Exhibit H

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

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MARCO SANCHEZ AND SINDY SANCHEZ,

Plaintiff,

-against-

CONGREGATION OF EMANUEL OF WESTCHESTER,

Defendant.

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NOTICE OF EXPERT WITNESS

Index No.: 68302/19

C O U N S E L O R S:

PLEASE TAKE NOTICE that plaintiffs, **MARCO SANCHEZ AND SINDY SANCHEZ** by his attorney **GORAYEB & ASSOCIATES, P.C.**, as and for their notice designating an expert states:

1. Plaintiff, **MARCO SANCHEZ** designates **MATTHEW GRIMM, M.D.**, as an expert, who may be called upon to testify at the time of trial of this action. Dr. Grimm is a duly licensed physician authorized to practice medicine within the State of New York. Dr. Grimm is a board certified anesthesiologist with a specialization in pain management.
2. The expert will testify that Mr. Marco Sanchez has been a patient under his care since November 26, 2019. The expert will testify that at that time, Mr. Sanchez was a 37-year-old male, who presented to his office for initial pain management evaluation. The expert will testify that Mr. Sanchez was referred by Dr. Jeffrey Kaplan, Orthopedic surgery, for injuries sustained in a work-related accident on September 13, 2019. The expert will testify that Mr.

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Sanchez was taken by ambulance to White Plains Hospital with multiple areas of pain.

3. The expert will testify that at Mr. Sanchez's initial consultation in his office, on November 26, 2019, he reported injuries to the neck, lower back, bilateral shoulders, and a right thumb injury. The expert will testify that Mr. Sanchez's lumbar pain was radiating to the posterior with numbness in the same distribution. The expert will testify that the pain radiated distal to the knee and into the calves and foot. The expert will testify that Mr. Sanchez rated the pain during the day 6 to 7/10 and at night his pain would exacerbate 10/10. The expert will testify that Mr. Sanchez had difficulty sleeping. The expert will testify that Mr. Sanchez was utilizing muscle relaxants. The expert will testify that in regards to the neck pain, pain was radiating to the right upper extremity, with numbness in the same distribution. The expert will testify that pain and numbness would radiate to the right hand. The expert will testify that Mr. Sanchez had a great amount of weakness and numbness involving the right hand and thumb since the accident. The expert will testify that Mr. Sanchez denied any prior history of neck or back injuries.
4. The expert will testify that physical examination, at his initial consultation on November 26, 2019, revealed the following: In regards to the cervical exam, he was in mild distress. He had tenderness over the cervical spinous processes. Cervical range of motion revealed extension 40 degrees, pain at the end of the range (normal 60 degrees); flexion 45 degrees, pain at the end of the range (normal 50 degrees to 80 degrees); left and right lateral flexion 35

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degrees, pain at the end of the range (normal 45 degrees); left rotation 60 degrees, pain at the end of the range (normal 80 degrees); right rotation 65 degrees, pain at the end of the range (normal 80 degrees). Upper extremity strength was intact. Intrinsic musculature revealed right hand weakness. Sensation was intact. Reflexes intact. Hoffmann sign negative. Spurling sign positive to the right greater than left. Positive muscle spasm in the cervical paraspinals. In regards to the lumbar exam, he had an antalgic gait. He had tenderness over the lumbar processes. No tenderness bilaterally to the SI joints. Range of motion of the lumbar spine revealed extension 5 degrees, pain at the end of the range (normal 25 degrees); flexion 50 degrees, pain at the end of the range (normal 85 degrees to 90 degrees); left and right lateral flexion 15 degrees, pain at the end of the range (normal 25 degrees). Reflexes 2 in 4 at the knee and the ankle. Sensation decreased posteriorly. Straight leg raise was positive to the right past 45 degrees. Upon muscle testing, there was full power of L2, L3, L4, L5, and Si bilaterally. Positive muscle spasm in the lower lumbar musculature.

5. The expert will testify that his initial assessment was lumbar radiculopathy, cervical radiculopathy, lumbago, and muscle spasm. The expert will testify that Mr. Sanchez had symptoms consistent with a lumbar radiculopathy. The expert will testify that he had the opportunity to review the MRI of the lumbar spine revealing pathology at L3-L4, L4-L5, and L5-S1 consistent with his complaints. The expert will testify that based on Mr. Sanchez's MRI and his continued pain, he recommended neurodiagnostic testing with EMG/NCS to

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testing with EMG/NCS to determine neuromuscular damage extent as well as assisting with possible injection therapy direction. The expert will testify that Mr. Sanchez was to continue physical therapy and anti-inflammatory treatment, and was given meloxicam and cyclobenzaprine. The expert will testify that in regards to the cervical radiculopathy, his symptoms were consistent with his pain complaints. The expert will testify that Mr. Sanchez's MRI of the cervical spine was reviewed and corresponded with his pain complaints. The expert will testify that he also recommended EMG/NCS of the upper extremities to evaluate neuromuscular damage. The expert will testify that lumbar trigger point injections were performed in the office under ultrasound. The expert will testify that Mr. Sanchez was also given a 60 mg Toradol injection IM for acute inflammatory pain without complication.

6. The expert will testify that the following records prior to injury were reviewed:
    - **8/21/2019**- Records from Good Samaritan Hospital Medical Center Emergency Department. He was seen for shortness of breath. All imaging, etc., was negative.
7. The expert will testify that the following records were reviewed:
    - **9/13/2019**- Discharge instructions from White Plains Hospital. Discharge instructions were in Spanish. He was to follow up neurology outpatient. He was given a note to remain home for two days to recover and to follow up with neurology. Diagnosis was concussion. Giving instructions in Spanish on concussion and head injury.

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- **9/14/2019**- Emergency department records from Good Samaritan Hospital noting a fall with a final diagnosis of concussion with loss of consciousness of 30 minutes or less. Triage notes state he fell from roof yesterday, states that he has no recall of events, was seen at a hospital in White Plains, however, has no documentation from previous visit complaining right side arm and leg pain and right-sided headache. HPI was that he was a 37-year-old male with no significant past medical history, who presented "with AMS after a fall yesterday. His wife states he was at work, working on a roof yesterday, when he fell off the building to a cement floor onto his right side. He had positive LOC. Fall was witnessed by his coworkers. His wife reports that he was taken to an ED, but is unsure what hospital he presented to and states he has no discharge paperwork." Rated his pain 9/10 right-sided from his knee to his head. "He remembers working on the roof, but otherwise unable to recall events from yesterday morning." He had right-sided chest pain, right-sided headache, and neck pain. His wife noted that he was "not acting right" and he "doesn't remember anything." Notes, likely concussion and contusions of right lower extremity, right abdomen, right chest, and blunt head injury. PE showed mild right parietal tenderness. His neck was tender at midline. He had right lateral inferior chest wall tenderness. Right lateral lower leg, knee, thigh, and hip tenderness. Painful passive range of motion of the right hip and knee. Compartments soft and compressible.

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- **9/14/2019**- Report of CT scan of the brain. Impression: "Unremarkable noncontrast scan of the brain. Mild presume inflammatory sinus disease as described above."
- **9/14/2019**- Report of CT scan of the chest with contrast. Impression: "1. No acute intrathoracic trauma. 2. Symmetric posterior and costophrenic angle atelectasis or scarring."
- **9/14/2019**- Report of x-rays of the right knee. Impression: "Unremarkable radiograph of the right knee."
- **9/14/2019**- Report of a CT scan of the abdomen/pelvis with IV contrast. Impression: "1. No acute intra-abdominal/pelvic trauma. 2. Probable subcentimeter left renal cyst, no follow-up recommended. No obstructive uropathy."
- **9/14/2019**- Report of a CT scan of the cervical spine. Impression: "No evidence of acute bony fracture or subluxation. Mild degenerative spondylosis of the lower cervical spine without significant foraminal narrowing or high-grade central canal stenosis. Minimal reversal of the normal cervical lordosis, which-may be secondary to muscle spasm."
- **9/14/2019**- Report of x-rays of the chest. Impression: "No focal infiltrate."
- **9/14/2019**- Report of x-rays of the bilateral hips with pelvis. Impression: "Unremarkable radiograph of the pelvis."

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- **9/14/2019**- Report of x-rays of the right femur. Impression: "No fracture." 9/14/2019- Report of x-rays of the right tib-fib. Impression: "No fracture."
- **10/4/2019**- Report of an MRI of the lumbar spine. Performed at Good Samaritan Hospital. Impression: "Multilevel degenerative disc disease throughout the lumbar spine without evidence of significant posterior disc abnormality, spinal canal or neural foraminal stenosis."
- **10/4/2019**- Report of an MRI of the thoracic spine. Performed at Good Samaritan Hospital. Impression: "No evidence of significant posterior disc herniations, spinal canal stenosis, or neural foraminal narrowing at the thoracic levels. No signal abnormalities are identified within the thoracic spinal cord."
- **10/4/2019**- Report of an MRI of the cervical spine. Performed at Good Samaritan Hospital. Impression: "Multilevel degenerative disc disease throughout the cervical spine. At C4-C5, there is a small central disc protrusion. There is no canal or foraminal stenosis. At C5-C6, there is a left paracentral disc hemiation/extrusion as described. There is impression upon the left ventral aspect of the thecal sac, there is no canal or foramina] stenosis. A few prominent bilateral level 2 lymph nodes are seen measuring along the upper limits of normal in size (1.0 cm). These are nonspecific. Clinical correlation is recommended."
- **10/4/2019**- Report of an MRI of the right upper extremity/shoulder without contras. Performed at Good Samaritan Hospital. Impression: "1.

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Moderately severe tendinopathy of the supraspinatus tendon with a small associated full-thickness rim rent type tear of the anterior distal tendon seen on images 5 through 9 of series 8 and images 10 through 16 of series 5. 2. Moderate subacromial and subdeltoid bursitis. 3. A tiny glenohumeral joint effusion is present. 4. Mild chronic degenerative joint disease is present in the acromioclavicular joint with subchondral cystic change in the distal clavicle and a small joint effusion present. No significant undersurface bony spurring impinging upon the supraspinatus."

- **10/17/2019**- A note from Dr. John W. Acampa, Orthopedic surgery, noting that he was totally disabled with a diagnosis of supraspinatus rotator cuff tear full-thickness left shoulder, unable to return to work. His next appointment was November 7, 2019.
- **11/29/2019**- Initial hematology consult seen for localized swelling, mass, lump of the right upper limb. He was evaluated for concerns of a possible blood clot. He sustained injuries after falling at work from a roof. An inflammatory evaluation was done, they requested Doppler ultrasound of the right upper extremity, also the right upper quadrant.
- **11/7/2019-2/25/2021**- Office visits with Dr. Jeffrey Kaplan, Orthopedic surgeon, evaluating Mr. Sanchez for his injuries.
- **11/7/2019**- Initial consultation report by Dr. Jeffrey Kaplan. Dr. Kaplan's assessment was post-traumatic lumbar pain with symptoms of radiculitis; rotator cuff tear, right shoulder; subacromial

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bursitis/tendinitis, right shoulder; adhesive capsulitis, left shoulder; possible rotator cuff injury; post-traumatic cervical pain with symptoms of radiculopathy. He was given an injection of Celestone into the right shoulder. He was advised to continue with physical therapy. The plan was to consider an MRI of the left shoulder, if no improvement. He was to see a pain management physician for his neck and his lower back.

- **11/20/2019**- Report of an MRI of the right elbow. Performed at Stand-Up MRI of Deer Park. Impression: "Common extensor tendinopathy, thickened lateral and superior synovial fold with joint space narrowing. This can be seen with impingement in the right clinical setting."
- **11/30/2019**- Emergency department records from Good Samaritan Hospital Medical Center. He was having abdominal pain and constipation for about three days with nausea. Imaging was ordered for CT scan of the abdomen and pelvis. Final diagnosis was constipation and renal insufficiency.
- **1/7/2020**- Follow-up consultation report by Dr. Kaplan noted Mr. Sanchez had worsening pain. He was sent for an MRI of the left shoulder. Dr. Kaplan requested authorization for right shoulder arthroscopy with rotator cuff repair due to failure of conservative treatment options. He underwent the surgery on June 17, 2020, with Dr. Kaplan.
- **2/5/2020**- Report of an MRI of the left shoulder without contrast. Performed at Kolb Radiology. Impression: "Partial rotator cuff tear,

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predominantly involving the anterior distal insertion of the supraspinatus tendon with a subdeltoid bursal effusion. There is a SLAP tear extending into the anterior superior labrum, tear of the anterior labrum joint and bursal effusion."

- **6/17/2020**- Operative report. Surgeon: Jeffrey Kaplan, M.D. Performed at Manhattan Surgery Center. Preoperative Diagnosis: Internal derangement of right shoulder. Postoperative Diagnoses: 1. Partial tear of supraspinatus tendon right shoulder. 2. Tear of superior labrum anterior to posterior peripheral tear. 3. Subacromial impingement syndrome with bursitis. 4. Synovitis in glenohumeral joint, right shoulder. Procedures performed: 1. Right shoulder arthroscopy with subacromial decompression, bursectomy, and acromioplasty. 2. Debridement of partial tear rotator cuff, supraspinatus tendon, right shoulder. 3. Excision of torn fibers of right glenoid labrum superior/anterior. 4. Major synovectomy of glenohumeral joint right shoulder.
- **6/23/2020**- Follow-up first postoperative consultation with Dr. Kaplan following a subacromial decompression and debridement of rotator cuff, right shoulder. He was to begin physical therapy and perform exercises.
- **7/21/2020**- Follow-up consultation by Dr. Kaplan, who performed x-rays of the left shoulder showing no acute bony changes, AP and lateral views. He was given anti-inflammatory medication. He is to continue therapy, which had not yet been started.

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- **9/15/2020**- Follow-up with Dr. Kaplan noting that he was not progressing as quickly with therapy. He recommended additional therapy.
- **9/17/2020**- Records from Bay Shore PT Wellness following shoulder surgery.
- **2/25/2021**- Follow-up with Dr. Kaplan who noted that he was status post a right shoulder arthroscopy with debridement of partial tear of rotator cuff, capsulitis of the right shoulder and capsulitis of the left shoulder. He was given an injection and to continue with physical therapy. Injection of Celestone to the right shoulder under ultrasound guidance by Dr. Jeffrey Kaplan.

8. The expert will testify that Mr. Sanchez underwent the following the pain management procedures and tests:
   - **1/21/2020**- EMG/NCV studies of the upper extremities. Impressions: "The above electrodiagnostic study reveals evidence of right C6 radiculopathy."
   - **2/25/2020**- EMG/NCV studies of the lower extremities. Impressions: "The above electrodiagnostic study reveals evidence of right-sided lumbar radiculitis secondary to increased muscular myospasm."
   - **9/3/2020**- Procedure note. Indications: 1. Radiculopathy, lumbar. 2. Radiculopathy, lumbosacral. Procedure: Lumbar interlaminar epidural steroid injection L4-L5 and L5-S1 with epidurogram.

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- **11/12/2020**- Procedure note. Indications: Lumbar radiculopathy. Procedure: Lumbar interlaminar epidural steroid injection L4-L5 with epidurogram.
- **1/21/2021**- Procedure note. Indications: Lumbar radiculopathy. Procedure: Lumbar interlaminar epidural steroid injection at L4-L5 with epidurogram.
- **3/11/2021**- Procedure note. Indications: Cervical radiculopathy. Procedure Performed: Cervical interlaminar epidural steroid injection C7-TI with epidurogram. Performed at Manhattan Surgery Center.
- **5/17/2021**- Bilateral sacroiliac joint injections performed in the office under ultrasound guidance.

9. The expert will testify that Mr. Sanchez's next visit in his office was on March 11, 2020, up to his most recent visit on May 17, 2021. The expert will testify that Mr. Sanchez underwent trigger point injections as well as bilateral sacroiliac joint injections. The expert will testify that Mr. Sanchez was given medications including Meloxicam, Amitriptyline, and Cyclobenzaprine as well as anti-inflammatories. The expert will testify that Mr. Sanchez underwent a lumbar epidural steroid injections as well as one cervical epidural injection. The expert will testify that Mr. Sanchez had an EMG that was consistent with a lumbar radiculitis as well as a cervical radiculopathy. The expert will testify that Mr. Sanchez was also given injections for acute inflammatory pain with Toradol. The expert will testify that Mr. Sanchez continued with physical therapy and follow-ups with orthopedics. The expert will testify that due to the

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pandemic, he did have several telemedicine consultations for follow-up consultations. The expert will testify that Mr. Sanchez did have some improvement status post epidurals approximately 60% in his radiating symptoms.

10. The expert will testify that Mr. Sanchez's most recent pain management consultation in his office was on May 17, 2021. The expert will testify that Mr. Sanchez was now a 39-year-old male, who presented with back and neck pain. The expert will testify that Mr. Sanchez was post lumbar epidurals. The expert will testify that Mr. Sanchez stated that the epidural in January had 60% improvement in his radiating symptoms. The expert will testify that Mr. Sanchez still had residual symptoms and wished to proceed onto an additional lumbar epidural injection. The expert will testify that injections with therapeutic exercises have kept the pain to a more tolerable level as Mr. Sanchez wished to try to avoid surgery. The expert will testify that Mr. Sanchez reported that his lumbar pain was radiating to the right posterior with numbness in the same distribution. The expert will testify that Mr. Sanchez's pain radiated distal to the knee into the calf and foot. The expert will testify that it was worse when he was sitting, lying down and would get worse at night. The expert will testify that in addition to the radicular symptoms, he also complained of some pain around his SI joints, worse with sitting, worse with transition. The expert will testify that Mr. Sanchez had difficulty sleeping. The expert will testify that Mr. Sanchez denied any prior history of neck or back injuries. The expert will testify that in regards to the neck pain, he returned following one cervical

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epidural injection. The expert will testify that Mr. Sanchez noted that post epidural he had about 50% improvement in the radiating symptoms. The expert will testify that Mr. Sanchez was sleeping better. The expert will testify that Mr. Sanchez's medications were working better. The expert will testify that Mr. Sanchez wished to proceed onto an additional injection due to residual symptoms. The expert will testify that Mr. Sanchez had pain radiating to the right upper extremity, and numbness in the same distribution. The expert will testify that pain and numbness radiated to the right hand and he had weakness and numbness in the right hand and thumb. The expert will testify that Mr. Sanchez also had anxiety. The expert will testify that Mr. Sanchez continued to follow with Dr. Kuhn.

11. The expert will testify that physical examination, at his most recent consultation on May 17, 2021, revealed the following: In regards to the cervical exam, he was in mild distress. He had tenderness over the cervical spinous processes. Cervical range of motion revealed extension 45 degrees, pain at the end of the range (normal 60 degrees); flexion 45 degrees, pain at the end of the range (normal 50 degrees to 80 degrees); left and right lateral flexion 35 degrees, pain at the end of the range (normal 45 degrees); left rotation 60 degrees, pain at the end of the range (normal 80 degrees); right rotation 65 degrees, pain at the end of the range (normal 80 degrees). Upper extremity strength was intact except for right hand weakness. Sensation intact. Reflexes intact. Hoffmann sign negative. Spurling sign positive to the right greater than left. Positive muscle spasms in the cervical paraspinals.

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12. The expert will testify that in regards to the lumbar exam, he had an antalgic gait. The expert will testify that Mr. Sanchez had tenderness over the lower lumbar processes. Tenderness bilaterally to the SI joints. Range of motion of the lumbar spine revealed extension 10 degrees, pain at the end of the range (normal 25 degrees); flexion 50 degrees, pain at the end of the range (normal 85 degrees to 90 degrees); left and right lateral flexion 15 degrees, pain at the end of the range (normal 25 degrees). Reflexes 2/4 at the knee and the ankle. Sensation decreased posteriorly. Positive straight leg raise to the right past 45 degrees. Upon muscle testing, there was full power of L2, L3, L4, L5, and S1 bilaterally. Positive muscle spasm in the lower lumbar musculature.
13. The expert will testify that his assessment was lumbar radiculopathy, cervical radiculopathy, sacroiliitis, spasm, left shoulder pain, and right shoulder pain. The expert will testify that Mr. Sanchez had symptoms consistent with a lumbar radiculopathy. The expert will testify that Mr. Sanchez's EMG was consistent for radiculitis. The expert will testify that MRI showed pathology at L3-L4, L4-L5, and L5-S1. The expert will testify that Mr. Sanchez was status post lumbar epidurals and wished to proceed onto an additional injection. The expert will testify that Amitriptyline was given as an adjunct of treatment for radicular pain complaints. The expert will testify that in regards to the cervical radiculopathy, his MRI corresponded with pain complaints. The expert will testify that EMG revealed radiculopathy. The expert will testify that Mr. Sanchez returned following one cervical epidural. The expert will testify that the plan was to proceed on with an additional cervical epidural steroid

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injection. The expert will testify that Mr. Sanchez was given anti-inflammatory medication. The expert will testify that he recommended additional physical therapy.

14. The expert will testify that for his anxiety, he was to follow-up with Dr. Kuhn.

15. The expert will testify that in regards to the sacroiliitis, bilateral sacroiliac joint injections were given in the office under ultrasound guidance. The expert will testify that Cyclobenzaprine was given for spasms. The expert will testify that Mr. Sanchez was to follow-up with Dr. Kaplan for his orthopedic injuries.

16. The expert will testify that in summary, Mr. Marco Sanchez has been a patient under his care since November 26, 2019. The expert will testify that at that time, this was a 37-year-old male, who presented to his office for initial pain management evaluation. The expert will testify that Mr. Sanchez sustained injuries in a work-related accident on September 13, 2019, in a fall through a roof on a construction site reporting approximately 12 to 15 feet. The expert will testify that Mr. Sanchez was taken to White Plains Hospital, where imaging was done and he was treated and released. The expert will testify that Mr. Sanchez subsequently continued to have symptoms and presented the next day to Good Samaritan Medical Center, where a full work-up was performed and imaging.

17. The expert will testify that clinical diagnoses of Mr. Sanchez include:

- Closed head injury, post-concussion symptoms.
- Lumbago.
- Post-traumatic lumbar myofascial pain.

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- Lumbar radiculitis with EMG/NCV studies performed on February 25, 2020, revealing evidence of right-sided lumbar radiculitis secondary to increased muscular myospasm.
- Disc bulging at L4-L5 and L5-S1 level and L3-L4 level.
- Antalgic gait.
- Bilateral sacroiliitis.
- Cervicalgia.
- Post-traumatic cervical myofascial pain.
- C4-C5 small central disc protrusion, C5-C6 left paracentral disc herniation/extrusion per MRI of the cervical spine performed on October 4, 2019.
- EMG/NCV studies of the upper extremities performed on January 21, 2020, revealing evidence of a right C6 radiculopathy.
- Internal derangement of the right shoulder.
- MRI of the right shoulder performed on October 4, 2019, revealing evidence of moderately severe tendinopathy of the supraspinatus tendon with small associated full-thickness rim rent type tear of the anterior distal tendon. Moderate subacromial subdeltoid bursitis and a tiny glenoid joint effusion present with subchondral cystic change.
- Status post a right shoulder arthroscopy on June 17, 2020, with a postoperative diagnosis of partial tear of the supraspinatus tendon, tear of the superior labrum anterior to posterior peripheral tear, subacromial impingement syndrome with bursitis, synovitis in glenohumeral joint.

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The procedure that was performed was right shoulder arthroscopy with subacromial decompression, bursectomy and acromioplasty, debridement of partial tear rotator cuff, supraspinatus tendon right shoulder, excision of torn fibers of right glenoid labrum superior/anterior, major synovectomy of glenohumeral joint right shoulder.

- Post-traumatic arthritis of the right shoulder
- Internal derangement of left shoulder.
- MRI of the left shoulder performed on February 5, 2020, revealing evidence of partial rotator cuff tear predominantly involving the anterior distal insertion of the supraspinatus tendon with a subdeltoid bursal effusion. There is a SLAP tear extending into the anterior-superior labrum, tear of the anterior labrum, joint and bursal effusion.
- Post-traumatic arthritis of the left shoulder.
- Internal derangement of the right elbow.
- MRI of the right elbow performed on November 20, 2019, revealing evidence of common extensor tendinopathy, thickened and lateral superior synovial fold with joint space narrowing.
- Post-traumatic arthritis of the right elbow.

18. The expert will testify that the accident of September 13, 2019, is the competent producing cause of the above-mentioned diagnoses as well as the need for the extensive treatment outlined above. The expert will testify that Mr. Sanchez continues to require ongoing follow-up with his orthopedic specialist

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as he continues to benefit from injections into the shoulders and physical therapy for the shoulders. The expert will testify that Mr. Sanchez may be a candidate for additional surgery to the left shoulder, pending healing of his right shoulder. The expert will testify that Mr. Sanchez continues to require interventional pain management as he continues to benefit from injections including lumbar trigger point injections and bilateral sacroiliac joint injections. The expert will testify that Mr. Sanchez continues to benefit from epidural injections including lumbar and cervical epidural injections. The expert will testify that Mr. Sanchez also continues to be a candidate for medications including anti-inflammatories, anti-spasmodics, and neuropathic medication. The expert will testify that Mr. Sanchez's prognosis is poor. The expert will testify that Mr. Sanchez had recent right shoulder surgery. The expert will testify that he defers discussion of Mr. Sanchez's closed head injury to the appropriate neurologist. The expert will testify that post-traumatic arthritis is progressive and will continue to worsen over time. The expert will testify that Mr. Sanchez has permanent injuries.

19. The expert will testify that the future following medical costs can be expected to be incurred for lifetime duration for the cervical spine, lumbar spine, right elbow, right shoulder, and left shoulder.

    - All medications including anti-inflammatories, muscle relaxants, neuropathic pain medications, and topical medications at the approximate cost of $60 per month for lifetime duration.

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- Pain management office visits at cost of $250 per visit, once per 3 months for lifetime duration.
- Orthopaedic Surgeon office visits at a cost of $300 per visit, four times per year for lifetime duration.
- Lumbar steroid injections at a cost of $1200 per injection plus $2000 facility cost for fluoroscopic guidance per injection three injections every 2 years for lifetime duration.
- Cervical steroid injections at a cost of $1200 per injection plus $2000 facility cost for fluoroscopic guidance per injection three injections every 2 years for lifetime duration.
- Trigger point injections at a cost of $300 per set of injections, up to one set of injections per 3 months for lifetime duration for the cervical and lumbar spine.
- Bilateral sacroiliac joint injections at a cost of $1000 per injection up to six injections per year for lifetime duration pending The expert will testify that Mr. Sanchez 's response.
- Candidate for a left shoulder arthroscopy at a cost of $41,579 including facility cost, anesthesia and equipment cost. (With rotator cuff repair)
- Physical therapy at a cost of $100 to $150 per visit twice per month to maintain strength range of motion and pain management for lifetime duration.
- MRI of the lumbar spine at the cost of $1300 once every five years for lifetime duration.

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- MRI of the cervical spine at the cost of $1300 once every five years for lifetime duration.
- MRI of the right shoulder at the cost of $1300 once every five years for lifetime duration.
- MRI of the left shoulder at the cost of $1300 once every five years for lifetime duration.
- MRI of the right elbow at the cost of $1300 once every five years for lifetime duration.
- X-ray films of the lumbar spine once every year at a cost of $400 for lifetime duration.
- X-ray films of the cervical spine once every year at a cost of $400 for lifetime duration.
- X-ray films of the right shoulder once every year at a cost of $400 for lifetime duration.
- X-ray films of the left shoulder once every year at a cost of $400 for lifetime duration.
- X-ray films of the right elbow once every year at a cost of $400 for lifetime duration.
- EMG/NCV studies of the upper extremities at the approximate cost of $2000 once every five years for lifetime duration.
- EMG/NCV studies of the lower extremities at the approximate cost of $2000 once every five years for lifetime duration.

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20. The experts' curriculum vitae is attached herein and made a part hereof along with the report dated May 27, 2021. It is expected that the expert will testify in accordance with the foregoing, the annexed reports and those to be served.

Plaintiff reserves the right to supplement the foregoing up to and including the time of trial.

DATED: New York, New York
June 28, 2021

Yours, etc.

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CONGREGATION OF EMANUEL OF WESTCHESTER
One West Red Oak Lane
White Plains, New York 10604
(914) 305-8634

STATE OF NEW YORK

SS.: **AFFIDAVIT OF SERVICE**

COUNTY OF NEW YORK

I, Andreanellis Paredes being duly sworn, depose and say: I am not a party to the action, am over 18 years of age, and reside in the County of Bronx.

On June 28, 2021, I served the within **NOTICE OF EXPERT WITNESS** by

☒ **Service by mail** by depositing a true copy thereof in a post-paid wrapper, in an official depository under the exclusive care and custody of the U.S. Postal Service within New York State, addressed to each of the following persons at the last known address set forth:

FULLERTON BECK, LLP
Attorneys for Defendant
CONGREGATION OF EMANUEL OF WESTCHESTER
One West Red Oak Lane
White Plains, New York 10604
(914) 305-8634

Andreanellis Paredes
Andreanellis Paredes

Sworn to before me on
June 28, 2021

Notary Public

ANGELA I. L. COLLADO
Commissioner of Deeds
City of New York - No. 2-13509
Certificate Filed in New York County
Commission Expires 2/1/22

Law Offices
GORAYEB & ASSOCIATES, P.C.
100 WILLIAM STREET
NEW YORK, NEW YORK 10038

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

MARCO SANCHEZ and SINDY SANCHEZ,

Index No. 68302/19

Plaintiff,

-against-

CONGREGATION OF EMANUEL OF WESTCHESTER,

Defendants.

NOTICE OF EXPERT WITNESS

GORAYEB & ASSOCIATES, P.C.
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MARCO SANCHEZ and SINDY SANCHEZ
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FILE NO. A10721 - LL