SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX: CIVIL TERM: PART IA-14

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BUESTAN, JESUS AND YOLANDA BUESTAN,

PLAINTIFFS,

-against-

Index No.: 31815/2019E

550 WASHINGTON OWNER LLC & TURNER CONSTRUCTION COMPANY,

DEFENDANTS.

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DR. MATTHEW GRIMM

851 Grand Concourse
Bronx, New York 10451
January 14, 2026

B E F O R E:

HON. JOHN A. HOWARD-ALGARIN
Justice of the Supreme Court

A P P E A R A N C E S:

GORAYEB & ASSOCIATES, P.C.
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BY: DOUGLAS ROSENZWEIG, ESQ.

THE OFFICER: All rise. Jury entering

(Whereupon, the jury entered the courtroom.)

THE COURT: Everybody be seated. We're on the record. Call your witness.

MR. VARGAS: I call Dr. Matthew Grimm to the stand.

THE OFFICER: Raise your right hand.

M A T T H E W G R I M M, a witness called by the Plaintiff, after having been first duly sworn, testified as follows:

THE OFFICER: For the record, please state your name, spell your name, and business address.

THE WITNESS: Matthew Grimm, M-A-T-T-H-E-W G-R-I-M-M. 160 East 56th Street. New York, New York 10022.

THE OFFICER: Witness is sworn.

THE COURT: The witness is sworn. You may inquire, Counsel. Good morning, Doctor.

THE WITNESS: Good morning.

DIRECT EXAMINATION

BY MR. VARGAS:

Q Dr. Grimm, can you tell the jury your educational background?

A I got a degree in electrical engineering at Penn State University. I then went to medical school at Jefferson Medical

College and did a residency in physical medicine and rehabilitation. I then did a subspecialty, a fellowship, in interventional pain management in Marietta, Georgia.

I then went onto -- I did a residency in physical medicine at William Beaumont home hospital in Michigan as well as University of California Irvine and then I did my fellowship at a nonsurgical orthopedics in Marietta, Georgia and then I started working for New Ortho Sports Medicine and Trauma in New York in 2011.

Q Are you licensed to practice in New York?

A Yes, since 2011.

Q And are you board certified?

A Yes. I'm board certified in physical medicine. And rehabilitation.

Q Are you being compensated for your time here in court?

A My office, I work for New York Ortho. They're being compensated for my time to clear my schedule.

Q And how much are they being compensated for?

A $8,500.

Q And if you weren't here testifying, what would you be doing?

A I had a slate of patients on the schedule and then end of last week my office notified me that I'd be coming here instead of the office and they cleared my schedule.

MR. VARGAS: Your Honor, I move to admit Dr.

Grimm as an expert in physical medicine and rehabilitation.

MR. ROSENZWEIG: No objection.

THE COURT: Without objection, he is recognized as an expert in that field by the Court.

Q Doctor, can you explain to the jury what being board certified in physical medicine and rehabilitation is?

A Being board certified, after we complete our residency, I would take a series of tests, in my case, it's both oral and written tests. In oral, we go to a hospital-type setting and we have fake patients and then we sit down and we have to diagnose and treat them to make sure we're competent in our field, and then we also take a written portion to make sure we have adequate knowledge of our field, mine being physical medicine and rehabilitation. And if you don't, you fail, and you can't be recognized as a board-certified doctor.

Q What is physical medicine and rehabilitation?

A I describe it sort of as nonsurgical treatment of orthopedic conditions. So like joints, back. In my specific case, I subspecialize in pain management. So I do both acute and chronic treatment of painful conditions often dealing with the spine, the neck and the back.

Q And the difference between acute and chronic?

A Acute means immediate pain. Like you break your leg, you're acute pain. Chronic would be say if you break your leg and it heals, but you're continuing to have pain usually

greater than six months, then it's determined it is now a chronic condition and that needs treatment as well.

Q Did there come a time when you treated a Jesus Buestan?

A Yes.

Q And for the record, marked for ID is your chart as Plaintiff's 21. If you need to refer to it while you're testifying, you may.

A Okay.

Q Can you tell the jury when you first saw Mr. Buestan?

A I saw him for the first time on January 28, 2020.

Q And at that time did you take a history?

A Yes.

Q What was the history?

A One second. I'm referring to my note here. Patient indicated he was involved in a work-related accident on 9/27/2019. Patient indicated a roughly 500-pound piece of concrete fell, striking him on the head, neck, and back causing him to be forced to the ground with injuries to his head, neck, lower back, knees, and his left wrist.

Q Did examine him at that time?

A Yes.

Q What was the findings of your examination?

A I was focusing more on the neck and the back which is what he was referred to me for treatment. So his neck, he was

displaying decreased ranging. He had extension, which is putting your head back, with pain at approximately 15 degrees. Normal would be to 60 degrees. He had pain with flexion at 40 degrees and normal is between 50 and 80 degrees. He had pain at left and right lateral flexion of the neck at 25 degrees. Normal would be 45 degrees. Pain with rotation to the left at 30 degrees and right at 35 degrees. Normal is 80 degrees.

And then when testing his strength, he did have some mild weakness involving his biceps strength, his eltoid strengths, and in his triceps strength. So that's pulling back, pushing forward, and then lifting the arm up like a wing and then he also had some decreased sensation to light touch. I would test different dermatomes.

A dermatome is just where you will sense issues in the body. Each nerve pertains to a certain part of the skin, and so I will just touch lightly in different areas to determine roughly where his deficits lie and he was displaying a pattern of decreased sensation involving the C-5 through C-7 nerves?

Q Why is that -- the difficulty in movement and the decreased sensation, why is that significant?

A Again, it's just one of the sort of tools you use. None of them are perfect, but with strength, your biceps is innervated by the C5 nerve in the neck; your triceps is innervated by the C6 primarily, and then your deltoid is innervated primarily by the C5 and C6 nerves.

And then other nerves we test, like I'll test the intrinsic musculature. That's more C-7 and wrist is I think C7/T-1. So if you have weakness in some of those areas, they can be attributed to a nerve issue or it could be other things as well. This is something we put together, but this did correlate with where he was having some decreased sensation and that general pattern as well, C-5 to C-7.

Q If I just interrupt you for a second. I see you brought a model of the spine?

A Yes.

Q Maybe if you can explain how these nerves are connected to the spine for the jury.

A Okay. Well, this is just the lower back not to scale, but it shows your tailbone, your coccyx, and then the vertebrae and then in between the vertebrae are discs and then so the discs give space and cushioning for the vertebrae and then it also gives space for the nerves to come out of the spine and then go to each individual; your legs, your arms, wherever they need to go. And then they also show, these are facet joints. That's the joints in between each vertebra as well.

Q When you were talking about C5, C6, C7, there's certain nerves that go to certain parts of the body out of the spine; is that correct?

A Yes.

Q I'm sorry. You can continue the rest of the exam.

A I'm just giving the basic anatomy of the back. The C5, C6, C7 is up in the neck. So this would be L5, L4, L3.

Q The rest of your exam that day on --

A Oh, this exam. Yes, and then I also -- he was displaying his reflexes were normal. He had a normal Hoffmann sign. That's just another test. If there is active impingement, sometimes it will become positive. It was negative in his case.

He had positive Spurling sign. Spurling sign is provocative test we would do to a patient where if the nerve is involved in an injury or pain, the test, we will put downward compression on the head with extension back and rotation to the side, and because oftentimes if it is a nerve issues, it is being compressed by something where it is exiting this hole here, and if we do that test, it make this hole somewhat smaller.

If the nerve is indeed what is causing the pain, we are trying to reproduce it and irritate that nerve. The patient will describe a pain going in sort of his usual direction. So with his testing, I put that compression on his head and down and he did explain to me that he feeling reproduction of his pain to the shoulder area. And then he had some spasm as well that I palpated in his neck musculature.

Lower back exam. He was walking with an antalgic gait, which just means he's walking with a sort of painful

walking pattern. His range of motion was I would say very markedly decreased. He had pain at extension to five degrees. Normal would be 25 degrees, pain at flexion at 30 degrees, bending forward. Normal would be 85 to 90 degrees. Left and right lateral flexion he had pain at 15 and normal, again, would be 25 degrees.

He did show some depressed ankle-jerk reflect. I tested the reflexes at the knee and then at the Achilles, the back of ankle. If it's depressed at the ankle, that can be significant of a S-1 nerve root issue. So it was depressed in him when I tested that. And then the sensation in his legs did show decreased sensation to light touch involving L-5/S1. Again, that just means there could be an issue with his L5-S1 nerves.

And then he had what's called a positive straight leg raise. So like the neck, with the testing, the Spurling, the straight leg test. We have a patient lay flat on the table, lift the leg up. If there is an issue to the nerves in the back and they are inflamed, lifting the leg begins to stretch them and irritate them so if they're in pain, the patient can describe shooting pain to the leg.

He did describe that on both his right and left and then, again, he was displaying some weakness, just mild weakness in his ankle dorsiflexion, so lifting his ankle up, pushing his ankle down, and then lifting his big toe up. And

those are all L-5/S-1 innervated muscles. It's sort of a puzzle not any one can determine if there's an issue, but putting them all together, it gives us a little idea of what could be happening.

Q And at that point by the time you had seen him, he had had MRIs, correct?

A Yes.

Q Do you know what he had MRIs to?

A He had MRIs to his neck and his back.

Q Did you review the films or the reports?

A I just reviewed the reports. I didn't have the films.

Q What did the reports show?

A Let me find it. Bear with me here. So his MRI of the lumbar spine showed disc herniations at L3-4, L4-5, and L5-S1 with central and foraminal narrowing and disc herniation at L3-4 also has a focal right paracentral region impinging on the lateral recesses.

So what a herniation is, the discs in between the bones are kind of like shock absorbers. I describe it sort of like a jelly doughnut to patients. There's the hard more rubbery outer portion and the gelatinous inside. It gives it the cushioning. If force gets placed on that disc to the extent where it start to disrupt the fibers on the outside, something called a herniation can form.

I sort of describe it like a radial tire that's

looking like it's about to blow. The fibers are sort of pouching in one direction and it can sort of push out when you put pressure on it. So if you're walking or something, it will push out. That in itself won't cause any issue. People live with them without any problem as long as they're not pinching on nerves.

It's when they come into contact with the nerves where patients will start to have pain and that pain is usually a pain that starts in the back or the neck and will shoot into a leg or a arm. So that's how you can determine if it's pain related to a nerve issue versus pain coming from some other portion of the neck. So in his case, he had herniations at L3-4, L4-5, and 5-1.

Q The spasm you found in your examination, was that objective or subjective?

A That's an objective finding. You can feel little muscle bands tightening up.

Q What causes those?

A Any number of things can cause spasm. I mean pain can cause spasm; stress can cause spasm; sleeping in an uncomfortable position. I mean just a multitude of things can cause spasm or another thing; if a muscle isn't being innervated appropriately, sometimes it will start to die a little bit. You can think of it and then it can start to become irritated. That's another reason.

Q After the examination, did you have recommendations for treatment for Mr. Buestan?

A At his initial visit, he had had already tried some conservative treatment with physical therapy and medications. So I discussed the him something called an epidural injection to his neck and his lower back.

Q And what is an epidural?

A So if it is the nerves that are inflamed, an epidural is an injection which we use an X-ray machine to guide a needle down to the spine and put it around the area where the nerves are to inject a combination of anesthetic and steroid around the nerve to decrease the swelling and this can help both for treatment, in that it decreases the swelling of the nerve.

It also can help with diagnosing an issue, because if it is the nerve that is causing the problems, injecting medication around it should relieve the pain at least temporarily, if not for longer. If we were to do an epidural and the patient did not receive any relief, then we might start thinking the paper can be coming from other areas and indeed not a nerve issue.

Q Did he agree to do the epidural?

A His neck was bothering him the most, so we discussed starting with the neck and proceeding on with the lower back at another time.

Q Did he do the epidural?

A Yes. We eventually ended up doing two epidurals for his neck and I believe two for his lower back.

Q When was the first one for the neck?

A First one for the neck was February 24, 2020.

Q Where was the epidural administered or the location.

A Manhattan Surgery Center, which is on West 54th Street.

Q Why is it don't at a surgical center?

A A surgical center, oftentimes patients will want to be sedated for these procedures just because the thought of putting a four-inch needle in their spine is sort of anxiety provoking. So they don't get put to sleep. They just get sort of given medication to make them calm and they're monitored to make sure it's safe. And then there also is an X-ray machine where we guide the needle down with live X-ray guidance to put the needle and the medication in the right spot.

Q Where on the body was that administered?

A That was done at C7- T1. The reason it was C7-T1 is going higher than that level can cause major complications because as this epidural space goes up in the spine, it becomes much narrower and narrower. So above C7-T1, you increase the risk of puncturing the spinal cord which can lead to complications such as spinal headaches, leaking of cerebrospinal fluid, or hematoma formation in the area which is a collection of blood.

Q And after February 24, 2020, did you see him again after that epidural.

A Yes. His next visit was on March 10, 2020.

Q And did he report whether the epidural helped?

A He had reported that he noted improvement in symptoms to roughly 50 percent improvement, but then at the approximate two-week mark it was wearing off.

Q Was that significant to you that it was wearing off after two weeks?

A I mean its just significant that he got improvement. As I said before, you use it diagnostically as well to determine if the nerves are one of the offending issues that's causing his pain. So in that he did show improvement, I was confident that the nerve was at least a large portion of a great deal of his pain. We hope it lasts longer, but if it starts to wear off, then we sort of recommend a booster injection to try and -- I always describe it as trying to put out a fire. If it's not sort of still simmering and coming back, you want to throw some more water on it sooner rather than later.

Q Did he have any different complaints at the March 10th visit?

A He was complaining of some headaches in the back of his head that would sort of come forward to his eyes. That's oftentimes patients, you have some nerves that run up the back

of your neck on the outside of your skull. It's called greater and less occiptal nerves. Patients who have head injuries or patients who have a lot of spasm in the neck can often pull down on your neck and it can cause inflammation of these nerves. If they become inflamed, the patter of pain is then like we describe pain coming around the neck to the eye and your eye sometimes even becomes watery. He was complaining of that and I did gave him some injections in the office on that day, where I put the medication around the nerve, to calm it down.

That can help with the headaches and i also gave him some injections and I would palpate to find what's called a trigger point and we would mark it and then I needle it with a needle and a little bit of anesthetic to try to get it to release, to relax at least temporarily improve his headaches the muscle pain.

Q The cervical trigger, what would be your expectations for the amount of relief from a cervical trigger compared to an epidural?

A Two completely different things. The trigger point is for muscular pain, muscle trigger points. People oftentimes get I mean without injuries. My wife gets them and you get them just here often in the base of your neck. The muscles get strained from doing activities that maybe you are not used to doing or if you have an injury. So it will provide temporary

relief of just muscular pain. It won't do anything for nerve-related pain if it's that deeper pain. It's more superficial.

Q The shots for the headaches, were those the occipital block?

A Yes.

Q Why is it called occipital block?

A Because, as I said before, the nerve inflamed and causing the headaches going forward are called the greater and lesser occipital nerves. It's a condition called occipital neuralgia.

Q Now, at around March of 2020, there was a thing called the pandemic, correct?

A Correct.

Q Your office was closed?

A Yes. I believe we were closed for approximately six weeks.

Q You had to do telemedicine for all your patients?

A Yes. We would do it from home.

Q The next time you physically saw Mr. Buestan, can you tell the jury that?

A I saw him next time physically looks like June 22, 2020 and it was following a lumbar epidural, injection, which I had given to him.

Q When did you give him the lumbar epidural?

A We had discussed it over the phone to set it up, at a phone visit, and then the injection itself was given on looks like May 26, 2020.

Q Was this at a surgical center or somewhere else?

A That was given at my office.

Q And which body part or area was it given to?

A The lower back the. Lumbar spine.

Q At any specific levels?

A Yes. His symptoms were primarily in the L4-5, L5-1 distribution in his complaints. So I put medication both at the L4-5 and the L5-1 levels in the spine for the medicine to spread and cover those nerves roots.

Q And then you saw him next on June 22, 2020?

A Yes.

Q And at that time did he report as to whether the epidural helped?

A Yes. He reported an approximate 50 percent improvement for two to three weeks, describing his pain going from an eight to nine to a four to five on the visual analog pain scale. We just ask him to -- like ten is the worst pain you've ever felt, zero is no pain, for or five is sort of like an annoying pain. So that's how he described it, but then the symptoms again were returning so we did discuss proceeding on to an additional injection.

Q At that time, did you also do a cervical trigger?

A On that date, yes. I had had some success with the injections before for his headaches and the trigger points. If the underlying issue is still there, you often continue to have the headaches. They will come back. So I did give him additional injections on that date as I described before.

Q You next saw him on -- the next would be another epidural, correct?

A I believe so. Yes.

Q When was that?

A He was given a second lumbar epidural on 7/16/2020 and a second cervical epidural on 7/8/2020.

Q Again, the same levels.

A Yes.

Q And then you saw him in the office again?

A Yes.

Q What was the date of that next office visit?

A I saw him on 8/17/2020.

Q Did he report any benefit from the epidural?

A Again, he was only describing a transient improvement. I think it was no greater than the one, the initial injection he had. So he described improvement, but with the pain returning. So I elected to -- you can generally do up to three to try and resolve it. Since he wasn't proceeding like I had liked to, we didn't proceed on to the third epidural and I referred him to a surgeon.

Q What surgeon?

A I referred him to Dr. Weinstein.

Q What kind of surgeon is he.

A He's an ortho spine surgeon.

Q Was Mr. Buestan on any medications at this time?

A He was on -- I had him on Gabapentin, which is a medication for nerve pain. It doesn't resolve anything. It just is sort of a medication that masks the pain if it's nerve related and just on acetaminophen, which is Tylenol. He has some GI, gastritis issues with like ibuprofens, so I put him on Tylenol.

Q You next saw Mr. Buestan when?

A September 28, 2020.

Q And at that time, again, had his complaints changed at all or any recommendations changed?

A He was just following with -- Dr. Weinstein sent him for some updated studies.

Q What kind of studies are we talking about?

A MRIs. If he is considering surgery, he wanted newer films to look at to see if anything had changed. He was also -- I was finding some trigger points in his lumbar spine, his lower back. So he was given injections at three areas where he had the trigger point which is the muscle that's tightened up into a very painful taught band and I also gave him a shot of Toradol intramuscularly, which is treatment for just acute

pain. Patients come in and they're in a lot of pain. That can give some pretty immediate relief.

Q What is Toradol?

A Toradol is a nonsteroidal anti-inflammatory. It's a strong anti-inflammatory. Oftentimes it would be given in emergency rooms if people come in with severe pain or football players would get it before games. It's just a very strong paper reliever that be given in the muscle and it is fast acting. You will start to feel it in a few minutes.

Q Eventually he had surgery on his neck, correct?

A Yes.

Q Did he continue treating with you after surgery?

A Yes. Approximately every three to four months.

Q When did you first see him -- well, I'm sorry. What would be your expectation for a patient after they've had a cervical fusion as to when you would see benefits from it?

A You can see benefits pretty quickly, especially, like I said earlier, the epidurals are also not necessarily just for treatment. It's for diagnosis. I've found that patients who tell me they -- like when patients are discussing surgery with me, again, I am not the surgeon. So I never tell them whether they should or shouldn't, but I just say that if they've had a positive response to the epidurals, I've found that patients generally respond better to surgery than patients who have done epidurals and they say it didn't help at all.

If a surgeon is discussing surgery with them, I give my honest opinion and I say it's a hit or miss, maybe 50/50. In his case, he responded positively to the epidural, so I would expect him to more than likely respond pretty good to the surgery.

Q Do you know when the surgery was.

A It was believe -- I have the date here. It was 12/16/2020.

Q And then I'm going to jump ahead to -- you saw him on March 24, 2021?

A Yes.

Q And at that time did he report as to whether he felt any relief from the fusion surgery?

A Yes. He reported -- post surgically he reports pain to the shoulders has improved.

Q And at that time did you have my recommendations for treatment?

A I mean post-surgically, I defer the physical therapy recommendations to the surgeon. So he had not been cleared for physical therapy at that time. So for treatment, I was pretty much just treating with medications and so I prescribed him again just Tylenol and Gabapentin and something for his stomach.

Q I'm not going to go through every one of your visits. So I'm going to jump ahead and go to -- well, first I'm going

to ask. Do you know if he ever had surgery on his lower back?

A Yes. He did have surgery on his lower back.

Q Do you know when that was?

A I have it in here somewhere. July 18, 2022.

Q Then you next saw him after that surgery in March of 2022; is that correct?

A One second. Yes.

Q And at that time, did he report any benefit from the surgery?

A That day he said post-surgically he still had the pain but it was less than it was prior to the surgery and still had some pain at his surgical site.

Q What medications, if any, were you prescribing at that time?

A He was reporting less cramping to his legs and he was sleeping better. At that time, still the three medications; the stomach medication, which is called famotidine, acetaminophen, and Gabapentin.

Q And then jumping to September of 2022. Now it's nine months after the lumbar surgery and approximately two years after the cervical surgery. Did you examine Mr. Buestan at this time?

A Yes.

Q What were your findings?

A So on his cervical spine, he was showing improvement

in his ranging, quite a bit of improvement in his range of motion from when he came in. There were mild deficits. Extension was at 50. Normal is 60; flexion was 45 degrees with pain. Normal is 50 to 80; left and right lateral flexion, 35 degrees; normal is 45, and rotation to the left was to 60 degrees. Normal is 80. Right is 65 degrees; normal is 80. Still just some very mild deficits of strength in the same muscle groups.

He did have some issues with weakness of the left wrist. But that's related to the wrist jury there, I imagine. Still could reproduce some radicular symptoms, but didn't have any at rest and he had spasms still in the muscles approximately in the approximate C5-C6 region. His lumbar exam, he was utilizing a brace at this point which we prescribed for him, but not to use for more than five hours a day because it can start to weaken muscles. We removed it for examination.

Again, he was showing improvement, great improvement in range compared to his initial visit. More mild deficits. Extension 15 degrees; normal would be to 25. Flexion is at 55 degrees; normal 85 to 90 and left and right lateral flexion at 15 degrees. Normal is approximately 25. Reflexes still depressed, which is normal. Those generally won't come back.

Approximately ten percent of the population will have depressed reflexes as well. Weakness, still very mild deficits

in the same musculature as presurgically and still some muscle spasms in the lower back.

Q Reflexes won't come back?

A Generally -- the ankle jerk reflex, it probably will be like that forever, but it's nothing that's detrimental or harmful, and it won't affect his life at all.

Q You next saw him -- well, I'm going to jump ahead now to October of 2024?

A Got it.

Q And at that time, did you examine Mr. Buestan?

A Yes.

Q What were your findings?

A So the cervical spine, he was continuing to show further improvement in his ranging. He still at this point had some just very mild deficits, maybe even normal ranges in some of them. Fifty degrees extension, 50 degrees flexion which is within the normal limits.

Forty degrees right and left lateral flexion which is just five degrees less than the normal. He had 65 degrees of rotation. The normal would be to 80. Weakness, I can still recreate, but it's very mild in the same muscle groups. Still had the -- still developed some spasm in his neck muscle. In his ranging at the lower back, extension was at 20 degrees; normal is to 25 degrees, flexion is 65 degrees; normal is 85 to 90 and then lateral flexion, he was able to get to normal

ranging at 25 degrees.

His sensation, it improved so it had come back after the surgery. Still had some mild weakness in the same muscle groups and some spasm present.

Q Overall what would you say?

A I think he is progressing slowly, but well, after the surgeries.

Q You put patient is at MMI. What does that mean.

A So this means after surgeries, you continue to treat the patients. Some patients, if their fusion doesn't fuse, doesn't take, they will need revision surgeries or further treatment or if the surgeon didn't do the correct levels, if they need additional surgeries, they'll need further treatment.

If at about six to 12 months after treatment, they're just being treated symptomatically, meaning I'm just giving medications, they might get periodic injections, but nothing majorly invasive, like another surgery is needed, I'll deem them at what's called maximum medical improvement, and they're only being treated pretty much for chronic conditions at this point. I call it palliative care.

Q Did you continue to see Mr. Buestan through to 2025?

A Yes. I think our last visit was in December.

Q Prior to testifying today, did you review his trial testimony?

A You sent it to me and I glanced over it, yes.

Q Did you also review treatment records Mr. Buestan had from 2014 to 2018?

A Yes. I understand he had some treatment at a physical therapy and acupuncturist.

Q Did any of those records of that trial testimony change any of your opinions you had before reviewing them?

A No.

Q And why not?

A As I was just saying earlier, there are different pain generators in the spine. The treatment he was receiving that I read, I didn't see any mention of radiating pain complaints. It was mostly muscular pain complaints. It seemed to be it was irritated from his work where he would put a lot of strain on his muscles, and he was given trigger points, acupuncture, therapy, and massage for musculoskeletal pain. I didn't see any treatment for a radicular condition.

Q The last time you saw him, what medications was he on?

A He still is taking the Gabapentin and the acetaminophen and I believe he continues with the stomach pills.

Q And, Doctor, do you have an opinion within a reasonable degree of medical certainty as to whether the herniations and treatment for C4-C5, L4-L5, L5-S1 are causally connected to the accident of September 27, 2019?

A I can say his symptoms and radicular conditions are

consistent with the accident and I would feel are causally related.

Q Do you have a future prognosis for Mr. Buestan?

A I mean it is a progressive condition. He does have the hardware in his spine now which does cause more advanced and faster breakdown of the joints adjacent to hardware in both the neck and back. So I would place it at as a poor long-term prognosis.

Q Tell the jury; what does that mean?

A I just think his spine will age at a faster rate than the formal spine. So as he ages, he can have breakdown of the joints surrounding the hardware and sometimes, because you are putting something solid now in something that previously freely movable of the body. Now you're disrupting the natural physics of the body with that hardware in there.

So it generates more, so when you are moving, bending, twisting, it puts more stain on the discs above the surgery and the joints above the surgery and so that can lead to arthritis in the back and the neck to a faster degree that just the normal aging population. So patients often likely need further treatment as they age.

Q Do you have an opinion within a reasonable medical certainty as to future medical care Mr. Buestan will need?

A Yes.

Q Can you tell the jury what that is?

A Yes. So his medications he is taking.

Q And the cost of that?

A Yes.

Q I'm sorry. Let me interrupt you one more second before you proceed. How did you come up with the cost for the treatment.

A The cost of the medications, you can look up online. I look them up online for patients regularly. There are websites that will give you the costs at all the surrounding pharmacies. So I get it from that. For procedures and doctors, it will be either what my office charges or there is also fair sites. There is one government site, fairconsumerhealth.org, which has been recognized by White House summit on healthcare costs and recognized as an innovator in providing transparency to costs of medical procedures.

Q Proceed.

A So for his -- he's on continuous medications. So he will continue to take the Gabapentin, the Tylenol and stomach medication. That approximate cost is approximately $50 a month for lifetime duration. Pain management office visits, and those costs, he is being seen approximately four times a year at a cost of $250 per visit.

Q Let me interrupt you there. What if he wept to a different pain management doctor? Same price?

A It could be more, it could be less. That's what my

office charges for cash price.

Q Proceed.

A And then he does have because of the hardware in his back, oftentimes surgeons who did the surgery will want to see them at last once a year for a checkup, take fresh X-rays, and so that's a cost -- when I asked other doctors, the average cost is approximately $500 a visit and that would be approximately once a year for lifetime.

Then as he ages, as I was talking about, he may benefit from the steroid injections that he's had previously. So this would be more of a -- presently he is not needing it, but as he gets older, he will likely require some steroid injections either into the joints or the discs. Those cost approximately $1,200 per injection and then a $2,000 facility cost for the anesthesia and fluoroscopic guidance. These will be given based on his symptoms. You can get up to approximately three of those injections every two years for th lifetime.

And that will be both for the cervical and lumbar spine based on his symptoms. Same with the trigger points. He has this issue. He still has pain, so his muscles do continue to tense up and he can be given trigger points based on his symptoms up to a set of injections per three months for the duration for the neck and low back.

Again, I think this would be something, as he ages, he

will likely need. Presently he is doing pretty good, so I wouldn't recommend these treatments right now. Same thing with the occipital blocks. With the spasm, it can reirritate those nerves and you can get -- the occipital blocks, the cost is approximately $800 up to three times a year based on his symptoms. So if he is having it and it's bad enough where he wants treatment, then we would offer it.

And then maintenance physical therapy, I think would be beneficial for him with the hardware in his back once to twice a month to just have a professional overseeing him, make sure he is not doing something that can damage or loosen the hardware and just overseeing home stretching, home exercise program. And that cost is approximately a hundred to $150 a month for lifetime.

And then as he ages, based on his symptoms, he will need, likely need, MRIs of both the neck and back. I would say average over his life span maybe every five years as he ages. If he comes in complaining of increased pain that starts to radiate, somebody will want to check that out, either me or whoever he is seeing, and the cost of that is approximately $1,300. And then X-rays of the hardware, just to make sure you are not seeing any loosening, on a yearly basis of both the neck and the back at a cost of $400 for lifetime duration.

And then he did EMG studies prior to his surgery, which an EMG is a test. As I said earlier, the nerve is

inflamed. The way I describe it to my patients, it's like a water hose that's kinked. If the signal is not reaching the muscle, the muscle will start to die.

This test is involving a needle. It's put in the different muscles to determine which nerves in the neck or back are being inflamed or kinked, but it can also tell if it's an old or sort of an acute finding. So if he were to come in with an acute increase in pain maybe in a different distribution, this test would be beneficial to determine if something is old or new injuries. And so it's, again, based on his symptoms. I would say the cost is approximately $2,000 I would say an average of every five years as he ages.

Q He had EMGs in this particular --

A Yes, at another office.

Q Do you know which --

A Dr. Hausknecht's office. He didn't do them. I think someone in his office staff did it.

MR. VARGAS: Thank you, Doctor. No further questions.

THE COURT: How is my jury doing? We're going to take a ten-minute break. The court reporter needs it.

MR. ROSENZWEIG: I was going to say, Your Honor, I would like to just take a look at his file. I don't believe I have some of the recent records.

THE COURT: Okay. Make that 15. We will resume

at 11. That's approximately 15.

THE OFFICER: All rise. Jury exiting.

(Whereupon, the jury exited the courtroom.)

THE OFFICER: All rise. Jury entering.

(Whereupon, the jury entered the courtroom.)

THE COURT: Everyone, have a seat. We are about to proceed with the cross-examination of Dr. Grimm. Counsel, go ahead.

CROSS-EXAMINATION BY

MR. ROSENZWEIG:

Q Good morning, Mr. Grimm -- Dr. Grimm -- I'm sorry.

A Good morning.

Q We've never met before, correct?

A I don't believe.

Q I want to start where you kind of left off, at your last visit with Mr. Buestan, which I believe was on December 22, 2025. I think I left it on the top for you.

A Okay.

Q Do you see that record?

A Yes.

Q Before we talk about the record, you said you did read Plaintiff's trial transcript from a few days, correct?

A Yes.

Q Did you read in that transcript that Plaintiff listed his pain as a two of ten after taking Gabapentin?

A I glanced at it. I don't remember reading that.

Q Did you read that he was able to drive?

A I did note that he was able to drive, yes.

Q Did you note that there was some social media and surveillance during his testimony?

A I never read -- I don't think he had gotten to that yet in the one that I read.

Q In addition to reading the trial transcript, is it fair that Mr. Vargas sent you some records before the accident from 2014 to 2018?

A Yes, some physical therapy records. I perused through them, yes.

Q So this is the first time within the last day or so that you're aware that Mr. Buestan had a prior complaint of neck and back pain?

A Yes. I wasn't aware of that.

Q In fact, on December 22, 2025, you weren't aware of that, correct?

A Correct.

Q If you read your notes, I think the third paragraph, it says denies prior history of lower back pain. Do you see that?

A Denies prior history to lower back pain, yes.

Q A little above that, three lines above it, denies prior injuries to his neck or his lower back before this

injury?

A Yes.

Q So he wasn't truthful with you in December 2025, correct?

A I mean I would say he is a truthful man. He has not had prior injuries as far as I'm aware, but, yes, I don't have any record of him telling me about back pain.

Q It doesn't say injury. It says denies prior history of lower back pain. Do you see that?

A Yes.

Q He does have a prior history of lower back pain?

A Apparently.

Q A four-year extensive history of lower back pain, correct?

A Yes.

Q It also says, if you look at page 2 --

A Yes.

Q He does not drive?

A Yes.

Q Do you see that?

A Yes.

Q That's not true.

A That I would probably put on me, because I just discussed how he gets to the visit. I go everything. He took public transportation. Like I generally go through my notes,

and the if something changes I take it out. It's been the same forever. I probably just didn't take that part out.

Q There are some portions of the record we may not be able to trust because you may or may not have taken things out?

A I asked him about the public transportation. He told me that, and I just -- it wasn't my primary focus of the visit is whether he drives or doesn't drive.

Q You do your best to take an accurate history, correct?

A Yes.

Q And if something is not correct, you take it; you put the correct information in?

A Correct.

Q It didn't happen here?

A Correct.

Q Physical therapy has been stopped as of December 2025?

A Yes. He's doing home exercises.

Q No physical therapy since 2020, correct?

A Correct.

Q Is knowing the full patient's history important in coming up with a determination as to causation?

A Yes, part of it.

Q You prepared a narrative report in 2021 and then again in 2025, correct?

A Yes.

Q Both those reports, no mention of a prior medical

history of lower back or neck pain, correct?

A Correct.

Q Wear and tear can cause pain and discomfort to the lower back and neck, correct?

A Yes.

Q Working demolition for 15 years with repetitive motions can cause paper in the lower back and neck, correct?

A Yes.

Q Physical sports like soccer can cause wear and tear on the neck and back, correct?

A Yes.

Q Working in agriculture; bending, lifting can cause pain in the lower back and neck, correct?

A Yes.

Q Nowhere in your report do you talk about any prior exacerbation of an injury, correct?

A Correct.

Q Because you didn't know about any prior injury, correct?

A Correct.

Q You started treating Mr. Buestan in 2020, I believe. Correct?

A Yes. January 28.

Q In the 2021-2022 period, he had the surgeries, correct?

A Yes.
Q Surgeries had an excellent result?
A Yes. I would say they had a good result.
Q Physical condition markedly improved, correct?
A Yes. I would say he is doing much better than when he first walked in the door.
Q He's got improved range of motion?
A Yes. Like I said, I think it's probably at mild deficits in ranging, but he can't strain himself or likely it will aggravate things.
Q He's got increased pain?
A Yes.
Q You read in the transcript that he is applying for work?
A Yes.
Q Driving a car?
A Yes.
Q Walking 30 minutes?
A Yes. It's good.
Q The frequency of visits has diminished over time, correct?
A Yes.
Q I believe you saw him in May of 2022 and didn't see him again until March of '23; is that correct?
A Let me just double-check. I saw him you said May of

'22?

Q According to my record, you saw him May 23, 2022. Next visit was March 21, 2023.

A I mean I have a visit from November of 2022, September 2022, and May of 2022 so there's a few other visits.

Q How many -- more or less than five visit in 2024?

A Pardon?

Q How many visits in 2024? More or less than five?

A Let me check. I saw him in March of 2024, then June of 2024 -- so that would be two -- and October of 2024, which is three. The next is February of 2025.

Q Three visits in 2024?

A Yes.

Q How many visits in 2025?

A In 2025, I saw hin in February of 2025. Then I think you had put the 2025 in the front here. It looks like July of 2025, so that's two, and September of 2025, three, and in December of 2025, four.

Q You haven't seen him yet this year, correct?

A I have not.

Q Are you aware that Mr. Buestan has traveled to Ecuador twice by plane?

A I think -- just from my personal recollection, I think I remember him talking about him visiting his home country at his visit.

Q Are you aware of his vacation to the Dominican Republic?

A I don't remember that.

Q Are you aware that he takes buses and subway around the city?

A Yes. He told me he takes public transportation.

Q Did you review the CT scans from the hospital from September 27, 2019?

A Just the reports.

Q Those reports revealed degenerative changes, correct?

A Yes.

Q That's wear and tear, correct?

A Yes.

Q In addition to being Mr. Buestan's treating physician, you also served as an expert to come up with this list of things you think he needs in the future, correct?

A I was asked to prepare that report.

Q You did it originally in 2021?

A Yes.

Q Updated it in 2025?

A Yes.

Q From my recollection, it looks like the list in 2021 was 21 items, but the list in 2025 is only 18.

A Yes.

Q You removed things from the list you no longer thought

were necessary?

A Yes.

Q That includes surgery, right? You no longer feel that surgery is necessary, correct?

A I think those were surgeries. He ended up having the surgeries. One was on his wrist and one was on his back. So he doesn't need those any longer.

Q So you don't budget for any surgeries in the future, correct?

A He's doing well. Is it possible that --

Q My question is in the list --

MR. VARGAS: Objection.

MR. ROSENZWEIG: He's not answering the question.

THE COURT: Cross-examination. I do allow him to answer. Have a seat, Counsel.

Q In your list, in 2021 you mentioned surgery; 2025 you don't, correct?

A Correct.

Q It's not in your list of things that you think he needs in the future, not in that list, correct?

A Because he already had the surgery so --

Q There is no future surgery listed in your list, correct?

A Correct.

Q You do recommend continued pain management, correct?

A Yes, as long as he is having pain.

Q That's with you, correct?

A If he wants to come see me, I've seen him years. I think he's wonderful guy. I would welcome continue treating him.

Q Not a bad business model to recommend treatment for yourself?

A That's my office, so I don't care. I'm an employee there. He is a pleasant patient to come in, so I like those.

THE COURT: There's no question.

Q The orthopedic treatment, that would be Dr. Kaplan, correct?

A Probably not, because Dr. Kaplan doesn't really treat the wrist. If he were to have an increase, I would send him do back to Dr. Botwonick.

Q Doctor, did you read about Dr. Botwonick's testimony?

A No.

Q He testified, I want you to assume, that no further treatment of the wrist is needed. Would that change your opinion about whether he needs MRIs in the future?

A I don't believe I mentioned he should -- it's in the list. After seeing him if December, again, this is a fluid list, I didn't mention it today because I don't think he needs it any longer.

Q We can take that item out of your list too, correct?

MR. VARGAS: I would object. He didn't say anything about the wrist.

THE COURT: I don't recall him saying future treatment about the wrist. Hold on a second. Sustained.

Q Are you receiving a fee for testifying today?

A My office. I'm not personally, no.

Q What was that fee?

A $8,500 to clear my schedule.

Q Dr. Kaplan is your boss?

A Yes.

Q He is the one who receives the fee, the office?

A Yes, the office. He doesn't personally.

Q Mr. Buestan was referred to you by Plaintiff's counsel, the Gorayeb firm, correct?

A I mean he was referred to I think Dr. Kaplan and then Dr. Kaplan referred him to me.

Q He was referred to your office by the Gorayeb firm?

A I believe so.

Q That's not uncommon, correct?

A I get patients from everywhere, yes. It's not uncommon.

Q The law firm of Gorayeb refers you patients on a regular basis, correct?

A They have in the past.

Q You receive referrals from other lawyers as well?

A I receive referrals from lawyers, Broadway, insurance, Zocdoc, patients, by friends, yes I do.

Q If you can answer the question yes or no, please let us know that, okay?

A Okay.

Q Lawyers are a source of referrals for you, correct?

A Yes.

Q The Gorayeb firm is a source of referrals, correct?

A Yes.

Q You're seeing about 40 to 70 patients per week, correct, that are involved in some sort of personal jury litigation?

A No. I have slowed down to spend more time with my kids. So I'm only seeing maybe in a week 30 patients total. I wouldn't say that they are all -- they're not all litigation. They're just various. I couldn't give you a number of how many are involved, have lawsuits and how many are just not.

Q Is there any other reason you slowed down other than your family?

A I am not taking certain insurances still.

Q One of those insurances is the workers' compensation?

A Yes.

Q You are no longer treating workers' compensation patients, correct?

A Presently I'm not, no.

Q Why is that?

MR. VARGAS: Relevancy.

MR. ROSENZWEIG: He opened the door.

THE COURT: I don't believe he opened the door. I believe you opened the door, Counsel. Sustained.

Q You have testified for the Gorayeb firm before?

A Yes.

Q Over 20 times?

A In more than 15 years, probably over 20 times.

Q I have found four just last night. How many times have you testified for them in the past five years?

A I couldn't give a number.

Q A lot of patients who use the Gorayeb firm, correct.

A Some. Yes.

Q Did you review Dr. Kaplan's records?

A I have seen them. I actually didn't really review them too much prior to coming in today.

Q No indication in Dr. Kaplan's records about any prior condition to the neck or the back, correct?

A Again, I didn't really look through them, but --

Q They are part of your office file, correct?

A Yes. I've seen them in the past, but I didn't specifically -- I just looked through my files to prepare. I didn't go through Kaplan's.

Q You referred Mr. Buestan to Dr. Kaplan, correct?

A Yes.

Q In prior transcripts, you refer to him as a friend of yours, correct?

A Yes. We were friends. We met at dinner once and we became friends and I liked him. He had good outcomes and he seemed like a good surgeon so I started sending patients to him. He proceeded to have good outcomes, so I continue to.

Q Do you whether of his outcomes have been questioned?

A I guess I don't understand your question.

Q Are you aware of anyone questioning Dr. Weinstein's outcome as being beneficial for the patients?

A Like patients?

Q Anyone.

A I guess -- what are you talking about?

Q I'm asking you whether you heard anyone question the outcomes of Dr. Weinstein.

A The outcomes?

Q Correct.

A I guess patients have good outcomes. I mean there are some patients that have complained and said that they didnt feel better. Not everyone has been -- there are patients who said they did not feel better, so I guess yes, I could say that he doesn't have a hundred percent success rate. You are correct.

Q Is Dr. Weinstein still practicing?

A Yes.

Q Are you still referring patients to him?

A Yes.

MR. ROSENZWEIG: That's all I have. Thank you.

THE COURT: Anything further?

MR. VARGAS: Just a couple, Your Honor.

THE COURT: Okay.

REDIRECT EXAMINATION BY

MR. VARGAS:

Q So when you first started treating Mr. Buestan you asked him if he had injuries to his back and neck, correct?

A Yes.

Q And he didn't consider treating for a sore back from work as an injury, correct?

A Based on his testimony, yes.

MR. ROSENZWEIG: Doctor, can you look at your record from 1/28/20, your first record?

THE COURT: I don't think redirect is done. I'm not sure what you're doing here. Have a seat, Counsel. Have a seat.

Q Doctor, the point was made that you did not list any future surgeries in your latest report, correct?

A Correct.

Q That doesn't rule out that possibly he could have surgery in the future, correct?

A Correct. I was saying previously he has this hardware in his back, both his back and neck. You can develop something called adjacent level disc disease and breakdown where the level above the surgery could start to become injured. Some patients will require extensions, a revision to extend the surgery up. He is doing well. Do I think he will need that? Probably not, but is it a possibility? It is, but so -- but I didn't put it in the list because I would say I put it at a low percentage. Dr. Weinstein would know a greater idea, but I would probably put it in low ten to 20 percent range.

Q The treatment Mr. Buestan had from 2014 to 2018, do consider that an injury?

A I mean I consider it a repetitive irritant. It's relate to his work, but not a direct like acute condition. It would be more of a chronic condition.

THE COURT: Step aside, Counsel.

MR. VARGAS: I was done.

THE COURT: Okay. No need.

RECROSS-EXAMINATION BY
MR. ROSENZWEIG:

Q Just one question, Dr. Grimm. Can you look at your first treatment record from 1/28/20?

A Yes. Got it

Q It says back pain described as the following. Can you read what it says below that?

A Denies history of lower back pain.

Q Denies prior history of lower back pain, correct?

A Yes.

Q You didn't ask about an injury. You asked about a history of lower back paper?

A Yes.

Q And he denied it?

A Yes.

MR. ROSENZWEIG: Thank you.

THE COURT: Doctor, you may step down. We thank you for your time today. Ladies and gentlemen, as you know, we were unable to secure any witnesses for today, but tomorrow I think we have an all-day attendance of witnesses. So it is 11:30. You may still get good fresh Dominican breakfast in the form of fried cheese and onions and mangu if your digestive system can handle that. And mangu is spelled M-A-N-G-U. All right. That said, you're free to go for the day.

THE OFFICER: All rise. Jury exiting.

(Whereupon, the jury exited the courtroom.)

MR. VARGAS: Are we going to have a ruling regarding Weinstein today?

THE COURT: Is it fully briefed?

MR. ROSENZWEIG: It is.

THE COURT: We will do that first thing in the

morning. I will take it a look at it. Let me hear your arguments on it now, but I will tell you that I read Mazzella, the case. I'm going reread it and see if it really applies. That's your opposition?

MR. VARGAS: Yes. I found another section of the workers' comp law that I e-filed this morning, which is Workers' Comp Law 18(a) and it's a quote. It says, quote, with respect to an action for a workers' compensation claim permissible under this chapter, no finding or decision by the Workers' Compensation Board, judge, or other arbiter shall be given collateral estoppel effect to any other action or proceeding arising out of the same occurrence other than a determination of the existence of an employer-employee relationship.

This law was enacted in December of 2022. Meaning that just because the Workers' Comp Board finds or says that Dr. Weinstein is doing something improper, that has no bearing on any other proceeding. The only thing that can be recognized by this Court is whether there is an employer-employee relationship as far as rulings coming out of workers' compensation.

THE COURT: I'm not certain that that is the working applicable definition of collateral estoppel effect.

MR. ROSENZWEIG: It is not, Your Honor. It has

nothing to do here where we're talking about credibility and bias testimony on cross-examination. It's totally inappropriate. Workers Compensation Law 23 lists the fact that the final determination, notwithstanding any Article 78 Hearing, is legal law. This is a final determination, as you will see in my papers, supported by case law and by the determination of the Workers' Compensation Board.

So that portion Your Honor has concern about, if it's the final determination, it is the final determination. No doubt about that. It's relevant to the issue of causation and it's a critical issue in this case. Mazzella was the actual defendant who the document is being used against. It was not the defendant in the case. It's subject to cross-examination on issues that are identical to the issues that we are saying are issues of causation. So we have to be able to cross-examine him on the existence of the determination and the relying concept of determination.

MR. VARGAS: It is not a final determination. I site where it is still being litigated. It is still in court. It has not been decided yet and regardless whether of whether it's decided or not, we're going to end up having a mini trial on whether Dr. Weinstein is guilty of these or not. This is not the proper courtroom for that trial. I only found four cases because of the recency of

the of the workers' comp law, but I brought copies for the court to see where --

THE COURT: Not to bring into the discussion questions of hearsay or the like, because that's not really germane, but it seems to me that this is not being offered for the truth of anything. It is being offered to impeach his credibility on the issue of whether the surgeries were needed. I am not trying to engage with this jury to find that he was, in fact, acting improperly, but I don't see how this we avoid addressing whether he has been found to engage, at least by the Workers' Compensation Board, in unnecessary surgical intervention when it comes to treatment of his patients.

I am not making a final determination right now, but this seems to me to be the way that the cards lay at the moment. We are not going to get into RICO and anything that is ongoing that involves only allegations, but I will make a determination before we start taking ant testimony tomorrow morning about the issue of Weinstein's relationship to the Workers' Compensation Board, which was never one of employer employee in the first place.

MR. VARGAS: They're saying the only rulings that can be recognized is when they determine whether there was and employee-employer relationship. It's not about whether Weinstein's employed by them or not. The only rulings from

the Workers' Comp Board to be recognized by any court is when they determine whether an employee involved in the litigation was an employee of the employer. That's when they are called upon to make a ruling. Otherwise, it has no controlling effect in any other court.

THE COURT: Well, it's not going to be applied to estop anything here. It's not being offered to estop anything.

MR. VARGAS: The defendant is arguing that the determination of the Workers' Comp Board that he performed unnecessary surgeries, that decision applies in this courtroom. It doesn't. Any decision they have, whether it' improper surgeries or fraud by an employer, anything, is not to be used in another courtroom.

MR. ROSENZWEIG: In that workers' compensation proceeding or the related personal injury cases. Collateral estoppel has nothing to do with cross-examination of a witness regarding issues that are absolutely germane to causation. He's saying he needed to do a surgery, a fusion, to the lumbar spine and cervical spine when there is a history of the same doctor over-treating other patients and that's the exact reason why the Workers' Compensation Board stripped him of his authority to treat workers' compensation workers.

THE COURT: I haven't read the workers'

compensation decision. Is that part of the submissions?

MR. ROSENZWEIG: Yes.

MR. VARGAS: And I would point out what they put in that letter when they decided to take his license away, they're just quoting allegations from the RICO lawsuit. It's nothing that's been proven.

THE COURT: Well, I will say this and, again, I'm speaking preemptively as I haven't assimilated and read and, you know, contemplated all of the arguments, that if the Workers' Compensation Board's conclusions are indeed based, to the Court's understanding, on the existence of the RICO actions, then I would be compelled to find that the workers' compensations decision is one and the same as the RICO action itself in terms of its pausing all of his rights and abilities to perform further work I guess until the conclusion of such actions. But once again, let me read before I say anything on the record.

MR. VARGAS: I was just going to say, Judge, that's why I gave the index number. That's the exact argument they're making at that index number and that's what the Court needs to decide.

MR. ROSENZWEIG: I would encourage the court too to read the paperwork, because it is very illuminating, and I think what you will find is that the Workers' Compensation Board determined on their own investigation

that there was improprieties. It had nothing to do with the RICO action other than that alerting them to the fact there could be some issues. Then they did their own investigation and made their own determination irrespective of the RICO. You'll see that in the paper. I don't need to speak anymore.

THE COURT: Thank you, gentlemen.

(Whereupon, the trial was adjourned until Thursday, January 15, 2026 at 9:30 a.m.)