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BEFORE THE WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

ALAN EGER,)
))
Applicant,)
))
vs.) WCAB No. ADJ9876653
))
BRIDGEWAY INTERNATIONAL,)
INC. and THE HARTFORD,)
))
Defendants.)
-----)

DEPOSITION OF TODD KATZMAN, M.D.
Anaheim, California
Monday, February 13, 2017
Volume I

Reported by:
KATHY PABICH
CSR No. 5021
Job No. 2489854
PAGES 1 - 30

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BEFORE THE WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

ALAN EGER,)
)
 Applicant,)
)
 vs.) W CAB No. ADJ9876653
)
 BRIDGEWAY INTERNATIONAL,)
 INC. and THE HARTFORD,)
)
 Defendants.)

Deposition of TODD KATZMAN, M.D., Volume I, taken on behalf of Defendants, at 1211 West La Palma, Suite 506, Anaheim, California, beginning at 12:04 p.m. and ending at 12:35 p.m. on Monday, February 13, 2017, before KATHY PABICH, Certified Shorthand Reporter No. 5021.

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APPEARANCES:

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INDEX

WITNESS EXAMINATION

TODD KATZMAN, M.D.

VOLUME I

BY MS. BALLESTEROS 5, 10, 13, 15, 16, 19, 22, 24, 27
BY MS. FOLEY 9, 10, 14, 16, 17, 20, 23, 25

EXHIBITS

(None)

1 Anaheim, California, Monday, February 13, 2017

2 12:04 p.m.

3
4 TODD KATZMAN, M.D.,

5 having been administered an oath, was examined and
6 testified as follows:

7
8 EXAMINATION

9 BY MS. BALLESTEROS:

10 Q Good afternoon. My name is Martha Suarez
11 Ballesteros, and I represent The Hartford in connection
12 with applicant's employment at Bridgeway International.

13 Doctor, could you please state your name for the
14 record.

15 A Todd Katzman.

16 Q Doctor, I'm sure you had your deposition taken
17 before, is that correct?

18 A Yes.

19 Q Can we agree to waive admonitions?

20 A Please.

21 MS. BALLESTEROS: Can we stipulate to Dr.
22 Katzman's credentials?

23 MS. FOLEY: So stipulated.

24 BY MS. BALLESTEROS:

25 Q I show that you have issued two reports in this

1 case, one dated October 26th, 2015 and September 12th,
2 2016, is that correct?

3 A Yes.

4 Q Did you review those reports in preparation for
5 the deposition today?

6 A Yes.

7 Q Did you review any other reports or documentation
8 in preparation for today's deposition?

9 A I have this file here that's MRIs that were in
10 here from before, and then you handed me a piece of
11 paper recently as well.

12 Q By way of background, the applicant claims an
13 injury from -- a cumulative trauma injury from March
14 1st, 2011 to February 1st, 2015 to his back, shoulders,
15 knee, left foot, ankles, stress and internal and
16 gastrointestinal.

17 So on October 26th, 2015 in your report under
18 Disability Status, you indicate that applicant can seek
19 new employment with no work restrictions, and then in
20 your September 12th, 2016 Reevaluation Report, you also
21 indicate that applicant has no work restrictions.

22 In your opinion, do you find that applicant
23 experienced any periods of total and temporary
24 disability after he was laid off due to his injuries?

25 A No.

1 Q Can you explain?

2 A Well, as I mentioned in my report, I mean he
3 claims he had all these injuries during the course of
4 his employment, but that said, he was working doing his
5 regular job the entire time which is testing bikes,
6 walking around, riding the bikes, showing people what
7 these bikes could do, and it wasn't until he was laid
8 off from his job that he -- or fired, I don't remember
9 if he was laid off or fired --

10 Q Right.

11 A -- that he stopped working. It wasn't as if he
12 had gotten hurt and had to be taken off work and never
13 went back to work. He continued working and would still
14 be working had he not been taken off work. So it was my
15 opinion that at no time did he require temporary
16 disability.

17 Q Thank you. So applicant was deposed on June 8 of
18 2015, and in applicant's deposition transcript, he
19 testified that he sustained a specific injury in the
20 summer of 2013 to both of his knees, and that's when he
21 began to feel pain in his back. And then in Dr.
22 Youssef's March 25th, 2015 report under History of
23 Injury, applicant reports that he began to develop pain
24 in his shoulders, knees and lower back which he
25 associated with an abnormal gait as a result of his

1 fractured foot. And then in Dr. Pratley's March 23,
2 2016 report under History of Injury, applicant reports
3 as a result of limping following his left foot injury in
4 April of 2014, applicant noted an onset of symptoms to
5 his lower back.

6 So the first question, is it medically probable
7 that applicant's lower back injury is a consequence of
8 either the summer 2013 knee injury, the April 14th foot
9 injury or both?

10 A I don't -- normally when a patient hurts their
11 knee, it doesn't lead to back pain, and normally when
12 you have a foot fracture, it doesn't lead to back pain,
13 so I believe those are not -- I'm not saying he doesn't
14 have discomfort in the lumbar spine, but I would not
15 attribute it to either of those things.

16 Q Is it medically probable that applicant's
17 bilateral knee injury is due solely to his summer of
18 2013 injury?

19 A Probably. I can't remember. What exactly
20 happened in the summer of 2013 again?

21 Q It was a bike crash --

22 A Oh, right, yeah.

23 Q -- and he testified to injuring both of his knees
24 in that incident.

25 A Yeah, I would say it was because of that, yes.

1 Q And so you prepared your -- both of your reports
2 under the provisions of Labor Code 4628 which requires
3 an evaluator to take the applicant's history and perform
4 the evaluation, correct?

5 A Yes.

6 Q And so what I had handed to you prior to the
7 beginning of the deposition is just claims made by the
8 applicant, so if we can just go down one by one and just
9 address applicant's concerns. So let's just go. So it
10 says --

11 A So first it says I was an AME, but I'm pretty
12 sure I was a QME. Not that it matters, but --

13 Q Correct. Okay. And then applicant's first
14 claim, it says your report indicates that you spent 30
15 minutes face-to-face with the client, however client
16 objects indicating that you spent with him not more than
17 15 minutes.

18 A Yeah, I don't know. I had thought it was 30
19 minutes. I'm pretty sure that's why I put it in the
20 report.

21 EXAMINATION

22 BY MS. FOLEY:

23 Q Do you remember specifically how much time you
24 spent with the particular client on that particular day?

25 A No. I'm just going by my report.

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1 FURTHER EXAMINATION

2 BY MS. BALLESTEROS:

3 Q Okay. Number 2 in your report, the patient's
4 present complaint consists of low back pain and
5 bilateral knees, however, applicant claims that he
6 specifically reported knees to his -- I mean symptoms to
7 his left foot. Do you recall the --

8 A I don't recall him telling me that his left foot
9 had swelling.

10 Q Next it says that the report indicates that
11 applicant stated that his pain is aggravated by
12 repetitive climbing, squatting and kneeling, but
13 applicant states that he denies ever making this
14 assertion because he can't kneel or squat.

15 Do you recall what activities applicant reported
16 that made his injury -- that aggravated his injury?

17 A So that would be like me asking him questions
18 what makes your symptoms worse, bending, lifting,
19 squatting, kneeling and him responding yes or no, so
20 obviously I must have said does your knee hurt when you
21 squat and he said yes, so that's why that would have
22 been in there.

23 FURTHER EXAMINATION

24 BY MS. FOLEY:

25 Q How do you remember that what he said if you

1 don't remember how many -- how much time you spent with
2 him face-to-face? How sure are you about your memory?

3 A Okay, those are two separate things. I don't
4 know exactly how long I was in the room. I have to go
5 by this. I saw this gentleman six months ago, and I
6 don't specifically remember the answers to each of the
7 questions. I'm telling you how I normally ask a patient
8 questions based upon 30 years of practice.

9 Q So specifically with him it was normally what you
10 would do?

11 A Exactly. That's what I do every time.

12 Q So the point here is that client asserted he
13 cannot squat at any price to save his life, and in your
14 report it says that he has no problems with that.

15 A Wait, that's not what I wrote.

16 MS. BALLESTEROS: That's not what the report
17 says.

18 THE WITNESS: I'm saying he has pain with
19 squatting.

20 MS. BALLESTEROS: It says it aggravates it.

21 BY MS. FOLEY:

22 Q He says he explained specifically he cannot squat
23 to save his life.

24 A We're both saying the same thing. I'm saying
25 that when he -- when I asked him -- what I'm assuming I

1 asked him does your knee hurt worse when you squat, he
2 said yes, which means -- and that's why I put that in
3 there that his symptoms are worse if he squats or
4 attempts to squat. We're saying the same thing. I
5 didn't say that he has no pain with squatting. I said
6 he has problems when he tries to squat. That's what I
7 was trying to state in this report.

8 Q Problems with attempt to squat goes to a
9 condition of his knee, and his knee related directly to
10 the duty which you just five minutes ago represent that
11 is riding a bike, so the person who cannot use their
12 knee to bend them cannot ride the bike, would you agree
13 with that?

14 A I don't believe he has any specific structural
15 problem with his knee that prevents him from riding a
16 bike.

17 Q You don't believe based on what?

18 A Based upon the two times I've seen him and
19 examined him.

20 Q Did he squat in front of you?

21 A That's not what you asked me. You said does he
22 have a problem riding a bike. I don't believe he has
23 any problem riding a bike.

24 Q So if he cannot squat, he still can ride a bike,
25 right? Is that medical probability?

1 A I believe based on my exam he can ride a bike. I
2 don't know what you're asking me now.

3 Q What is the medical probability the person who
4 cannot squat can ride a bike?

5 A Well, I have lots of patients who I have done
6 knee replacements on who can't fully squat or get their
7 knee to bend more than say 110 or 20 degrees and they
8 can still ride a bike, so it really just depends upon
9 the level.

10 Now, this guy is at a higher level than my
11 75-year-old total knee patients, but again, given that
12 he was doing it up until the time they let him go
13 without having any other injury other than the one time
14 in 2013 and his normal exam and normal MRI studies,
15 there's no reason he cannot ride a bike.

16 MS. FOLEY: Thank you.

17 FURTHER EXAMINATION

18 BY MS. BALLESTEROS:

19 Q Okay. So on the next one it says in the chapter
20 Review of Systems, in your report you indicate that
21 patient denied symptoms related to his skin, head,
22 eyes/vision, cardiovascular, respiratory,
23 gastrointestinal, genitourinary, neurological,
24 psychiatric, endocrine and hematologic symptoms.
25 Applicant indicates, however, that he was never asked

1 any of these questions, and he never denied any of the
2 symptoms described in the report.

3 Can you please explain how you came -- how you
4 were able to --

5 A Well, there's normally a questionnaire thing that
6 they're asked, and I don't see it in here, but that's
7 where I get that from.

8 Q Do you have that with you today?

9 A I have his chart here, but there's nothing here
10 that he's filled out.

11 FURTHER EXAMINATION

12 BY MS. FOLEY:

13 Q What is the usual routine how you prepare your
14 report, you go by a specific transcript or you do it
15 afterwards based on the script that you usually use for
16 questioning?

17 A Normally the patient comes in, they're asked to
18 fill out some papers, I then get those papers, I examine
19 the patient, ask a bunch of questions, and then they
20 leave, and I dictate a report based upon my findings and
21 what he's given me.

22 Q And your recollection of what happened?

23 A Well, I do it the same day, so it's not like
24 I'm --

25 Q Uh-huh. Like what might be the distance in time

1 between the actual examination and the dictation that
2 you do?

3 A Well, I see patients from 9:00 to 11:00 and I
4 dictate at lunchtime, and I see patients from 2:00 to
5 5:00 and I dictate at the end of the day, so the longest
6 time would be a couple hours.

7 Q How many patients, on average, would you see per
8 day?

9 A Everyday's different, I don't really have an
10 average, but 20 to 50.

11 Q Is it possible that sometimes in your memory
12 something is mixed up from one patient to another?

13 A I don't think that's ever happened.

14 MS. FOLEY: Go ahead.

15 MS. BALLESTEROS: Just a second. Off the record.
16 (Discussion off the record.)

17 MS. BALLESTEROS: Back on the record.

18 FURTHER EXAMINATION

19 BY MS. BALLESTEROS:

20 Q Okay. According to your report, applicant denies
21 swelling of the feet, however applicant says he
22 experiences severe swelling of his left foot, and
23 there's also one where -- was his left foot examined
24 during the -- did he complain about a left foot injury?
25 Was it part of your evaluation?

1 A Yeah, I examined his foot. Oh, that's October
2 15. I'm sorry, I was looking at a later one.

3 Q Because the applicant also states that you never
4 took off his shoes in your office and that you never
5 touched or observed his feet, but it was on page 8 of
6 your report that you examined client's feet.

7 A Yeah, page 8 is where -- yes. I don't -- it's
8 right there. I did more than a foot exam it looks
9 possibly in the first report. In the second one though
10 I didn't mention anything grossly swollen, so it was
11 normal.

12 FURTHER EXAMINATION

13 BY MS. FOLEY:

14 Q Do you remember taking off his shoes and
15 observing his foot, specifically left foot?

16 A No.

17 FURTHER EXAMINATION

18 BY MS. BALLESTEROS:

19 Q Applicant says he denies -- your report states
20 that applicant states that he denies nausea, however,
21 client -- however, applicant reports that he's
22 experiencing nausea and heartburn.

23 A So again, all those -- the next one, the nausea,
24 the depression, the mood swings and his hair loss were a
25 part of the review of systems where I didn't see where

1 he put anything positive which is why they all came out
2 normal, so if he's experiencing those, then that would
3 be a mistake. I can't say why I said they weren't. If
4 he says he is, so he is. But being an orthopedic
5 surgeon, I wouldn't have anything to do about his
6 nausea, depression or hair loss anyway, so I'm not
7 really going to comment on that.

8 FURTHER EXAMINATION

9 BY MS. FOLEY:

10 Q Our client is bald. I have his picture in the
11 computer. How come that you would put in your report
12 that he's not complaining on the hair loss?

13 A Like I said, I have a review of systems
14 questionnaire, and I guess I missed that he had said
15 positive things to those, so that's why that would have
16 been like that. It's kind of similar to the same
17 question number 4. If he had a list of things that he
18 mentioned that I missed, then they were -- that would be
19 an inadvertent mistake.

20 Q Are you suggesting that because it was outside of
21 the scope of your specialty you didn't pay attention to
22 that?

23 A No. I'm saying if he said those things, I should
24 have listed them as part of the review of systems, but
25 they were missed. So I still would have listed them. I

1 wouldn't have made any comments on them because it's not
2 orthopedic. I would have said, you know, for his
3 depression you might need to see someone, you know, if
4 it's that kind of thing.

5 Q That's what we usually expect doctors to do, if
6 there is something not within your specialty, you
7 mention that you refer the person.

8 A Uh-huh.

9 Q So why would you say from your opinion client
10 suggesting that he gave different responses unlike
11 reported in your report?

12 A I lost you there.

13 Q I'll rephrase. What would be the motivation of
14 the client to object to your reporting of those specific
15 answers?

16 MS. BALLESTEROS: Objection, speculative.

17 THE WITNESS: I don't even know how to answer
18 that. I don't really know what your question is. Like
19 I say, if he made these -- if he says he is experiencing
20 the things that are listed here, other than the left
21 foot swelling, which I didn't see so I don't think -- I
22 don't believe he has that, but if he's saying he
23 experiences nausea and heartburn and depression and
24 nervousness and hair loss, then I would have to believe
25 him, but I don't have them in my report.

1 MS. FOLEY: Okay.

2 FURTHER EXAMINATION

3 BY MS. BALLESTEROS:

4 Q According to your report, which was dictated a
5 couple hours after you saw the patient, he denied all of
6 those items.

7 A Or I missed that. I don't know.

8 Q Okay. So let's go on to number 6. Your report
9 indicated that you conducted several multiple tests,
10 however, the applicant states that some of these tests
11 were not performed or not administered by you.

12 So the first one in the cervical spine section
13 you describe the patient, that he can touch his chin to
14 his chest, but applicant states that he was never asked
15 to perform this movement.

16 A Yes, he was. All these things in here he did.
17 So under cervical spine, when I asked him to -- we were
18 testing motion in the cervical spine, and I asked him as
19 to the spine if he could touch his chin to his chest.

20 The shoulder motion is not true he could barely
21 lift his elbow. The patient could reach his arms above
22 his head on both sides.

23 Tinel's sign of his elbow is where I was
24 examining his elbow, I just tapped his elbow. He
25 wouldn't -- I wouldn't know how he would know what a

1 Tinel's sign is to say I didn't do, but that's when you
2 take the arm and you just tap the elbow, and that was
3 performed.

4 Lasegue's test is when I was testing him, he's
5 sitting on a bed, we're moving his hips and his knees,
6 it's when you take your leg and do a straight leg raise,
7 and that was performed, and he didn't have any pain with
8 that, and the motion -- this guy -- I'm pretty sure I
9 thought he could put his hands to the ground, but maybe
10 I'm mistaken, but anyway, he -- all these things were
11 done.

12 FURTHER EXAMINATION

13 BY MS. FOLEY:

14 Q According to the client, he was -- he had your
15 report, and he was Googling those tests that are
16 mentioned here, he knows what movements that should be
17 produced for the test. He's suggesting you never did
18 that. And specifically he's saying he cannot touch his
19 chin to his chest.

20 A Okay. I thought he had full cervical range of
21 motion.

22 Q But you don't remember if you took off his shoes
23 from his foot?

24 A I don't remember.

25 Q But you remember all other tests performed?

1 A I'm just going by my report. I know specifically
2 I examined him, and I know that these things he's saying
3 I didn't do would have been done, otherwise that's how I
4 would get numbers. I don't just make them up off of the
5 top of my head.

6 Q I understand. So that would be typically done,
7 but you don't remember with that specific client was it
8 done or no?

9 A I don't remember exactly the evaluation, no.

10 Q You described the client in your report as
11 visually symmetrical in his shoulder area. I have a
12 picture. It's visually asymmetrical. How would you
13 explain that? Would you like me to show you the
14 picture?

15 A No. I mean I can go like this, I'm visually
16 asymmetrical. I mean it doesn't -- he has to be -- I
17 mean you know what I mean, how do you -- it's not a --

18 Q Yeah, he had prior injury with his shoulders, and
19 after that injury it became asymmetrical.

20 A Okay. That wouldn't really --

21 Q It's a physiological condition.

22 A Right. But it wouldn't -- well, in my opinion it
23 was symmetrical. When I examined him it was
24 symmetrical.

25 MS. BALLESTEROS: Anything else under that

1 section?

2 MS. FOLEY: No.

3 FURTHER EXAMINATION

4 BY MS. BALLESTEROS:

5 Q So the next one just has to do with future
6 medical care and your opinion on applicant's future
7 medical care, so it's just continuing with home
8 exercise. Has your opinion changed?

9 A No.

10 Q And then with the no job restriction, we had
11 already discussed that earlier as far as applicant's
12 work restrictions, and you had already opined that there
13 were no work restrictions. Has your opinion changed?

14 A No.

15 Q Okay, just a second. You had the opportunity to
16 review Dr. Pratley's July 11, 2016 Permanent and
17 Stationary Report?

18 A Yes. I don't recall it, but I think I wrote it
19 in here that I read it.

20 Q So in his Permanent and Stationary Report, under
21 System Review, he says essentially normal except for the
22 history of present illness which is pretty consistent
23 with your review of his systems as well, correct?

24 A I believe so.

25 Q Or your report?

1 A Yes.

2 Q And then he also did -- let me see. Just a
3 second. Okay. And you also had the opportunity to
4 review his March 23rd, 2016 report on page 4 where Dr.
5 Pratley says that the patient was able to bring his or
6 her fingertips to the floor which would be consistent
7 with your findings and your evaluation of the applicant,
8 correct?

9 A Yes.

10 MS. BALLESTEROS: Do you have any other
11 questions, Counsel?

12 FURTHER EXAMINATION

13 BY MS. FOLEY:

14 Q Why would you disagree with Dr. Pratley who's
15 suggesting that client cannot return to his normal
16 duties without restrictions?

17 A It was my opinion that he had a normal exam, and
18 as he had a normal exam and as we mentioned before, he
19 was able to do his job at the time they let him go. I
20 didn't see any reason why he couldn't continue to do it.
21 He had MRI studies which didn't reveal any meniscal
22 injury, he had a foot fracture which healed, he had
23 lumbar complaints without any objective findings, and
24 there was no reason to say he couldn't ride a bike.
25 That's basically the bottom line for me.

Page 23

1 Q Let me just look at something specifically.
2 Assuming if the things that our client is stating such
3 as that he cannot cross his legs, he cannot bend his
4 knees and he cannot ride a bike, would you say he's
5 exaggerating his claim?

6 A Well, I can only go by my exam, and when he was
7 on the exam table, he was bending his knees and doing
8 things you mentioned, so I don't -- I'm not saying he's
9 exaggerating his claim. He believes he has -- he has
10 subjective complaints, he just doesn't have really any
11 objective findings.

12 Q How would you say that he bends his knees if
13 you're saying you don't remember certain things about
14 your examination?

15 A Well, I do remember him sitting on the exam table
16 and he was sitting like this with his legs at least at
17 90 degrees, he wasn't sitting with them out straight, so
18 they're at least bent 90 degrees. I can remember that.
19 I don't know anything more than that.

20 FURTHER EXAMINATION

21 BY MS. BALLESTEROS:

22 Q During your evaluation of the applicant, was he
23 taking notes?

24 A I don't know. I don't -- I don't believe so. I
25 don't remember anybody having -- I mean I don't remember

1 him exactly the day he was there, but I don't really
2 have people with a pad and pencil kind of thing. There
3 are times where I have, and he was not one of these,
4 I've had patients come in with like their attorney or an
5 attorney representative and they have a Dictaphone or
6 something, they're actually recording the whole thing.

7 Q Right.

8 A He was not one of those.

9 Q Right. So then he would also be reviewing his --
10 your report that you issued a month or two after you had
11 issued it, so it --

12 A Yeah.

13 FURTHER EXAMINATION

14 BY MS. FOLEY:

15 Q Are you aware that it's certain examiners'
16 practice to take pictures of the exams that they are
17 taking and that --

18 A If I take pictures?

19 Q No. I'm saying that some examiners in our area
20 of expertise, like workers' compensation, they're making
21 pictures throughout their examination, attaching those
22 pictures to the report.

23 A I've never done that.

24 Q Is there any reason why you are not doing that?

25 A I've never done that or even heard of that to be

1 honest. I just examine the patient and write a report.
2 I've never seen a report of pictures like that either to
3 be honest, and I've been doing this since 1989.

4 MS. BALLESTEROS: I'm done. Are you done?

5 MS. FOLEY: I'm done.

6 BY MS. FOLEY:

7 Q Well, I might have a few questions like for me to
8 understand. I was saying that if there is significant
9 impairment, assuming there is impairment to knee, there
10 will be no compensatory issues with the spine? Is there
11 a medical possibility that spine might be affected if
12 the person is suffering with the knee?

13 A So to give the short answer, I don't believe so.
14 Again, he doesn't have a major problem with his knees,
15 right, because he has --

16 Q I'm not asking about him right now. I'm just
17 asking about medical probability.

18 A Yeah.

19 Q Is there a medical probability that the knee --

20 A Can cause his back pain?

21 Q Yeah.

22 A I don't know. I mean usually no. The answer is
23 no. Normally it's a joint above or a joint below, so
24 patients who have hip pain could have a problem with
25 their spine or at least have referred symptoms to their

1 spine. Someone who has maybe one leg longer than the
2 other would walk, you know, slightly tilted and then
3 they would have problems with their spine. But for the
4 most part it doesn't normally develop like that.

5 Q So what you are saying if the pain in the knee
6 force them to adjust -- change their gait or adjust
7 their habit of walking, then it might be somehow related
8 to the issue?

9 A It could be.

10 MS. FOLEY: Okay. That's it.

11 FURTHER EXAMINATION

12 BY MS. BALLESTEROS:

13 Q Okay. But in this scenario, as we had discussed
14 earlier, the knee was not associated with the back pain?

15 A I don't believe so in this case.

16 MS. BALLESTEROS: Okay, perfect.

17 So we'll stipulate to relieve the court reporter
18 of her duties under the code.

19 Doctor, would you like to waive signature?

20 THE WITNESS: Sure.

21 MS. BALLESTEROS: Okay. Would you like a copy
22 for your records?

23 THE WITNESS: Please.

24 MS. BALLESTEROS: Condensed or it doesn't matter?

25 THE WITNESS: Condensed is probably better.

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MS. BALLESTEROS: Perfect. And so the court reporter can forward Dr. Katzman a condensed version, and that is it for today.

MS. FOLEY: So stipulated.

(12:35 p.m.)

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I, TODD KATZMAN, M.D., do hereby declare under penalty of perjury that I have read the foregoing transcript; that I have made any corrections as appear noted, in ink, initialed by me, or attached hereto; that my testimony as contained herein, as corrected, is true and correct.

EXECUTED this _____ day of _____,
20____, at _____, _____.
(City) (State)

(Signature waived.)

TODD KATZMAN, M.D.

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I, the undersigned, a Certified Shorthand Reporter of the State of California, do hereby certify:

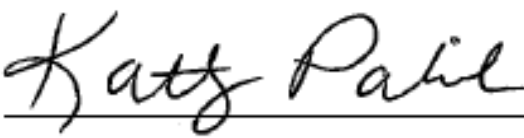
That the foregoing proceedings were taken before me at the time and place herein set forth; that any witnesses in the foregoing proceedings, prior to testifying, were administered an oath; that a record of the proceedings was made by me using machine shorthand which was thereafter transcribed under my direction; that the foregoing transcript is a true record of the testimony given.

Further, that if the foregoing pertains to the original transcript of a deposition in a Federal Case, before completion of the proceedings, review of the transcript [] was [] was not requested.

I further certify that I am neither financially interested in the action nor a relative or employee or any attorney or party to this action.

IN WITNESS WHEREOF, I have this date subscribed my name.

Dated: 02/16/2017



KATHY PABICH
CSR No. 5021

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