

**Karanevich-Dono v Haas**

2023 NY Slip Op 31082(U)

April 5, 2023

Supreme Court, New York County

Docket Number: Index No. 805377/2018

Judge: Erika M. Edwards

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SUPREME COURT OF THE STATE OF NEW YORK
NEW YORK COUNTY

PRESENT: HON. ERIKA M. EDWARDS PART 10M

Justice

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JANET KARANEVICH-DONO,
Plaintiff,

- v -

STEVEN HAAS, M.D., STEVEN B. HAAS, M.D., P.C. and
HOSPITAL FOR SPECIAL SURGERY,

Defendants.

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INDEX NO. 805377/2018
MOTION DATE 04/21/2022
MOTION SEQ. NO. 001

DECISION + ORDER ON MOTION

The following e-filed documents, listed by NYSCEF document number (Motion 001) 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75

were read on this motion to/for JUDGMENT - SUMMARY.

Upon the foregoing documents, the court grants in part Defendants Steven B. Haas, M.D.'s ("Dr. Haas"), Steven B. Haas, M.D., P.C.'s ("SBHPC") and Hospital for Special Surgery's ("HSS") (collectively "Defendants") motion to dismiss Plaintiff Janet Karanevich-Dono's ("Plaintiff") allegations involving her right knee prior to the expiration of the statute of limitations on May 21, 2016, and summary judgment dismissal of Plaintiff's complaint to the extent that:

- 1) The court grants dismissal of Plaintiff's claims involving treatment of her right knee prior to May 21, 2016;
2) The court grants dismissal of Plaintiff's lack of informed consent claim;
3) The court grants dismissal of Plaintiff's medical malpractice claims based on the theories that Defendants allegedly departed from good and accepted medical practice by failing to choose a traditional approach to performing the total knee replacements on Plaintiff as opposed to a minimally-invasive approach and by failing to adequately

advise Plaintiff of the reasonably foreseeable, increased risks, benefits and alternatives associated with a minimally-invasive knee replacement as compared to a traditional knee replacement; and

- 4) To the extent not time-barred by the statute of limitations regarding Plaintiff's right knee claims, the court denies dismissal of Plaintiff's claims that Defendants departed from good and accepted medical practice by unnecessarily delaying their recommendation that Plaintiff undergo revision surgeries on both knees and that Dr. Haas negligently used and inserted improperly sized and matched prosthetic components in Plaintiff's left knee.

Plaintiff brought this medical malpractice and lack of informed consent action against Defendants by filing a summons and complaint on November 21, 2018.<sup>1</sup> Plaintiff alleges in substance that Defendants departed from good and accepted medical practice in their care and treatment of Plaintiff from December 6, 2011 and continuing to December 8, 2016. Plaintiff alleges in substance that she was first treated by Dr. Haas on December 6, 2011, for complaints of worsening bilateral knee pain which was more severe in her right knee. Dr. Haas diagnosed her with osteoarthritis in her right knee with discrete areas of exposed bone, most severely affecting the lateral patellofemoral joint where there was bone-on-bone contact and secondary synovitis. Defendant Dr. Haas performed a right total knee replacement at HSS on May 16, 2012, and a left total knee replacement at HSS on June 13, 2016.

Defendants now move under motion sequence 001 for dismissal of all of Plaintiff's allegations as to her right knee on the grounds that such claims are time-barred pursuant to the statute of limitations and for summary judgment dismissal of Plaintiff's complaint. Defendants

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<sup>1</sup> Plaintiff's spouse, James Dono, initially brought a derivative claim against Defendants, but later discontinued it.

argue in substance that since Plaintiff filed her complaint on November 21, 2018, and the 2 ½ year statute of limitations was not tolled, any claims pertaining to treatment prior to May 21, 2016, must be dismissed as time-barred. Therefore, Defendants argue that the court should dismiss all claims regarding treatment to Plaintiff's right knee occurring prior to May 21, 2016.

Defendants further argue that the continuous treatment doctrine does not apply and toll the statute of limitations because neither Plaintiff nor Dr. Haas intended for Plaintiff to continue to be treated by Defendants for her right knee after May 2013. This period included one year of post-operative visits following Plaintiff's right total knee replacement, where Plaintiff's right knee complaints had resolved by May 2013. Defendants further argue that Dr. Haas began treating Plaintiff for pain in her left knee on April 24, 2014, which was intended to be a one-time injection. Plaintiff's right knee was not treated again until March 10, 2016, when Dr. Haas administered an injection into Plaintiff's right pes bursa for her complaints of tenderness. Defendants also argue that the foreign object doctrine does not apply to the fixation devices implanted into Plaintiff's knees during both surgeries.

Additionally, Defendants rely on the expert affirmation of Ronald E. Delanois, M.D. and argue in substance that Defendants' treatment of Plaintiff from 2011 to 2016 was within good and accepted standard of care and that it did not cause or contribute to her alleged injuries. Defendants argue that the first clinical indication of patellar loosening on Plaintiff's right knee was not until October 27, 2016, and that Dr. Haas timely and properly diagnosed it after considering Plaintiff's complaints, labs and MRI results. Defendants further argue that there is no question that Dr. Haas used the proper size prosthetics for Plaintiff's right knee, that they were appropriate for Plaintiff's body and that they were appropriately cemented into place.

Additionally, Defendants argue that patellar loosening is a known risk of total knee replacement surgery and that it may happen over time.

Defendants further argue in substance that Dr. Haas properly performed the surgery, properly treated and appropriately ordered radiological studies of Plaintiff's left knee.

Defendants argue that Dr. Haas implanted the appropriate size and matched components in Plaintiff's left knee. Defendants argue that there was no evidence of prosthetic loosening on Plaintiff's left knee and no indication that revision surgery was needed during the time of Defendants' treatment of Plaintiff.

Defendants further argue in substance that there is no proximate causation. They argue that Plaintiff's alleged injuries, the hardware failure and the additional surgeries were known risks of both total knee replacement surgeries, as the polyethylene inserts wear down over time.

Defendants further argue in substance that Plaintiff's allegations regarding Defendants' departures related to Dr. Haas' failure to choose a traditional approach as opposed to a minimally-invasive approach to Plaintiff's knee replacements and his failure to adequately advise Plaintiff of the reasonably foreseeable, increased risks associated with a minimally-invasive knee replacement as opposed to a traditional approach must be dismissed because these are new allegations raised by Plaintiff for the first time in her opposition papers and Plaintiff failed to include such allegations in her Bill of Particulars. Additionally, Defendants argue that there was no departure or proximate causation regarding these claims.

Defendants also argue in substance that Plaintiff's lack of informed consent claim must be dismissed because the record indicates that prior to both surgeries, Dr. Haas appropriately advised Plaintiff of the risks and alternatives of total knee replacement surgery, the need for rehabilitation, potential limitations and the possibility of needing revision surgeries. Plaintiff

consented to both surgeries and executed written consent forms. Additionally, Defendants argue that none of Defendants' actions or inactions were the proximate cause of Plaintiff's alleged injuries. Alternatively, Defendants argue that should the court deny dismissal of Plaintiff's claims regarding Dr. Haas' alleged failure to advise Plaintiff about the increased risks of minimally-invasive total knee replacement, then Dr. Haas was not required to do so.

Plaintiff opposes the motion and relies on her expert affidavit to argue in substance that questions of fact exist as to both departure and causation. Plaintiff argues that the allegations regarding her right knee prior to May 21, 2016, are not time-barred based on the continuous treatment doctrine and that Defendants' arguments to the contrary are contradicted by the record. Plaintiff further argues in substance that Plaintiff began a continuous course of treatment by the Defendants for her complaints of bilateral knee pain on December 6, 2011, and that such treatment ended January 18, 2017. Plaintiff argues that she was not just treated for left knee pain, so the treatment of pain to both knees was continuous throughout this period. Plaintiff argues that Defendants improperly attempt to separate the treatment for each knee. She argues that such continuous treatment included ten separate office visits, two hospitalizations, two surgeries and four radiological imaging appointments regarding the same conditions. Therefore, the continuous treatment doctrine applies to Plaintiff's treatment by Defendants.

Plaintiff further argues that following the surgery, Plaintiff complained to Dr. Haas of recurrent right knee pain as early as March 10, 2016. Dr. Haas examined Plaintiff, noted tenderness over the pes bursa area, diagnosed Plaintiff with pes bursitis in her right knee and treated her for that condition. Plaintiff further argues that she continued to complain of bilateral knee pain to another doctor on September 6, 2016.

Plaintiff argues that she had her one-year post-operative X-ray on her right knee on May 16, 2013. On April 24, 2014, she was treated by Dr. Haas for complaints of pain to her left knee, but had an X-ray of both knees. On March 10, 2016, Plaintiff was treated by Dr. Haas for her complaints of bilateral knee pain and she had X-rays of both knees because of her history of bilateral knee pain. Plaintiff argues in substance, that such gap in treatment is not dispositive as to whether the chain of continuous treatment was broken by the gap in treatment. Plaintiff argues that the court must consider Plaintiff's allegation that Defendants departed from the standard of care by negligently delaying in recommending revision surgery on the right knee when Plaintiff complained of pain to her right knee as far back as March 10, 2016.

Plaintiff further argues in substance that Defendants departed from good and accepted medical practice by failing to choose a traditional approach to the knee replacements in light of her being a poor candidate for a minimally-invasive approach; failing to adequately advise her of the reasonably foreseeable, increased risks, benefits and alternatives associated with a minimally-invasive knee replacement as opposed to a traditional knee replacement; and the unnecessary delay in recommending that she undergo revision surgeries on both knees. Plaintiff also argues that all three of these departures were substantial factors in causing her injuries, which included, but were not necessarily limited to, bilateral revision surgeries of the total knee arthroplasties, pain, swelling and additional injuries to both knees.

A. Defendants' Motion to Dismiss Plaintiff's Right Knee Claims Prior to May 21, 2016

On a motion to dismiss a cause of action pursuant to CPLR 3211(a)(5) because it is time-barred by the applicable statute of limitations, a defendant bears the initial burden of establishing, prima facie, that the time in which to sue has expired and the court must take all allegations in the complaint as true and resolve all inferences in favor of the plaintiff (*Benn v*

*Benn*, 82 AD3d 548, 548 [1<sup>st</sup> Dept 2011] [internal quotation and citation omitted]). Then, the burden shifts to the plaintiff to establish that the statute of limitations should have been tolled or that the defendant should have been estopped from asserting a statute of limitations defense (*see Putter v North Shore Univ. Hosp.*, 7 NY3d 548, 552-553 [2006]; *Zumpano v Quinn*, 6 NY3d 666, 673 [2006]).

The statute of limitations for medical malpractice actions against private health care providers is two years and six months of the act, omission or failure complained of, or the last treatment where there is continuous treatment for the same illness, injury or condition which gave rise to said act, omission or failure (CPLR 214-a).

The continuous treatment doctrine's tolling of the statute of limitations was created to relieve a patient from being forced to choose between whether to file a timely summons and complaint against a physician or health care facility to promptly pursue a medical malpractice action which would undermine the continuing trust in the physician-patient relationship or whether to silently accept continued corrective medical treatment from the offending physician or hospital and risk that the claim will be time-barred (*see Rizk v Cohen*, 73 NY2d 98, 104 [1989]; *Borgia v New York*, 12 NY2d 151, 155 [1962]).

Once the defendant establishes, prima facie, that the action is time-barred by the applicable statute of limitations, the burden shifts to the plaintiff to demonstrate that the continuous course of treatment doctrine applies. Therefore, "the plaintiff is required to demonstrate that there was a course of treatment, that it was continuous, and that it was in respect to the same condition or complaint underlying the claim of malpractice" (*Stewart v Cohen*, 82 AD3d 874, 876 [2d Dept 2011]; *see Nykorchuck v Henriques*, 78 NY2d 255, 259 [1991]).

The continuous treatment doctrine involves more than a physician-patient relationship (*McDermott v Torre*, 56 NY2d 399, 405 [1982]). A patient's continuing general relationship with a physician, or routine, periodic health examinations will not satisfy the doctrine's requirement of continuous treatment of the condition upon which the allegations of medical malpractice are predicated (*Massie v Crawford*, 78 NY2d 516, 519 [1991]).

A patient's treatment "does not necessarily terminate upon a patient's last visit if further care or monitoring of the condition is explicitly anticipated by both physician and patient as manifested in the form of a regularly scheduled appointment for the near future, agreed upon during the last visit, in conformance with the periodic appointments which characterized the treatment in the past" (*Young v New York City Health & Hosps. Corp.*, 91 NY2d 291, 296 [1998] [internal quotation marks and citation omitted]).

Here, the court determines that Plaintiff failed to establish that the continuous treatment doctrine applied to Defendants' treatment of Plaintiff's right knee, so it did not toll the expiration of the statute of limitations. The court agrees with Defendants that their treatment of Plaintiff's right and left knees were two separate and distinct courses of treatment. Plaintiff's arguments to the contrary are contradicted by the record. Although it appears that Plaintiff had bilateral knee pain and that she had previously sought treatment from other providers for complaints of pain to both knees, which was much greater in her right knee, prior to her initial visit with Dr. Haas on December 6, 2011, Dr. Haas only treated Plaintiff's right knee and Plaintiff did not complain about pain to her left knee at this time. Therefore, the record indicates that Plaintiff's initial course of treatment with Defendants only involved her right knee and not both knees.

As Defendants note, during Plaintiff's initial visit with Dr. Haas and during several other telephone communications with Dr. Haas' office, Plaintiff only reported complaints about her

right knee. Although Plaintiff complained of mild knee pain to her left knee on March 6, 2012, and she had an X-ray on both knees on December 26, 2013, Dr. Haas did not treat her left knee until well after the total knee replacement surgery on her right knee. Dr. Haas first treated Plaintiff's left knee on April 24, 2014, when Plaintiff complained of pain to her left knee. Dr. Haas administered an injection to Plaintiff's left knee and since Plaintiff had no right knee pain, she was only treated for her left knee at this time. There were no further appointments scheduled for either knee. Plaintiff did not return to Dr. Haas until March 10, 2016, which was almost two years later, when Plaintiff had complaints related to both knees.

As argued by Defendants, in Plaintiff's Bill of Particulars, Plaintiff admitted that Defendants' treatment of her right knee began on December 6, 2011, and their treatment of her left knee did not begin until June 2016. These statements, along with the records, clearly contradict Plaintiff's argument that Defendants initially treated both knees as early as December 6, 2011, and that such treatment was continuous throughout this period.

Additionally, although the gap in treatment is not dispositive, the record is clear that the continuous treatment doctrine does not apply. Plaintiff had two courses of treatment for her knees which began over two years apart and the treatment for both knees are separate medical conditions. After Plaintiff's last follow-up appointment on May 16, 2013, which was one year after her total knee replacement on her right knee, after her injection in her left knee on April 24, 2014, and at various times throughout this period, there were no further appointments scheduled and Plaintiff and Dr. Haas did not anticipate further treatment on either knee.

Therefore, the court grants dismissal of Plaintiff's claims regarding her right knee for Defendants' conduct which occurred prior to May 21, 2016, including alleged departures

involving Dr. Haas' performance of Plaintiff's total knee replacement on her right knee on May 16, 2012, are dismissed as time-barred by the 2 ½ year statute of limitations.

B. Defendants' Motion for Summary Judgment Dismissal of Plaintiff's Complaint

To prevail on a motion for summary judgment, the movant must make a prima facie showing of entitlement to judgment as a matter of law, tendering sufficient admissible evidence to demonstrate the absence of any material issues of fact (*see* CPLR 3212[b]; *Zuckerman v New York*, 49 NY2d 557, 562 [1980]; *Jacobsen v New York City Health & Hosps. Corp.*, 22 NY3d 824, 833 [2014]; *Alvarez v Prospect Hosp.*, 68 NY2d 320, 324 [1986]). The movant's initial burden is a heavy one and on a motion for summary judgment, facts must be viewed in the light most favorable to the non-moving party (*Jacobsen*, 22 NY3d at 833; *William J. Jenack Estate Appraisers & Auctioneers, Inc. v Rabizadeh*, 22 NY3d 470, 475 [2013]).

In a medical or dental malpractice action, a defendant doctor or provider moving for summary judgment must establish that in treating the plaintiff there was no departure from good and accepted medical or dental practice or that any departure was not the proximate cause of the injuries alleged (*Roques v. Noble*, 73 AD3d 204, 206 [1st Dept 2010]; *Scalisi v Oberlander*, 96 AD3d 106, 120 [1st Dept 2012]; *Thurston v Interfaith Med. Ctr.*, 66 AD3d 999, 1001 [2d Dept 2009]; *Rebozo v Wilen*, 41 AD3d 457, 458 [2d Dept 2007]). It is well settled that expert opinion must be detailed, specific, based on facts in the record or personally known to the witness, and that an expert cannot reach a conclusion by assuming material facts not supported by the record (*see Roques*, 73 AD3d at 207; *Cassano v Hagstrom*, 5 NY2d 643, 646 [1959]; *Gomez v New York City Hous. Auth.*, 217 AD2d 110, 117 [1st Dept 1995]; *Aetna Casualty & Surety Co. v Barile*, 86 AD2d 362, 364-365 [1st Dept 1982]; *Joyner-Pack v Sykes*, 54 AD3d 727, 729 [2d Dept 2008]).

If the moving party fails to make such prima facie showing, then the court is required to deny the motion, regardless of the sufficiency of the non-movant's papers (*Winegrad v New York Univ. Med. Center*, 64 NY2d 851, 853 [1985]). However, if the moving party meets its burden, then the burden shifts to the party opposing the motion to establish by admissible evidence the existence of a factual issue requiring a trial of the action or tender an acceptable excuse for his or her failure to do so (*Zuckerman*, 49 NY2d at 560; *Jacobsen*, 22 NY3d at 833; *Vega v Restani Constr. Corp.*, 18 NY3d 499, 503 [2012]).

In medical and dental malpractice actions, to defeat the motion, a plaintiff must rebut the defendant's prima facie showing by submitting an affidavit from a physician attesting that the defendant departed from accepted medical or dental practice and that the departure was the proximate cause of the injuries alleged (*Roques*, 73 AD3d at 207). An expert affidavit which sets forth general allegations of malpractice or conclusions, misstatements of evidence or assertions unsupported by competent evidence is insufficient to demonstrate that defendants failed to comport with accepted medical practice or that any such failure was the proximate cause of a plaintiff's injuries (*Coronel v. New York City Health & Hosps. Corp.*, 47 AD3d 456, 457 [1st Dept 2008]; *Alvarez*, 68 NY2d at 325).

Competing expert affidavits alone are insufficient to avert summary judgment since experts almost always disagree, but the question is whether plaintiff's expert's opinion is based upon facts sufficiently supported in the record to raise an issue for the trier of fact (*De Jesus v Mishra*, 93 AD3d 135, 138 [1st Dept 2012]). "Ordinarily, the opinion of a qualified expert that a plaintiff's injuries were caused by a deviation from relevant industry standards would preclude a grant of summary judgment in favor of the defendants" (*Diaz v New York Downtown Hospital*, 99 NY2d 542, 544 [2002] [internal marks omitted]). However, "[w]here the expert's ultimate

assertions are speculative or unsupported by any evidentiary foundation . . . the opinion should be given no probative force and is insufficient to withstand summary judgment” (*id.*).

Summary judgment is “often termed a drastic remedy and will not be granted if there is any doubt as to the existence of a triable issue” (Siegel, NY Prac § 278 at 476 [5<sup>th</sup> ed 2011], citing *Moskowitz v Garlock*, 23 AD2d 943, 944 [3d Dept 1965]). Summary judgment should be awarded when a party cannot raise a factual issue for trial (*Sun Yan Ko v Lincoln Sav. Bank*, 99 AD2d 943, 943 [1<sup>st</sup> Dept 1984]; CPLR 3212[b]).

As to lack of informed consent, for a plaintiff to prevail on this claim “a plaintiff must establish, via expert medical evidence, that defendant failed to disclose material risks, benefits and alternatives to the medical procedure, that a reasonably prudent person in plaintiff’s circumstances, having been so informed, would not have undergone such procedure, and that lack of informed consent was the proximate cause of (plaintiff’s) injuries” (*see* Public Health Law § 2805-d; *Balzola v Giese*, 107 AD3d 587, 588 [1<sup>st</sup> Dept 2013]; *Shkolnik v Hospital for Joint Diseases Orthopaedic Inst.*, 211 AD2d 347, 350 [1st Dept 1995]).

Here, the court finds that Defendants met their initial burden of establishing their prima facie entitlement to judgment in their favor as a matter of law as to Plaintiff’s medical malpractice and lack of informed consent claims. However, to the extent such conduct involving Plaintiff’s right knee did not occur prior to May 21, 2016, Plaintiff demonstrated the existence of material issues of fact which remain to be tried regarding Defendants’ alleged departures by unnecessarily delaying their recommendation that Plaintiff undergo revision surgeries on both knees and whether these alleged departures were substantial factors in causing Plaintiff’s injuries. Plaintiff’s expert’s opinion adequately supported these claims based on admissible evidence.

The court dismisses Plaintiff's claims regarding Defendants' alleged departures from good and accepted medical practice for Defendants' failure to choose a traditional approach to performing the knee replacements on Plaintiff as opposed to a minimally-invasive approach and for Dr. Haas' failure to adequately advise Plaintiff of the reasonably foreseeable, increased risks associated with a minimally-invasive knee replacement as compared to a traditional knee replacement.

As discussed above, the court dismisses Plaintiff's claims involving her right knee related to Defendants' conduct which occurred prior to May 21, 2016, which includes these allegations related to Plaintiff's right knee. The court also dismisses these claims because they are impermissible new claims which Plaintiff failed to include in her Bill of Particulars and which Plaintiff improperly raised for the first time in her opposition to Defendants' motion. However, since Plaintiff alleged in her Bill of Particulars that Defendants departed from good and accepted medical practice by failing to properly size prosthetic components of Plaintiff's knees, inserting incorrectly sized and unmatched prosthetic components for Plaintiff's anatomy and by failing to properly affix said components, the court finds that Plaintiff's expert raised material questions of fact regarding these issues. However, since such allegations relating to Plaintiff's right knee are time-barred, the court denies dismissal of these claims as related to Plaintiff's left knee only.

As to Plaintiff's lack of informed consent claim, the court finds that Defendants made a prima facie showing that Plaintiff's informed consent was properly obtained prior to the beginning of the procedures and Plaintiff failed to raise a triable issue of fact by offering expert medical evidence establishing that Plaintiff was not properly and adequately advised of the reasonably foreseeable risks, benefits or alternatives to performing the procedures.

Furthermore, as set forth above, the court dismisses the allegations pertaining to Dr. Haas' conduct which is time-barred, which includes the lack of informed consent claims and the claims related to Dr. Haas' failure to adequately advise Plaintiff of the increased risks associated with minimally-invasive total knee replacement surgery related to Plaintiff's right knee. Additionally, the court finds that Defendants established their alternative argument that Dr. Haas was not required to advise Plaintiff of the increased risks of a minimally-invasive approach and Plaintiff's arguments to the contrary were unavailing and unsupported by the record regarding Plaintiff's body type and history. Therefore, Plaintiff failed to raise a material question of fact involving lack of informed consent.

Thus, the court dismisses Plaintiff's lack of informed consent claims related to both knees.

The court has considered all arguments raised by the parties and denies all requests for relief not expressly granted herein.

As such, it is hereby

ORDERED that the court grants in part Defendants Steven B. Haas, M.D.'s, Steven B. Haas, M.D., P.C.'s and Hospital for Special Surgery's motion filed under motion sequence 001, to the extent that:

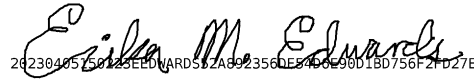
- 1) The court grants dismissal of Plaintiff's claims involving treatment of her right knee prior to May 21, 2016;
- 2) The court grants dismissal of Plaintiff's lack of informed consent claim;
- 3) The court grants dismissal of Plaintiff's medical malpractice claims based on the theories that Defendants allegedly departed from good and accepted medical practice by failing to choose a traditional approach to performing the total knee replacements on Plaintiff as

opposed to a minimally-invasive approach and by failing to adequately advise Plaintiff of the reasonably foreseeable, increased risks, benefits and alternatives associated with a minimally-invasive knee replacement as compared to a traditional knee replacement; and

4) To the extent not time-barred by the statute of limitations regarding Plaintiff’s right knee claims as set forth herein, the court denies dismissal of Plaintiff’s claims that Defendants departed from good and accepted medical practice by unnecessarily delaying their recommendation that Plaintiff undergo revision surgeries on both knees and that Dr. Haas negligently used and inserted improperly sized and matched prosthetic components in Plaintiff’s left knee; and it is further

ORDERED that the parties are directed to appear before the court for a status conference, settlement conference and conference to set a trial date on June 8, 2023, at 9:30 a.m. in Part 10, located in room #412, at 60 Centre Street, New York, New York.

This constitutes the decision and order of the court.



4/5/2023  
DATE

ERIKA M. EDWARDS, J.S.C.

CHECK ONE:	<input type="checkbox"/> CASE DISPOSED	<input checked="" type="checkbox"/> NON-FINAL DISPOSITION
	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> GRANTED IN PART <input type="checkbox"/> OTHER
APPLICATION:	<input type="checkbox"/> SETTLE ORDER	<input type="checkbox"/> SUBMIT ORDER
CHECK IF APPROPRIATE:	<input type="checkbox"/> INCLUDES TRANSFER/REASSIGN	<input type="checkbox"/> FIDUCIARY APPOINTMENT <input type="checkbox"/> REFERENCE