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STATE OF RHODE ISLAND
SUPERIOR COURT
KENT, SC.
CA.KC12-0421

- -
RAYMOND CHERMS, JANE CHERMS,
DAKOTA CHERMS and DYLAN CHERMS,
Plaintiffs
VS.
JOEL H. HARRISON and
JOEL H. HARRISON, DMD, LTD.
Defendants
- -

Deposition of MARC F. GLICKSTEIN, M.D., taken on behalf of the Defendants, through counsel, pursuant to Notice and Connecticut Practice Book Section 13-26, et seq., at the Office of Marc F. Glickstein, M.D., 2389 Main Street, Glastonbury, CT, on November 18th, 2013, commencing 10:13 a.m.

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STIPULATIONS

IT IS HEREBY STIPULATED AND AGREED by and among counsel for the respective parties that all formalities in connection with the taking of the deposition, including time, place, sufficiency of notice, and the authority of the officer before whom it is being taken are hereby waived.

IT IS FURTHER STIPULATED AND AGREED by and among counsel for the respective parties that all objections, except as to form, are reserved until time of trial.

IT IS FURTHER STIPULATED AND AGREED by and among counsel for the respective parties that the reading and signing of the deposition is not waived.

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A P P E A R A N C E S

For the Plaintiff:
HARRINGTON LAW GROUP
250F Centerville Road
Warwick, RI 02886
BY: Laura C. Harrington, Esq.

For the Defendant:
TATE LATHAM & DURANT
321 South Main Street
Providence, RI 02903
BY: Alan R. Tate, Esq.

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MARC F. GLICKSTEIN, called as a witness, being first duly sworn/affirmed by Nadine M. Castonguay, RPR, LSR, a Notary Public duly commissioned and qualified, was examined and testified on his oath as follows:

EXAMINATION BY MR. TATE:
Q Doctor, I introduced myself before the deposition began. I'll do it again on the record.
My name is Alan Tate. I'm an attorney representing Joel Harrison and his professional corporation in this action. And I understand you've been identified as an expert witness to give opinion testimony in the case. Is that correct?
A Yes.
Q I know you've taken depositions before, correct?
A Yes.
Q Or given depositions, correct? I will go over some instructions to make sure that we are both on the same wavelength. The first is, as you know, the oath that you took is the same oath that is given in a courtroom. You understand

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that, correct?
A Yes.
Q And you understand that I will be asking you questions and the answers that you give will be recorded stenographically and typed into a transcript for use at trial in the case. Do you understand that?
A Yes.
MS. HARRINGTON: And the doctor will read and sign.
BY MR. TATE:
Q And therefore if you testify differently at trial, I may be able to use this transcript of your testimony here to contradict your in-court testimony. You understand that, correct?
A Yes.
Q Now, can we agree if I ask a question and you're not entirely sure of the meaning what I'm asking or if you need to have it repeated that you will ask me to repeat it or rephrase it or have the stenographer read it back?
A Yes.
Q Can we agree that if you don't ask the question to be rephrased or reread, we will assume that you understood what I'm asking?

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A Yes.
Q And all of your answers have to be verbal.
A Yes.
Q An um-hum or a nod of the head, while appropriate in normal conversation, cannot be accurately recorded by the stenographer.
A I understand.
Q And the other thing I would ask is that you wait until my question is finished before you begin to answer, even if you correctly assume halfway through my questions what I'm asking. Agreed?
A Yes.
Q Not like Jeopardy where you get extra points for coming in early. Okay?
A All right.
Q If you at any point need to take a break, please so indicate. And we will just stop for a moment, and you can take a break. The only thing I would ask is if there's a question pending that you answer that pending question before you take a break. Fair?
A Yes.
Q And Ms. Harrington has indicated you will

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read and sign the transcript, which is allowed under Rhode Island Rules of Civil Procedure.
The only thing I would put on the record -- and you don't need to respond to this -- is if you make any substantive changes in your testimony, I will reserve my right to ask the Court to reconvene your deposition to ask you about them.
MS. HARRINGTON: Objection.
Doctor, there's no question pending there.
Go ahead.
MR. TATE: I told him he doesn't need to answer. That's for the record.
I want to have the notice of deposition marked as an exhibit. We will use letters for defense. We'll do Exhibit A. It's the notice of deposition.
(So marked.)
BY MR. TATE:
Q Doctor, I'm showing you Exhibit A for identification. It's your notice for deposition.
Have you ever seen that notice before?

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A Yes.
Q I will go through with you one by one what you brought with you.
A copy of your current CV, you have that with you?
A Yes.
Q Do you want to pull that out now?
MR. TATE: We will mark that as Exhibit B. We can staple it later.
(So marked.)
BY MR. TATE:
Q I had been provided previously with one in October of 2012. Have there been any significant changes?
A No.
Q Okay. Also the deposition notice asks that you bring with you any records of billing of --
A Yes.
Q -- work that you've done on the case. Do you want to take a little water?
A That's all right.
MS. HARRINGTON: Alan, let me just interrupt.
The way Alan asks questions is he

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kind of slows down a little bit at the end. So just wait until he completely finishes because otherwise you'll be stepping on each other.

THE WITNESS: I have my entire file here.

BY MR. TATE:

Q Okay. Is this your entire billing file?

A Yes. I haven't billed anything at this point.

Q Have you kept time records of time that you spent working on the case?

A Yes. You have it there.

Q That's the handwritten sheet you've handed me?

A Yes. And, you know, I spent a little bit of time over the last couple of days, which I haven't written down there.

Q This time sheet, which we will have marked as Exhibit C -- what I will do is mark the original; I'll let you retain it. We will make a copy here or if we can't, we will have the steno make a copy. But you will get to keep the original. Okay?

A Yes.

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Q Or if we have to make it off the premises, we will return any originals to you.

A Okay.

MR. TATE: So that will be Exhibit C.

(So marked.)

BY MR. TATE:

Q Doctor, I'm showing you Exhibit C. Doctor, my understanding is that you spent some time over the last few days preparing for the deposition, correct?

A Yes.

Q And how much time would you estimate that to be?

A About an hour.

Q About an hour. Up until that time, there were two entries on Exhibit C. One is from March 13th. I assume from 2013 or 2012?

A 2013.

Q All right. And that was an hour and a quarter. And then in July that was another quarter hour, so you spent a total of two hours, correct?

A Yes.

Q I did misspeak earlier. I think I said I had gotten the CV in October of 2012. I think it

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was August of '13 when I got that, but that's just for the record. That's my mistake. So you say approximately you spent about two and a half hours total on this case --

A Yes.

Q -- before today?

A Correct.

Q And what is your hourly rate for reviewing?

A $600.

Q And for giving depositions, what is your fee?

A $700.

Q $700 an hour?

A Yes.

Q And do have you a fee, a standard fee you charge for a trial testimony?

A Same as deposition.

Q $700 an hour?

A Yes.

Q So if you're in court all day, it would be $700 times whatever number of hours?

A I would bill for a full day, a ten-hour day.

Q So a ten-hour day, so it would be $7,000?

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A Yes.

Q Do you also charge for the time you're on the road?

A Yes.

Q Would it ever exceed ten hours, the time you would charge for a day in trial?

A Well, --

MS. HARRINGTON: Objection. If he knows.

A Yes, if the time exceeded that.

BY MR. TATE:

Q And if you are on a plane you would charge that time to the trial --

A I wouldn't, no. I mean, for overnight travel or something like that, I wouldn't bill at the same rate.

Q What do you bill for plane travel or train travel?

MS. HARRINGTON: Objection. Go ahead, Doctor.

A I really don't have a set fee for that.

BY MR. TATE:

Q Bill hour --

A I would probably bill it as a flat fee. I don't even know. I don't generally do that.

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1 Q Have you ever traveled, train, bus to go
2 testify at trial somewhere?
3 A No. I've just traveled by car in some
4 instances.
5 Q Well, we will get to a little more on
6 that later. Let's get back to the notice of
7 deposition.
8 Do you have Exhibit A in front of you?
9 So we've covered the curriculum vitae and
10 billing records and I asked for the entire file.
11 So you handed me a manila folder with two pieces
12 of paper in it -- three pieces of paper.
13 So there was the billing record and a
14 letter from Attorney Harrington, February 2013
15 and February 27th, to be exact and a handwritten
16 list.
17 A Yes.
18 Q Would appear to be radiographic imaging.
19 A Right.
20 MR. TATE: We will mark these
21 separately. So the letter would be
22 Exhibit D. I will make the handwritten
23 list Exhibit E.
24 (So marked.)
25 BY MR. TATE:

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1 Q Okay. The notice also asks for you to
2 bring any literature that you consulted in the
3 formulation of your opinion. Did you consult
4 anything?
5 A No.
6 Q And finally the list of cases that you --
7 Oh, wait a minute. Let me back up.
8 Do you have any notes or reports written
9 or generated concerning your work on the case?
10 A No.
11 Q You have none?
12 A No.
13 Q You agree with me?
14 A Yes, I do.
15 Q Lawyers are really picky about language,
16 as you'll find out.
17 All right. And the final thing is a list
18 of cases as of July 2013.
19 You've handed me a list, a typewritten
20 list with about approximately 15 cases.
21 A Yes.
22 Q And that dates back to July 2009?
23 A Correct.
24 Q In fact, you've testified how many times
25 by deposition or trial in total?

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1 A I don't have an exact number. I don't
2 keep records of that, but it would be in excess
3 of 30 to 40. Probably a few times --
4 MS. HARRINGTON: I will just instruct
5 you, Doctor, not to guess. If you know,
6 say, but . . .
7 BY MR. TATE:
8 Q Okay. If you have a reasonable estimate,
9 fine. If it's a total guess then let me know.
10 MS. HARRINGTON: Right.
11 BY MR. TATE:
12 Q Of the 15 cases listed -- why don't we do
13 this before I ask another question.
14 MR. TATE: We will mark this as
15 Exhibit F.
16 (So marked.)
17 MR. TATE: Let's go off the record
18 for a minute.
19 (Off the record)
20 MR. TATE: Back on the record.
21 BY MR. TATE:
22 Q When you answered my question earlier
23 that you had no notes on this case, I was not
24 really specific. What I'm looking for is either
25 written or electronic notes. You have neither?

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1 A I do have an electronic note on my
2 computer. It's basically a recapitulation of the
3 time frame that I had handwritten there, but you
4 can see it. I can e-mail it to you.
5 Q That would be great. When you say
6 recapitulation of the handwritten document, which
7 handwritten document? Was that the list of
8 x-rays?
9 A Yes.
10 Q Let's focus on Exhibit F. Of the 15
11 cases listed on Exhibit F, is there any way for
12 you to determine by looking at the names whether
13 it involved deposition or trial testimony?
14 A Most of them, I believe, were
15 deposition. I'm just trying to think.
16 Q Do you have any records, either
17 electronic or physical records, of your testimony
18 in any or all of the cases?
19 MS. HARRINGTON: Objection.
20 A No.
21 BY MR. TATE:
22 Q All right. So you'd have to do this from
23 memory as to whether you testified at deposition
24 or trial?
25 A Based on this list, yes. I think these

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are pretty much all deposition.
Q Okay. Is there any way for you to determine whether you were retained by the plaintiff or the defendant in each case?
A I can't recall. I think the majority of these were for the defendant.
Q Is there any way for you to determine where the cases were filed?
A Again, I would. Just looking at this list, I can recall where most of them were.
Q All right. Let's run through them and you tell me if you know or don't recall.
So let's start with Breen versus Chesapeake. Is that a Maryland case?
A Yes, it was a Maryland case.
Q You testified for the plaintiff or the defendant?
A Defendant.
Q And I assume it was deposition testimony?
A Yes.
Q And do you remember -- not the content of your testimony but what the issue was in this case that you were addressing?
A Yes. It was regarding an ultrasound examination of a fetus and an issue with

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diagnosing a congenital anomaly.
Q And the next one, Rabadi versus Guaman, was that a Connecticut case?
A Yes. I think it was a motor vehicle accident, and I was testifying for the defense.
Q And do you remember what the issue was?
A I think it was a spine injury, back injury or something like that.
Q So you were reviewing spine films?
A Right. I believe so, yes.
Q And Arlio versus Allstate.
A Same.
Q A Connecticut case, MVA?
A Yes.
Q Defendant?
A Defendant, back injury or some sort of injury.
Q And you were looking at spine films or CTs?
A I believe so, yes.
Q Montesano versus Geico.
A That was the same.
Q Zogaj versus Waterbury Hospital?
A Yes. I testified for the plaintiff there, and that was a birth trauma case.

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Q What were you being asked to address?
A There were issues relating to -- I believe it was intracranial hemorrhage in a newborn.
Q Was it a case of failure to diagnose?
A Not failure to diagnose. I believe it was anoxia or birth trauma, something along those lines.
Q What generally was the substance of your testimony you were to testify about?
A I was --
MS. HARRINGTON: Objection.
Go ahead, Doctor.
A I was reviewing the MRI and, I believe, the CT scans in that case.
BY MR. TATE:
Q Do you remember if you offered an opinion whether there was or was not brain anoxia?
MS. HARRINGTON: Objection.
Go ahead.
A. No. I don't remember exactly what the opinion was.
BY MR. TATE:
Q Do you remember if you addressed that issue one way or the other?

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MS. HARRINGTON: Objection.
A Again, I don't remember all of the details.
BY MR. TATE:
Q What details do you remember?
A I remember that there was intracranial hemorrhage.
Q And the claim was brain anoxia?
A I don't remember that it was anoxia. I don't remember exactly what the claim was. But I was testifying as to the radiological findings on the imaging studies.
Q And Muchnick versus Lehigh Valley Hospital.
A Yes. That was for the defense, and that was regarding an alleged misdiagnosis of, I believe, somebody with appendicitis or some sort of intra-abdominal pathology.
Q What imaging were you reviewing?
A That was a CAT scan.
Q And was that a Pennsylvania case?
A Yes.
Q Massari versus Petrillo.
A I don't recall that.
Q Do you remember which side you were on?

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1 A I believe it was the defense.
2 Q Okay. Next one, Chaber versus
3 Dellamonte.
4 A I don't recall that.
5 Q Nothing about that case at all?
6 A No.
7 Q Do you know where it was filed?
8 A I think it was Connecticut.
9 Q Okay. Connecticut versus Damion Smith.
10 A Yes. That was for the defense, and it
11 was somebody who was in an altercation and was
12 struck with an object. And I believe Damian
13 Smith was the defendant. I think he was alleged
14 to have hit somebody else, I believe.
15 Q And what issue were you asked to address?
16 A Again, it was a head trauma. It was an
17 issue of head trauma, I think, on the person who
18 was allegedly assaulted.
19 Q So you looked maybe at a brain CT?
20 A Yes.
21 Q And you testified on behalf of the
22 defendant?
23 A Yes.
24 Q And that was obviously a criminal case?
25 A Yes.

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1 Q Dunn versus Babiarz?
2 A That was a Connecticut case, testifying
3 for the defense in an issue of medical
4 malpractice regarding a diagnosis of a
5 gallbladder tumor.
6 Q And what imaging were you commenting on?
7 A There were a variety of images involved
8 with that.
9 Q CTs, MRIs?
10 A Yes. And ultrasound.
11 Q Dominophones (Phonetic).
12 A I don't recall all of the details.
13 Q Kasdorf versus Brookings.
14 A That was a -- I testified -- that was a
15 plaintiff case. And that was, again, it was a
16 issue relating to birth anoxia. And I believe I
17 was testifying as to the MRI and CT findings in
18 the neonatal brain.
19 Q A Connecticut case?
20 A No. That was actually -- it was out of
21 state. I don't recall exactly where it was.
22 Q Dunham versus Kahn.
23 A I don't recall that.
24 Q If any of the information comes back to
25 you during the deposition just let me know.

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1 Carusillo versus Wallace.
2 A I don't recall the specifics there.
3 Q Menduza versus Allen.
4 A I believe, Again, that was a motor
5 vehicle accident-type case. I don't remember the
6 issues.
7 Q Connecticut?
8 A Connecticut, I believe.
9 Q And Ruili versus Devanney.
10 A That was a medical malpractice. I
11 testified for the defense, and it was regarding
12 diagnosis of prostate cancer.
13 Q What was the issue you were asked to
14 address?
15 MS. HARRINGTON: Objection.
16 Go ahead, Doctor.
17 A I was commenting on the sequence of
18 imaging examinations and the presence or absence
19 of metastatic disease.
20 BY MR. TATE:
21 Q Do you have any cases other than this one
22 that are now pending in which you have not given
23 deposition or trial testimony; that is, you
24 reviewed that you know are pending and you have
25 not been asked yet to give deposition or trial

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1 testimony?
2 MS. HARRINGTON: Objection.
3 Go ahead.
4 A Yes.
5 BY MR. TATE:
6 Q How many?
7 A I couldn't even give you a number.
8 Q Is it more than five?
9 A Yes.
10 Q More than ten?
11 MS. HARRINGTON: Objection.
12 Go ahead.
13 A I don't know.
14 BY MR. TATE:
15 Q How long have you been reviewing cases?
16 A Well, about 20 years, probably.
17 Q And in the last ten years, how many cases
18 per year on average have you been asked to review
19 and accepted for review?
20 A For medical malpractice cases?
21 Q For any cases.
22 A About one to 200 a year.
23 Q How about 100 to 200 a year?
24 A Yes.
25 Q I assume these are cases in which you did

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1 not participate in the actual healthcare of the
2 person involved, correct?
3 A Correct.
4 Q All right. So you just solely are being
5 consulted or retained to give an expert opinion?
6 A Yes.
7 Q And of the 100 to 200 cases a year when
8 you were asked to offer opinions, what percentage
9 in the last ten years, what percentage of those
10 would you say have been medical malpractice
11 cases?
12 A A small percentage. I would say probably
13 10 percent, maybe. I don't even really know.
14 That's just a guess.
15 Q And prior to ten years ago was the number
16 about the same in the first ten years you
17 reviewed, like 100, 200 a year?
18 MS. HARRINGTON: Objection.
19 A I can't recall.
20 BY MR. TATE:
21 Q Now, you were first contacted in this
22 case -- and I'm showing you Exhibit D -- you were
23 first contacted in this case sometime prior to
24 February 27th, 2013?
25 A Yes.

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1 Q Do you remember how long before February
2 27 you were contacted?
3 A No.
4 Q Would it be reasonable to presume that it
5 was sometime in the month of February of this
6 year?
7 A Probably.
8 MS. HARRINGTON: Objection.
9 BY MR. TATE:
10 Q And what was -- how were you contacted?
11 By phone? Letter? E-mail?
12 A I don't recall.
13 Q Were you contacted directly by someone
14 from Attorney Harrington's office or by an
15 intermediary?
16 A I believe Attorney Harrington's office.
17 Q Do you have any record anywhere of
18 contact, like notes of your conversation of that
19 conversation, if you did have a conversation?
20 A No, I don't.
21 Q Do you believe it was a phone
22 conversation?
23 A Well, all I have is this letter.
24 Q I'm just asking --
25 A I assume since I agreed to review the

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1 films I must have spoken with somebody, but I
2 don't . . .
3 Q Have you ever been asked by Attorney
4 Harrington's office to review a case previously?
5 A Yes.
6 Q How long before -- withdrawn. Before or
7 after of February of 2013?
8 MS. HARRINGTON: Objection.
9 Go ahead.
10 A I don't recall exactly.
11 BY MR. TATE:
12 Q How many times have you been asked?
13 A I would say probably about three other
14 cases, but I don't recall.
15 Q And did you offer opinions in the other
16 three cases, assuming that number is that
17 correct?
18 A Yes.
19 MS. HARRINGTON: Objection.
20 BY MR. TATE:
21 Q And I assume you haven't given
22 depositions in those cases, correct?
23 A No.
24 Q You're disagreeing with me or agreeing?
25 A No, I have not given depositions.

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1 Q Were the three other cases you were asked
2 to review, did they involve claims of medical
3 malpractice of some sort or another?
4 MS. HARRINGTON: Objection.
5 A I don't recall the exact issues. One of
6 them was involving a medical condition. I don't
7 recall whether it was specifically medical
8 malpractice or not.
9 BY MR. TATE:
10 Q Are any of the cases still pending to
11 your knowledge?
12 A Yes.
13 Q All of them?
14 A Well, I don't really know the status of
15 them, actually.
16 Q You remember the names of any of the
17 cases?
18 MS. HARRINGTON: Objection.
19 A Yes, I do.
20 Q Okay. Tell me which ones.
21 MS. HARRINGTON: Objection.
22 Go ahead, Doctor.
23 A One, the plaintiff's name was Gomez.
24 BY MR. TATE:
25 Q Okay.

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1 A And the other one was Fay.
2 Q F-A-Y?
3 A Yes.
4 Q And you don't recall a third?
5 A Well, this is.
6 Q Oh, this would be the third?
7 A Yes.
8 Q Okay. So the three, including this case?
9 A Yes. Again, as to my recollection.
10 Q And do you know what you -- in the Gomez
11 and Fay cases, what imaging you were asked to
12 review?
13 MS. HARRINGTON: Objection.
14 You know what, this is getting into my --
15 I think -- let me just -- can we go off
16 the record?
17 (Off the record)
18 MS. HARRINGTON: Back on the record.
19 Let me state for the record that any
20 further questioning into my consultation
21 with the doctor about cases, I am
22 asserting a work-product privilege.
23 The doctor has not been retained to
24 testify in any other cases by my office
25 at trial at this time.

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1 MR. TATE: Okay. I will move on to
2 another question.
3 BY MR. TATE:
4 Q Have you been retained by any other
5 Rhode Island attorneys or consulted by any Rhode
6 Island attorneys to review radiographic imaging?
7 A Yes.
8 Q Do you remember the names of any or all
9 of the attorneys that you've been or firms that
10 consulted you?
11 MS. HARRINGTON: Objection.
12 Go ahead.
13 A Gidley, Sarli.
14 BY MR. TATE:
15 Q Right.
16 A That's the only one I can recall.
17 Q Okay. The February 27 letter refers to
18 original radiographic imaging that seems to have
19 been enclosed.
20 Is that a fair reading of the letter?
21 A Yes.
22 Q Exhibit D, what original imaging was
23 enclosed in the letter?
24 A Two panorex films.
25 Q And was there any other imaging enclosed

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1 in the letter?
2 A I don't recall what was enclosed at that
3 time.
4 MS. HARRINGTON: I recall. That was
5 it.
6 BY MR. TATE:
7 Q So you initially received two panorex
8 films?
9 A At another point or at some point I
10 received a CD of CAT scans.
11 Q We'll get to that in a minute. Initially
12 you received panorex, later you received CTs,
13 correct?
14 A I don't recall how they arrived. I
15 believe I received the CDs of the CT scans at the
16 same time.
17 Q Well, Ms. Harrington just made the
18 representation it was just the panorex that you
19 received initially.
20 Does your memory differ in that respect
21 from hers?
22 A I didn't hear her make that
23 representation.
24 Q I thought that's what she said.
25 MS. HARRINGTON: That's my

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1 recollection, because we didn't even have
2 CT scans in the beginning.
3 BY MR. TATE:
4 Q So your recollection is that you received
5 everything all at once?
6 A That would typically be the way things
7 are, but I can't recall how I received them in
8 this case.
9 Q What I'm asking for is your best memory.
10 If you don't have a memory, that's fine.
11 A Yes, I don't have a memory.
12 Q Did you receive, at the time you received
13 the imaging in February 2013 letter, did you
14 receive any medical records?
15 A No.
16 Q Did you receive any interpretations of
17 any of the imaging that you received?
18 A No.
19 Q Have you ever seen the official
20 radiographic interpretations of the CT scans?
21 A Yes.
22 Q When did you first see those?
23 A Just the other day.
24 Q "The other day" meaning within the last
25 week?

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A Yes.
Q During the time you formulated opinions of this case, you have not yet seen the actual official readings on any of the imaging that you reviewed?
A Correct.
Q I think you said you had not received any medical records, correct?
A Correct.
Q Other than seeing the reports of the imaging, that you did review, did you -- have you at any point reviewed any other medical records of the plaintiff, Randy Cherms?
A No.
Q And the list we marked as Exhibit E that compromises the entire list of the imaging you reviewed as of today?
A Yes.
Q When did you prepare that handwritten list?
A At the time that I was reviewing the case.
Q So sometime after February 2013?
A Yes.
Q You indicated within the last week

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approximately you received the reports of the image or some of the imaging that you had previously received imaging, correct?
A Yes.
Q Did you request that or was that just provided to you?
A I requested it.
Q Why did you request it within the last week and not previously?
MS. HARRINGTON: Objection.
A Because I was reviewing the materials that I had, and I just wanted to see what they had said on the report.
BY MR. TATE:
Q By "materials," I am trying to ascertain the entire body of materials that you reviewed as of today. We covered the imaging. We will go through that specifically in a few minutes.
The imaging listed on Exhibit E, reports that you mentioned just a few minutes ago. Anything else?
A And I reviewed the disclosure of defendant's experts.
Q When did you first see that, the disclosure of defendant's experts?

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A I don't recall when it was.
Q Was it within the last month?
A I don't recall when it was.
Q Was it after you -- before or after you had given opinions on --
A It was after.
Q When you first received materials in the case, which was apparently around February 27, 2013, you were aware, were you not, from the letter that a claim was being made that Mr. Cherm's jaw was fractured?
A Yes.
Q That's indicated in the letter?
A Yes.
Q The letter doesn't indicate where in the jaw the fracture was alleged to take place?
A No.
Q Before you picked up the films, you knew that there was a claim that the jaw was fractured and according to the letter the parties agreed that there was a fracture of the jaw, correct?
A Yes.
Q So this was not a blind reading of the films?
A Correct.

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Q Have you ever been asked in a medical, legal case or in any other type of legal case, whether or not malpractice was alleged, to review X-rays blindly; that is, without any knowledge of the specific allegations in the case?
A Yes.
Q How often has that happened?
A Couldn't give a number on that, but it has happened.
Q Are you familiar with the concept of medicine of retrospective bias?
A Yes.
Q What is your understanding of what that means, the term means?
A Well, it means that you tend to form your opinions based on what you know exists subsequent to the event having been, having occurred.
Q Now, if we believe -- if the letter is accurate, it indicates that it's asking you please review the films from Dr. Caras at Kent Memorial Hospital and Boston Medical Center and let me know when you first see the fracture. That's what it says in the letter, correct?
A Yes.

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Q So if that's an accurate statement, presumably you received everything at once as you indicated previously?
A Yes.
MS. HARRINGTON: I must have --
MR. TATE: No, that's okay. I just noticed that. I just wanted to make sure for the record.
A Thank you for noting that.
BY MR. TATE:
Q So when you first got the imaging in this case, what was the scope of your assignment as you understood it?
A Well, I believe, as I said here, when did I first see the fracture.
Q Did the scope of the assignment change?
A No.
Q I take it you're not offering any opinions on standard of care in this case, fair?
A Yes.
Q You are only offering your opinions regarding your interpretation of the imaging studies you've been provided, correct?
A Yes.
Q At any point you have not reviewed any

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deposition -- that's a bad question. Withdrawn.
You have not reviewed any deposition testimony, correct?
A Correct.
Q Now, we've been provided with a disclosure, what we call under our system a "disclosure of expert opinions" in the case. I brought it with me. I will have it marked.
The entire disclosure contains more opinions than you offered, but yours is the first one. Your opinions appear on pages 1 and 2.
MR. TATE: I will have this marked as an exhibit. We're up to G.
(So marked.)
BY MR. TATE:
Q You were provided with a document that sets forth in writing the opinions that you intended to offer in this case.
A Yes. I have been provided with that.
Q Can you sort of walk through -- not sort of. Walk me through how that process took place.
In other words, how did you -- you reviewed the imaging. Did you have -- where's the billing records?

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So on March 13th, according to Exhibit C, you reviewed the case, which I assume is the imaging, correct?
A Yes. I think that just means March 2013, but yes.
Q March 2013.
A Yes.
Q And you had a conversation with Attorney Harrington?
A Correct.
Q And I assume you set forth what you thought in regard to the -- when you first saw the fracture because that's what you were asked to address, correct?
A Yes.
Q Did you ever, other than the reports that you have of the imaging you asked for within the last couple of weeks, did you ever ask for any additional information to be provided with any additional information?
A No.
Q Did you feel that you had all of the information that you needed to offer the opinions that you did at the time?
A Yes.

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Q Did you make any notes of your review of the imaging when you first got it before you talked to Attorney Harrington?
A No, just what's -- no, just what's on this sheet.
Q Exhibit E?
A Yes.
Q Exhibit E contains a list of the imaging that you --
A And --
Q Well --
MS. HARRINGTON: Can he --
MR. TATE: I didn't quite finish.
MS. HARRINGTON: I was going to ask you to let the witness finish.
MR. TATE: I hadn't finished my question, so let me start from the beginning.
MS. HARRINGTON: Okay.
MR. TATE: And I will take the heat for that one. Okay. Because I kind of slowed down, as Laura said.
BY MR. TATE:
Q You reviewed the imaging and you listed the imaging on Exhibit E, correct?

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A Yes.
Q Then you made some additional notes on Exhibit E, correct?
A Correct.
Q And that was when you first reviewed it before you talked to Attorney Harrington in March?
A I don't recall exactly at what point. That may have been afterwards, but . . .
Q Okay. So it may have been before you had the initial conversation or after. You're not sure?
A Yes. I --
MS. HARRINGTON: Don't guess, Doctor. If you know, say what you know.
MR. TATE: The questions was either before or after. So I guess the answer has to be yes.
A The answer has to be yes.
BY MR. TATE:
Q Otherwise, we're into a different universe.
The opinions that you formulated with regard to the imaging that you first had when you spoke to Attorney Harrington in March of 2013,

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have those changed in any way?
A No.
Q And the notes that appear on Exhibit E, those are the only notes that you have either written or electronic regarding those opinions other than the disclosure?
A Yes.
Q You mentioned earlier -- and I probably don't recall exactly what you said, but you said you had some electronic notes on your computer. What was that in reference to?
A Again, I have a note that just is a time line sequence of events which I think is just a recapitulation of what I have handwritten there.
MS. HARRINGTON: In Exhibit E? Is that what you are referencing, Doctor?
THE WITNESS: Yes.
MS. HARRINGTON: Okay.
BY MR. TATE:
Q You already told me you reviewed the radiology imaging reports since you initially formulated your opinion, and that's all you have reviewed, fair, and the disclosure -- I'm sorry -- and the defendant's expert disclosure, correct?

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A And I've only reviewed one of the radiology reports.
Q Which one did you review?
A That was the one from the 10/5/09 CT.
Q Have you ever reviewed the disclosures of opinions by any other plaintiff's expert other than yourself?
MS. HARRINGTON: In this case?
MR. TATE: Yes. Because he said -- well, you can answer if you understand the question.
A I believe my disclosure includes the other plaintiff experts on there. At some point I did review that, but I don't recall exactly the specifics.
BY MR. TATE:
Q I believe you also said you reviewed the defendant's expert disclosure.
A Yes.
Q Did you review the disclosure of just the radiologist expert the defense has retained or all of the experts?
A It was all, I believe, on one document. So I was provided with that so I reviewed the whole thing.

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Q We've established that other than the notes that you've identified and the disclosure that you have not prepared any other notes in connection with your work on this case, fair?
A Yes.
Q Have you in the past reviewed cases, prepared reports?
A Yes.
Q Was there a reason why you didn't do so in this case?
MS. HARRINGTON: Objection. Go ahead.
A I wasn't asked to.
BY MR. TATE:
Q So every case in which you have prepared a report in the past is a case in which you have been requested by the attorney consulted you to prepare a written report?
A Yes.
Well, I don't want to say every case, but I believe that's the general practice. I generally don't provide a report unless I'm asked for it.
Q And when you do provide a report, it's nearly always when you are specifically asked,

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1 correct?
2 A Most of the time, yes. When I do provide
3 it, yes.
4 Q Are there any other times you prepare a
5 report where you haven't been asked to prepare a
6 report?
7 MS. HARRINGTON: Objection.
8 Go ahead, Doctor.
9 A There have been some times, yes.
10 BY MR. TATE:
11 Q Can you explain the circumstance under
12 which you would prepare a report without being
13 asked?
14 MS. HARRINGTON: Objection.
15 Go ahead, Doctor.
16 A Well, sometimes if it's a very
17 complicated case and I reviewed materials, I may
18 want to write some notes so that I can recall
19 later on. So I would do something like that.
20 BY MR. TATE:
21 Q Any other reason you would prepare a
22 written report?
23 A No.
24 Q I previously asked you about your work,
25 medical legal work. And you indicated that you

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1 reviewed cases for approximately 20 years, fair?
2 A Give or take, yes.
3 Q Right. I'm not holding you to the actual
4 year.
5 Do you know if your name is listed with
6 any services one of the functions of which is to
7 provide the names of expert witnesses or
8 potential expert witnesses to attorneys?
9 A Yes, I am listed.
10 Q With what service or services are you
11 listed currently?
12 A SEAK.
13 Q Is that S-E-A --
14 A -- K.
15 Q Any others?
16 A Not that I know of.
17 Q How did it come to pass that you were
18 listed by SEAK?
19 MS. HARRINGTON: Objection.
20 Go ahead.
21 A I was aware of this -- it's an
22 educational organization run by attorneys, and
23 they provide a service to attorneys to notify
24 them of individuals as well as provide continuing
25 medical education for medical legal

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1 consultations.
2 Q Were you contacted by SEAK, or did you
3 contact them when you initially became involved
4 with that organization?
5 MS. HARRINGTON: Objection.
6 A Well, I've read some of the materials
7 that they publish. And I, you know, subsequently
8 just have been on their mailing list for a period
9 of time.
10 Q I guess my question is, if you know, how
11 did it come to pass that you became listed as a
12 potential expert on their Web site?
13 A I requested it.
14 Q Roughly how long ago was that?
15 A Within the past several months.
16 Q And what prompted you to request being on
17 their Web site given that you already do 100 to
18 200 reviews a year?
19 MS. HARRINGTON: Objection.
20 Go ahead, Doctor.
21 A I just felt that I wanted to do it.
22 BY MR. TATE:
23 Q Okay. Did you feel that it would perhaps
24 give you an opportunity to get more medical legal
25 work?

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1 MS. HARRINGTON: Objection.
2 A Well, I think anyone -- any time anybody
3 tries to make themself known or available, there
4 is a possibility that would occur; same way that
5 attorneys advertise or hospitals.
6 Q Okay. But, again, medical legal work --
7 maybe I'm wrong about this -- is not your primary
8 professional pursuit, is it?
9 A I'm in full-time practice.
10 Q Of radiology?
11 A Yes.
12 Q So it's not exactly analogous to an
13 attorney trying to seek more business, is it?
14 MS. HARRINGTON: Objection.
15 A Well, I'm not sure what the difference
16 is.
17 BY MR. TATE:
18 Q Okay. Have you seen your listing on
19 SEAK?
20 A Yes.
21 Q Is it accurate to your knowledge?
22 A I believe so.
23 Q Have you ever been sued in connection
24 with your professional work?
25 A Yes.

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1 Q How many times?
2 A Once.
3 Q Is the case still pending?
4 A No.
5 Q How long ago was that?
6 A Probably, maybe seven years ago.
7 Q What was the outcome of the lawsuit?
8 MS. HARRINGTON: Objection.
9 A I was dropped from the case.
10 BY MR. TATE:
11 Q Dismissed by the Court, or was the case
12 settled?
13 A Dismissed by the Court, I believe.
14 Q So to your knowledge -- I won't ask you
15 any details if the case was settled. Your case
16 was not settled, correct?
17 A I don't know the outcome of it.
18 MS. HARRINGTON: He's asking you did
19 you make a payment.
20 BY MR. TATE:
21 Q Or did your --
22 A No. I was completely dropped from the
23 case.
24 Q What was the nature of the claim?
25 A Well, my involvement was that I just

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1 signed a report for one of my partners, and I
2 never actually looked at the films. So it was
3 alleged misinterpretation of a chest x-ray.
4 Q That you had not interpreted but you
5 signed a report?
6 A I just countersigned a report.
7 Q Did the person who actually interpreted
8 the study actually sign a report as well?
9 A No. He didn't actually sign it. He
10 dictated it and his name was on it, but then I
11 signed off on it.
12 Q Now, you're licensed in Connecticut?
13 A Yes.
14 Q And Florida?
15 A Yes.
16 Q Any other states?
17 A Massachusetts.
18 Q And has there ever been any action taken
19 against your license anywhere?
20 A No.
21 Q Are you on staff at any hospitals?
22 A Yes.
23 Q How many?
24 A I believe it's eight.
25 Q And are they all in Connecticut, or some

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1 in Massachusetts?
2 A No. Some in Massachusetts.
3 Q Have your privileges to practice -- I
4 assume you have privileges in radiology, correct?
5 A Yes.
6 Q Have those privileges in any way been
7 restricted, revoked, curtailed in any way at any
8 time?
9 A No.
10 Q Are you on staff at Day Kimball?
11 A Yes.
12 Q Do you know Jack Malard (Phonetic).
13 A I know the name. I don't know him
14 personally.
15 Q I'm just going to look for your CV.
16 Actually, I think it's the same one. It says
17 March of 2013.
18 A Must be the same one.
19 Q You're obviously a board certified
20 radiologist, correct?
21 A Yes.
22 Q And you've been a board certified
23 radiologist since June 1986?
24 A Correct.
25 Q You're also board certified in internal

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1 medicine?
2 A Yes.
3 Q Did you take an internal medicine
4 residency?
5 A Yes.
6 Q Was an internal medical residency
7 required as a predicate to board certification in
8 radiology?
9 A No.
10 Q Did you at one point intend to go into
11 internal medicine?
12 A Yes.
13 Q Have you ever practiced general internal
14 medicine?
15 A No.
16 Q What made you make the switch from
17 internal medicine to radiology?
18 A I just realized that I preferred
19 radiology.
20 Q So you had a three-year residency in
21 internal medicine, correct?
22 A Yes.
23 Q And three years in radiology, correct?
24 A Yes.
25 Q And a fellowship in MRI CT ultrasound?

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A Yes.
Q That was one year, correct?
A Correct.
Q Do you know what -- withdrawn.
Do you represent yourself as having any expertise in any subspecialty of radiology?
A Well, I do general radiology. I do neuroradiology. I do CT, ultrasound, MRI.
Q And what is neuroradiology?
A Neuroradiology is the radiology of the brain and central nervous system and spine.
Q And is there something called a certificate of added qualifications in any subset specialty of radiology?
A Yes.
Q Do you hold any such certificates?
A No.
Q Is there a subspecialty of radiology known as head and neck radiology?
A Yes.
Q Do you consider yourself or do you represent yourself as a specialist in head and neck radiology?
A I have been part of the group that reviews many of those cases, and I have that

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experience, so I would say yes.
Q Many radiologists review head and neck cases, correct?
A Yes.
Q Who are not necessarily representing themselves as to be specialist in head and neck radiology, correct?
A Correct.
Q My question is a little more specific.
Understanding you have experience, as does any general radiologist in reviewing head and neck radiology, do you represent yourself as a specialist in head and neck radiology?
MS. HARRINGTON: Objection.
Go ahead.
A Some people would include that within the specialty of neuroradiology. So as somebody that considers myself experienced in that, I would say, yes. Specifically as a subspecialty of neuroradiology, you know, I'm less involved with that.
BY MR. TATE:
Q Okay. Is there such a society of head and neck radiology?
A I don't know offhand.

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Q Are you a member of the American Society of Neuroradiology?
A No.
Q Do you need to have a fellowship in neuroradiology to be a part of that society?
MS. HARRINGTON: Objection.
A I believe you do. I'm not sure, though.
BY MR. TATE:
Q According to your CV, you are a member of several societies. If you turn to page 3, Society of Breast Imaging.
A Yes.
Q Is that one of the areas of radiology that you professionally do a lot of?
A Yes.
Q The same with spine radiology?
A Yes.
Q And I've noticed something called the American College of Legal Medicine.
A Yes.
Q What is that?
MS. HARRINGTON: American College of what?
MR. TATE: Legal Medicine.
A Yes. It's a group that many of whom are

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physicians and many of whom are lawyers and many are both degrees and they have an educational group to speak about medical legal issues.
Q I take it you are not one of members of that organization that has a law degree, correct?
A Correct.
Q And how long have you been a member of the American College of Legal Medicine?
A I don't recall. Probably three years or so.
MS. HARRINGTON: Can we take a quick break?
MR. TATE: Absolutely.
(Recess)
MR. TATE: Back on.
BY MR. TATE:
Q I notice on your CV that you have given a talk on medical legal issues in Connecticut in 2004. Do you remember what that talk was about?
A Medical legal issues in Connecticut.
Q Do you have materials on that still?
MS. HARRINGTON: Objection.
A I would have to look. I probably do.
BY MR. TATE:
Q What was the gist of the discussion?

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A I think that, you know, to be perfectly honest, I don't remember the exact specifics. I think it had to do with some malpractice issues and legislation around tort reform and things of that nature, but I don't recall exactly.
Q And what was your position on that?
MS. HARRINGTON: Objection.
A I was giving a talk to a group of physicians.
BY MR. TATE:
Q I kind of gathered that because it's surgical. What was your position on the tort reform part of it?
MS. HARRINGTON: Are you asking him about his politics?
MR. TATE: I'm asking his position on that.
A I don't think I had a position. I think I was just reporting what various states had proposed.
BY MR. TATE:
Q This was about Connecticut, right?
A Well, I think, yes. But I think I was also relating Connecticut issues to national issues.

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Q What is Med Events?
A Med Events is an endeavor that I established where I would provide demonstrative evidence in cases.
Q Legal cases?
A Yes.
Q And to lawyers who need it for trial?
A Yes.
Q And are you the only -- are you the principal of Med Events?
A Yes.
Q How long have you owned Med Events?
A About a year and a half or so.
Q What specifically do you do in connection with your work in Med Events?
A If people require exhibits or educational materials to illustrate the facts of a case, I can provide that.
Q Do you physically put together the demonstratives?
A Yes.
Q Do you have assistants, or you do it all by yourself?
A I mostly do it by myself. But I do have some people that I list from time to time.

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Q How much of your time is spent on Med Events?
A Not very much.
Q Can you give me a percentage?
A No. You know, my time -- I don't know what you mean by "how much."
Q Professional time?
A Less than 5 percent.
Q Okay. Do you actually go to court with the exhibits and the demonstratives that you present when you are not testifying?
A Well, if I would use it in a case that I was involved with --
Q Certainly. That goes without saying. But if you are just preparing it for someone else, would you bring it, present it in court?
MS. HARRINGTON: Objection.
A I haven't done that, no.
BY MR. TATE:
Q So you prepare the demonstratives for other experts?
A Yes.
Q That's the point. Well, for a lawyer who is trying to present something to a jury or a judge, correct?

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A Correct.
Q And what interested you? Why did you start that endeavor?
MS. HARRINGTON: Objection.
A Well, I found the whole subject very interesting, and it was something that was kind of an offshoot of what I already knew. And I think it's very helpful to try to educate the -- the facts or the radiology in a case might be.
Sometimes it's very difficult for people to understand what is being discussed, and they don't have a frame of reference for what's really being presented. And I think this helps people have an understanding of what actually is going on.
Q Do you create demonstratives for things other than radiology or imaging, or is it just imaging?
A I've only done it for imaging.
Q Is it your intention to expand the scope of that to other areas of demonstrative medical evidence?
MS. HARRINGTON: Objection.
Go ahead, Doctor.
A I have not been asked to do that.

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1 BY MR. TATE:
2 Q That wasn't my question. Do you intend
3 to? Is it your desire to expand the scope of the
4 work to some demonstrative evidence in areas
5 other than imaging?
6 A Not necessarily.
7 Q You also list yourself as a medical
8 consultant for Anthem, Blue Cross Blue Shield.
9 A Yes.
10 Q You have at one time done that?
11 A Yes.
12 Q What did your work in that endeavor
13 involve?
14 A I was on a panel of physicians just
15 consulting with Anthem about issues relating to,
16 for example, credentialing of physicians and
17 overall issues with regard to utilization or
18 appropriate utilization of medical services.
19 Q Did that involve reviewing claims to
20 determine whether or not they fell within the
21 ambit of Anthem's guidelines --
22 A No.
23 Q -- for reimbursement?
24 A No.
25 Q Have you ever done that for any other

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1 group?
2 MS. HARRINGTON: Objection.
3 A I've done a few cases of that, yes.
4 Q What is Alicare Medical Management?
5 A That is what they do is they review cases
6 for appropriateness.
7 Q What does that mean, "review cases for
8 appropriateness"?
9 A Well, for example --
10 Q A claim?
11 A Yes. A claim via a request for certain
12 types of examination, and there's a question as
13 to whether it's appropriate for that particular
14 clinical circumstance.
15 Q In other words, whether it's medically
16 necessary?
17 A Yes.
18 Q So you have on occasion reviewed requests
19 to perform certain studies, radiographic studies
20 I assume, right?
21 A Yes.
22 MS. HARRINGTON: Objection.
23 BY MR. TATE:
24 Q Have you on occasion reviewed a request
25 to perform certain radiographic studies on behalf

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1 of Alicare Medical Management to determine
2 whether or not a request or the service is
3 medically necessary for a patient?
4 MS. HARRINGTON: Objection.
5 BY MR. TATE:
6 Q Is that correct?
7 A Yes.
8 Q You still do that today in the current
9 time frame?
10 A No.
11 Q How long did you do that for?
12 MS. HARRINGTON: Objection.
13 A I don't recall. Not for very long.
14 BY MR. TATE:
15 Q Okay.
16 MS. HARRINGTON: Can we go off the
17 record for a moment?
18 (Recess)
19 MR. TATE: Do you have the disclosure
20 in front of you? Did I take that from
21 you, or do I have it? Exhibit G? Here
22 it is.
23 THE WITNESS: Can I just make one
24 comment?
25 MS. HARRINGTON: Sure.

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1 THE WITNESS: You had asked me some
2 questions before about head and neck
3 radiology, and I would just like to say
4 for the record that people have varied
5 degrees of experience with that.
6 But I think that based on my
7 knowledge, training and experience I
8 could be considered an expert in that.
9 MS. HARRINGTON: Thank you.
10 BY MR. TATE:
11 Q By law, you can be considered an expert
12 in any field of expert in radiology, I guess.
13 A So I just wanted to make that clear.
14 BY MR. TATE:
15 Q So you consider yourself an expert in
16 head and neck radiology, fair?
17 A Based on that, yes.
18 Q Okay. Is there anything else you want to
19 add to any other answers?
20 A No.
21 Q Doctor, you have the Exhibit G in front
22 of you. And I want to direct your attention to
23 page 2 of that exhibit, which purports to contain
24 information about your opinion in this case.
25 When was the last time you saw that --

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1 withdrawn.
2 Have ever seen that summary?
3 A Yes.
4 Q When was the last time you looked at it?
5 A This weekend.
6 Q Okay. And I take it that it contains all
7 of the opinions that you intend to offer in
8 connection with your work on this case?
9 A Yes.
10 Q And as we talked about -- I said I was
11 going to get into it later. We're here now. You
12 already established you had a conversation with
13 Ms. Harrington with regard to your findings after
14 reviewing the imaging listed on Exhibit E,
15 correct?
16 A Yes.
17 Q The letter doesn't specify which imaging
18 at Boston Medical Center you reviewed, but I take
19 it it's your best memory you reviewed all of the
20 imaging?
21 A Yes.
22 Q On Exhibit 8, fair?
23 A Yes.
24 Q The expert disclosure addresses the
25 panorex, a panorex, and it also addresses two

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1 CTs, an October 5, 2009, CT at Kent Hospital and
2 a December 3, 2009, CT performed at Boston
3 Medical Center, correct?
4 A Yes.
5 Q It actually talks about two panorex
6 studies, one on July 24 and one on October 16 --
7 A Yes.
8 Q -- 2009. So I take it that since you
9 already told me that the disclosure is a complete
10 -- it contains everything that you intend to
11 comment on in this case that you don't intend to
12 offer any specific comment on either the
13 December -- I'm sorry. You don't intend to offer
14 any specific comment on the April 2012 CT of
15 Boston Medical Center. Is that correct?
16 A Well, it's not listed there, but I can
17 certainly comment on that if you would like me
18 to.
19 Q Well, let me try to parse it out for
20 you.
21 I'm sure you can comment on any study
22 that you were shown based on your expertise in
23 radiology. But what you intend to offer as
24 opinions in this case -- what I'm trying to do is
25 ascertain what your intentions are in terms of

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1 providing opinions.
2 And I've been provided with this
3 disclosure, this is my one time to ask you about
4 it, so I'm trying to define what the parameters
5 --
6 A Yes, I believe that's fair.
7 Q What's in the disclosure is what you
8 intend to comment on?
9 A Yes.
10 Q Good enough. We've already established
11 you are not going to talk about the standard of
12 care, correct?
13 A Correct.
14 Q Now, the first comment, if we can isolate
15 the opinions contained in the expert disclosure,
16 is that the -- if you look at the second line of
17 that particular disclosure, it says
18 "Dr. Glickstein will testify that the CAT scan of
19 October 5, 2009, performed at Kent County
20 Hospital clearly demonstrates Mr. Cherms had a
21 fracture of his left mandible at the site of the
22 third molar extraction."
23 Have I read that correctly?
24 A Yes.
25 Q And the next statement is that "there is

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1 evidence of callus formation at the site of the
2 fracture, which indicates that the jaw has been
3 fractured for a minimum of two weeks." Fair?
4 A Yes.
5 Q And the third sentence is "This callous
6 formation indicates the jaw" -- I'm sorry. Yes.
7 "This callous formation indicates that the jaw
8 has been fractured for a minimum of two weeks."
9 Correct?
10 A Yes.
11 Q Okay. And if you skip down, it says,
12 "The amount of callous formation present on the
13 October 5, 2009, CT scan does not rule out
14 earlier fracture."
15 Have I read that correctly?
16 A Yes.
17 Q There's a difference between ruling
18 something -- something that rules out a process
19 and something that is diagnostic of a process,
20 agreed?
21 A Yes.
22 Q Now, let's go back and analyze what you
23 said here. It says that "The October 9 CAT scan
24 clearly demonstrates a left mandibular fracture,"
25 fair?

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A Yes.
Q And I will ask if you want to refer to that study at any time during my questioning, you can put it up on the screen if you like.
Do you have it here?
A Yes.
Q Perhaps it might be better if you brought it up and we can talk about it together.
MS. HARRINGTON: Doctor, let me just say for the record as you are going through these studies when you are referencing these specific images, if you will identify it.
THE WITNESS: Sure.
(Recess taken.)
BY MR. TATE:
Q Doctor, before I ask you specific questions about the actual October 5, 2009, CAT scan, you mentioned that there's evidence of callus formation at the site of the infection, correct?
A Yes.
Q What is callus formation?
A Callus is the bone reaction to a fracture, to stress, and it's a healing process.

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Q And how long after a fracture does callus begin to form?
A Generally, within a week to two weeks. You might see earlier formation of that.
Q Does the presence of callus formation tell you precisely how long a particular structure has been fractured?
A Not necessarily.
Q Beyond that one- to two-week time frame, it's not possible to time it any further back --
A Well, if there was a lot of callus formation, you would assume that the fracture had been older. But with a minimum amount, it can be difficult to know exactly.
Q Well, even with a lot of callus formation beyond saying that something is more than two weeks old, can you time it any further based on the amount of callus formation?
A Well, bones generally heal after six to eight weeks, but that's a strictly immobilized state. And so if there was breaching callus or extensive callus formation, you would say it would be older than something like we see here where there's minimal callus formation.
Q And the less callus formation the more

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recent the fracture?
A Correct.
MS. HARRINGTON: Objection.
BY MR. TATE:
Q Generally?
A Well, not necessarily. It depends on what the state of the bone is and what the nutritional status of the person is and whether there's been immobilization or anything else. So without knowing those parameters, it's difficult to comment. All I can say here is callus formation is present, and it's to the extent that we see.
Q All right. Does the presence of callus formation tell you how the fracture occurred?
A No.
Q And fractures can occur as a result of a variety of insults including trauma, correct?
A Yes.
Q Infection, correct? What other etiology is there for fracture of bone?
A You can have stress fractures, which would be, again, stresses. It's a type of trauma. Metastatic disease or metabolic bone disease or genetic causes where you have abnormal

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bone formation; all those things can cause weakening of the bones and can cause fracture.
Q And there's a variety of factors that would influence the healing process as well, correct?
A Yes.
Q One of which is, as you refer, whether something is mobilized or immobilized, correct?
A Yes.
Q Another is nutrition?
A Yes.
Q Better nutrition leads to a better healing process generally?
MS. HARRINGTON: Objection.
A That may be the case.
BY MR. TATE:
Q Okay. How about inflammation? Would the presence of inflammation influence the healing process?
A Yes.
Q In what way?
A It could inhibit the healing process.
Q Meaning more -- I'm sorry. Could you --
A It can inhibit.
Q What would it inhibit? Inflammation?

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A Yes.
Q It would inhibit the healing process?
A Yes.
Q What about medications? Can medications inhibit or impede the healing process?
A I don't know specifically which ones might do that, but I think somebody who was on chemotherapy, for example, may have some impaired immune response.
Q How about steroids? Can that affect it?
A Yes, I would think so.
Q In what way?
A Well, steroids would tend to weaken the bones so that they may have a more likelihood of fracture and can also cause a vascular necrosis which would be another cause of fracture possibly.
Q When something is fractured, could the presence of steroids slow down the healing process?
A Yes, I would think so.
Q Could it slow down the presence or absence of steroid, slow down the amount of callus formation?
A I'm not familiar with that specific.

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Q I guess what I'm asking: Is the amount of callus formation -- because you mentioned there are different varying degrees and amounts that you can see in the study -- can that be influenced by things such as steroids?
A I would think so, yes, but I don't know specifically.
Q What about inflammation? Can the presence of inflammation influence the amount of callus formation?
A Yes.
Q In what way?
A It would tend to decrease the amount of bone formation.
Q Okay? How about antibiotics? Can antibiotics affect the amount of callus formation?
A I'm not aware of that. I'm not aware how they directly do that.
Q So you are not aware of it one way or another?
A No.
Q All right. Let's take a look at the study now. You are looking at the 10 --
A 10/5/09.

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Q Okay.
A CT scan.
Q I've referred to it once or twice as 10/9/09. I meant 10/5/09.
A We're looking at the series, one of which consists of 68 images obtained in the axial plane. And we can -- that's what we're looking at.
Q Is there any particular cut, if you will, or slice of the CT scan that you have on the laptop?
A Yes.
MS. HARRINGTON: Are you asking him does he have a particular image?
MR. TATE: Yes.
A It's a series, a section of the images. I can pick one image if you want.
BY MR. TATE:
Q Let me ask you a question. Why don't you bring up the image that in your opinion best demonstrates that he clearly had a fracture of the left mandible.
A Okay.
Q If it's more than one image, just let me know.

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A Well, I think Image 2468 shows it.
Q And would you show me where on that image -- and, if you can, then describe it anatomically.
A Yes. We can see the left mandible at the site of the extraction. We can see discontinuity of the cortex.
Q Where exactly do you see the discontinuity?
A Well, it's --
Q -- in connection with the extraction?
A Well, it's involving both the medial and lateral aspect of the cortex.
MS. HARRINGTON: Do you want him to point on the film?
MR. TATE: I thought he was.
MS. HARRINGTON: I didn't know if you saw it.
BY MR. TATE:
Q Yes. The little hand was pointing; the medial and the lateral.
A Yes.
Q The medial being --
A The lingual side. The lingual side, towards the -- towards the tongue.

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1 Q Right.
2 A And the lateral towards the cheek.
3 Q Okay. The buccal side as the dentists
4 say. Are you familiar with that term, "buccal"?
5 MS. HARRINGTON: Buccal.
6 BY MR. TATE:
7 Q B-u-c-c-a-l, I think it's called.
8 A The lingual is the --
9 Q Tongue --
10 A -- would be the tongue side. And the
11 other would --
12 Q -- would be the cheek side. So you see
13 it both on the buccal and on the lingual side?
14 A Yes.
15 Q And are you able to see the -- and you
16 are referring to the extraction pocket?
17 A Yes.
18 Q Are you able to see the medial or distal
19 margin of the extraction pocket?
20 A The distal . . .
21 Q Right. Do you know what the distal
22 margin is?
23 A I think it would be this portion back
24 here. More posteriorly you mean?
25 Q Well, I'm just asking you. But you are

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1 saying it's more posteriorly. But if you are
2 referring to that, can you see any pathology
3 there?
4 A Yes. I can see a discontinuity of the
5 cortical bone.
6 Q And how about on the front, or medial,
7 side?
8 A Yes. I refer to these things more as
9 anterior. Those are more dental terms.
10 Q I want you to use the terms you are most
11 comfortable with.
12 A I'm going to use anterior, posterior,
13 medial and lateral.
14 Q Okay. And that's -- anterior is the
15 further front, the front of the mouth.
16 A Right.
17 MS. HARRINGTON: One at a time.
18 BY MR. TATE:
19 Q And posterior to the back of the mouth?
20 A Right.
21 Q Lingual towards the tongue.
22 A Medial towards the medial lingual tongue.
23 Q And the other that you are referring to
24 is the --
25 A Lateral.

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1 Q -- which is outside, towards the cheek?
2 A Right.
3 Q So are you saying you see discontinuity
4 in all four planes, that is the medial, lateral,
5 anterior, and posterior of the extraction pocket?
6 A Well, we see it medial and lateral.
7 There's -- let me just see here.
8 We're really seeing a discontinuity both
9 medially and laterally. This is Image 26. We
10 see this on multiple images. I realize I'm going
11 up and down. It's a three-dimensional process
12 that we're looking at in two dimensions. So you
13 have to kind of go up and down, so that's why I
14 wanted to say, you know, it's a volume rather
15 than an individual slice.
16 So I originally referenced Image 24, but
17 we really see the fracture going all the way from
18 Image 22 and probably up to 26.
19 Q So 22 through 26.
20 A Yes.
21 Q And is the fracture as you can see it on
22 those -- what do you call those? Cuts? Slices?
23 A Yes.
24 Q Cuts. Is it vertical or horizontal or
25 some other configuration?

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1 A It's actually going vertical and it's
2 also going horizontal as well. That depends on
3 how you are looking at it. If you are in the
4 axial plane, you are looking at it more --
5 Q Now, you also mentioned in your earlier
6 testimony and also in your disclosure the amount
7 of callus formation. What images demonstrate
8 callus formation?
9 A Well, for example, you know, you have
10 some artifact here from dental amalgam or from
11 dental hardware. So you are getting str --
12 artifact, but if you go to an image that doesn't
13 show that, which is Image 23, for example, you
14 can see callus formation both medially over here
15 as well as laterally over there.
16 Q And can you quantify the amount of callus
17 formation?
18 A No. I mean, it's not breaching callus.
19 It's fairly minimal.
20 Q And I may have asked you this earlier,
21 but seeing the callus formation you see on the
22 study just does not tell you when the callus
23 formation began exactly, does it?
24 MS. HARRINGTON: Objection.
25 A Well, other than what I said before, that

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1 you got some callus formation, so it has to be at
2 least a couple weeks old.
3 BY MR. TATE:
4 Q Beyond that, you can't say how far back?
5 A No.
6 Q And it doesn't tell you precisely when
7 the discontinuity occurred, does it?
8 A No.
9 Q Two weeks, right?
10 A Yes.
11 Q Okay. And discontinuity, I think we
12 talked about before, can occur for a variety of
13 reasons, trauma being one, yes?
14 A Yes.
15 Q Infection or inflammation, yes?
16 A Yes.
17 Q And you mentioned chemotherapy, which is
18 not an issue here, correct?
19 A Correct.
20 Q Are you aware at all whether Mr. Cherms
21 had an infection in his mouth at the site of the
22 extraction?
23 A Well, I do know that it was subject to a
24 discussion in the disclosures, but I have not
25 read the medical records.

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1 Q Looking at the CT scan, do you see
2 evidence of inflammation of soft tissue swelling?
3 A There probably is some enlargement of a
4 mass on the left, so that can be due to some
5 inflammatory change there.
6 Q Consistent with infection, that
7 inflammatory change?
8 MS. HARRINGTON: Objection.
9 A It could be that. It could just be due
10 to the trauma or the inflammation and the
11 fracture itself.
12 BY MR. TATE:
13 Q Do you see evidence of periosteal
14 reaction?
15 A Yes. Well, periosteal reaction is
16 basically -- that's part and parcel of callus
17 formation.
18 Q Is the amount of callus formation slash
19 periosteal reaction consistent throughout the
20 extraction pocket, or does it differ depending on
21 which side you are looking at?
22 A I think it's relatively symmetrical. I
23 think it's, you know, a little bit more on the
24 lateral aspect.
25 Q A little bit more what?

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1 A A little bit more callus formation on the
2 lateral aspect than on the medial, but they're
3 both fairly minimal.
4 Q And, again, educate me: "Fairly minimal
5 callus formation" means what?
6 A It means that it just, for whatever
7 reason, it happened at a certain point in time.
8 It's probably -- to have this amount, it would
9 have to be at least about, as I said, about two
10 weeks. But it could be -- could have been more
11 than that and just hadn't formed because of the
12 things that we talked about before.
13 Q And there's no way to really know that?
14 A No. I can't tell you exactly when the
15 fracture occurred.
16 Q Okay. Now, is there any other findings
17 of significance that you see on the CT scan?
18 A No, I don't think so.
19 Q Okay. All right. Can we get the
20 panorex --
21 A Yes.
22 Q -- October 16, 2009, panorex?
23 A Yes.
24 Q You have the panorex from October 16,
25 2009?

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1 A Yes.
2 Q And you say that you believed that there
3 was a fracture of the left mandible demonstrated
4 on the panorex as well?
5 A Yes.
6 Q And I believe you also say that the
7 panorex shows discontinuity at the base where the
8 tooth was extracted. Okay.
9 My question is discontinuity, fracture,
10 are those two terms synonymous, or can you have
11 discontinuity without fracture?
12 A No, it's basically synonymous.
13 Q It says the panorex shows discontinuity
14 at the base where the tooth was extracted. Where
15 do you see discontinuity in the panorex?
16 A I think we can see at the -- there's a
17 very faint, lucent line that corresponds to the
18 area of the fracture that we are seeing on the CT
19 scan.
20 Q Where is the lucent line located
21 specifically on the panorex?
22 A Inferior to the tooth pocket.
23 Q When you say "inferior," that means --
24 A Bottom.
25 Q -- bottom of the mandible? All right.

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1 Is that a different anatomical location
2 that you see on the CT scan?
3 A No.
4 Q Did you need both of those studies --
5 that is, the CT scan and the panorex -- to
6 determine whether or not there was a fracture
7 demonstrated on the panorex?
8 A I looked at all these films. We know
9 clearly that this CT scan was done on October
10 5th, so that's done prior to the panorex.
11 Q Right.
12 A There's clearly a fracture there.
13 Q Right.
14 A So the subsequent CT scan also shows the
15 same fracture. So one would have to say that the
16 fracture is present on the panorex.
17 Now, how well we see it is another issue,
18 but it has to be there.
19 Q My question probably wasn't artfully
20 phrased.
21 Did you need both the CT scan and the
22 panorex to determine that you see a fracture or
23 discontinuity on the panorex?
24 MS. HARRINGTON: Objection.
25 BY MR. TATE:

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1 Q Do you need to look at both of those
2 studies together to formulate that opinion?
3 A I think that the finding of the fracture
4 on the panorex is a very subtle finding, and I
5 did see it after looking at the CT scan, so I did
6 have some bias when I looked at that.
7 Q So if you just put the panorex up, it
8 might not be something you would see a lucent
9 line?
10 A I might not have seen the lucent line.
11 Q And you are an expert.
12 A Yes.
13 Q It says the mandible -- I'm just
14 reading. I will orient you.
15 It's in the middle of the page after the
16 statement, it says "The panorex shows
17 discontinuity at the base where the tooth was
18 extracted. The mandible in the area of the
19 fracture looks different when compared to the
20 right mandible." Do you see that?
21 A Yes.
22 Q What did you mean by that?
23 A Just that we can see that there's lucency
24 at the area where the tooth was extracted and the
25 lucency extends down to the inferior portion of

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1 the mandible.
2 Q That's what you referred to earlier?
3 A Yes.
4 Q And are you saying you don't see that on
5 the right side?
6 A Correct.
7 Q And, again, that's a finding that you
8 made after seeing the three -- the two CT scans
9 and the panorex together?
10 A Well, I think it's clearly a large
11 lucency there in the area where the tooth was
12 extracted.
13 I think the question was really whether
14 the fracture is evident on the discontinuity of
15 the inferior portion of the mandible is clearly
16 visible.
17 Q You're using the words "lucency" and
18 "discontinuity" in a separate discussion?
19 A Yes.
20 Q Okay. And just educate me: A lucency
21 basically means it's a radiographic --
22 A Decrease in --
23 Q -- of bone.
24 MS. HARRINGTON: You guys are
25 stepping on each other. I'm only

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1 concerned about the transcript for
2 everyone.
3 Both of you are doing it, so if you
4 can, let each other finish.
5 BY MR. TATE:
6 Q I think my question was what is lucency,
7 and you said a decrease in bone, fair?
8 A Yes.
9 Q And a decrease in bone by itself does not
10 indicate a discontinuity, correct?
11 A Correct.
12 Q The discontinuity is demonstrated by
13 what?
14 A By the breach of the cortex.
15 Q And the cortex anatomically is what?
16 A Is the thicker, stronger portion of the
17 outer surface of the bone.
18 Q Okay. Is the lucency that you see on the
19 panorex, is it -- you say it's in the base of the
20 inferior of the mandible?
21 A Yes.
22 Q And how does that compare anatomically to
23 what you see on the CT scan?
24 A It corresponds to it.
25 Q In what way is it?

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1 A It corresponds to the same anatomical
2 area.
3 Q So it's the lingual and the medial and
4 lateral sides, correct?
5 A Well, presumably. You're not really
6 seeing cross sectional review on a panorex. It's
7 a two-dimensional representation. So you are not
8 seeing the medial and the lateral on the panorex.
9 Q Okay. And, again, the panorex of October
10 16th, 2009, doesn't give you any information on
11 when the discontinuity took place other than what
12 you already testified to, correct?
13 A Correct.
14 Q Does the panorex, the October 16, 2009,
15 panorex, give you any additional information
16 about when the discontinuity occurred over and
17 above what you saw and testified to in your
18 CT scan?
19 A No.
20 Q If at any point my question is not clear,
21 you let me know and I will do my best to make it
22 clear for you.
23 A Sure.
24 Q Because I don't want you coming into
25 court and say "I didn't understand the question."

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1 MS. HARRINGTON: Alan --
2 MR. TATE: I understand.
3 BY MR. TATE:
4 Q Now, the next line in the disclosure,
5 "Dr. Glickstein will testify that the December 3,
6 2009, CT done at Boston Medical Center shows the
7 same fracture of the left mandible demonstrated
8 in the October 5, 2009, CT from Kent Hospital."
9 Maybe we can get that imaging up on the
10 screen and you can comment on that.
11 Q December '09.
12 A This is the --
13 Q CT?
14 A 12/4/09 CT. And, again, we're looking at
15 a series of images here, approximately 56 through
16 47. And I'm just going to select one here which
17 clearly shows that there's both medial and
18 lateral discontinuity, which is Image Number 53.
19 Q And in what way, if at all, does the
20 discontinuity differ on the image of study that
21 you have in front you, the December '09 study,
22 from this study that you saw from October at
23 Kent?
24 A I think they are very much the same.
25 Q Is the amount of healing the same?

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1 A Approximately.
2 Q There had been no progression of --
3 A Again, yes, there's minimal callus
4 formation present still.
5 Q And, again, the minimal callus formation
6 that you, again, see on the December '09 study
7 could be the result of a variety of different
8 etiologies, correct?
9 MS. HARRINGTON: Objection.
10 A Yes.
11 BY MR. TATE:
12 Q Such as continued inflammation and
13 infection in the extraction site, yes?
14 A Yes. Lack of mobilization, you know,
15 continued trauma, any of those types of things.
16 Q By trauma, could chewing, minor trauma,
17 cause that?
18 A Yes, I would think so.
19 Q So minor trauma such as chewing could
20 impede the development of callus formation?
21 A Sure. If it's -- you know, you're
22 putting a lot of stress on the bone there, so you
23 will impede the callus formation.
24 Q Is there any other information that you
25 see in the December '09 study that you intend to

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1 offer an opinion about?
2 A No. The fracture there and it's
3 essentially the same as it was before.
4 Q I didn't ask you this earlier, but in
5 your own practice, how often do you read CT scans
6 with a mandible? How often are you called on to
7 do that?
8 A Fairly frequently. Several times a week.
9 Q In what context, usually?
10 A Well, sometimes we look at panorex views
11 from the emergency room or with maxillofacial
12 trauma, things of that nature. You know, we
13 routinely see the mandible on head CTs or MRIs
14 or, you know, head and neck studies.
15 Q Is it -- when you are called on to review
16 or interpret imaging of the mandible such as
17 panorex or CTs, typically wouldn't there have
18 been trauma involved?
19 A That would probably be the majority of
20 them, but there are certainly many other reasons
21 why we would look at that.
22 Q Do you typically get panorex --
23 withdrawn.
24 In your practice, do you in your -- are
25 you on call for certain hospitals, emergency

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1 rooms at certain times?
2 A Yes.
3 Q So you may review imaging of the mandible
4 in that context, correct?
5 A Yes.
6 Q How often do you get imaging such as
7 panorex from a dental office?
8 A Occasionally as a consultation but not
9 very often.
10 Q When you do interpret CT scans which
11 include the mandible or any CT scan for that
12 matter, do you ever have occasion to receive
13 calls from the ordering physician or treating
14 physician requesting clarification of your
15 interpretation?
16 A Specifically for the mandible, or --
17 Q Anything.
18 A Yes, we get calls sometimes.
19 Q Okay. In other words, there are times
20 when you review and interpret CT studies, for
21 example, they had, and you may get a call from
22 the ordering physician saying, Can you clarify or
23 explain certain findings in your report?
24 A Yes.
25 Q That's not uncommon, is it?

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1 A No.
2 Q Do you ever get calls from oral surgeons
3 asking for interpretations of or clarification or
4 interpretations of CT studies of the mandible or
5 other structures of the mouth?
6 A Yes.
7 Q And are there any other findings or
8 opinions that you intend to testify to that we
9 have not covered yet?
10 A No, I don't think so.
11 Q Okay.
12 MR. TATE: Let me just look at my
13 notes. I think I'm done, then.
14 I do have one more question.
15 BY MR. TATE:
16 Q The opinions that you offered today, I
17 assume, are all to a reasonable degree of medical
18 radiological certainty?
19 A Yes.
20 MR. TATE: That's all I have.
21 MS. HARRINGTON: I just want to
22 clarify something.
23 EXAMINATION
24 BY MS. HARRINGTON:
25 Q Doctor, what's been marked as

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1 Plaintiff's G -- I'm sorry -- Defendant's G, your
2 expert disclosure, and in this disclosure,
3 Attorney Tate asked you about the difference
4 between ruling something out and I forget --
5 A I think he said diagnoses.
6 Q So I want to take you back to that
7 sentence; just find it.
8 You are aware -- although, you have not
9 reviewed the medical records, you are aware that
10 Mr. Cherms' jaw was not immobilized until he
11 became a patient at Boston Medical in December.
12 Is that correct?
13 A Yes.
14 Q And the disclosure said the lack of
15 callus formation entirely consistent with
16 fracture at or near the time of extraction.
17 MR. TATE: Objection.
18 Were you intending to read from the
19 disclosure?
20 MS. HARRINGTON: No. I'm intending
21 to clarify the question you were asking
22 him.
23 MR. TATE: All right.
24 BY MS. HARRINGTON:
25 Q Do you have the question, Doctor?

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1 A Yes. The question was is the fracture
2 consistent with --
3 Q Let me ask it again.
4 We agreed that as a minimal amount of
5 callus formation that shows on the CT scan from
6 Kent County in October, correct?
7 A Yes.
8 Q In your disclosure, you indicate that
9 that fracture is no -- that fracture is at least
10 two weeks old, correct?
11 A Yes.
12 Q And is it your opinion that given that
13 Mr. Cherms' jaw was not immobilized until
14 December that that minimal amount of callus
15 formation is also entirely consistent with
16 fracture at or around the time of extraction?
17 MR. TATE: Objection.
18 A Yes.
19 MS. HARRINGTON: Thank you. That's
20 all I have.
21 FURTHER EXAMINATION
22 BY MR. TATE:
23 Q Doctor, you're not intending to offer an
24 opinion discontinuity or fracture occurred at the
25 time of the extraction, correct?

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A Correct.
MR. TATE: That's all I have.
Thank you.
(Whereupon, the deposition concluded at 12:19 p.m.)

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W I T N E S S

Marc F. Glickstein, M.D.

T A B L E O F C O N T E N T S

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(The exhibits were retained by the court reporter except for Exhibit C in which Dr. Glickstein retains.)

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CASE CAPTION: Cherms, et al. vs. Harrison, et al.
ASSIGNMENT NO.: 31022

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my deposition taken in the captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

_____

MARC F. GLICKSTEIN, M.D.

Subscribed and sworn to on the __ day of _____, 2013 before me.

_____

Notary Public,
in and for the State of _____

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MARC F. GLICKSTEIN, M.D.

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MARC F. GLICKSTEIN, M.D.

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STATE OF CONNECTICUT - COUNTY OF NEW HAVEN

I, Nadine M. Castonguay, a Notary Public for the State of Connecticut, do hereby certify that the deposition was taken before me pursuant to Section 13-26, et seq. of the Connecticut Practice Book.

I further certify that the deponent was first sworn by me to tell the truth, the whole truth, and nothing but the truth, and was examined by counsel, and that the testimony was stenographically reported by me and subsequently transcribed as hereinbefore appears.

I further certify that I am not related to the parties hereto or their counsel, and that I am not in any way interested in the event of said cause.

Dated at Wolcott, Connecticut, the 20th day of December, 2013.

Nadine M. Castonguay, RPR
Notary Public

Nadine Castonguay
_____
Shorthand Court Reporter