

DelaRosa v St. Catherine of Siena Med. Ctr.

2025 NY Slip Op 34137(U)

June 16, 2025

Supreme Court, Queens County

Docket Number: Index No. 706611/2020

Judge: Tracy Catapano-Fox

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Short Form Order

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

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GENEROSA DELAROSA,

Plaintiff,

-against-

ST. CATHERINE OF SIENA MEDICAL CENTER,
HARITHA VEERAMACHANENI, M.D., JOSEPH
LINDNER, P.A., LONG ISLAND PLASTIC
SURGICAL GROUP, P.C., and JUSTIN MARGOLIS,
M.D,

Defendants.

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Index No. 706611/2020

Part MDP

Motion Date: May 14, 2025

Calendar No. 11

Sequence No. 3

The following papers numbered EF-155 to EF-236 read on this motion by defendants SAINT CATHERINE OF SIENA MEDICAL CENTER and JUSTIN MARGOLIS, M.D. for summary judgment and dismissal of plaintiff’s Complaint pursuant to CPLR §3212.

Papers
Numbered

- Notice of Motion, Affirmation, Exhibits.....EF155-EF181
- Affirmation in Opposition, Exhibits.....EF208-EF223
- Reply Affirmation, Exhibits.....EF234-EF236

Upon the foregoing papers, it is ordered that this motion is determined as follows:

Defendants Saint Catherine of Siena Medical Center (SCOSMC) and Justin Margolis, M.D.’s motion for summary judgment and dismissal of plaintiff’s Complaint pursuant to CPLR §3212 is granted as to plaintiff’s claims for lack of informed consent and negligent hiring, retention, and supervision, but denied as to plaintiff’s claims for medical malpractice against defendants, as they failed to eliminate all triable issues of material fact regarding whether they departed from accepted standards of medical care and proximately caused plaintiff’s injuries. (*See generally M.C. v. Huntington Hosp.*, 175 A.D.3d 578 [2d Dept. 2019].)

Plaintiff commenced this action for medical malpractice and lack of informed consent

against defendants for care and treatment rendered from July 8, 2019 through August 13, 2019. Plaintiff filed the Summons and Complaint on June 4, 2020, and issue was joined by moving defendants via the filing of their Answers on June 24, 2020.

Defendants SCOSMC and Dr. Margolis argue they are entitled to summary judgment and dismissal of plaintiff's Complaint, and present the pleadings, Bills of Particulars, the deposition testimony, plaintiff's medical records, and the expert affirmations of Christine Hsu Rohde, M.D. and Nicholas J. Morrissey, M.D. in support of their motion. Defendants argue the evidence shows they did not depart from accepted standards of care or proximately cause plaintiff's injuries, but rendered care and treatment in accord with good and accepted medical practices. Defendants also argue plaintiff's claim for lack of informed consent must be dismissed because Dr. Margolis did not perform the breast reconstruction surgery and obtained plaintiff's informed consent prior to performing the fasciotomy. Defendants also argue SCOSMC cannot be held liable for the acts or omissions of co-defendant Dr. Veeramachaneni because she was not employed by SCOSMC, but rather plaintiff was her private patient. They further argue plaintiff cannot establish defendants negligently hired, supervised or trained staff, and therefore these claims must be dismissed.

Defendants present the expert affirmation of Dr. Christine Hsu Rohde in support of their motion. Dr. Rohde affirmed to being a physician licensed in New York who is board-certified in plastic surgery. She affirmed to being familiar with the relevant standards of care in 2019, and reviewed the pleadings, Bills of Particulars, deposition testimony, and plaintiff's medical records in rendering opinions. Based upon her review of the above materials, Dr. Rohde opined to a reasonable degree of medical certainty that defendants did not depart from accepted standards of care or proximately cause plaintiff's injuries during her admission from July 8, 2019 through August 13, 2019. She further opined there is no evidence SCOSMC negligently failed to supervise or train its staff.

Dr. Rohde opined defendant SCOSMC's employees did not depart from the standards of care during or after the DIEP flap surgery on July 8, 2019. Dr. Rohde opined based upon the medical records and deposition testimony, all care and treatment during the surgery, including the indication for the surgery, plaintiff's positioning, the technique and instruments used, are all under the strict and exclusive control of the operative surgeon. Dr. Rohde further opined SCOSMC's nurses, technicians, and various hospital staff present during the surgery properly performed their respective duties and obligations per Dr. Veeramachaneni's instructions and supervision. Dr. Rohde further opined during plaintiff's entire admission at SCOSMC until August 13, 2019, SCOSMC staff treated her in accord with good and accepted medical practices, as they competently followed plaintiff within the purview of their responsibilities, appropriately carried out orders, and adhered to attending physician's directions. She further opined none of SCOSMC's staff's actions or inactions constituted negligence or malpractice, and did not proximately cause plaintiff's injuries.

Dr. Rohde also opined to a reasonable degree of medical certainty that plaintiff's claims regarding lack of informed consent have no merit. Dr. Rohde explained prior to presenting to Dr. Veeramachaneni, plaintiff met with non-party breast surgeon, Dr. Jana Deitch, who explained all the risks and benefits of the bilateral mastectomy and DIEP flap reconstruction surgery. Dr. Rohde further explained Dr. Deitch referred plaintiff to Dr. Veeramachaneni at Long Island Plastic Surgical Group, who also explained the risks and benefits of the procedure to plaintiff. Dr. Rohde also reasoned plaintiff signed an eight-page consent form and testified she watched several YouTube videos about the procedure and conducted her own independent research. Dr. Rohde also opined that as the private attending physician performing the surgery, it was Dr. Veeramachaneni's duty to obtain plaintiff's informed consent, and that duty did not fall upon defendants Dr. Margolis or SCSMC's employees.

Defendants also presented the expert affirmation of Dr. Nicholas Morrissey in support of their motion. Dr. Morrissey affirmed to being a physician licensed in New York who is board-certified in general surgery and vascular surgery. He affirmed to being familiar with the relevant standards of care applicable to plaintiff's medical care and treatment as they existed in 2019. Dr. Morrissey further affirmed to reviewing the pleadings, Bills of Particulars, the deposition testimony, and plaintiff's medical records in rendering his opinions. Based upon his review of the foregoing materials, Dr. Morrissey opined to a reasonable degree of medical certainty that defendants did not depart from good and accepted standards of care or proximately cause plaintiff's injuries. He also opined Dr. Margolis obtained plaintiff's informed consent for the surgical procedure on July 10, 2019, prior to the performance of the emergency fasciotomies and properly memorialized plaintiff's chart. Dr. Morrissey further opined there is no evidence SCSMC negligently failed to properly supervise its staff who were involved in plaintiff's care and treatment.

Dr. Morrissey opined Dr. Margolis solicited a complete medical history from plaintiff, performed comprehensive physical examinations, ensured all necessary diagnostic studies were conducted, and appropriately considered a complete differential diagnosis concerning plaintiff's complaints. Dr. Morrissey opined when Dr. Margolis examined plaintiff, her leg compartments were soft and compressible with mild tenderness and there was no pain or tenderness with passive motion of her feet. He further opined these findings were critical in ruling out early compartment syndrome because early symptoms involve web-space pain made worse by movement of the foot. Dr. Morrissey further opined the pain medication plaintiff was administered would not have been sufficient to mask pain associated with passive range of motion in evaluating compartment syndrome. He also opined plaintiff would have felt significant pain with passive motion maneuvers if she had compartment syndrome. Dr. Morrissey further opined no vascular surgical intervention was indicated at that time, as the findings of soft and compressible compartments and no pain upon passive motion of plaintiff's feet were reliable in clinically ruling out compartment syndrome.

Dr. Morrissey also opined Dr. Margolis did not need to take compartment pressure measurements using the Stryker needle in light of plaintiff having no pain with passive foot movements. Dr. Morrissey reasoned compartment pressure measurements would have been academic and unnecessary while also carrying their own risks. Dr. Morrissey also opined based upon the absence of pain with passive maneuvers and plaintiff's legs remaining soft with good pulses, there is no clinical evidence that she was developing compartment syndrome overnight from July 9th into July 10th. He opined in the absence of signs and symptoms of compartment syndrome, there was no indication for Dr. Margolis to risk inserting a needle into plaintiff's muscle to obtain measurements. Dr. Morrissey noted Dr. Margolis appropriately recommended neuro checks every hour and measurement of compartment pressures by orthopedic physician assistants with a Stryker needle if plaintiff's pain worsened. Dr. Morrissey explained the first time evidence of compartment syndrome presented was when Dr. Margolis re-examined plaintiff on July 10th and found she had swelling in her legs and pain with passive maneuvers of her feet.

Dr. Morrissey also opined once Dr. Margolis suspected compartment syndrome he appropriately obtained plaintiff's informed consent for the fasciotomy and emergently took her to the operating room. He opined Dr. Margolis properly advised plaintiff that life-threatening bleeding was a risk of the procedure, as well as infection and severe pain, and advised there was no potential guarantee that the procedure would completely relieve all of plaintiff's symptoms. Dr. Morrissey further opined given the urgent nature of the surgery, no reasonable person in plaintiff's position would have refused the procedure under the circumstances. Dr. Morrissey also opined Dr. Margolis' intraoperative findings of viable, pink muscles reactive to electrical stimulation were entirely inconsistent with long-standing compartment syndrome and reasoned if it had been present for nineteen hours as of the time of the first examination, it would have caused extensive ischemia and muscle damage. Dr. Morrissey further opined the intraoperative findings were an indication there was no delay in the fasciotomy and opined Dr. Margolis caught the compartment syndrome in its early evolving stages. Finally, Dr. Morrissey opined there is no evidence defendant SCSMC negligently hired or supervised its employees, or failed to enforce rules and regulations that proximately caused plaintiff's injuries. Based upon the foregoing, defendants argue they are entitled to summary judgment and dismissal of plaintiff's Complaint.

Plaintiff opposes the motion and argues defendants failed to eliminate all triable issues of fact regarding whether they departed from accepted standards of care or proximately caused her injuries. Plaintiff presented the expert affirmation of a physician licensed in New Jersey and Pennsylvania and board-certified in general and vascular surgery in support of her opposition. Plaintiff's expert affirmed to being familiar with compartment syndrome, fasciotomies, and the applicable standard of care in 2019. Plaintiff's expert further affirmed to reviewing the motion papers, Dr. Rohde and Dr. Morrissey's expert affirmations, the deposition testimony, and plaintiff's medical records in rendering opinions. Based upon the foregoing materials, plaintiff's expert opined to a reasonable degree of medical certainty that defendants Dr. Margolis and

SCSMC departed from accepted standards of care and proximately caused plaintiff's injuries, including the severity of her compartment syndrome, nerve damage, muscle damage, bilateral drop foot, severe pain, scarring, as well as difficulty and pain with walking.

Plaintiff's expert explained compartment syndrome occurs when there is a buildup of pressure in an extremity that causes ischemic injury to the muscles and nerves, depriving the extremity of blood flow. Plaintiff's expert further explained compartment syndrome is a surgical emergency that must be immediately investigated because more ischemic injury occurs until it is resolved. Plaintiff's expert opined that as soon as plaintiff woke up from surgery, she had unexplained bilateral leg pain described as a 10/10 and the worst pain ever, and based upon the standard of care this should have immediately triggered a differential diagnosis of compartment syndrome. Plaintiff's expert further opined the length of surgery, intraoperative positioning, sequential compression device placement intraoperatively and postoperatively, anticoagulation, and plaintiff's obesity were risk factors for acute compartment syndrome. Plaintiff's expert further opined plaintiff's lab work on July 9, 2019 showed elevated CPK, which is indicative of muscle necrosis, a hallmark of compartment syndrome. Plaintiff's expert also opined sometimes the classic signs of compartment syndrome are late findings, and their absence should not dissuade a doctor from including it in the differential diagnosis. Plaintiff's expert further opined if compartment syndrome is suspected, the clinician should obtain compartment pressure measurements by inserting a Stryker needle manometer into the compartment to determine if there is a buildup of pressure. The expert opined in plaintiff's case, obtaining compartment pressures was of great importance and compartment syndrome should have been immediately and appropriately investigated as soon as she woke up from her surgery complaining of extreme bilateral leg pain.

Plaintiff's expert opined to a reasonable degree of medical certainty that Dr. Margolis departed from good and accepted medical practice in his care and treatment of plaintiff. The expert opined Dr. Margolis departed from good and accepted surgical practice in ruling out compartment syndrome on the evening of July 9, 2019 based upon his examination, and further departed by not obtaining plaintiff's compartment pressures, which were substantial contributing factors to the delay in plaintiff's diagnosis and injuries. Plaintiff's expert disagreed with Dr. Margolis' assessment that plaintiff was not suffering from compartment syndrome at the time of his initial consultation based on his examination. The expert opined Dr. Margolis should not have based his determination strictly on clinical examination but should have measured plaintiff's compartment pressures to obtain objective information. Plaintiff's expert also disagreed with Dr. Margolis' testimony and Dr. Morrissey's opinion that it is not the standard of care to take compartment pressures for suspected compartment syndrome. Rather, plaintiff's expert opined it is the standard of care to obtain compartment pressures during the work up and diagnosis of compartment syndrome, especially with plaintiff's clinical history, complaints, signs and symptoms, and lab results. Plaintiff's expert also opined Dr. Margolis' testimony was belied by his notes in the

medical records indicating he instructed the orthopedic physician assistant to take compartment pressures if plaintiff's pain worsened. Plaintiff's expert also opined findings of soft, compressible compartments should not have led Dr. Margolis to rule out compartment syndrome, especially in the face of plaintiff's other unexplained clinical signs and lab findings. Plaintiff's expert further opined plaintiff was obese which may have made it difficult to determine if the compartments were tense or firm. Plaintiff's expert also opined Dr. Margolis departed from good and accepted surgical practice in his treatment plan for plaintiff following the initial consultation on the evening of July 9th. Plaintiff's expert opined the multilayer compression bandages were contraindicated and only worsened plaintiff's compartment syndrome, because adding additional compression from bandages would only serve to worsen the buildup of pressure.

Plaintiff's expert also opined defendant SCSMC's staff departed from good and accepted practices. Plaintiff's expert opined PA Piccoli failed to timely and properly include compartment syndrome in her differential diagnosis, and failed to discuss this with Dr. Veeramachaneni and request a surgical consultation to rule it out. The expert further opined SCSMC's staff departed by failing to perform hourly neurovascular and lower extremities checks, and these departures were a substantial contributing factor in the progression of plaintiff's compartment syndrome and injuries. The expert further opined based upon plaintiff's medical records there is no documentation of hourly neurovascular checks by the nursing staff, and the records do not reflect plaintiff's lower extremities were checked for swelling. Plaintiff's expert further reasoned that when Dr. Margolis re-examined plaintiff on July 10, 2019, she had new swelling that caused him to diagnose compartment syndrome and perform the fasciotomy. Plaintiff's expert also disagreed with Dr. Morrissey's opinions that Dr. Margolis' intraoperative findings were consistent with compartment syndrome having developed on the morning of July 10th. Plaintiff's expert opined compartment syndrome does not always progress to complete tissue death and sometimes tops off at a level producing nerve injury without complete necrosis of all muscle. Based upon the foregoing, plaintiff argues defendants failed to demonstrate they are entitled to summary judgment.

Pursuant to CPLR §3212, “[a] motion [for summary judgment] shall be granted if . . . the cause of action . . . [is] established sufficiently to warrant the court as a matter of law in directing judgment in favor of any party.” (CPLR 3212 [b]; *Rodriguez v. City of New York*, 31 N.Y.3d 312 [2018].) The motion for summary judgment must also “show that there is no defense to the cause of action.” (*Id.*). The party moving for summary judgment must make a prima facie showing that it is entitled to summary judgment by offering admissible evidence demonstrating the absence of any material issues of fact and it can be decided as a matter of law. (CPLR § 3212 [b]; *see Jacobsen v New York City Health and Hosps. Corp.*, 22 N.Y.3d 824 [2014]; *Brill v City of New York*, 2 N.Y.3d 648 [2004].) In deciding a summary judgment motion, the court does not make credibility determinations or findings of fact. Its function is to identify issues of fact, not to decide them. (*Vega v. Restani Constr. Corp.*, 18 N.Y.3d 499, 505 [2012].) Once a prima facie showing has been made, however, the burden shifts to the non-moving party to prove that material issues of

fact exist that must be resolved at trial. (*Zuckerman v. City of New York*, 49 N.Y.2d 557 [1980].)

In moving for summary judgment in a medical malpractice action, the defendant must establish a prima facie case that there was no departure from good and accepted medical practice or that the plaintiff was not injured thereby, and the plaintiff in opposition must submit evidentiary facts or materials to demonstrate the existence of a triable issue of fact. (*Stukas v. Streiter*, 83 A.D.3d 18, 24 [2d Dept. 2011].) In presenting opposition to raise a triable issue of fact, the plaintiff is required to provide an affidavit of merit by a medical expert, and the failure to submit an affidavit by a medical expert competent to attest to the meritorious nature of the plaintiff's claims requires dismissal of the Complaint. (*Id.* at 28.) Summary judgment is not appropriate in a medical malpractice action where the parties adduce conflicting medical expert opinions. (*Buch v. Tenner*, 204 A.D.3d 635, 638 [2d Dept. 2022].) In general, a hospital may be vicariously liable for the negligence or malpractice of its employees acting within the scope of employment under the doctrine of *respondeat superior*. (*Valerio v. Liberty Behavioral Mgt. Corp.*, 188 A.D.3d 948 [2d Dept. 2020].)

To establish a cause of action to recover damages based upon lack of informed consent, a plaintiff must prove “(1) that the person providing the professional treatment failed to disclose alternatives thereto and failed to inform the patient of reasonably foreseeable risks associated with the treatment, and the alternatives, that a reasonable medical practitioner would have disclosed in the same circumstances, (2) that a reasonably prudent patient in the same position would not have undergone the treatment if he or she had been fully informed, and (3) that the lack of informed consent is a proximate cause of the injury.” (*Gilmore v. Mihail*, 174 A.D.3d 686, 688 [2d Dept. 2019].)

Defendants Dr. Margolis and SCSMC established a prima facie entitlement to summary judgment, as they demonstrated through the documentary evidence and expert affirmations that they did not depart from accepted standards of care or proximately cause plaintiff's injuries. Defendants demonstrated through the deposition testimony, medical records, and Dr. Rohde's expert affirmation that plaintiff gave informed consent for the DIEP flap surgery and the fasciotomies performed on July 10th after several consultations with medical professionals and independently reviewing medical materials. Defendants further demonstrated Dr. Veeramachaneni properly obtained informed consent for the DIEP flap surgery as the private attending physician, and it was neither SCSMC nor Dr. Margolis' duty to obtain consent for that surgery. Defendants further demonstrated that prior to performing the fasciotomies, Dr. Margolis properly advised plaintiff of the risks and benefits of the procedure to which she consented. Defendants further demonstrated through Dr. Morrissey's expert affirmation that Dr. Margolis performed a proper evaluation of plaintiff on July 9, 2019 without taking compartment pressures and was not required by the standard of care to perform them, in light of plaintiff's lack of pain with range of motion maneuvers and plaintiff's compartments being soft with mild tenderness. Defendants further

demonstrated Dr. Margolis properly ordered neuro checks every hour and was kept abreast of plaintiff's condition. Defendants also demonstrated SCSMC did not negligently hire or supervise its staff, nor did SCSMC staff depart from the standard of care in treating plaintiff. They demonstrated SCSMC properly cared for plaintiff and appropriately followed orders from physicians in providing care to plaintiff. They further demonstrated none of defendants' acts or omissions proximately caused plaintiff's injuries. Based upon the foregoing, defendants established a prima facie entitlement to summary judgment.

Plaintiff failed to raise a triable issue of material fact in dispute with respect to plaintiff's claims for lack of informed consent and the direct claims against defendant SCSMC for negligent hiring, retention, and supervision, as plaintiff's expert failed to sufficiently rebut those portions of defendants' motion with competent, admissible evidence. (*See Keun Young Kim v. Lenox Hill Hosp.*, 156 A.D.3d 774, 775 [2d Dept. 2017][holding that in opposing a motion for summary judgment, a plaintiff must demonstrate the existence of a triable issue of fact as to the elements on which the defendant has met his or her initial burden].) As plaintiff's expert presented no opinions with regard to the claims for lack of informed consent or the direct claims for negligent hiring, retention, and supervision against defendant SCSMC, there are no triable issues of fact in dispute.

However, plaintiff raised triable issues of fact with respect to whether Dr. Margolis departed from accepted standards of care by failing to take compartment pressures with the Stryker needle when he first evaluated her and by ordering compression bandages after the initial evaluation, and whether these departures proximately caused plaintiff's injuries. Although Dr. Morrissey opined it was academic and unnecessary to take compression pressures, plaintiff's expert sufficiently raised an issue of fact by opining the standard of care is to use a Stryker needle to take compression pressures if compartment syndrome is suspected. Plaintiff's expert opined Dr. Margolis was specifically called in to consult on the possibility of compartment syndrome, and opined Dr. Margolis should not have ruled it out merely because plaintiff's legs were soft and she did not feel pain with passive maneuvers, in light of lab results and complaints of severe pain. Plaintiff's expert sufficiently rebutted Dr. Morrissey's opinions by explaining Dr. Margolis' intraoperative findings did not necessarily indicate that compartment syndrome was not present prior to the second evaluation on July 10th. Plaintiff's expert explained compartment syndrome does not always progress to the level of necrosis and sometimes tops off at nerve damage, like in plaintiff's case. Plaintiff's expert also raised an issue of fact by opining plaintiff's legs feeling soft with mild tenderness should not have been determinative for Dr. Margolis in light of plaintiff's comorbidities. As there are conflicting expert opinions presented by defendants and plaintiff, there are material issues of fact necessitating a jury determination. (*See Mehtvin v. Ravi*, 180 A.D.3d 661, 664 [2d Dept. 2020][holding that summary judgment is not appropriate in a medical malpractice action where the parties adduce conflicting medical expert opinions, as issues of credibility are properly left to a jury for its resolution].) Plaintiff's expert also opined Dr. Margolis departed from the standard of care by ordering compression bandages and raised issues of fact by

opining they would worsen the already rising buildup of pressure from plaintiff's compartment syndrome.

Plaintiff also raised triable issues of fact regarding whether defendant SCSMC's employees departed from accepted standards of care by failing to perform neuro checks every hour, and whether the departure proximately caused plaintiff's injuries. Plaintiff's expert opined there was no documentation in the medical records of hourly neurovascular checks being performed that had been ordered by Dr. Veeramachaneni and Dr. Margolis, and no indication plaintiff's lower extremities were checked for swelling. Plaintiff's expert raised issues of fact by opining these checks were critical, as SCSMC staff was directed to monitor plaintiff for changes that could indicate the development of compartment syndrome, and the failure to do so raised an issue of fact whether it proximately caused or contributed to plaintiff's injuries.

Plaintiff failed to raise a triable issue of fact with respect to the remaining departures alleged against SCSMC, as they were not sufficiently addressed and refuted by plaintiff's expert. Plaintiff's expert's opinions regarding PA Piccoli were vague and unsupported by the medical evidence, and failed to sufficiently rebut defendants' expert opinions that even had PA Piccoli included compartment syndrome in her differential diagnosis, Dr. Margolis evaluated plaintiff on July 9th and determined compartment syndrome was not present. Therefore, plaintiff failed to raise an issue of fact whether PA Piccoli including compartment syndrome in her differential diagnosis would have changed the outcome. Plaintiff's expert also failed to sufficiently address the remaining departures against defendant SCSMC, thus abandoning them. (*See 114 Woodbury Realty, LLC v. 10 Bethpage Rd., LLC*, 178 A.D.3d 757 [2d Dept. 2019].)

Accordingly, defendants Saint Catherine of Siena Medical Center and Justin Margolis, M.D.'s motion for summary judgment and dismissal of plaintiff's Complaint pursuant to CPLR §3212 is granted in part and denied in part. It is hereby

ORDERED that plaintiff's claims for lack of informed consent and negligent hiring, retention, and supervision are dismissed, and it is further

ORDERED that the remaining departures against defendant Justin Margolis, M.D. are whether he should have taken compartment pressures on July 9, 2019, and whether he should have ordered compression bandages for plaintiff upon the evaluation on July 9, 2019, and whether the departures proximately caused plaintiff's injuries, and it is further

ORDERED that the remaining departure against defendant Saint Catherine of Siena Medical Center is whether its staff failed to perform hourly neurovascular and lower extremity checks of plaintiff and whether the departure proximately caused or contributed to plaintiff's injuries, and it is further

ORDERED that the parties shall appear for a pretrial conference on Wednesday, August 13, 2025, at 9:30 am in Courtroom 48.

This constitutes the decision and Order of the Court.

Dated: June 16, 2025

Tracy Catapano-Fox

Hon. Tracy Catapano-Fox, J.S.C.

