treatment she's going to need even a year from today. Is that correct?
- Linda Lajterman: [00:38:42](#) I'm not going to agree to that because her doctors gave a treatment plan based on her response. So, they know what they're going to do for her when she becomes symptomatic again, and she did have good response because it helped her for a while. And then, when they had the RFA procedure, the nerves grow back, and then, you're back to square one. So, how often the nerve or how frequent the nerves are going to grow back, no one

can determine that, but it is a treatment that she will need when the nerves do grow back. Because according to the information in the records, she responded to them.

- Shawn Pearson: [00:39:31](#) So, it's your testimony that someone, doctors can project into the future what treatment is going to be necessary even 25 years from today. Is that what your testimony is?
- Linda Lajterman: [00:39:43](#) That's the standard of life care planning you have to go by in order to project the cost of care.
- Shawn Pearson: [00:39:51](#) I'm not talking about treatment about life care planning. I'm talking about real life at this point. Okay? And I understand what you did. I understand you did that in request by Mr. Kulwicki as part of this case he's presenting, but I'm asking you whether anyone can actually project what treatment is going to be needed into the future and be accurate about it. And if you think so, that's fine, but I'm asking you.
- Linda Lajterman: [00:40:22](#) I'm going to say yes, they can, based on documented evidence, literature, experience, and all the things that go involved in a doctor creating a treatment plan.
- Shawn Pearson: [00:40:36](#) Okay. We'll come back to that. You relied on the medical records that Mr. Kulwicki sent to you and the testimony provided by Mary Clemmons in providing your projections and conclusions, correct?
- Linda Lajterman: [00:40:50](#) That's correct.
- Shawn Pearson: [00:40:51](#) Do you believe that you reviewed all of her records?
- Linda Lajterman: [00:40:55](#) I reviewed what was provided to me.
- Shawn Pearson: [00:40:59](#) So, you reviewed all of the records that were provided to you, correct?
- Linda Lajterman: [00:41:03](#) That's correct.
- Shawn Pearson: [00:41:04](#) Did you get records only from December 11, 2016 and thereafter?
- Linda Lajterman: [00:41:10](#) I don't recall if there were other earlier dates in the package of medical records. I don't remember.
- Shawn Pearson: [00:41:20](#) Do you even know what the date of the accident was?
- Linda Lajterman: [00:41:22](#) Yes, I do. The date of the accident was December 11, 2016. It's written clearly on page one of my report.

Shawn Pearson: [00:41:37](#) I just asked you if you knew what the date of the accident was. So, all the records that you reviewed, you agree with me, were after that date, correct?

Linda Lajterman: [00:41:40](#) I just said I don't recall if there were some other dates earlier than December 11, 2016 included in the package.

Shawn Pearson: [00:41:49](#) Do you have the package with you?

Linda Lajterman: [00:41:53](#) They're on my computer.

Shawn Pearson: [00:41:55](#) I would like for you to look at it because I want you to be able to tell me whether you reviewed documents from before December 11, 2016. That's important in this case. I need to know whether you've seen those.

Linda Lajterman: [00:42:08](#) Well, I did see her medical history.

David Kulwicki: [00:42:10](#) [crosstalk 00:42:10] Go ahead.

Linda Lajterman: [00:42:11](#) I'd have to go into my office. We'd have to go off the record. I would have to print out about 1000 pages of records and then come back down here and sort them and look. So, if you want me to do that, I'd be happy to.

Shawn Pearson: [00:42:26](#) Well, here's what I'm going to ask you. If there's no other way that you can confirm the date of the first records you reviewed or whether you reviewed a record from before the accident, unfortunately, you're going to have to do that.

Linda Lajterman: [00:42:40](#) Well, then, if that's what you want me to do, I will do, and we'll have to conclude this another day because I don't even have 1000 pages of paper in my office right now.

Shawn Pearson: [00:42:54](#) Unfortunately, I don't know how we deal with that, Ms. Lajterman. I mean, that's a question I need you to be able to answer, whether you have reviewed documents from before this accident. I mean, Mr. Kulwicki sent them to you. Maybe he can help you out. I don't know. I haven't seen what you reviewed. Those documents weren't provided to me.

Shawn Pearson: [00:43:11](#) So, I can't ask you questions if I don't know what records you reviewed.

Linda Lajterman: [00:43:15](#) Okay. Can we go off the record to continue with this?

Shawn Pearson: [00:43:17](#) Absolutely.

Thomas Keighley: [00:43:19](#) Yeah. All right. The time's 11:51. We're going to go off for a moment.

Thomas Keighley: [00:43:24](#) All right. The time is 11:53, and we are back on the record.

Shawn Pearson: [00:43:28](#) All right. Ms. Lajterman, we had a conversation off the record, and we were not able to determine what records Mr. Kulwicki sent to you, but you and I agreed that whatever records you reviewed, you indicated those records in your report. Correct?

Linda Lajterman: [00:43:44](#) That's correct.

Shawn Pearson: [00:43:45](#) And your report does not reflect that you reviewed any record from before December 11, 2016.

Linda Lajterman: [00:43:52](#) That's correct.

Shawn Pearson: [00:43:53](#) Is that fair?

Linda Lajterman: [00:43:54](#) Yes.

Shawn Pearson: [00:43:55](#) All right. So, I'm not going to ask you to go print out thousands of pages, but if you had reviewed it, you would've put it in your report. Is that fair?

Linda Lajterman: [00:44:06](#) That's correct. Or if there was something significant, I would've put it in there as history of, which I did.

Shawn Pearson: [00:44:13](#) That's not answering my question. So, again, I just need to be sure that if you had reviewed records from before December 11, 2016, it would be included in the body of your report.

Linda Lajterman: [00:44:26](#) That's correct.

Shawn Pearson: [00:44:27](#) And it's not, is it?

Linda Lajterman: [00:44:28](#) It is not.

Shawn Pearson: [00:44:30](#) Okay. You have no knowledge of whether the plaintiff had been diagnosed with lumbar facet arthropathy prior to December 11, 2016. Is that correct?

Linda Lajterman: [00:44:44](#) That's correct.

Shawn Pearson: [00:44:45](#) You have no knowledge of whether Ms. Clemmons suffered from bilateral low back pain and thoracic pain before the December 11, 2016, do you?

Linda Lajterman: [00:44:56](#) That's correct.

Shawn Pearson: [00:44:56](#) You have no knowledge of whether she suffered from myofascial pain before December 11, 2016.

Linda Lajterman: [00:45:05](#) That's correct.

Shawn Pearson: [00:45:06](#) You have no knowledge of whether she'd been diagnosed with lumbar degenerative disk disease before this accident.

Linda Lajterman: [00:45:13](#) That's correct.

Shawn Pearson: [00:45:13](#) You have no knowledge of whether she suffered from sacroiliac joint dysfunction of both sides before the accident.

Linda Lajterman: [00:45:21](#) That's correct.

Shawn Pearson: [00:45:22](#) All right. Your letterhead says, "ADM Consulting Group, 8 Birchwood Drive, Stockholm, New Jersey."

Linda Lajterman: [00:45:32](#) Yes.

Shawn Pearson: [00:45:33](#) Have you ever been to Cleveland, Ohio?

Linda Lajterman: [00:45:35](#) No, I have not.

Shawn Pearson: [00:45:37](#) What is ADM Consulting Group?

Linda Lajterman: [00:45:39](#) That's a trade name that I use for my consulting practice.

Shawn Pearson: [00:45:45](#) You own that company?

Linda Lajterman: [00:45:47](#) Yes, I do.

Shawn Pearson: [00:45:48](#) How many times have you worked with Dave Kulwicki or Howard Mishkind before this case?

Linda Lajterman: [00:45:52](#) One time. This is it.

Shawn Pearson: [00:45:54](#) [crosstalk 00:45:54] I'm sorry?

Linda Lajterman: [00:45:55](#) This is the only time.

Shawn Pearson: [00:45:59](#) Were you paid for your review of the records in this case?

Linda Lajterman: [00:46:02](#) Yes, I was.

Shawn Pearson: [00:46:03](#) What were you paid?

Linda Lajterman: [00:46:06](#) I was paid \$1250.

Shawn Pearson: [00:46:09](#) Were you paid to generate a report in this case?

Linda Lajterman Dep 11:14:19 (Completed 11/15/19)

Linda Lajterman: [00:46:15](#) Yes.

Shawn Pearson: [00:46:16](#) What were you paid?

Linda Lajterman: [00:46:17](#) That was the all-inclusive price. It was a flat rate fee.

Shawn Pearson: [00:46:21](#) \$1250 was for the report and the review?

Linda Lajterman: [00:46:24](#) That's correct.

Shawn Pearson: [00:46:25](#) How about your testimony here today?

Linda Lajterman: [00:46:27](#) That will be \$250 an hour, half-day minimum.

Shawn Pearson: [00:46:33](#) Half-day minimum?

Linda Lajterman: [00:46:34](#) Yes.

Shawn Pearson: [00:46:35](#) So, four hours, you're charging for four hours.

Linda Lajterman: [00:46:38](#) That's correct.

Shawn Pearson: [00:46:40](#) That's another \$1000, right?

Linda Lajterman: [00:46:42](#) Yes.

Shawn Pearson: [00:46:43](#) Thank you for that. You already confirmed that you are not a doctor. You are not attempting to suggest that any of this treatment was made necessary by the accident, are you?

Linda Lajterman: [00:46:57](#) I am not a doctor, and I am not ... I'm sorry. Can you repeat that last statement again?

Shawn Pearson: [00:47:05](#) You're not intending to suggest that this treatment was made necessary by this automobile accident. You're not offering that opinion, are you?

Linda Lajterman: [00:47:11](#) No, I'm not.

Shawn Pearson: [00:47:13](#) Okay. You have never consulted with any of the doctors or spoken to any of the doctors who treated her prior to December 11, 2016, correct?

Linda Lajterman: [00:47:24](#) That's correct.

Shawn Pearson: [00:47:24](#) You've never talked to any of the doctors who treated her after December 11, 2016.

Linda Lajterman: [00:47:31](#) That's correct.

Shawn Pearson: [00:47:43](#) You've never talked to Dr. Rosenquist?

Linda Lajterman: [00:47:45](#) No, I did not.

Shawn Pearson: [00:47:45](#) Do you know who she is?

Linda Lajterman: [00:47:48](#) Rosenquist is ... I have to look up her specialty. Give me one second. She's a pain management specialist.

Shawn Pearson: [00:48:19](#) Correct. Have you reviewed her reports and records?

Linda Lajterman: [00:48:23](#) Yes, I did.

Shawn Pearson: [00:48:27](#) Did you review the report and record to determine what she believed was the basis for the plaintiff's ongoing complaints?

David Kulwicki: [00:48:34](#) Objection, and I'm going to move to strike this. Witness has already told you that she's not here as a causation expert.

Shawn Pearson: [00:48:40](#) Understood.

David Kulwicki: [00:48:41](#) She's not a medical expert, and I'm not going to allow you to cross examine her with medical expert testimony, and I think completely inappropriate. So, I'll object it. Go ahead.

Shawn Pearson: [00:48:53](#) Again. Did you review any of Dr. Rosenquist's records in which she indicates what she believed was the basis for the plaintiff's ongoing complaints?

David Kulwicki: [00:49:02](#) Objection.

Linda Lajterman: [00:49:05](#) I reviewed Dr. Rosenquist's records.

Shawn Pearson: [00:49:07](#) All right. Then, you are aware that Dr. Rosenquist wrote that after the chronic and thoracic lumbar pain, which you refer to on page two of your report, and I quote, "She has significant thoracic kyphosis and lumbar scoliosis, which are likely contributing to her pain."

David Kulwicki: [00:49:27](#) Objection.

Shawn Pearson: [00:49:29](#) Correct? Did you read that?

Linda Lajterman: [00:49:31](#) Yes, I did.

Shawn Pearson: [00:49:32](#) Okay. And again, just so the jury is not confused as to what you're here for, you're only indicating that the radiofrequency ablation and injections that she's had since this accident, that she's able to get them. And you projected out into the future how much those are going to cost. Correct?

Linda Lajterman: [00:49:51](#) Correct.

Shawn Pearson: [00:49:52](#) All right. And you're not trying to testify or claim that any of the doctors are saying that those treatments are related in any way to this automobile accident. That's not what you're here for, are you?

Linda Lajterman: [00:50:05](#) That is not what I am here for. That is correct.

Shawn Pearson: [00:50:23](#) You write on page three of your report, I want to refer to page three of your report.

Linda Lajterman: [00:50:29](#) Mm-hmm (affirmative).

Shawn Pearson: [00:50:32](#) You there?

Linda Lajterman: [00:50:32](#) Yes, I am.

Shawn Pearson: [00:50:35](#) "The records note Ms. Clemmons claims that she has had pain for three years, but it worsened after the event on December 11, 2016. We have not been able to independently confirm that there was pain for the past three years," correct?

Linda Lajterman: [00:50:50](#) That's correct.

Shawn Pearson: [00:50:51](#) Nor are you able to confirm that it worsened after the accident.

Linda Lajterman: [00:50:55](#) Well, I just quoted, stated what was in the record. So, that's about as far as I can confirm.

Shawn Pearson: [00:51:03](#) Just making sure of that. Okay. All right. You don't know whether the pain that she had on July 10, 2017 was any different than it had been a few months before this accident?

Linda Lajterman: [00:51:13](#) No, I do not have that information.

David Kulwicki: [00:51:13](#) Objection. Again, this is all causation testimony. This is completely inappropriate. This witness is not here on causation. She's answered that question three times, and now, you're continuing to batter her with questions about causation. I move to strike all of this testimony.

Shawn Pearson: [00:51:30](#) Counsel, I'm getting there. You've got to let me get me some latitude to go where I'm going. You wrote on page six that Dr. Rosenquist indicates that Ms. Clemmons can return for repeat injections until they are no longer effective. Yes?

Linda Lajterman: [00:51:52](#) Correct. Yes.

- Shawn Pearson: [00:51:52](#) You do not note that Dr. Rosenquist also wrote that she discussed realistic expectations for pain management with the patient. You don't know what she meant by that, do you?
- Linda Lajterman: [00:52:08](#) No, I don't.
- Shawn Pearson: [00:52:13](#) All right. And here's where I'm going with this. You wrote in your report in your cost projection that she was going to need a TENS unit for the rest of her life at \$11 per month. You say \$11 per month for 20. What do you mean by that?
- Linda Lajterman: [00:52:39](#) 20 pads and things that are used. They come in packs of 20.
- Shawn Pearson: [00:52:44](#) Okay. \$11 for 20 in the pack?
- Linda Lajterman: [00:52:49](#) Correct.
- Shawn Pearson: [00:52:50](#) Every month for the rest of her life.
- Linda Lajterman: [00:52:52](#) So, she has this unit available with the supplies that are needed.
- Shawn Pearson: [00:52:58](#) Understood. So, what you were projecting is that she's going to need this TENS unit every month for the rest of her life.
- Linda Lajterman: [00:53:08](#) It is available to be used as needed for self-directed, conservative care. So, she doesn't have to run to a doctor or to a therapist every time she has symptoms. She can try to manage the symptoms on her own at home.
- Shawn Pearson: [00:53:25](#) And you note that based on what was indicated in the January 21, 2019 record of Dr. Rosenquist, correct?
[crosstalk 00:53:37]
- Linda Lajterman: [00:53:37](#) It was prescribed for her, and according to the Official Disability Guidelines, home management is expected to maintain improvement levels, and self-directed conservative includes TENS units, ice packs, exercises, things that a patient can do on their own at home to try to manage their symptoms conservatively.
- Shawn Pearson: [00:54:06](#) Back to my question, what I said, what I asked you earlier is if you wrote that based on the prescription that Dr. Rosenquist made in January 2019.
- Linda Lajterman: [00:54:18](#) Yes.
- Shawn Pearson: [00:54:18](#) That's what that's based on, correct?

Linda Lajterman: [00:54:19](#) Correct.

Shawn Pearson: [00:54:21](#) You have no idea of whether Ms. Clemmons actually followed that prescription and obtained the TENS unit, do you?

Linda Lajterman: [00:54:28](#) No, I do not.

Shawn Pearson: [00:54:31](#) All right. And I'm interested in that because there were other things that Dr. Rosenquist suggested that she try, and you don't include those at all in your cost projection. Is there some reason why?

Linda Lajterman: [00:54:45](#) Well, the home exercises and the prescriptions, those are the things that stood out.

Shawn Pearson: [00:54:51](#) So, do you only include what stands out or do you include everything?

Linda Lajterman: [00:54:56](#) It depends on each case. I mean, this is not a life care plan. That's a very different type of report. The process is very different. This is a cost projection meant to inform people of the estimated or expected treatments and associated costs. So, if we're going to get very detailed and very specific, it would've been a life care plan.

Shawn Pearson: [00:55:22](#) I don't know what Mr. Kulwicki asked you to do. I'm just basing it on what's in your report.

Linda Lajterman: [00:55:27](#) Well, he asked me-

Shawn Pearson: [00:55:28](#) My question to you was there were other things that Dr. Rosenquist suggested. You didn't include those in your projections.

Linda Lajterman: [00:55:38](#) No, I did not.

Shawn Pearson: [00:55:38](#) Is that correct?

Linda Lajterman: [00:55:39](#) That's correct.

Shawn Pearson: [00:55:40](#) Okay. So, you're deciding, you made the determination of what you believed that she would need for the rest of her life and what she would not. Is that correct? That's what you did.

Linda Lajterman: [00:55:53](#) Well, you know what? I really don't have written and committed to memory the exact recommendations that Dr. Rosenquist made other than those that could be cost out.

Shawn Pearson: [00:56:10](#) So, you're saying that there were some things that you could not cost out.

Linda Lajterman: [00:56:14](#) I don't remember off hand what other recommendations were made that I did not include.

Shawn Pearson: [00:56:23](#) Do you remember at the initial visit back on July 10, 2017, Dr. Rosenquist recommending Salonpas patches?

Linda Lajterman: [00:56:34](#) Yes. Yes. I do remember that.

Shawn Pearson: [00:56:38](#) You just decided that that was not going to be something that you were going to include?

Linda Lajterman: [00:56:42](#) Well, there was no followup or no other additional information about it. So, I didn't include it.

Shawn Pearson: [00:56:47](#) There was no followup on the TENS unit either, but you included that.

Linda Lajterman: [00:56:50](#) Well, honestly, if we go back to my prescription and over-the-counter pain medication, Salonpas is an over-the-counter medication. It's something that you can buy. So, that can kind of be grouped into that number.

Shawn Pearson: [00:57:07](#) Oh, so that's included in that number?

Linda Lajterman: [00:57:11](#) It's prescription and over-the-counter because, as I stated earlier, pain medication is recommended and used according to symptoms, which are subject to change. So, every time she goes to her doctor, it could be a different medication or a different recommendation depending on her clinical picture.

Shawn Pearson: [00:57:37](#) Okay. But you will agree with me that Salonpas, specifically, had been recommended by Dr. Rosenquist and not projected out by you, correct?

Linda Lajterman: [00:57:43](#) That's correct, as well as acupuncture, which I did not project out.

Shawn Pearson: [00:57:48](#) You did not, but you put it on there. I mean, you just couldn't determine the cost, it appears.

Linda Lajterman: [00:57:53](#) No, I did not because there was no followup. I made reference of it in my explanation and chronology of events that she did have that recommendation, but there was no additional information. So, I wasn't going to include something that I don't know for sure if she actually even used.

Shawn Pearson: [00:58:16](#) But you included the TENS unit, and you don't know for sure that she actually used that, correct? Is that right?

Linda Lajterman: [00:58:21](#) Okay. Well, a \$41 TENS unit, five times over, \$26 makes a very different cost projection than acupuncture at \$100 at least per session that she could be having annually for 26 additional years. That's a very different cost projection. So, I can go back, and I could look at all those different recommendations and things that were suggested and redo this cost projection, and you'll get a very different number if that's what you would like me to do.

Shawn Pearson: [00:58:58](#) Well, Ms. Lajterman, you knew you were testifying here today. You didn't just find out about this yesterday, did you?

Linda Lajterman: [00:59:05](#) No, I did not.

Shawn Pearson: [00:59:06](#) Okay. So, it's not up to me to ask you to go back. If you were not convinced about the numbers that you have projected on your document marked as exhibit two, that would've been up to you to confirm that stuff, not me.

Linda Lajterman: [00:59:20](#) I'm provided-

Shawn Pearson: [00:59:21](#) I'm not asking you to go back and do anything. My question to you was you mentioned that you can't say that she was going to follow up on the Salonpas, but you did include the TENS unit, and there's no indication in any medical record that she followed up with that, correct?

Linda Lajterman: [00:59:36](#) Well, I guess you didn't listen to what I said before because prescription and over-the-counter medication is included, and because it's something that will change, Salonpas can be this month. Two months from now, she can go there, and she can get a Lidocaine patch, which is 10 times more expensive than a Salonpas. So, there's certain things that can't be projected. So, it's grouped.

Shawn Pearson: [01:00:03](#) So, it's interesting you say that because there are some prescription medications that you do project out, correct?

Linda Lajterman: [01:00:11](#) That's correct. Yes.

Shawn Pearson: [01:00:12](#) All right. And is there some reason why you projected out the Celebrex, not the Salonpas, and just grouped all of the prescription medications together? Is there some reason?

- Linda Lajterman: [01:00:23](#) Because it's almost impossible to group or identify every single prescription that she's going to have over the course of her lifetime. So, the prescription and over-the-counter ... We know from the records that she has difficulty with certain medications. So, in the records, I saw she was taking Celebrex. So, that's the one I used. Now, the Salonpas and all that other stuff, I projected out on Celebrex per day. That's what the record said, but if she doesn't take it, there's 31 days, 30 to 31 days in a month. Those extra costs that may be the over-the-counter medications could kind of be covered within that range.
- Shawn Pearson: [01:01:10](#) Okay. And I want to focus on what you said at the early part of your last answer. You said it's almost impossible to determine what can be projected out of what a person is going to take. That's what you just said.
- Linda Lajterman: [01:01:26](#) That's correct.
- Shawn Pearson: [01:01:26](#) I ask you earlier about no one being really able to tell what somebody's going to need even a year from now or 5 years or 10 years or 25. You told me that, no, there is a way. You remember that answer?
- Linda Lajterman: [01:01:39](#) Yes, I did, but you're misunderstanding and misconstruing what I said.
- Shawn Pearson: [01:01:43](#) I understand perfectly. I understand perfectly. I want to move on, though. So, with regard to the Celebrex, you've indicated that she's going to need to take 200 milligrams one time per day with meals per record at \$6.50 per tablet. You project that out with an annual cost of \$2372.86 and a lifetime cost of \$61,694.36. Is that correct?
- Linda Lajterman: [01:02:09](#) That's correct.
- Shawn Pearson: [01:02:10](#) And you have no idea whatsoever of whether she was taking this medication before the accident, do you?
- Linda Lajterman: [01:02:16](#) No, I don't.
- Shawn Pearson: [01:02:17](#) If I tell you that the records indicate that she was taking Celebrex before this accident happened, will that change your position or your projection?
- Linda Lajterman: [01:02:24](#) No, it would not.
- Shawn Pearson: [01:02:25](#) Okay. I don't have any other questions for you. Thank you.

David Kulwicki: [01:02:30](#) Nurse Lajterman, a couple of points of clarification of Mr. Pearson asked, and he used a term "speculation". I would like you to assume that Ohio law permits a witness who follows a profession or special line of work to express an opinion based on their education, knowledge, and experience regarding something that might be beyond the normal purview of a lay person. Are you such an expert possessing specialized education, knowledge, and experience regarding healthcare cost projections?

Linda Lajterman: [01:03:14](#) Yes, I am.

David Kulwicki: [01:03:16](#) And the term "speculation", I think, denotes that you are just kind of pulling things out of the air, that it's a guess, not educated in any way. In fact, are you able to state the opinions that are set forth in your cost projection to a reasonable degree of probability as required by Ohio law?

Linda Lajterman: [01:03:39](#) Yes, I am. Yes, I can.

David Kulwicki: [01:03:43](#) Now, you were asked about this concept of the upper back, and I guess we got to talk about it but quickly. So, there's three parts to the spine, the cervical, thoracic, and lumber, correct?

Linda Lajterman: [01:03:59](#) Correct.

David Kulwicki: [01:04:01](#) And what's the common way of referring to the cervical spine?

Linda Lajterman: [01:04:04](#) That's your neck.

David Kulwicki: [01:04:06](#) Does anybody ever call the cervical spine the upper back?

Linda Lajterman: [01:04:11](#) No.

David Kulwicki: [01:04:11](#) Now, what's the lower spine called?

Linda Lajterman: [01:04:13](#) The lower spine from the waist down would be the lumbar spine.

David Kulwicki: [01:04:18](#) And does anybody ever call the lower spine the upper back?

Linda Lajterman: [01:04:22](#) No, they have not.

David Kulwicki: [01:04:25](#) All right. So, what's left is the thoracic spine, and have you heard that referred to as the mid back or upper back?

Linda Lajterman: [01:04:32](#) Yes, I have.

David Kulwicki: [01:04:35](#) That's all the questions I have. Thank you.

Linda Lajterman Dep 11:14:19 (Completed 11/15/19)

Shawn Pearson: [01:04:37](#) Ms. Lajterman, I just want to clarify something you just said. You said the lumbar spine is the lower back. The cervical spine is the upper back.

David Kulwicki: [01:04:45](#) No.

Shawn Pearson: [01:04:46](#) What did you just say? Cervical spine is considered what part of your spine?

Linda Lajterman: [01:04:52](#) The neck.

Shawn Pearson: [01:04:52](#) The neck. Okay. And the thoracic is the mid and upper back is what you said.

Linda Lajterman: [01:04:55](#) Correct.

Shawn Pearson: [01:04:58](#) And once again, my question to you, because what you wrote in your report is that her injuries were to here thoracic and her lumbar, and what I asked you is, is there some reference to the upper back since we're now saying the thoracic is both the mid and upper back. Is there some reference in her medical record of her having any problems with her upper back before she saw Dr. Isakov that you're aware of.

Linda Lajterman: [01:05:24](#) Not that I'm aware of.

Shawn Pearson: [01:05:25](#) No other questions. Thank you.

David Kulwicki: [01:05:28](#) Thank you. That's all I have.

Thomas Keighley: [01:05:29](#) Very good. All right. The time is 12:15, and we're off the record for November 14, 2019.