STATE OF ILLINOIS)
) SS:
COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT, MCHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, -vs- DAVID GAGNON, Individually, and as agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	No. 12 LA 000178

The discovery deposition of MARCUS G. TALERICO, M.D., taken under oath on October 16, 2013, at the hour of 1:00 p.m., at Mid America Orthopaedics, 1419 Peterson Road, Libertyville, Illinois, pursuant to the Rules of the Supreme Court of Illinois and the Code of Civil Procedure, before Terri A. Clark, CSR License No. 084-001957, a notary public in and for the County of Lake and the State of Illinois.

APPEARANCES:

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On behalf of the Plaintiff;

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On behalf of the Defendant,

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On behalf of the Defendants,
Caroline and Bill McGuire.

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I N D E X

WITNESS:

MARCUS G. TALERICO, M.D.

(Deposition start time 01:11.)

(Whereupon, the witness was administered an oath.)

MR. ACCARDO: Doctor, could you please state your name and spell it for the court reporter.

THE WITNESS: Marcus Talerico, M-a-r-c-u-s, T-a-l-e-r-i-c-o.

MR. ACCARDO: Let the record reflect this is the discovery deposition of Dr. Marcus Talerico taken pursuant to notice, taken in accordance with the rules of the Circuit Court of McHenry County, the rules of the Supreme Court of the State of Illinois, and any other applicable local court rules.

MARCUS G. TALERICO, M.D., having been first administered an oath, was examined and testified further as follows:

EXAMINATION

BY MR. ACCARDO:

Q. Good afternoon, Doctor, my name is Perry Accardo and I'm going to be asking you some questions today about a former patient

of yours by the name of Paul Dulberg. Okay?

A. Yes.

Q. You have given depositions before; is that correct?

A. Yes.

Q. You're familiar with the ground rules governing depositions, generally?

A. Yes.

Q. Now, we have been tendered a copy of your CV. I think we have marked it as Exhibit No. 1 for identification. Is that relatively current and up to date?

A. It is.

Q. What kind of doctor are you?

A. Orthopedic surgeon.

Ortho

Q. And do you have a specialty within that field?

A. Hand and upper extremity surgery.

Specialty in Hand & UE Sx

Q. And you are currently affiliated with MidAmerica Orthopaedics?

MidAmerica Ortho

A. Yes.

Q. And that's in Libertyville, Illinois?

A. Yes.

Q. And how long have you been affiliated with them?

A. A little bit over two years.

Q. You have your chart for Mr. Dulberg today?

A. I do.

Q. Does that chart contain everything, all the records in regards to Mr. Dulberg?

A. It contains the two office encounters, but no other documents that may be with this chart. I don't know that for sure. For example, the EMG which is referenced in here, I don't have that, but I commented on it.

Q. The question was everything that you have in front of you comprises the entire chart?

A. Yes.

Q. Now, you saw Mr. Dulberg twice, is that correct? saw pt 2x

A. Yes.

Q. And the first time was on December 2nd of 2011, is that correct? (1) 12/2/11

A. Yes.

Q. The second time was on January 6th of 2012?

(2) 1/6/12

A. Yes.

Q. Have you or your office had any contact whatsoever with Mr. Dulberg since that time?

A. I believe not.

Q. I'm sorry, Doctor, it wasn't a trick question before, but on one of the records I did note, it looks like a June 21st, 2012 telephone -- was it a telephone call? It's on the second page of the December 2nd, 2011 record.

A. Okay, I see that on the bottom. That was a phone call, and apparently the patient called. And VV is one of our employees, a nurse in our office, Vernice. And she must have taken this phone call where he said that he detailed the injury apparently. I didn't take that phone call and I didn't even know that until you pointed it out.

Q. It's more about him giving more detail about how the actual incident took

place as opposed to describing any additional problems with injuries or anything like that?

A. Correct. And I didn't see him at that time, that was a phone call.

Q. Backing up. Safe to say then that since June 21st of 2012 neither you nor your office has had any contact with Mr. Dulberg?

A. Correct.

Q. I would also ask any opinions that you give today, I would ask that they be within a reasonable degree of medical and orthopedic certainty. Fair enough?

A. Yes.

Q. Let's just go over the visits. The first visit on December 2nd, 2011. Was Mr. Dulberg referred to you?

A. He was, by Dr. Levin, a neurologist.

Referred by Dr. Levin (neuro)

Q. Do you know Dr. Levin?

A. I don't.

Q. Do you know of her?

A. I have heard her name.

Q. And Mr. Dulberg gave you a history when he came in to see you?

A. He did.

Q. And what was that history?

A. That he was using a chain saw and was accidentally struck on the right forearm, volar side.

Q. He indicates that he was seen in the emergency room; is that correct?

A. Yes.

Q. Did you ever receive any records from the emergency room?

A. No.

Q. And what were his complaints as far as pain, discomfort?

A. Persistent pain that was radiating from the laceration side in the forearm region.

CLO persistent pain radiating from laceration side

Q. Where was it that the laceration was, it was on the right forearm?

A. Right volarly, so palm side and mid forearm level. And he also had intermittent numbness and tingling.

intermittent numbness + tingling in ring + small fingers

Q. In any particular areas?

A. In the ring and small fingers.

Q. What else did he indicate?

A. Grip weakness with loss of endurance with wrist flexion and gripping.

Q. Now, before he came to see you he had seen Dr. Levin and had an EMG and nerve conduction study performed; is that right?

A. Yes.

Q. And you did not have the report at that time?

A. Correct.

Q. Did he indicate to you his work status?

A. He was currently not working at that time apparently, but was a trained graphic designer.

Q. And he reported using a computer mouse for 20 minutes causes him significant forearm pain; is that right?

A. Correct.

Q. You performed an examination?

A. Yes.

Q. And what were the results of that examination specific to his right arm or hand?

A. Basically it was a normal exam

except for the fact he did have a well-healed laceration in that area of the forearm where the chain saw hit him.

He did also have some apparent muscle incongruity, meaning some scarring at the muscle belly level deep to the skin.

Q. And just a little bit more specifically about the exam. I know you said that it was normal. It appears that there was no tenderness to palpation of the forearm?

A. Correct.

Q. And would that include the area where the laceration and the scarring was?

A. Yes.

Q. As far as his strength, was that tested?

A. It was.

Q. And what were the results of that?

A. He had intact strength. He had normal wrist flexion and extension strength. He had normal grip strength. He had normal intrinsic strength, which are the muscles in the hand.

Q. It's noted he had a negative Froment's sign. What is that?

A. That is a sign that looks for atrophy and weakness of the muscles in the hand. The implication there is an ulnar nerve injury.

Q. And a positive Wartenberg sign. What is that?

A. Wartenberg sign is where the small finger deviates away from the right finger when you ask them to bring in the small finger against the ring finger. That again has to do with ulnar nerve function. So a positive sign is normally, it's attributed to an imbalance from weakness of the intrinsics of the hand.

Q. Would you consider that to be a subjective or an objective finding?

A. It's an objective finding. It's clinical significance, it's part of the big picture. So just because that's a positive sign doesn't necessarily mean anything per se. In context with other findings is where it's helpful.

Negative Froment's Sign (testing for ulnar nerve injury)

Positive Wartenberg Sign (also ulnar nerve test)

Not necessarily Dx

Q. Were any tests run during your examination regarding sensation? Because he was complaining of this numbness and the tingling.

A. I would test sensation by just light touch.

Q. And would that have been normal as well?

A. Yes.

Q. And what was your assessment then following that initial visit and examination?

A. My assessment was that he had a healed laceration in the forearm. I did not appreciate any obvious nerve, tendon, or artery injury. He had some scarring. And that my recommendation was therapy to try to improve his strength and his perceived weakness and the pain he had at the injury site.

Q. You also indicate under your plan that his complaints are likely muscular in origin?

A. Correct.

Q. And that he may have some

Normal Sensation

no obvious nerve, tendon or artery injury Recommend PT

C10's are Muscular in origin

superficial sensory complaints?

A. Correct.

Q. What would be the cause of these potential superficial sensory complaints given his history and given the results of your examination?

A. He could have in that area there are some sensory nerves. One in particular is the medial and the brachial cutaneous nerve. He could have neuromas at that point where they could be sort of scarred ends of the nerve perhaps. That's all in the sort of differential, but I guess at that time I really didn't get the sense that that was really at play.

Q. Is there any way to test for that?

A. Well, you can try to palpate the area and try to find a specific focal area. And if you had one area that is very obviously the tender area, there is a Tinel's sign where you tap there to see if that recreates all the symptoms. Perhaps you could explore that.

You could try with an EMG. I don't

know how good they are at picking up a neuroma and a sensory nerve like that. That you would have to ask a neurologist, that I'm not sure.

It's normally a clinical diagnosis based on an injury, a trauma, a laceration or something, and a very specific sensory complaint.

Q. Okay. And you asked him to come back after sending him out for some therapy?

A. Yes.

Q. It looks like he did go for some of that therapy?

A. Apparently he went to one or two sessions when I saw him.

Q. The records that I had it looked like he went to three sessions. Well, actually two in between your office visits, and it looks like then one after. But okay. So two in between.

So he comes back to see you then on January 6th of 2012, and how was he doing at that point?

A. He reported no improvement in his

Jan 6th, 2012

symptoms. He felt therapy did not help him. He felt that he was getting weaker. And also burning in his forearm.

Q. The burning in the forearm, is that a new complaint or was that sort of go along with the numbness and tingling?

A. I think that was all part of what he was complaining of. I might not have used that language in the first encounter, but that's my recollection of the event.

Q. Were there any new and unique complaints when he came to see you the second time in January?

A. No, not according to the note and what I recall.

Q. I know he indicated to you that he didn't feel that occupational therapy was helping, and we have established that he had the two visits. Do you have the records or the reports from the therapist?

A. I have not seen it, no.

Q. In the interim between your two visits you were able to get a copy of the EMG, the nerve conduction study?

A. Yes.

Q. What did you find when you reviewed that?

A. It was a normal study.

Q. And it looks like he also when he came to see you in January he asked you about some disability paperwork. Do you recall that?

A. I don't specifically recall that question, but I did note that in the report that he did ask me about disability paperwork, yes.

Q. What type of paperwork would it be that he would have been asking for, if you know?

A. I don't know, to be honest. It's just the phrase I put in there.

Q. At that time did you feel he was suffering from any type of disability?

A. No. I think that he had some scarring in his forearm and he had a lot of complaints, but I did not have any real objective findings that I could come up with a diagnosis, at least that I could treat.

Q. You did do another examination of him in January?

A. Yes.

Q. And what were the results of that, that examination in comparison to the earlier examination?

A. Basically the same thing.

Q. So essentially negative?

A. Yes.

Q. And what was your assessment and plan at that time?

A. My assessment was, again, he had continued forearm pain and some scarring in the muscle. My recommendation was continued therapy. I really didn't have much else for him.

Q. Do you know whether he sought out any additional therapy?

A. No idea.

Q. During the two visits when he came to see you did he ever make any complaints regarding any pain or discomfort above the area where the laceration was up into the right elbow or anything like that?

A. No, I don't recall that.

Q. It was strictly confined to the forearm and the area where the laceration was?

A. Yeah, with sort of radiating -- it doesn't say. I guess shooting, radiating from the laceration site. I didn't say which way, up or down, but radiating.

Q. And nothing in your examination or your review of the EMG indicated anything regarding any injury to the ulnar nerve; is that a fair statement?

A. Correct.

Q. Are you talking mostly about then if any nerves were involved it would have been these more branch sensory type nerves?

A. Yes.

Q. Do you have an opinion as to what, if any, injury Mr. Dulberg suffered as a result of this incident with the chain saw?

A. My sense is he sustained a laceration in the muscle belly of his forearm. That did heal. And I did not appreciate any objective weakness or real

Radiating pain

no indication of ulnar nerve injury

if any injury, more branch sensory type nerves

Op: pt suffered laceration to muscle belly of his forearm

abnormality other than his subjective complaints of shooting, burning pain, and feelings all in his forearm area.

Q. And again, none of which you could correlate clinically with any certainty?

A. To me, I have seen a lot of lacerations, and typically a laceration in the muscle will heal. And I did not note any obvious deficits.

So he could have pain there, that's a subjective complaint, I have no way to measure that. I don't know what to make out of that when people tell me it's hurting. I can only look for objective findings. And I really didn't find any so that's really all I could come up with for him.

Q. And just for clarification. What is the muscle belly you referred to, what's that?

A. The muscles of the flexor pronator mass, so the wrist flexors. And there is a forearm pronator, which is a deep muscle coming off of the medial epicondyle of the elbow, and they radiate across the forearm.

A chain saw going through transversely in his forearm probably went into the muscle. I think he described that he had an open wound down to muscle.

Obviously, I didn't see the open wound because I saw him six months after the injury, going by his description. So those are the wrist flexors primarily. And he had perfectly normal functioning wrist flexors, so the muscle healed.

MR. ACCARDO: I don't have any other questions.

MR. LUMBER: I don't have any.

MR. BARCH: To be honest, I believe you covered it.

MR. ACCARDO: Signature?

THE WITNESS: Waived.

(Deposition concluded at 01:31 PM.)

Chainsaw went probably thru muscle, wrist flexors b/c they functioned normally muscle healed

CERTIFICATE OF REPORTER

I, TERRI A. CLARK, Certified Shorthand Reporter for the State of Illinois, do hereby certify that the foregoing was reported by stenographic and mechanical means, which matter was held on the date, and at the time and place set out on the title page hereof, and that the foregoing constitutes a true and accurate transcript of same.

I further certify that I am not related to any of the parties, nor am I an employee of or related to any of the attorneys representing the parties, and I have no financial interest in the outcome of this matter.

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TERRI A. CLARK, CSR

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