



2. Court (if Federal Court, give name of District; if State Court, give name of County)

\_\_\_\_\_

3. Docket Number \_\_\_\_\_

4. Name of judge to whom case was assigned \_\_\_\_\_

5. Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?)  
\_\_\_\_\_

6. Approximate date of filing lawsuit \_\_\_\_\_

7. Approximate date of disposition \_\_\_\_\_

II. Exhaustion of Administrative Remedies

A. Is there a grievance procedure available at your institution?  Yes  No

B. Have you filed a grievance concerning the facts relating to this complaint?  
 Yes  No

If your answer is no, explain why not \_\_\_\_\_  
\_\_\_\_\_

C. Is the grievance process completed?  Yes  No

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item B for the names, positions and places of employment of any additional defendants.)

A. Defendant JOHN DUNLOCK is employed as A MEDICAL DOCTOR  
at OLD FOLSOM STATE PRISON

B. Additional defendants \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

From February 17, 2005, through March 15, 2007, defendant Doctor

John Dunlock was plaintiff Ivan Turner's primary doctor. Because of his indifference plaintiff has suffered the permanent use of his right hand and arm. Beginning on February 17, 2005, plaintiff complained of a burning pain (bullet) in his right elbow. Dr. Dunlock told plaintiff, "since the bullet was lodged between flesh and the nerve, it wasn't nothing to be concerned about."

Four weeks later on March 15, 2006, plaintiff again saw Dr. Dunlock. Again complaining about the constant burning pain in his arm. He

continue

V. Relief.

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

Plaintiff respectfully prays that this court enter judgement granting plaintiff, (A) A declaration that the acts and omissions described herein violated plaintiffs rights under the constitution and the laws of the United States.

B) Award plaintiff monetary damages, compensatory and punitive, in the amount to be determined at trial.

C) Jury trial on all issues triable by jury.

D) Award plaintiff costs in this suit.

E) Any additional relief court deems just and proper and equitable.  
Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Ivan Turner

(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

1/24/08  
(Date)

Ivan Turner  
(Signature of Plaintiff)

Continued

also complain about not being able to extend his arm. During this four week period, it was obvious plaintiff arm had noticeable deteriorated and was much smaller than his left arm.

On April 5, 2006, x-rays revealed plaintiff had abnormalities at C5, C6 and C7, along plaintiff spine. Dr. Dunlock, informed plaintiff he would request via a CDC 7243 (Physician Request for Services) for plaintiff to see a neurosurgeon. However, he failed to request this service, and plaintiff continued to suffer pain and muscle loss.

On July 21, 2006, plaintiff again was seen, by medical staff. A doctor Stephen L. Kamaier, (plaintiff is not sure if this is the correct spelling) on August 4, 2006 finally request via a CDC 7243, a EMG for plaintiff upper extremities. The request was labeled as routine. On August 9, 2006, the procedure was approved by a S. Redding. On August 25, 2006, the E.M.G. was conducted. (Included as Exhibit).

On November 29, 2006, Dr. Dunlock, finally initiated a CDC 7243 (Physician Request for Services) for consultation with a neurosurgeon. He labeled the request as routine.

It should be noted on the CDC 7243 there are three different categories that signal the severity of services requested. (1) Emergency, (2) Urgent, and (3) Routine

On February 28, 2007, taken for a consultation with Doctor Muizelaar. After the exam, he immediately scheduled plaintiff for pre-operation because plaintiff symptoms.

On March 15, 2007, plaintiff was taken to U.C. Davis to have the bullet removed. By this time plaintiff had lost all feeling and strength in his right hand and arm.

From February 2005, through March of 2007, defendant Dr. Dunlock knew from plaintiff complaints and x-rays conducted of abnormalities with plaintiff arm. With each visit defendant saw the deterioration of plaintiff's arm and hand, and the constant burning pain plaintiff was experiencing. However, defendant Dr. Dunlock waited over eighteen months before requesting consultation

from a neurosurgeon. He then labeled this request as simply routine.

Defendant Dr. John Dunlock, is being sued individually and in his official capacity. At all times mentioned in this complaint defendant acted under the color of state law.

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-2-

EXIHIBIT (A)  
HEALTH CARE SERVICE REQUEST (CDC 7362 FORMS)

PAGES(4)

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL  MENTAL HEALTH  DENTAL  MEDICATION REFILL

NAME: TURNER CDC NUMBER: H-52148 HOUSING: B1-C1-25

PATIENT SIGNATURE: [Signature] DATE: 2/17/05

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

Elbow have ~~sawer~~ VERY bad pain.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 2-17-05 06:00 Received by: [Signature]  
Date / Time Reviewed by RN: 2-17-05 06:00 Reviewed by: [Signature]  
S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

They elbow hurts - I hurt it years ago.

O: T: P: R: BP: WEIGHT:

articular (L) elbow

celebrif

A: left in m/s.

P: Med ordered.

See Nursing Encounter Form

E: Med regimen

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY)  URGENT (WITHIN 24 HOURS)  ROUTINE (WITHIN 14 CALENDAR DAYS)

REFERRED TO PCP: DATE OF APPOINTMENT: COMPLETED BY: NAME OF INSTITUTION: FSP

PRINT / STAMP NAME: SIGNATURE / TITLE: N. Garza Jr DATE/TIME COMPLETED: 2/17/05

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL  MENTAL HEALTH  DENTAL  MEDICATION REFILL

NAME: TURNER, IVAN CDC NUMBER: H-52148 HOUSING: B7-C1-32L

PATIENT SIGNATURE: *Ivan Turner* DATE: 3-13-06

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) Right ARM is becoming paralyzed do to bullet in it. Its been there for numerous years but now it is affecting my NERVES. Please see me to rectify this problem.

Emergency

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: Received by:

Date / Time Reviewed by RN: 3.14.06 1400 Reviewed by: *M. Fuller RN*

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

- (R) elbow = bullet lodged (1985 shooting), increasing pain, & strength & use limited.

O: T: P: R: BP: WEIGHT:

- grip strength decreased to (R) arm as compared to (L), & swelling noted

A: P: MO line

See Nursing Encounter Form

E: encouraged to see MD on line for possible reevaluation

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY)  URGENT (WITHIN 24 HOURS)  ROUTINE (WITHIN 14 CALENDAR DAYS)

REFERRED TO PCP: DATE OF APPOINTMENT: COMPLETED BY: NAME OF INSTITUTION: FSP

PRINT / STAMP NAME: M. Fuller SIGNATURE / TITLE: *M. Fuller RN* DATE/TIME COMPLETED: 3/15/06 1220

# HEALTH CARE SERVICES REQUEST FORM

## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL  MENTAL HEALTH  DENTAL  MEDICATION REFILL

NAME: TURNER CDC NUMBER: H-52148 HOUSING: B1-B5-20

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

Right Arm is unuseable, this is my fifth slip. Need help, extreme emergency.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

## PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 2/18/07 10:40 Received by: J. Poffade LVA

Date / Time Reviewed by RN: 2/18/07 1300 Reviewed by: [Signature]

S: \_\_\_\_\_ Pain Scale: 1 2 3 4 5 6 7 8 9 10

(R) hand still cant hold things as I dont want it to get worse have not had FU about it

O: T: 98° P: 93 R: 16 BP: 148/85 WEIGHT: 220lbs  
AH Amb B. Here for FU on impairment in (R) UE numbness & immobility either/or ODS distress

A: FU (R) hand impairment

P: Moline FU

See Nursing Encounter Form

E: Instr keep MO appt report worsen

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY)  URGENT (WITHIN 24 HOURS)  ROUTINE (WITHIN 14 CALENDAR DAYS)

REFERRED TO PCP: \_\_\_\_\_ DATE OF APPOINTMENT: \_\_\_\_\_  
COMPLETED BY: \_\_\_\_\_ NAME OF INSTITUTION: FSP

PRINT / STAMP NAME: [Signature] SIGNATURE / TITLE: [Signature] DATE/TIME COMPLETED: 2/21/07 1631

# HEALTH CARE SERVICES REQUEST FORM

## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL  MENTAL HEALTH  DENTAL  MEDICATION REFILL

NAME: ~~XXXXXXXXXX~~ Turner H52148 CDC NUMBER HOUSING

PATIENT SIGNATURE: [Signature] DATE: 7.21.06

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

R ARM pain + VIND SITE  
2nd request

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

## PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: Received by:

Date / Time Reviewed by RN: 7/25/06 1030 Reviewed by: CN

S: u Pain Scale: 1 2 3 4 5 6 7 8 9 10

Bullet shot 24 yrs ago.  
Starting to hurt last 3 yrs. lately it is worse  
worse & up

O: T: 98.8 P: 98 R: BP: 130/81 WEIGHT: 225 Sat  
age 43 allergies: iodine states

Rt hand grip weaker than Lt. Rt elbow locks up when flexed.

A: P: Keep MD line  
 See Nursing Encounter Form

E: NO line

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY)  URGENT (WITHIN 24 HOURS)  ROUTINE (WITHIN 14 CALENDAR DAYS)

REFERRED TO PCP: COMPLETED BY: DATE OF APPOINTMENT: NAME OF INSTITUTION: JOP

PRINT / STAMP NAME: SIGNATURE / TITLE: [Signature] DATE/TIME COMPLETED: 7/25/06 1230

EXIHIBIT (B)

(HEALTH CARE PHYSICIAN REQUEST FOR SERVICES (RFS) FORMS)

PAGES(1)

# HEALTH CARE SERVICES PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME <i>Turner, Ivan</i>	CDC NUMBER <i>H-52148</i>	INSTITUTION <i>FSP</i>
DATE OF BIRTH <i>10-19-64</i>	EPRD DATE <i>3/17/2023</i>	GENDER <i>M</i>
PRINCIPLE DIAGNOSIS <i>Cervical spondylosis</i>	ICD-9 CODE <i>721.0</i>	CPT CODE(S) <i>95861</i>
REQUESTED SERVICE(S) <i>Emg upper extremities</i>	# OF DAYS RECOMMENDED	

Please circle all that apply: Diagnostic Procedure/Consultation Outpatient/Inpatient Initial/Follow-up

Requested Treatment/Service is: **EMERGENT** **URGENT** **ROUTINE**

For the purpose of retrospective review, if emergent or urgent, please justify: \_\_\_\_\_

Proposed Provider: Dr. Friend Anticipated Length of Stay: \_\_\_\_\_

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): \_\_\_\_\_

Medical Necessity (briefly describe the clinical situation, the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant):  
numbness and pain @ arm - losing strength and grip strength  
X-ray 4-5-06 shows cervical spondylosis C5-C6 and C6-7

Estimated time for service delivery, recovery, rehabilitation and follow-up: \_\_\_\_\_

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): \_\_\_\_\_

Comments (diagrams, risk factors, prognosis, alternative management, etc.): \_\_\_\_\_

REQUESTING PHYSICIAN PRINTED NAME <i>Stephen L. Kaminian FNP</i>	APPROVED / AUTHORIZED / DENIED / DEFERRED BY <i>S. Roddy</i>	DATE <i>8/9/06</i>
---	---	-----------------------

REQUESTING PHYSICIAN SIGNATURE <i>Stephen L. Kaminian</i>	DATE <i>8-4-06</i>	Utilization management tracking #: <i>06107260P0177</i>
--	-----------------------	--

DATE OF CONSULTATION <i>PATIENT SEEN</i>	PRINTED NAME OF CONSULTANT <i>S-25-06 Ylar R. Neesse</i>
---	---

FINDINGS: *FOR E.M.G. - N.C.S. 1. Essentially abnormal*  
*Dictation to follow*  
*Edible Right upper & lower*  
*Findings of Medullary level*  
*neurophysiologically C5 to T1 -*

RECOMMENDATIONS: *Subacute T. Klumpke in nature.*  
*may be secondary to Right*  
*Brachial plexopathy or root lesion*

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: *Feed Cervical Pathology?*  
*2. need RT. OTS*

CONSULTANT SIGNATURE <i>[Signature]</i>	DATE <i>3/17/2023</i>	CDC NUMBER, NAME (LAST, FIRST MI) AND DATE OF BIRTH <i>H-52148</i>
ETA RN SIGNATURE <i>K Miller MTA</i>	DATE <i>8-5-06</i>	
PCP SIGNATURE <i>[Signature]</i>	DATE <i>3/17/2023</i>	

Attach Progress Note page for additional information.

**THIS FORM MUST BE RETURNED WITH THE PATIENT!!!**

- DISTRIBUTION
- ORIGINAL - FILE IN UMR
  - GREEN - TO UMR PENDING ORIGINAL
  - CANARY - CONSULTANT
  - PINK - UM
  - GOLD - SPECIALTY SCHEDULER

*H-52148*

*[Handwritten initials]*

### HEALTH CARE SERVICES PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME <u>TURNER, T. Ivan</u>		CDC NUMBER <u>H-52148</u>	INSTITUTION <u>FSP</u>
DATE OF BIRTH <u>10/19/64</u>	EPRD DATE <u>3/17/2003</u>	GENDER <u>Male</u>	
PRINCIPLE DIAGNOSIS <u>RWE Intermittent &amp; Myoclonic Activity</u>		ICD-9 CODE	CPT CODE(S)
REQUESTED SERVICE(S) <u>Neurosurgey Consult</u>		# OF DAYS RECOMMENDED	

Please circle all that apply: Diagnostic Procedure/Consultation      Outpatient/Inpatient      Initial/Follow-up

Requested Treatment/Service is:      **EMERGENT**      **URGENT**      **ROUTINE**

For the purpose of retrospective review, if emergent or urgent, please justify: \_\_\_\_\_

Proposed Provider: \_\_\_\_\_ Anticipated Length of Stay: \_\_\_\_\_

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): \_\_\_\_\_

Medical Necessity (briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant):  
For a ① W/ Intermittent & Myoclonic Activity, MRI results attached

Estimated time for service delivery, recovery, rehabilitation and follow-up: \_\_\_\_\_

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): \_\_\_\_\_

Comments (diagrams, risk factors, prognosis, alternative management, etc.): \_\_\_\_\_

REQUESTING PHYSICIAN PRINTED NAME <u>John D. ...</u>	APPROVED / AUTHORIZED / DENIED / DEFERRED BY	DATE
REQUESTING PHYSICIAN SIGNATURE <u>John D. ...</u>	DATE <u>11/29/04</u>	Utilization management tracking #:
DATE OF CONSULTATION <u>1/1</u>	PRINTED NAME OF CONSULTANT	

FINDINGS: \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: \_\_\_\_\_

CONSULTANT SIGNATURE	DATE	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH  <u>TURNER, IVAN</u> <u>H-52148</u> <u>10/19/64</u>
ETA RN SIGNATURE	DATE	
PCP SIGNATURE	DATE	
<b>Attach Progress Note page for additional information.</b> <b><u>THIS FORM MUST BE RETURNED WITH THE PATIENT!!!</u></b>		

- DISTRIBUTION:
- ORIGINAL - FILE IN UHR
  - GREEN - TO UHR PENDING ORIGINAL
  - CANARY - CONSULTANT
  - PINK - UM
  - GOLD - SPECIALTY SCHEDULER

EXHIBIT (C)

STATEMENTS OF THE ELECTRODIAGNOSIS  
(ELECTROMYOGRAPHIC EXAMINATION )

PAGES (3)

4/20

Reddy  
B.1

**JOHN H. FRIEND, M.D.**  
**PHYSICAL MEDICINE AND REHABILITATION**  
**ELECTRODIAGNOSIS**  
 P. O. BOX 160327  
 SACRAMENTO, CA 95816  
 TELEPHONE: (916) 452-2761

March 18, 2007

Folsom State Prison  
 Attn: Medical Dpt.  
 P. O. Box 71  
 Represa, CA 95671-0012

PT: Turner, Ivan  
 DOB: 03/09/07  
 CDC#: H52148

**ELECTROMYOGRAPHIC EXAMINATION:**

**INDICATIONS:** Generalized weakness and pain of the right upper extremity. Also, numbness extending from the medial arm to the forearm and to the 3rd, 4th & 5th digits of the hand. Also, neck, shoulder, arm and hand pain. Symptoms are chronic but appear to be somewhat progressive in nature. History of bullet GSW to the right elbow, 1987. X-rays reveal metallic fragments in the distal humeral area on the right.

Sensory and motor nerve conduction studies along with the late responses were performed on both upper extremities as follows:

**RIGHT MEDIAN NERVE:**

- A. 4.6 msec. distal motor latency  
M wave of 3.0 mv  
3.4 msec. distal sensory latency  
N wave of 20.0
- B. 53 met./sec. conduction from the elbow to the wrist
- C. 57 met./sec. conduction from the axilla to the elbow
- D. F wave of 34.8 msec.

**RIGHT ULNAR NERVE:**

- A. 3.2 msec. distal motor latency  
M wave of 2.0 mv  
3.2 msec. distal sensory latency  
N wave of 6.0
- B. 55 met./sec. conduction for a 26 cm segment from below the elbow to the wrist
- C. 34 met./sec. conduction for an 8 cm segment from above to below the elbow  
M wave of 2.0 mv
- D. 55 met./sec conduction from the axilla to above the elbow
- E. F wave of 34.8 msec.

**LEFT ULNAR NERVE (Comparison):**

- A. 3.3 msec. distal motor latency  
M wave of 5.0 mv  
3.2 msec. distal sensory latency  
N wave of 6.0
- B. 56 met./sec. conduction for a 26 cm segment from below the elbow to the wrist
- C. 37 met./sec. conduction for an 8 cm segment from above to below the elbow  
M wave of 5.0 mv
- D. 60 met./sec conduction from the axilla to above the elbow
- E. F wave of 33.6 msec.

*pt had surgery 3/10 for H. Rosen  
 direct no line please  
 Dr.*

Sensory antidromic stimulation was performed on a 10-cm segment on the distal aspect of the right superficial radial nerve, which latency was 3.0 msec. This was compared to a 10-cm segment of the distal right median sensory nerve across the wrist, which was 3.3 msec.

Electromyographic examination was performed on the following muscles of the right upper extremity and the right cervical paraspinal muscles, which are supplied by the anterior and the posterior primary rami of the myotomes of C5 through T1. Samplings included the muscles of the cervical spine, infra spinatus, deltoid, biceps, triceps, brachial radialis, extensor carpi radialis, extensor digitorum communis, flexor carpi radialis and ulnaris, pronator teres, abductor pollicis brevis and the first dorsal interosseous.

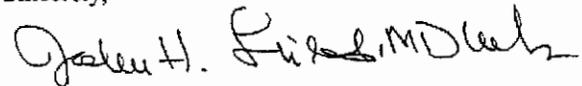
On evaluation of the muscles during rest there was 1+ fibrillation and sharp wave potentials on a scale of 4 scattered throughout the right upper extremity, which included the infra spinatus, deltoid, biceps, triceps, brachial radialis, extensor carpi radialis, extensor digitorum communis, flexor carpi radialis and ulnaris, pronator teres and the first dorsal interosseous.

The interference pattern for all muscles described above which showed denervation potentials demonstrated a minor decrease in numbers of motor units to maximal contraction.

IMPRESSION: The EMG for the right upper extremity is abnormal. There appears to be a multi-level distribution of minimal neuropathy from and including C5 to T1 levels. Changes of the posterior primary divisions, i.e. the cervical spine, were very minimal in this case. These findings may be residuals of a previous C5-T1 radiculopathy, which may coincide with the intense pain that Inmate Turner experienced approximately 2 years ago or it may be residuals of a brachial plexopathy etiology undetermined and also of a few years duration.

The distal motor latency for the right median nerve is minimally delayed across the wrist segment on the right when compared to the left, consistent with a mild compression at the wrist, i.e. CTS. The right ulnar and left median nerve conduction studies are within normal limits. The late responses for the right median and ulnar nerves appear to be minimally delayed when compared to the left. Again, the etiology of this is undetermined.

Sincerely,



JOHN H. FRIEND, M.D.

JHF: wmls

BC  
9/26/06

PT: Ivan Turner  
CDC#: H52148

-2-

March 18, 2007

Sensory antidromic stimulation was performed on a 10-cm segment on the distal aspect of the right superficial radial nerve, which latency was 2.9 msec. This was compared to a 10-cm segment of the distal right median sensory nerve across the wrist, which was 2.8 msec.

Electromyographic examination was performed on the following muscles of the right upper extremity and the right cervical paraspinal muscles, which are supplied by the anterior and the posterior primary rami of the myotomes of C5 through T1. Samplings included the muscles of the cervical spine, rhomboids, infra spinatus, deltoid, biceps, triceps, brachial radialis, flexor carpi radialis and ulnaris, abductor pollicis brevis, abductor digiti quinti, and the first dorsal interosseous.

On evaluation of the muscles during rest, there was 1-2+ fibrillation and sharp wave potentials on a scale of 4 noted for the infra spinatus, deltoid, biceps, triceps, brachial radialis, flexor carpi radialis muscles and 1+ noted for the flexor carpi ulnaris, abductor digiti quinti, and the first dorsal interosseous. The rhomboids and the abductor pollicis brevis muscles did not demonstrate fibrillation and sharp wave potentials. Cervical paraspinal muscles were very difficult to evaluate because of poor muscular relaxation. However, fibrillation and sharp wave potentials were not noted for the paraspinal muscles.

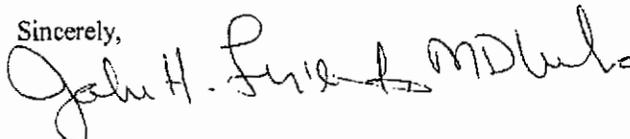
The interference pattern for all muscles sampled which demonstrated fibrillation and sharp wave potentials demonstrated a minor to moderate decrease in numbers of motor units to maximal contraction, generally a normal amplitude of the motor unit potentials.

IMPRESSION: The EMG study for the right upper extremity is abnormal. Minimal to moderate motor neuropathy is noted at multi-segmental levels from C5 to T1. Comparing this examination to the initial examination of 08/06, there appears to be at least a minor increase in the intensity of the motor neuropathy.

The nerve conduction studies for the right median nerve are within normal limits. Also, the late responses for the right median and right and left ulnar nerves are within normal limits.

The nerve conduction study for the right ulnar nerve demonstrates a minor slowing for the nerve conduction velocity across the elbow segment. However, contralateral nerve conduction studies for the left ulnar nerve across the ulnar segment also demonstrates a minor slowing. As the left side is essentially asymptomatic, this finding is felt to be within the physiological norms in regards to the right.

Sincerely,



JOHN H. FRIEND, M.D.

JHF: wmls

*JHF*  
4/11

EXHIBIT (D)

UCDS (M. R. N.) SPINE LETTER

PAGES (3)

Turner, Ivan (MRN 1858269)

UC VIS HEALTH SYSTEM

Transcription	Type	ID	Status	Author
	Spine Letter (5214)	6089873-2	Available	PAPAMICHAIL, SOTIRIS

Preliminary Copy  
This document replaces document 6089873-1

**Transcription Text**

February 28, 2007 RE: TURNER, IVAN  
MRN: 1858269  
DOB: 10/19/1964  
Date of Service: 02/28/2007

BENJAMIN LEE, MD  
FOLSOM PRISON HOSPITAL  
REPRESA, CA. 95650

TELEPHONE NUMBER: 916-985-8610.

Dear Dr. Lee:

We saw Ivan Turner in the Neurosurgery Clinic on 02/28/07.

The patient's chief complaint is "I am losing use of my right hand."

History of present illness: The patient is a 42-year-old left-handed male inmate from Folsom Prison with the above complaint for the last 7 to 8 months. The patient reports an gun shot injury to his right elbow in 1987. The patient reports that he did not request medical attention. He has fragments of steel inside his elbow. He feels that the weakness in his right hand is getting worse. In addition, he complains that his neck locking at times. He is able to stretch his neck after a minute or so. He denies any pain today. He denies any urine or bowel dysfunction. No other complaints.

Allergies: Allergic to iodine which causes hives.

Current medications: He is on atorvastatin 10 mg daily, Seroquel 200 mg 1 tablet in the morning. Remeron 200 mg daily. Methocarbamol 750 mg 1 tablet b.i.d. ibuprofen 600 mg t.i.d.

Past medical history: Hypercholesterolemia. Gunshot wound to the right elbow in 1987.

Family history: Does Not know much about the father. Mother is alive, 75yo, healthy. One brother and two sisters alive and well.

Social history: Folsom prison inmate. Denies use of tobacco or alcohol. Had a history of marijuana smoking.

Review of systems: All 14 review of systems are negative.

Physical exam: Vitals: Temperature is 97.4, pulse 70, respirations 20, weight 220 pounds, height 6 feet 1 inch tall. Well-developed, well-nourished, in no acute distress. HEENT: Normocephalic, atraumatic. Cardiac: Regular rate and rhythm. Respiratory: Clear to auscultation. Abdomen: Soft. There is no tenderness and no distension. Extremities: Full range of motion. GCS 15. Speech fluent. Cranial nerves II-XII intact. Pupils equal, reactive to light. EOMs intact. Strength on adductor digiti minimi and intrinsic 4 out of 5. All other muscle groups bilateral upper and lower extremities is 5 out of 5. Sensation is decreased on C4, 5, 6, 7, and 8 dermatomes in the right upper extremity. All other dermatomes in bilateral upper and lower extremities intact to pin prick. Cerebellar is intact. Gait is steady. Reflexes are trace all around except in the right elbow which is zero. Lower extremities trace all around patellar and Achilles bilaterally. Toes downgoing. Hoffmann test is negative.

Radiological imaging studies: MRI of the cervical spine indicates moderate to severe left foraminal narrowing at the level of C3-4. There is no canal stenosis or cord compression.

Assessment and plan: Right upper extremity weakness. As we discussed with the

Turner, Ivan (MRN 1858269)

U .VIS HEALTH SYSTEM

patient, we feel overwhelmingly that this relates to ulnar nerve compression based on our examination. We recommended right ulnar transposition and microsurgical intrafascicular neurolysis and was accepted. The patient will be scheduled for 03/15/07.

The patient was seen as a regular visit; however, the visit was turned to preop as symptoms continue to get worse.

Thank for the referral and the opportunity to participate in his health care.

Dr. Muizelaar reviewed the critical parts of the history, physical exam, and radiological studies and directed the care of the patient.

Sincerely,

J. PAUL MUIZELAAR, MD

SOTIRIS PAPANICHAEL, PA  
PHYSICIAN ASSISTANT  
DEPARTMENT OF NEUROSURGERY  
THIS WAS ELECTRONICALLY SIGNED - 03/04/2007 10:52 AM PST BY:

SD:kat (usa251) da

D: 02/28/2007 06:24 PM  
T: 03/01/2007 11:12 AM  
C#: 2547181

Original Documentation: 0000 02/28/2007 Spine Letter.(5214) By: PAPANICHAEL, SOTIRIS



DATE	TIME	PROB #	
3/15/07	1830	/	S: (history includes details pertinent to the patient's medical complaint) "I had surgery today on my @ elbow!"
			O: (physical assessment) T: 97° P: 65 R: 18 B/P: 121/74 Wt: dressing on @ elbow dry + intact & any visible dressing drainage
			A: (medical/nsg diagnosis. MTAs may not independently analyze or interpret data.) alteration in comfort due to post op pain
			P: (MTA - referral to a higher licensure for prioritization and evaluation.) (RN - action to be taken by the RN so that the patient receives appropriate medical care.) given Vicodin + pass instructions how to obtain Rx
			& not to move arm much
			E: (education provided) advised to keep dressing clean + given pass to see 1 Bld MD 3/16/07 AM. P. Damiano RN

INSTITUTION

FSI<sup>P</sup>

ROOM / WING

1 Bld

OUTPATIENT INTERDISCIPLINARY  
PROGRESS NOTES

CDC NUMBER, NAME, (LAST, FIRST, MI)

TURNER  
H 52148

EXHIBIT (E)  
C.D.C (602) APPEAL FORM I.E COMPLAINT

PAGES (8)

# Memorandum



Date : August 6, 2007

To : TURNER, IVAN H52148  
Folsom State Prison  
P.O. Box 71  
Represa, CA 95671

Subject: **APPEAL ACTIVITY**

The attached page(s) lists a summary of your recent appeal history and status of appeals still under review.

A handwritten signature in black ink, appearing to read "N. Grannis".

N. GRANNIS, Chief  
Inmate Appeals Branch

Attachment(s)

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
Inmate / Parolee Appeals Tracking System - Level III

Appellant Information

CDCR Number: H52148

Sorted By: Last Name

DCR Number	Appellant Name	Location	Arrival Date
52148	TURNER, IVAN	FSP	06/23/2004
<u>Accepted Appeals</u>			
IAB Number	Inst. Log Number	Closed Date	Disposition
0404218	FSP-04-01240	01/10/2005	DENIED
0407098	FSP-04-01666	04/06/2005	DENIED
<u>Screen Outs</u>			
IAB Number	Inst. Log Number	Screened Out	Reason
0404218	FSP-04-01240	12/07/2004	APPEAL HAS BEEN FULLY ADJUDICATED

**PROOF OF SERVICE BY MAIL**

I, IVAN TURNER, AM A RESIDENT OF FOLSOM STATE PRISON IN THE COUNTY OF SACRAMENTO, STATE OF CALIFORNIA. I AM OVER THE AGE OF 18 YEARS, AND I AM /AM NOT A PARTY TO THIS ACTION.

MY PRISON NUMBER IS: H-52148

MY PRISON ADDRESS IS; P.O. BOX 950, Folsom, Ca. 95763

ON January 24, 2008 2008, I SERVED A COPY OF THE FOLLOWING DOCUMENT:

*Civil Rights Complaint  
U.S.C. 1983*

ON THE FOLLOWING PARTIES BY PLACING THE DOCUMENTS IN A SEALED ENVELOPE WITH POSTAGE FULLY PAID, IN THE UNITED STATES MAIL, IN A DEPOSIT BOX SO PROVIDED AT FOLSOM STATE PRISON (MAILBOX RULE), FOLSOM, CALIFORNIA, ADDRESSED AS FOLLOWS:

*United States District Court  
Eastern District of California  
501 I street # 4-200  
Sacramento Ca. 95814*

THERE IS DELIVERY SERVICE BY THE UNITED STATES MAIL AT THE PLACE SO ADDRESSED, AND/OR THERE IS REGULAR COMMUNICATION BY MAIL BETWEEN THE PLACE OF MAILING AND THE PLACE SO ADDRESSED.

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED January 24, 2008, AT FOLSOM, CALIFORNIA..

Ivan Turner  
<signature here >