Suzanne G. Gatti, Esq. (SBN 198927) LAW OFFICES OF KUPER & WILSON 4344 Atlantic Avenue Long Beach, CA 90807 SUPERIOR COURT OF CALIFORNIA COUNTY OF LOS ANGELES T: (562) 595-5600 3 Suzanne@denisekuper.com 4 APR 29 2013 Attorneys for Plaintiffs, Denny Hernandez and Sabina Hernandez ∮ 5 JOHN A CLARKE, CARLUSTYE UPTILERICLERK
BY_______Deputy 6 7 SUPERIOR COURT OF THE STATE OF CALINORNIA 8 9 FOR THE COUNTY OF LOS ANGELES 10 DENNY HERNANDEZ and SABINA CASE NO HERNANDEZ, 11 Plaintiffs. COMPLAINT FOR: 12 VS. 1. Negligent Hiring/Retention 13 Medical Malpractice KAISER FOUNDATION HEALTH Reckless Misconduct KAISER **FOUNDATION** 4. Lack of Informed Consent HOSPITALS **KAISER** INSURANCE 5. Fraudulent Concealment PERMANENTE 15 COMPANY: THE PERMANENTE MEDICAL 6. Breach of Contract GROUP: SOUTHERN (O CALIFORNIA 7. Breach of Duty of Good Faith and 16 PERMANENTE MEDICAL CROUP, GURBIR Fair Dealing M.D. 8. Violation of California Business and CHHABRA, MOHAMMAD NAMAZIAN, D.O., CHRISTOPHER LOUIS SHERMAN, D.O., RICHARD ROSE, M.D.; SUMERA PANHWAR, M.D.; and DOES 1-200, 17 Professions Code § 17200 et seq. 9. Fraud 18 10. Intentional Misrepresentation 11. Negligent Misrepresentation Inclusive, 19 12. Intentional Infliction of Emotional Distress Defendants 20 13. Negligent Infliction of Emotional Distress 21 14. Loss of Consortium 22 DEMAND FOR JURY TRIAL Plaintiffs DENNY HERNANDEZ (hereinafter "Mr. Hernandez" and "Platter" and 23 SABINA HERNANDEZ (hereinafter "Mrs. Hernandez" and "Plaintiff"), com Bah af Defendants 24 KAISER FOUNDATION HEALTH PLAN; KAISER FOUNDATION HOSPITALS; & 25 26 PERMANENTE INSURANCE COMPANY; THE PERMANENTE MEDICAL SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP; GURBIR CHHABRA, MED. 27 28 COMPLAINT

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MOHAMMAD NAMAZIAN, D.O.; CHRISTOPHER LOUIS SHERMAN, D.O.; RICHARD ROSE, M.D.; SUMERA PANHWAR, M.D. and DOES 1 through 200, and each of them (hereinafter, "Defendants"), and allege as follows:

INTRODUCTION

- 1. This action arises out of the horrendous medical care and treatment Mr. Hernandez received from Defendants in connection with his degenerative hip joint condition, which care and treatment breached the standard of care commonly exercised by medical practitioners and/or specialists in the community, all of which was in furtherance of Defendants' stratagem to increase profitability at the expense and physical well-being of consumers like Plaintiffs. As part of this strategy, Defendants developed a corporate structure which creates an inherent conflict between the consumers it induces to enroll in plans of medical insurance who become members and the physicians it contracts with who are responsible for the care and treatment of the members, by encouraging physicians to spend as little as possible on the care and treatment of those members, (as the surplus funds get funneled to the physicians), while at the same time insulating physicians from financial liability for substandard medical care and treatment, further encouraging Defendants to breach the standard of care commonly exercised by medical practitioners and/or specialists in the community.
- 2. Because of Kaiser's corporate structure, which rewards Plan physicians who withhold care and treatment, and the related political pressure from fellow Plan physicians to increase profitability, the Plan physicians frequently agree to undertake medical care for which they do not possess the necessary knowledge, training, experience and skill, in lieu of having to refer a member to a non-Plan provider, as the monies paid to a non-Plan provider, effectively reduce the monies that are subsequently distributed to the physicians.
- 3. As part of Defendants' scheme to withhold necessary care and treatment from members in order to maintain or increase profitability, Defendants unfairly, unlawfully and fraudulently require members to submit any and all disputes to arbitration pursuant to its enrollment form which unlawfully violates section 1363.1 of the California *Health and Safety Code* as arbitration allows Defendants to avoid public accountability for the regular and continued

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practice of withholding necessary medical care from members in order to maintain or increase annual profits.

4 Unfortunately, Mr. Hernandez was yet another casualty of Defendants' financial objectives. In 2009, at the age of 48 Mr. Hernandez needed a hip replacement because of severe osteoarthritis. Kaiser recommended to Mr. Hernandez that he undergo a Birmingham Hip Resurfacing ("BHR") procedure in lieu of a traditional hip replacement. The BHR system, which had been approved by the FDA three years earlier was designed for younger patients as it provided increased range of motion and it allowed the femur to remain intact, whereas, traditional hip implants require that a sizeable portion of the femur be removed in order to install the device. Allowing the femur to remain intact is extremely important for younger patients who are more likely to require a subsequent replacement (the average lifetime of a hip implant device is 15 years), because once a portion of the femur is removed to accommodate a hip implant, subsequent implant surgeries become exponentially more difficult to perform, as care must be taken: (i) not to damage / fracture the portions of the femur that surround the cylindrical femoral component, when removing the existing femoral component and replacing it with a new component; (ii) to ensure that when installed, the replacement implant is properly aligned, which may require making additional surgical adjustments to accommodate changes caused by the prior surgical implant such as a leg length differential, damage to the surrounding musculature (slack or tight surrounding muscles).

5 Unbeknownst to Mr. Hernandez, Kaiser beginning on or about 2009, Kaiser undertook the care and treatment of his without having the requisite skill, training experience, tools and equipment to properly provide the necessary care, whereby Mr. Hernandez was induced to undergo several botched surgeries, each followed by years of tortuous physical pain as well as severe emotional and mental anguish/distress. Defendants justified the failure and refusal to contract with physicians and surgeons who had the necessary skills and equipment to provide Mr. Hernandez with the necessary care and treatment by focusing on its annual profitability.

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6. The entirety of this Complaint and the allegations made herein are pled upon information and belief. Each allegation is likely to have evidentiary support after a reasonable opportunity for further investigation or discovery.

PARTIES

- 7. At all times mentioned herein, Plaintiffs, were and are natural persons, a married couple, residing in Los Angeles County, California. Mr. and Mrs. Hernandez are sometimes hereinafter individually and collectively referred to as "Plaintiff" or "Plaintiffs", as the case may be.
- 8. The true names and capacities, whether individual, corporate, associate or otherwise, of the Defendants herein named as DOES 1 through 200, inclusive, are unknown to Plaintiffs who, therefore sue said Defendants by such fictitious names; and leave of court will be asked to amend this Complaint to show their true names and capacities as well as the manner in which each DOE Defendant is responsible, when the same have been ascertained.
- 9. At all times herein mentioned, each of the Defendants herein named as a DOE, was, and still is, legally responsible in some manner for the events and happenings herein referred to and proximately caused all injuries and damages to Plaintiffs, thereby, as herein alleged.
- 10. At all times berein mentioned, Defendant KAISER FOUNDATION HOSPITALS (hereinafter "KRH"), and DOES 1 through 10 were medical groups/health care providers, form unknown, organized and existing under the laws of the State of California and/or authorized to do business and doing business in the State of California and maintaining healthcare facilities in the State of California, including Los Angeles County and San Bernardino County.
- 11. At all times herein mentioned, Defendant KAISER FOUNDATION HEALTH PLAN, INC. (hereinafter "KFHP"), and DOES 11 through 20 were health maintenance organizations/health care providers, form unknown, organized and existing under the laws of the State of California and/or authorized to do business and doing business in the County of Los Angeles and the County of San Bernardino. Said Defendants had a contractual relationship with Mr. Hernandez, to provide and/or arrange for quality hospital and medical services to care, treat and diagnose treat them at all times herein mentioned.

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- 12. At all times herein mentioned, Defendant, KAISER PERMANENTE INSURANCE COMPANY, INC. (hereinafter "KPIC"), and DOES 21 through 30 were entities of unknown form, doing business in the State of California.
- 13. At all times herein mentioned, Defendant THE PERMANENTE MEDICAL GROUP (hereinafter "TPMG"), and DOES 31 through 40 were entities of unknown form, doing business in the State of California.
- 14. At all times herein mentioned, Defendant SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP (hereinafter "SCPMG"), and DOES 41 through 50 were entities of unknown form, doing business in the State of California. SCPMG provides physician services to members of the Kaiser Foundation Health Plan in Southern California.
- 15. KFH, KFHP, KPIC, TPMG SCPMG and DOES 1 though 50 are sometimes hereinafter collectively referred to as the "Kaiser Entities".
- 16. At all times herein mentioned, one or more of the Kaiser Entities owned, operated, managed, controlled and administered the medical facilities that resulted in the injuries alleged herein, including, without limitation Kaiser as Facility ID # 240000024, a General Acute Care Hospital located at 9961 Sterra Avenue, Fontana, California 92335 (hereinafter "Kaiser Fontana"), and Kaiser countation Hospital-Downey, a facility licensed with the California Department of Public Health as Facility ID # 930000074, a General Acute Care Hospital located at 9333 Imperial Highway, Downey, California 90242 (hereinafter "Kaiser Downey"), and represented to the public at large, and to Plaintiffs in particular, that Kaiser Fontana and Kaiser Downey were properly equipped, fully accredited, competently staffed hospitals with qualified and prodent personnel, and operating in compliance with the standard of care maintained in other properly and efficiently operated and administered, accredited hospitals in the Southern California medical community and offering full, competent and efficient hospital, medical, surgical, laboratory, x-ray, anesthesia, paramedical and other services to the general public and to Plaintiffs herein; and said Kaiser Entities and DOES 1-50, administered, governed, controlled, managed and directed all the necessary functions, activities and operations of Kaiser Fontana and Kaiser

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Downey including the nursing care, training of interns, residents and house staff, as well as the activities of physicians and surgeons acting within said hospitals.

- 17. Plaintiffs allege that there exists, and at all times herein mentioned there existed, a unity of interests and ownership between KFHP, KFH, KPIC, TPMG and SCPMG, wherein KFHP is the alter ego of KFH, KPIC, TPMG and SCPMG, and KFHP, and KFH, KPIC, TPMG and SCPMG, and KFHP are, and at all times herein mentioned were, mere shells, instrumentalities and conduits through which KFHP carried on the business of insurance in the state of California.
- At all times herein mentioned, Defendants, GURBIR CHHABRA, M.D. ("Dr. 18. Chhabra"), MOHAMMAD NAMAZIAN, D.O. ("Dr. Namazan") CHRISTOPHER LOUIS SHERMAN, D.O. ("Dr. Sherman"), RICHARD M. ROSE, M.D. ("Dr. Rose"), SUMERA PANHWAR, M.D. ("Dr. Panhwar"), and DOES 51 through 200 were physicians and surgeons, licensed by the State of California to practice medicine and surgery in the State of California. Defendants, Dr. Chhabra, Dr. Namazian, Dr. Sherman, Dr. Rose, Dr. Panhwar and DOES 51 through 200, and each of them, at all times herein mentioned, held themselves out to the public at large and to Plaintiffs, in particularies fully qualified physicians and surgeons, duly licensed to practice their profession in the State of California, and exercising prudent, reasonable judgment and care in the selection, employment and control of qualified, trained, experienced nurses, nurse practitioners, nursing personnel, physician assistants, orderlies, assistants, aides and employees under their supervision, control, direction, responsibility and authority while performing services and caring for patients including, but not limited to, Mr. Hernandez. Dr. Chhabra, Dr. Namazian, Dr. Sherman, Dr. Rose, Dr. Panhwar and DOES 51 though 200 are sometimes hereinafter collectively referred to as the "Kaiser Practitioners".
- 19. At all times herein mentioned, the Kaiser Entities, and each of them, were the cojoint-venturers, masters, and employers of the Kaiser Practitioners, and each of them, who at all times herein mentioned, were acting within the course and scope of their agency, employment and/or joint venture.
- 20. Plaintiffs are informed and believe, and thereon allege, that at all times herein mentioned, each defendant was an agent, master, servant, employer, employee and/or joint

venturer of the remaining defendants, and was at all times acting within the course and scope of such agency, service, employment and/or joint venture; and each defendant has ratified and approved the acts of the remaining defendants.

21. The Kaiser Entities and the Kaiser Practitioners are sometimes hereinafter individually and collectively referred to as "Kaiser."

VENUE

Venue is proper in the County of Los Angeles pursuant to California Code of Civil Procedure § 395 et seq. because one or more defendants conduct business in this county. Further, incidents of professional negligence and the resulting injuries, alleged herein, took place in the county of Los Angeles.

GENERAL ALLEGATIONS

- A. Plaintiffs' enrollment in the Kaiser Foundation Health Plan
- 23. Plaintiffs initially enrolled in a plan of medical insurance with KFHP through Mr. Hernandez's employment with the United States Postal Service in 2001 and have remained enrolled as members continuously since that time.
- 24. Despite continuous enrollment since 2001, Mr. Hernandez was required to fill out a new enrollment form in 2009, following a change in coverage under his plan of medical insurance (the "2009 Plan").
- 25. The 2009 enrollment form, upon acceptance by Kaiser established a bilateral contract between Plaintiffs and Kaiser, the terms and provisions of which are governed by that certain "Service Agreement" by and between KFHP and the United States Office of Personnel Management (Contract CS1044-B), portions of which are contained in a brochure which is given to members upon enrollment a true and correct copy of the 2009 Plan is attached hereto as Exhibit "A" and incorporated herein by this reference ("Evidence of Coverage" or "EOC").
- 26. Based on the oral representations made by Kaiser as well as the written representations of and warranties of Kaiser set forth in the EOC, Plaintiffs believed that the medical care and treatment that they would receive from Kaiser would be "quality integrated healthcare" that, at a minimum, was at or above the degree or skill and competence commonly

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exercised by medical practitioners and/or specialists in Southern California, otherwise they never would not have enrolled in a policy of medical insurance with KFHP.

- 27. Under the terms and provisions of the EOC, Plaintiffs agreed to pay pre-determined monthly premiums to Kaiser and Kaiser agreed, "to provide or arrange all necessary physician care". (EOC at P. 11). As a further inducement to enrollees and existing members, Kaiser represents and warrants all of the following:
 - (a) To Coordinate all health care services (EOC at P.6);
- (b) To have sole responsibility for selecting medical plan providers, all of whom follow generally accepted medical practices (EOC at P. 6)
- (c) To credential all medical plan providers according to national standards; (EOC at P. 11); and
- (d) That a member's primary care physician has authority to refer a member for most services and can otherwise arrange for any necessary and specialty care. (EOC at P. 11, 13).
- Based on the promises made by Kaiser in the EOC, Plaintiffs were induced to 28. believe, justifiably believed and were entitled to receive, at a minimum, medical care and treatment, dictated by generally accepted medical practices, from skilled professionals, credentialed according to national standards as well as specialty care (which includes medical care and treatment from non-Kaiser providers), so long as a member's primary care physician issued a "referral" which was evidence that the requested medical care and treatment was deemed necessary. However, beginning in or about 2009 and continuing to the present, Mr. Hernandez received medical care and treatment that was below the level of care that other reasonably careful physicians would use in the same or similar circumstance, despite Kaiser's continued representations to the contrary. When Mr. Hernandez repeatedly returned to Kaiser complaining of pain and requesting additional diagnostic tests to determine the cause, following a botched surgery Kaiser performed, his requests were repeatedly denied. Instead, Kaiser repeatedly administered intravenous pain medicine to Plaintiff, despite prior documentation by Kaiser that Plaintiff was working to reduce his reliance on pain medicine to manage his hip pain. After complaining of pain for two years and repeatedly requesting care and treatment to discern that

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cause of Plaintiff's continued pain and stiffness, Kaiser justified its repeated failure to provide the care and treatment needed for a diagnosis by accusing Mr. Hernandez of feigning hip pain in order to get more pain medicine; allowing further savings by withholding care and treatment for diagnostic and related purposes.

- 29. In addition to the foregoing, Kaiser purposefully includes an arbitration clause that is inconspicuous and fails to sufficiently notify enrollees or existing members of its broad application to any and all disputes, including disputes for professional liability, personal injury or wrongful death.
- 30. Under California law, a health care service plan can require its members to submit their disputes to arbitration and waive their right to a jury trial provided, however, the language requiring mandatory arbitration in the health care service plan contract complies with the requirements set forth in California Health and Safety Code §1363.1, which provides as follows:

Any health care service plan that includes terms that require binding arbitration to settle disputes and that restrict, or provide for a waiver of, the right to a jury trial shall include, in clear and understandable language, a disclosure that meets all of the following conditions:

- (a) The disclosure shall clearly state whether the plan uses binding arbitration to settle disputes, including specifically whether the plan uses binding arbitration to settle claims of medical malpractice.
- (b) The disclosure shall appear as a separate article in the agreement issued to the employer group or individual subscriber and shall be prominently displayed on the enrollment form signed by each subscriber or enrollee.
- (c) The disclosure shall clearly state whether the subscriber or enrollee is waiving his or her right to a jury trial for medical malpractice, other disputes relating to the delivery of service under the plan, or both, and shall be substantially expressed in the wording provided in subdivision (a) of Section 1295 of the California Code of Civil Procedure. [Emphasis added]
- (d) In any contract or enrollment agreement for a health care service plan, the disclosure required by this section shall be displayed immediately before the signature line provided for the representative of the group contracting with a health care service plan and immediately before the signature line provided for the individual enrolling in the health care service plan.

Section 1295(a) of the California Code of Civil Procedure further provides:

It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

31. The enrollment form signed by Mr. Hernandez in 2001, contained the following arbitration clause:

If you have any claim or dispute that is not governed by the Disputed Claims Process with OPM described in Section 8, then all such claims and disputes of any nature between you and the Plan, including but not limited to malpractice claims, shall be resolved by binding arbitration, subject to the Plan's Arbitration procedures. For more information that describes the arbitration process. Contact our Member Service Call Center at 1-800-464-4000 for copies of our requirements. These will explain how you can begin the binding arbitration process. (EOC at P. 57)

The foregoing language clearly violates California law in that it fails to clearly state the types of disputes that are to be resolved by anding arbitration and instead includes references to defined not otherwise defined on the same page but that require one to search the remainder of the brochure to understand the meaning, and to add to the confusion, not all of the defined terms are included in the index in the back of the EOC. It is clear that Kaiser's Plan purposefully include vague and incoherent references to what type of dispute is subject to arbitration when contrasted with the letter from Kaiser in response to notice provided pursuant to California Code of Civil Procedure section 364, which states, This letter also constitutes notification that your client is a member of the Kaiser Foundation Health Plan, Inc., by virtue of a Group Medical and Hospital Service Agreement (Service Agreement"). This Agreement includes and arbitration provision, which requires arbitration of all claims including professional liability, personal injury or wrongful death." A copy of which is attached hereto as Exhibit "C" and incorporated herein by this reference.

ACTUAL MEDICAL TREATMENT RECEIVED UNDER THE 2009 PLAN

32. Although Mr. Hernandez experienced a reduced range of motion as well as pain, swelling and stiffness in his hip, groin, thigh, buttocks and knee, consistent with osteoarthritis in

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his right hip for many years, it became progressively worse over time. Prior to 2009, he relied on non-surgical treatments to manage the pain and stiffness in lieu of more aggressive treatments such as surgery, out of a fear that surgery could make it worse and since his income was the family's only source of income, he didn't want to take an unnecessary risk.

- 33. In or about 2008, at the age of 48, Mr. Hernandez underwent right hip arthroscopy to diagnose and treat his right hip pain. Following the 2008 arthroscopy, Mr. Hernandez was informed that surgery would be necessary, and that he would likely require a total hip replacement to treat his right hip pain, despite his relative young age (the average age of individuals requiring a hip replacement is 66 years old). Kaiser then referred Mr. Hernandez to one of the Plan's orthopedic specialists, Dr. Chhabra, an orthopedic surgeon.
- 34. On or about February 19, 2009, Mr. & Mrs. Hernandez presented to Kaiser Fontana for an orthopedic consult with Dr. Chhabra. During the consultation Dr. Chhabra confirmed that that recent x-rays revealed moderate to severe osteoarthritis in Mr. Hernandez's right hip. Dr. Chhabra informed Plaintiffs that implantation of a medical device would be necessary due to the severity and extent of Plaintiff's osteoarthritis at that time. Osteoarthritis becomes progressively worse over time, because it causes a breakdown in the cartilage tissue that is designed to protect the underlying bone it surrounds. Dr. Chhabra recommended two surgical procedures to treat Plaintiff's degenerative osteoarthritis, a total hip arthroplasty procedure (hereinafter "THA") and a "Birmingham (Hip Resurfacing" procedure (hereinafter "BHR"). Based on information and belief and thereon Plaintiff alleges, the BHR system, which was approved by the FDA in 2006, was marketed to younger patients who would otherwise be candidates for a THA. Although both procedures are designed to treat joint disease, each requires a unique set of skills; training and experience, with the BHR procedure requiring significantly more training and experience in order to regularly achieve a comparable successful outcome. In fact, when the FDA initially approved metal on metal hip resurfacing devices in 2006, surgeons wanting to implant the device were required to undergo formal industry-sponsored training before performing their initial procedure

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and a specialist was required to be in attendance during a surgeon's first ten resurfacing procedures. This was due in large part to the fact that the successful "outcome of hip resurfacing is strongly dependent on the experience of the surgeon and hospital performing the procedure. The results of subsequent studies published in the Association of Bone and Joint Surgeons, also confirmed that surgeon experience plays a significant role in the successful outcome of resurfacing procedures, with complication rates being six times higher for the first 25 procedures than the second 25 procedures and that proper implant positioning required significantly more experience, between 75 to 100 procedures. Additionally, the literature for the BHR system warns physicians of the importance of having sufficient training, with both the recommended instruments and the surgical technique before performing the procedure. However, before Dr. Chhabra could finish discussing the two procedures with Plaintiffs, Mr. Hernandez became so overtaken with anxiety about having surgery that he had to reschedule the consultation for a later date.

Approximately three weeks later, on or about March 11, 2009, Plaintiffs returned to Kaiser to resume their pre-op consultation with Dr. Chhabra. Following the parties' discussion of the two procedures, Defendant Dr. Chhabra recommended to Mr. Hernandez that he undergo the BHR procedure because of Mr. Hernandez's age, among other reasons. At the time that Dr. Chhabra recommended that Mr. Hernandez undergo the BHR procedure as well as at the time that Mr. Hernandez underwent the BHR procedure, Dr. Chhabra knew he did not possess the necessary knowledge, skill, training, experience, equipment and tools to properly perform the BHR procedure on Mr. Hernandez. Dr. Chhabra represented to Plaintiffs that he had the requisite

¹ Initial American Experience With Hip Resurfacing Following FDA Approval, Craig J. Della Valle, M.D., Ryan M. Nunley, M.D., Stephan J. Raterman, M.D., Robert L. Barrack, M.D.[Symposium: Papers Presented at the Hip Society Meetings 2008, Vol. 467, Issue 1 / January 2008

² Shimmin, AJ. The Effect of Operative Volume on the Outcome of Hip Resurfacing. Paper #316. Presented at the American Academy of Orthopedic Surgeons 76th Annual Meeting. Feb 25-28. 2009. Las Vegas.

³ Nunley, Ryan M. The Learning Curve for Adopting Hip Resurfacing Among Hip Specialists. Clin Orthop Relat Res (2010) 468: 382-391.

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knowledge, skill, training, experience, tools and equipment to properly perform the BHR procedure, when in reality, Mr. Hernandez was going to be Dr. Chhabra's guinea pig.

- 36. Plaintiff spent the following six (6) months obtaining the necessary health clearances for his hip surgery, which included an EKG, chest x-rays, blood work, anesthesia consult and a dental clearance, among other clearances.
- 37. Approximately 2 weeks before Mr. Hernandez's scheduled surgery date, Mr. Hernandez was seen at Kaiser Fontana for a pre-anesthesia evaluation with Douglas James Flores, M.D., and some final blood tests and x-rays. The x-rays revealed a combination of eburnation, subchondral sclerosis, collapse of the articulating surface and joint space narrowing effect the right hip, and possible osteonecrosis of the femoral head secondary to advanced degenerative changes.
- 38. Although Plaintiff was still anxious about having to undergo a major surgical procedure, he was excited about the thought of not having constant hip pain.
- On or about September 28, 2009, upon the advice and recommendation of Dr. Chhabra, Mr. Hernandez allowed Dr. Chhabra, Dr. Namazian, Dr. Sherman and DOES 51-200 to perform the BHR surgery on Plaintiff's right hip to treat his osteoarthritis (as part of the BHR, a medical device was implanted in Plaintiff's right hip). Despite the manufacturer's warnings that only physicians who have sufficient training in the BHR system should perform the procedure and that the recommended instruments and surgical approach are crucial to the success of the procedure, Defendants ignored each and every one, including the warning that a posterior surgical approach be utilized.
- 40. On or about September 29, 2009, the day after undergoing the BHR procedure, Mr. Hernandez was visited by Dr. Chhabra, who believing the surgery to be a success, revealed to Plaintiff that he had only performed the BHR procedure once before.
- 41. A few days later, Plaintiff began experiencing an unusual excruciating pain in his right hip and he returned to Kaiser for medical care and treatment. Notwithstanding the fact that Mr. Hernandez underwent a major surgery just one week before and the symproms were of the type of that he was instructed to report to Kaiser, Kaiser simply prescribed dilaudid to Mr.

Hernandez for pain and advised him to decrease activities and continue with light physical therapy.

- 42. On October 12, 2009, when Plaintiff returned to Kaiser for a post-surgical consultation and removal of his sutures, Plaintiffs were surprised that Kaiser spent the majority of the consult discussing Plaintiff's recent five (5) pound weight gain, given that Plaintiff had returned to Kaiser twice since his surgery two (2) weeks ago.
- 43. In or about November 2009, during Plaintiff's post-surgery consultation with Dr. Chhabra, Plaintiff reported pain and stiffness in his hip, thigh and buttock as well as hearing clicking and crunching sounds. Dr. Chhabra advised Plaintiff to continue his home exercises and to use preventative antibiotics, if necessary, leading Plaintiff to believe that his symptoms were normal.
- 44. In or about January 2010, Plaintiff began having episodes where his right hip would just give out on him. Some episodes were worse than others and sometimes if Plaintiff was lucky, he was able to grab onto something before falling to the ground. On or about February 24, 2010, after one of Plaintiff's these episodes. Mr. Hernandez returned to Kaiser when, after his hip gave out, he couldn't tolerate the pain Raiser administered intravenous painkillers to Plaintiff, making the pain tolerable so that Kaiser could obtain x-rays of Plaintiff's right hip. After reviewing the x-rays, Kaiser assured Plaintiff that nothing was wrong and that he could go home. By then, the intravenous medicine had masked Plaintiff's earlier pain, so Plaintiff was pleased to be going home.
- A few months later, Plaintiff returned to Kaiser when his right hip gave out on him again, causing pain, swelling and stiffness in his hip, thigh and buttocks. Again, Kaiser administered pain medicine to Plaintiff, took x-rays of Plaintiff's hips and upon confirming that the prosthetic device appeared anatomically aligned, advised Plaintiff that nothing was wrong and released Plaintiff to go home.
- 46. On or about November 5, 2010, Plaintiff was brought to Kaiser by his wife because of pain he was experiencing in his right hip. While leaning over in bed that morning, Plaintiff heard a loud popping sound from his right hip, followed by crippling pain. During the

consultation, Mrs. Hernandez was pulled aside and informed that Plaintiff was feigning this alleged hip pain in order to get more pain medicine. Notwithstanding the foregoing, Kaiser simply followed its regular protocol of administering pain medicine and taking x-rays of Plaintiff's hip, confirming that the hip prosthetic appeared to be in anatomical alignment and releasing Plaintiff to go home. Armed with this information, Mrs. Hernandez decided that she was going to take possession of Plaintiff's pain medicine and that he would no longer have untertered access to his pain medicine and that he would have to ask her for it so that she could monitor his intake. Naturally, arguments ensued and conflict arose as suspicions were aroused. Plaintiff frequently endured severe pain in order to avoid an argument with either Mrs. Hernandez or their adult son. However, all of this to took quite an emotional toll on Plaintiff

On or about February 3, 2011, after enduring months of severe pain with less than adequate amounts of pain medicine to treat the pain. Plaintiff asked his wife for a little more pain medicine to help manage the stiffness and deep throbbing pain he had been experiencing in his hip, thigh and buttocks for the past few days; Plaintiff's son immediately objected and a verbal argument ensued. No matter what Plaintiff said, it wasn't enough to undo the damage Kaiser caused, not even his family believed him anymore. Not wanting to endure the pain any longer, especially alone, Plaintiff reached for a loaded gun, which fortunately, Mrs. Hernandez intercepted. Mrs. Hernandez immediately transported Mr. Hernandez to Kaiser where he stayed for several days for observation.

Approximately three weeks later, Plaintiff returned to Kaiser reporting pain and stiffness in his hip and thigh and, again the standard treatment protocol. Kaiser administered pain medicine to Plaintiff, took x-rays of his hips and upon confirmation that the prosthetic appeared to be anatomically aligned, released Plaintiff to return home, assuring Plaintiff that nothing was wrong.

46. On June 1, 2011, when Plaintiff returned to Kaiser and reported that he had been experiencing constant groin pain for several weeks, a blood test was administered to Plaintiff, consisting of a complete blood count ("CBC"). The results revealed a high white blood cell count,

a frequent indicator of infection. Thereafter, Plaintiff was advised that nothing was wrong and was released to go home.

- 47. On August 5, 2011, during an orthopedic consult with Dr. Chhabra, Plaintiff complained of continuous pain, multiple falls due to instability as well as pain up and down his entire right leg. Again, Plaintiff's reported symptoms were ignored, even though Plaintiff had lost approximately forty (40) pounds since the initial surgery, the symptoms of groin pain that Plaintiff was reporting were consistent with the symptoms frequently exhibited due to an improperly positioned hip device and that the CBC tests results from his last visit indicated an elevated white blood cell count (which may be indicative of a systemic infection) and the ease with which it would have been to request additional blood work from Plaintiff in order to perform another CBC in addition to C-Reactive Protein ("CRP) combined with the Erythrocyte Sedimentation Rate ("ESR"), as elevated CRP and ESR values are another indicator of inflammation or infection. Despite the availability of other low cost tests. Dr. Chhabra simply glanced at Plaintiff's x-rays and advised Plaintiff that nothing was wrong, as his hips appeared to be in good alignment with no evidence of loosening or infection.
- 48. On or about November 26, 2011, Plaintiff returned to Kaiser because of continued pain in his right groin that he had been experiencing for several weeks. Although the pain in his groin caused shooting pain down Plaintiff's leg, Plaintiff was diagnosed with groin strain and prescribed pain medicine.
- During the next three weeks, Plaintiff returned to Kaiser on several occasions due to Plaintiff's continued groin pain, which was now coupled with fever, chills and additional weight loss. At no time during those visits, did Kaiser make a concerted effort to administer the tests necessary to either determine the cause of Plaintiff's increasingly debilitating symptoms or to rule out the cause of said symptoms.
- 50. During a visit with his primary care physician on or about December 5, 2011, Plaintiff was given several injections of tramadol for the pain in his groin and prescribed Cipro, a broad spectrum antibiotic, as a precautionary measure, since the symptoms Plaintiff presented

with, weight loss, fevers and chills, were indicative of an infection. Plaintiff was advised to follow up with his primary care physician, Dr. Kramsch if his pain didn't subside in about two (2) weeks.

- 51. On or about December 16, 2011, Plaintiff contacted his Dr. Kramsch when the pain in his groin had not dissipated. Dr. Kramsch immediately issued a referral and Plaintiff was scheduled for an abdominal and pelvic CT scan on December 21, 2011. The results of the December 21, 2011, revealed the presence of several pockets of accumulated fluid in and around Plaintiff's right hip area.
- 52. Approximately one week later on December 27, 2011, plaintiff returned to Kaiser and was admitted to the hospital for a CT-guided aspiration of the accumulated pockets of fluid that were recently found. The fluid from these pockets was collected and sent for testing. Although the fluid was analyzed for the presence of bacteria, the medical significance of the test results was somewhat limited due to the fact that Plaintiff was taking Cipro at the time. Upon discharge, Plaintiff was instructed to follow up with his total hip resurfacing specialist, Dr. Chhabra.
- 53. On or about January 10, 2012, when Plaintiff returned to Kaiser for a follow up consultation with Dr. Chhabra to discuss the results of his recent CT scan, Plaintiff was surprised when he was immediately admitted to Kaiser Fontana and underwent an emergency revisionary THA procedure several days later. Due to the exigency with which the procedure was performed, Kaiser was unable to obtain the necessary pre-surgical clearances or undertake the necessary pre-operative planning (to ensure proper placement and alignment of the medical implant). Even after Plaintiff's revisionary THA procedure, Kaiser continued to disavow generally accepted medical practices, when Kaiser released Plaintiff to go home 2 days after surgery, despite generally accepted medical practices, which dictate keeping a patient hospitalized for 10 days following a revisionary THA procedure.
- 54. On or about January 30, 2012, Plaintiff returned for a follow-up consultation with Dr. Chhabra who simply reported that x-rays were reviewed with Plaintiff, which revealed good alignment with no polyethylene wear, and that the incision is healing well with no sign of infection.

- 55. On or about February 21, 2012, while Plaintiff was moving around in bed, he felt his hip pop, and immediately let out a scream because of the stabbing pain pulsating up and down his entire right leg. Mrs. Hernandez rushed Plaintiff to Kaiser Downey, who was still in excruciating pain. X-rays confirmed Plaintiff's suspicion that his hip had dislocated. Following sedation, pressure was applied to Plaintiff's knee in order to force the femoral component back into Plaintiff's hip socket. A hip abduction brace was given to Plaintiff to prevent future dislocations with instructions to follow up with Dr. Chhabra in two (2) weeks
- 56. During Plaintiff's follow up consult with Dr. Chhabra on or about February 27, 2012, Dr. Chhabra simply confirmed that Plaintiff had had an anterior dislocation a few weeks earlier but that the x-rays taken that day revealed proper alignment. Dr. Chhabra instructed Plaintiff to continue wearing the hip abduction at all times and to return for a checkup and x-rays in two (2) months.
- During the following month, despite all of the precautions, including wearing the abduction hip brace 24 hours a day 7 days a week, except when in the shower, Plaintiff returned to Kaiser on three (3) separate occasions (March 16, 2012, March 27, 2012 and March 29, 2012), when his hip spontaneously dislocated during such innocuous activities as standing in place. Due to the severity of the dislocations and the associated pain, Kaiser performed each of the closed reduction procedures, to reposition Plaintiff's leg, in the hospital while Plaintiff was under anesthesia.
- Not more than four (4) days after Plaintiff's last close reduction procedure to reposition his hip, Plaintiff returned to Kaiser for medical care to treat the spontaneous pain up and down his entire right leg that was so intense he was crying and screaming, intermittently, not knowing what else to do. Although Plaintiff was admitted to the hospital for overnight observation, Plaintiff was repeatedly accused of lying about the frequency of his hip dislocations and feigning pain in order to obtain more pain medicine. The very next day, when Plaintiff was lying on his being examined by Dr. Kumar, an orthopedic surgeon, his right hip spontaneously dislocated and, although extremely painful, Plaintiff was hopeful that at least now his repeated complaints of pain wouldn't be eschewed as lies. Following the examination, Dr. Kumar recommended that Plaintiff

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undergo a CT in an attempt to determine the cause of Plaintiff's frequent problems, scan because of the frequency of the dislocations to determine the cause. Plaintiff's subsequent orthopedic care was provided by Dr. Kumar since Dr. Chhabra was scheduled to retire later that year.

59. At Plaintiff's request, Dr. Kramsch, Plaintiff's primary care physician referred Plaintiff to a non-Plan physician, Dr. Longjohn, a board certified orthopedic surgeon specializing in joint replacements with a significant amount of experience in handling complicated hip replacement procedures. On July 13, 2012, Plaintiff was examined by Br Longjohn, who was able to quickly pinpoint several possible issues responsible for Plaintiff's continued dislocations, including, damage to the abductor musculature caused by the metal surface replacement, the cup might be over anteverted and there may be continued inflammation and fluid around the hip which may require revision of the acetabular and/or femoral implant. Despite Dr. Longjohn's skill, experience and training in repairing botched hip surgeries, Dr. Longjohn felt that Plaintiff would be better served if handled by a practitioner with even greater experience than that which he possessed because the level of accuracy needed to properly align and implant the necessary devices during surgery would require use of computer navigation system. Dr. Long recommended that Mr. Hernandez consult with D. Long, a specialist who performs corrective hip surgeries with the assistance of computer navigation and who is located in the greater Los Angeles area. At the conclusion of the consultation, Dr. Longjohn impressed upon Plaintiffs, the need to have a surgeon who specializes in computer-navigation corrective hip surgeries because with each corrective hip surgery the procedure becomes exponentially more complicated. In order to ensure that Mr. Hernandez obtain the type of medical care and treatment that was needed to treat Mr. Hernandez, De Longjohn advised Mr. Hernandez that he would not request payment from Defendants, so that Mr. Hernandez could immediately obtain a consult with Dr. Long using the referral that was previously issued by Kaiser for use with Dr. Longjohn.

60. On or about August 27, 2012, Plaintiff presented to Kaiser with reports of continued groin and hip pain. X-rays of Plaintiff's hips were taken and Plaintiff was advised that there was nothing wrong; the prosthetic appeared to be in anatomical alignment.

61. On or about September 17, 2012, Plaintiff was examined by Dr. Long, a board-
certified orthopedic surgeon who specializes in corrective hip revisions, specifically those
requiring the implantation of components with the utmost precision and alignment. Following the
exam, Dr. Long concluded that the recurrent dislocations were caused by an acetabular component
that was both oversized and malpositioned, having inadequate inclination and excessive
anteversion. It was his recommendation that Mr. Hernandez undergo another Tha, however, he
cautioned that the procedure should be performed with the assistance of computer navigation and
by an orthopedic surgeon specializing in joint replacement and who has extensive experience
doing revision THA procedures to ensure accurate alignment and placement of the prosthetic
components, as another botched surgery may cause irreparable damage cannot be fixed with even
the most advanced medical technology. Comparing Dr Long's assessment of Plaintiff's condition
with Kaiser's, which just weeks earlier concluded that the prosthesis was anatomically aligned, it
was clear that Kaiser did not possess the necessary skill, knowledge and experience to correct the
earlier damage that Kaiser caused.

- 61. Plaintiff became emotionally overwhelmed after hearing Dr. Long's assessment and diagnosis. He was frightened about possible permanent damage if the next surgery was anything like the last two he had, but he also <u>finally</u> felt vindicated. For the past few years, Kaiser kept telling him nothing was wrong, the device was anatomically aligned and that the real problem was him; he was lying about his pain, so he could get more pain medicine to feed his addiction, which subsequently caused a breakdown of trust between Plaintiff and his wife as well as Plaintiff and his son, leaving Plaintiff to feel extremely alienated, which was only exacerbated by the fact that Plaintiff wasn't able to work for over six (6) months because of the constant instability and pain.
- 62. After reviewing Dr. Long's report, Dr. Kramsch (Plaintiff's primary care physician), submitted a referral to have Dr. Long perform a revision THA procedure based on his determination that Dr. Long's skill and extensive experience in performing difficult THA revision procedures was the type of specialized care which Plaintiff required and which Kaiser could not provide. Shortly thereafter, Dr. Kramsch's referral was denied. Without any source of income and after draining all of Plaintiff's available retirement, Plaintiff couldn't afford to wait any longer to

appeal Kaiser's denial. With no alternatives available, on or about January 3, 2013, Defendants performed a subsequent THA revision procedure on Plaintiff and although computer navigation was utilized, it was the first time Plaintiff's operating surgeon had ever used computer navigation to perform surgery. As of the date of this Complaint, it is too early to know whether or not Plaintiff's most recent surgery was a success or if irreparable damage was caused.

63. Due to the frequency with which Plaintiff was experiencing dislocations, Mr. Hernandez was unable to perform his usual and customary job duties as a diesel truck mechanic for the United States Post Office and was required to take time off of work. Since Mr. Hernandez was not entitled to any financial subsidy during the many months he was unable to work being that he is an employee of the federal government, the periods he was unable to work caused Plaintiffs additional stress and anxiety as Plaintiffs were unable to meet their basic expenses. As a result, within a few months of not being able to work, Plaintiffs were forced to tap into their retirement just to keep a roof over their heads.

TOLLING AND NOTICE OF INTENT TO SUE

- 64. On or about July 13, 2012, during Plaintiffs' consult with Dr. Longjohn, Plaintiffs' first had cause to know that during the times herein mentioned, Defendants, and each of them, negligently cared for, diagnosed and treated Mr. Hernandez and failed to exercise the standard of care and skill ordinarily and reasonably required of physicians, surgeons, hospitals, nurses, physician assistants, orderlies, assistants, aides and employees, which proximately caused the hereinafter described injuries and damages to Plaintiffs. Until the time of the consult with Dr. Longjohn Mr. Hernandez was under the professional care of the Kaiser Practitioners and, as a result of Plaintiffs' justifiable reliance on the professional judgment and care of the Kaiser Practitioners; Mr. Hernandez failed to seek other medical advice or treatment to ascertain the true cause of his condition. The failure to discover the cause of the injuries prior to July 13, 2012 was therefore reasonable and not due to any lack of diligence on the part of Plaintiffs.
- 65. That prior to the filing of the within Complaint, a period of less than one calendar year has elapsed since Plaintiffs first learned, or had a reasonable opportunity to learn, of the fact that the injuries suffered and complained of herein were a proximate result of the negligent acts or

omissions of Defendants, and each of them, although Defendants, and each of them, knew, or should have known, that their negligence and the relationship between Plaintiff's injuries and their negligence existed, but Defendants, and each of them, failed to disclose these facts and circumstances to Plaintiffs.

66. On January 8, 2013, a "Notice of Claim Pursuant To The California Medical Injury Compensation Reform Act" was served on all defendant health care providers, in accordance with California Code of Civil Procedure section 364, a copy of which is attached hereto Exhibit "A" and incorporated herein by this reference.

FIRST CAUSE OF ACTION

Negligent Hiring/Retention

(By Plaintiff Mr. Hernandez Against All Defendants)

- 67. Plaintiff re-alleges and incorporates by reference each and every allegation contained in Paragraphs 1-66 as fully set forth berein.
- 68. At all times herein mentioned, Kaiser had a duty to its members, including Plaintiffs, to hire and retain competent, experienced and qualified professional staff, including the physicians, surgeons, nurses, nurse practitioners, nursing personnel, physician assistants, orderlies, assistants, aides and other employees who worked for Kaiser.
- 69. A month before Plaintiff's initial consultation with Dr. Chhabra, a fifth medical malpractice award in a six year period, was entered against Dr. Chhabra, in the amount of \$349,273.92, when a patient of his died shortly after Dr. Chhabra performed a knee replacement surgery on him. The sheer number of arbitration awards entered against Dr. Chhabra in such a relatively short period of time was clear evidence that Dr. Chhabra was unfit and incompetent to provide professional services as an orthopedic surgeon.
- 70. Plaintiffs are informed and believe and thereon allege that Kaiser knew, or in the exercise of reasonable diligence, including investigation into Dr. Chhabra's prior arbitration awards, should have known that, Dr. Chhabra was unfit and incompetent to perform the duties for which he was hired and/or retained, namely providing professional services as an orthopedic surgeon, and that an undue risk to members and patients, including Plaintiff, would exist as a result

of his hiring and/or retention.

- 71. Despite being aware of Dr. Chhabra's gross incompetence, Kaiser breached its duty of care to its members, including Plaintiff, by allowing Dr. Chhabra to continue providing professional services as an orthopedic surgeon, and further allowing Dr. Chhabra to provide professional services for which he had little or no training, both of which were in conscious disregard of the rights and safety of Plaintiff.
- 72. As a proximate result of the wrongful conduct of Kaiser, Plaintiff was forced to undergo additional corrective surgeries and other treatments.
- 73. As a further proximate result of the wrongful conduct of Kaiser, Plaintiff has sustained injury to his health, strength and activity, all of which injuries have caused, and continue to cause, Plaintiff great mental, physical and nervous pain and suffering. Plaintiff will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.
- 74. As a further proximate result of the wrongful conduct of Kaiser, Plaintiff has sustained, and will continue to sustain, disabling, serious and permanent physical and emotional injuries, all to Plaintiff's general damage in an amount not presently known. Plaintiff will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.
- 75. As a further proximate result of the wrongful conduct of Kaiser, Plaintiff has incurred medical, hospital, psychological and related expenses in a sum not presently known. Plaintiff will seel leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.
- As a further proximate result of the wrongful conduct of Kaiser, Plaintiff will in the future incur medical, hospital, psychological and related expenses, the exact nature and extent of which are currently unknown to Plaintiff. Plaintiff will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.

SECOND CAUSE OF ACTION

FIRST COUNT
Medical Malpractice
(By Plaintiff Mr. Hernandez against All Defendants)

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- 77. Plaintiff re-alleges and incorporates by reference each and every allegation contained in Paragraphs 1-76 as fully set forth herein.
- 78. At all times herein mentioned, Dr. Chhabra, as a licensed physician with a specialty in orthopedic surgery, owed a duty to Kaiser's members, including Plaintiff, to exercise the level of skill, knowledge and care in the diagnosis and treatment that other reasonably careful orthopedic surgeon physicians would use in the same or similar circumstances.
- 79. On or about September 28, 2009, Dr. Chhabra, Dr. Namazian, Dr. Sherman and DOES 51 through 200, inclusive, and each of them, negligently treated and cared for Mr. Hernandez while he was in their exclusive control, in that Described ants improperly implanted a BHR medical device system in Plaintiff's right hip because they didn't have the necessary skill, knowledge, experience, training, equipment and took to properly perform a BHR procedure and Defendants failed to heed the warnings proscribed by the manufacturer of the BHR system, including, without limitation, to use a poster or surgical approach, to use a special alignment guide (which is a surgical instrument designed specifically for the BHR system, to ensure proper placement and alignment of the BHR components), and to only using low viscosity cement, as high viscosity cement will not allow for correct femoral component seating. Despite the manufacturer's warnings. Kaiser used a trochanter surgical approach, didn't have the alignment guide instrument available during the procedure to confirm proper placement and alignment of the components and Kaiser used high viscosity cement, making it impossible to obtain even adequate femoral component seating; which acts, or omissions were below the degree or skill and competence commonly exercised by medical practitioners and/or specialists in the community.
- 80. As a direct and proximate result of the said conduct of the Defendants, and each of them, Plaintiff was injured in his body and in his health, strength and activities, and sustained injury to his mental health and shock and injury to his nervous system, all of which have caused and continue to cause, Plaintiff great mental, physical and nervous pain and suffering. Plaintiff is informed and believes and thereon alleges that some or all of said injuries will be of a permanent nature and will result in some permanent disability to Plaintiff, all to his general damages in an amount not presently known. Plaintiff will seek leave of Court to amend this Complaint to set forth

the full amount of damage when ascertained.

- 81. As a further proximate result of the said misconduct of the Defendants, and each of them, Plaintiff was required to, and did, employ physicians, surgeons and hospitals to examine, treat, and care for him, and did incur, and will in the future incur, medical and other related expenses in connection herewith, the exact amount of which is not presently known. Plaintiff will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.
- 82. As a further proximate result of the misconduct of the Defendants, and each of them, Plaintiff was prevented from attending to his usual occupation and has thereby suffered a loss of income and loss of earning opportunity; and he is informed and believes and thereon alleges that by reason of said injuries as herein alleged, he has suffered and will continue in the future to suffer, a loss of earning capacity, the exact amount of which is not presently known. Plaintiff will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.

SECOND COUNT

(Medical Malpractice)

(By Plaintiff Mr. Hernandez Against All Defendants)

- 83. Plaintiff re-alleges and incorporates by reference each and every allegation contained in Paragraphs 1-82 as fully set forth herein.
- 84 From and after Plaintiff underwent the BHR procedure on or about September 28, 2009, and continuing thereafter until at least December 2012, Plaintiff presented to Kaiser on at least thirty (30) separate occasions, reporting unusual and severe right hip, leg and groin pain, and in each instance, Kaiser impermissibly delayed, failed or were negligent in providing the proper medical care to Plaintiff and failed to exercise the standard of care and skill ordinarily and reasonably required of hospitals, physicians, nurses, nurse practitioners, nursing personnel, physician assistants, orderlies, assistants, aides and employees by, initially dismissing Plaintiff's reports of unusual right hip, leg and groin pain as unimportant (even though the pain Plaintiff's described was consistent with a failed BHR procedure), and subsequently dismissing Plaintiff's

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reports of unusual right hip, leg and groin pain as untrue as the basis for failing to order and administer the tests necessary to properly diagnose the cause of Plaintiff's severe right hip, leg and groin pain for over two years, which proximately caused the hereinafter described injuries.

85. As a direct and proximate result of Kaiser's negligence and/or wrongdoing, Plaintiff was hurt and injured in his health, strength and activity, sustaining severe injury to his body and shock and injury to his nervous system and person. All of which have caused and continue to cause Plaintiff great mental, physical and nervous pain and suffering as Mr. Herhandez was forced to endure over two (2) years of agonizing physical pain because Kaiser repeatedly refused to order the diagnostic tests necessary to diagnose Plaintiff's pain, including without limitation, simple blood work to determine Plaintiff's white blood cell count his chromium and cobalt levels or his CRP and ESR values, an "MRI" (magnetic resonance imaging), and/or computed tomography ("CT") scan Plaintiff's right hip, which would have revealed the presence of infection and/or abscesses in and around Plaintiff's right hip, among other possible tests, and instead Kaiser told Plaintiffs that there was no medical explanation for Plaintiff's chronic hip pain, and then began accusing Plaintiff of lying about his pain to get more pain medicine, which caused strife between Plaintiff and his family leading Plaintiff to feel alienated and hopeless, to the point of wanting to commit suicide. Plaintiff is informed and believes and thereon alleges that some or all of said injuries will be of a permanent nature and will result in some permanent disability to Plaintiff, all to his general damages in an amount not presently known. Plaintiff will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.

As a further proximate result of Kaiser's negligence and/or wrongdoing, Plaintiff was forced to undergo several revision surgeries and related medical procedures, with the attendant risks and complications and possible death from such revision surgeries, all of which were exacerbated by the fact that Mr. Hernandez's first revision surgery was performed on an emergency basis, wherefore the necessary dental and urological clearances which are to be obtained at least six (6) weeks prior to surgery could not be obtained, thereby increasing the risk of harm to Mr. Hernandez.

87. As a further proximate result of the said misconduct of the Defendants, and each of

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them, Mr. Hernandez was required to, and did, employ physicians, surgeons and hospitals to examine, treat, and care for him, and did incur, and will in the future incur, medical and other related expenses in connection herewith, the exact amount is not presently known. Plaintiff will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.

- 88. As a further proximate result of the misconduct of the Defendants, and each of them, Mr. Hernandez was prevented from attending to his usual occupation and has thereby suffered a loss of income and loss of earning opportunity; and he is informed and believes and thereon alleges that by reason of said injuries as herein alleged, he has suffered and will continue in the future to suffer, a loss of earning capacity, the exact amount of which is not presently known. Plaintiff will seek leave of Court to amend this Complaint to set forth the full amount when ascertained.
- 89. Plaintiffs will seek pre-judgment interest on all items of damages, including economic and non-economic damages. These will include, without limitation, past and future medical expenses, lost wages and any and all incidental expenses and compensatory damages as permitted by law. See California Code of Civil Procedure section 685.10(a) and Civil Code section 3291.

SECOND CAUSE OF ACTION THIRD COUNT

(Medical Malpractice)

(By Plaintiff Mr. Hernandez against All Defendants)

- Plaintiff re-alleges and incorporates by reference each and every allegation contained in Paragraphs 1-89 as fully set forth herein.
- 91. On or about January 16, 2012, Dr. Chhabra, Dr. Namazian, Dr. Rose, Dr. Panhwar and DOES 51 through 200, inclusive, and each of them, negligently treated and cared for Plaintiff while he was in their exclusive control, and so negligently operated, managed, maintained, selected, designed, controlled and conducted their services, activities, personnel and equipment in connection with Plaintiff's care and treatment that the same proximately caused the injuries, damages and detriment to Plaintiff as herein alleged. In that prophylactic antibiotics were not

administered to Mr. Hernandez prior to surgery, despite the fact that the results of the fluid cultures were not accurate because at the time that the fluids were aspirated, Mr. Hernandez was taking Cipro, Defendants failed to use the Acetabular Cup Extraction kit, recommended for the removal of the BHR system, Defendants failed to undertake the necessary pre-planning required for accurate sizing of the femoral and acetabular components which are crucial to the success of the operation, as the placement of an uncemented implant requires greater skill and precision to ensure that the maximum area of contact between the bone and the implant is obtained (for proper fixation of the device) and failed to take intra-operative x-rays to confirm the proper placement and alignment of the components.

- 92. As a proximate result of the said conduct of the Defendants, and each of them, Plaintiff was injured in his body and in his health, strength and activities, and sustained injury to his mental health and shock and injury to his nervous system, all of which have caused and continue to cause, Plaintiff great mental, obysical and nervous pain and suffering. Plaintiff is informed and believes and thereon alleges that some or all of said injuries will be of a permanent nature and will result in some permanent disability to Plaintiff, all to his general damages in an amount not presently known Plaintiff will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.
- 93. As a further proximate result of the said misconduct of Kaiser, Plaintiff was required to, and did employ physicians, surgeons and hospitals to examine, treat, and care for him, and did incur, and will in the future incur, medical and other related expenses in connection herewith the exact amount is not presently known. Plaintiff will seek leave of Court to amend this complaint to set forth the full amount of damage when ascertained.
- 94. As a further proximate result of the misconduct of the Kaiser, Plaintiff was prevented from attending to his usual occupation and has thereby suffered a loss of income and loss of earning opportunity; and he is informed and believes and thereon alleges that by reason of said injuries as herein alleged, he has suffered and will continue in the future to suffer, a loss of earning capacity, the exact amount of which is presently unknown. Plaintiff will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.

THIRD CAUSE OF ACTION

(Reckless Misconduct)

(By Plaintiff Mr. Hernandez against All Defendants)

- 95. Plaintiff re-alleges and incorporates by reference each and every allegation contained in Paragraphs 1-94 as fully set forth herein.
- 96. At all times mentioned herein, Kaiser knew or should have known that its failure to meet the standard of care with respect to the care and treatment of Plaintiff would, given his condition and the high degree of dependency on Kaiser, pose the probability the he would sustain serious injuries.
- 97. Despite the foregoing duty and knowledge, beginning on or about 2009 and continuing through December 2012, Kaiser consciously disregarded its duty to provide medical care that met the legal standards for such care and failed to provide such care, thereby subjecting Plaintiff to the increased probability of serious injury, actual injury and unnecessary pain and suffering. Including, without limitation.
- (a) Dr. Chhabra represented to Plaintiff that he possessed the necessary knowledge, skill, training, experience, equipment and tools to properly implant a BHR system in Plaintiff's right hip and to perform a revisionary THA, when in fact it was not true;
- (i) undertook the procedure without any formal training and only having performed the procedure once before, (ii) used a trochanter surgical approach instead of a posterior approach, (iii) failed to use the special alignment instrument, designed for that specific procedure, and (iv) used high viscosity cement which prevents proper seating of the femoral component because he didn't possess the necessary knowledge, skill, training, experience, equipment and tools to properly install a BHR system in Plaintiff's hip;
- (c) Dr. Chhabra represented to Plaintiff that he possessed the necessary knowledge, skill, training, experience, equipment and tools to properly implant a BHR system in Plaintiff's right hip and to perform a revisionary THA, when in fact it was not true;

(d) Dr. Chhabra did improperly perform a revisionary THA procedure when he (i
undertook the procedure without the requisite training and experience, (ii) failed to administe
prophylactic antibiotics prior to surgery, (iii) failed to use the Acetabular Cup Extraction kit, (iv
failed to undertake the necessary pre-planning required for accurate sizing of the femoral and
acetabular components, and (v) failed to take intra-operative x-rays to confirm the prope
placement and alignment of the components; because he didn't possess the necessary knowledge
skill, training, experience, equipment and tools to properly install a BHR system in Plaintiff's hip;

- (e) Kaiser repeatedly failed to diagnose the cause of Mr. Hernandez's right hip condition despite documented evidence of pain, swelling and stiffness in his hip, groin, thigh, buttock and knee, all of which was consistent with a failed BHR procedure and a failed THA procedure and, instead accusing Mr. Hernandez of faking his pain; and
- (f) Kaiser failed to undertake the necessary diagnostic tests and procedures to make a proper diagnosis, including failing to order and perform a CT scan, an MRI or analyzing Plaintiff's blood work to determine his white blood cell count as well as the values for ESR, CRP, chromium and cobalt.
- 98. At all times mentioned, Kaiser, knew that the failure to meet the standard of care with respect to the care of Plaintiff would, given his condition and his high degree of dependency on Kaiser, pose the probability that Plaintiff would sustain serious injuries.
- 99. As a direct and proximate result of Kaiser's failure to provide Mr. Hernandez with medical care that met the legal standards for such care, Mr. Hernandez was forced to suffer unnecessary pain, disability, debilitation and the need for multiple revision surgeries to correct the failed BHR procedure in 2009 and the failed THA procedure in 2012, which revisions in turn gave rise to additional, unnecessary and avoidable inordinate risks of complications and possible death from further surgery. That there existed this reasonably probable threat of multiple revisions surgeries (as well as the risks resulting therefrom).
- 100. As a further proximate result of Kaiser's failure to provide care to Mr. Hernandez that met the legal standards for such care, Mr. Hernandez has sustained, and will continue to sustain, disabling, serious and permanent physical injuries, all to Mr. Hernandez's general damage

in an amount not presently known. Plaintiff will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.

- 101. As a further proximate result of Kaiser's failure to provide care to Mr. Hernandez that met the legal standards for such care, Mr. Hernandez has incurred medical, hospital, incidental and related expenses in a sum not presently known. Mr. Hernandez will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.
- 102. As a further proximate result of Kaiser's failure to provide care to Plaintiff that met the legal standards for such care, Mr. Hernandez will in the future incur medical, incidental, hospital and related expenses, the exact nature and extent of which are currently unknown. Mr. Hernandez will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.
- 103. As a further proximate result of Kaiser's failure to provide care to Mr. Hernandez that met the legal standards for such care Mr. Hernandez has suffered wage loss and diminished earning capacity, the exact nature and extent of which are currently unknown. Plaintiff will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.
- 104. As a further proximate result of Kaiser 's failure to provide care to Mr. Hernandez that met the legal standards for such care, Mr. Hernandez will in the future suffer loss of wages and diminished earning capacity, the exact nature and extent of which are currently unknown. Mr. Hernandez will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.

FOURTH CAUSE OF ACTION

Lack of Informed Consent (By Plaintiff Mr. Hernandez against all Defendants)

- 105. Plaintiff re-alleges and incorporates by reference each and every allegation contained in Paragraphs 1-104 as fully set forth herein.
- 106. The treatment and surgery performed by Kaiser and its employees, and each of them, upon Mr. Hernandez, negligently failed to conform to the standard of care both with respect to the care and treatment rendered to Plaintiff and with respect to providing to Plaintiff information about the risks and hazards, or other harmful consequences, that might follow from

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the treatment, diagnosis or surgery Kaiser planned for Plaintiff.

inform Plaintiffs that he had an excessive number of arbitration awards entered against him during a relatively short period of time, that the successful outcome of a BHR procedure and a revisionary THA procedure are directly related to the operating surgeon's experience in performing that type of procedure, that Dr. Chhabra had no formal training in the BHR surgical procedure, that Dr. Chhabra had only performed the BHR procedure once before, and the significance of having performed the procedure only once before, that revision surgeries should be performed by a surgeon that specializes in joint replacement and who has extensive experience in performing hip implant revisions because revisions are inherently more complicated and that the surgical procedures performed on Plaintiff would be performed without the necessary tools and equipment. In fact, during all of Plaintiff's consultations with Dr. Chhabra, Dr. Chhabra repeatedly represented to Plaintiff that he possessed the necessary skill, experience, knowledge, training, equipment and tools to properly perform the BHR procedure as well as the revisionary THA procedure. Wherefore, Mr. Hernandez's consent to allow Dr. Chhabra to perform the BHR procedure and the subsequent revisionary THA procedure were not informed consents.

108. Had Mr. Hernandez been adequately informed that Dr. Chhabra didn't have the requisite knowledge, skill, training, experience, equipment and surgical tools to properly perform the BHR procedure as well as the revisionary THA procedure, Mr. Hernandez would not have consented to allowing Dr. Chhabra to perform either the BHR procedure or the revisionary THA procedure on him.

109. As a proximate result of wrongful conduct of the Kaiser, Mr. Hernandez was injured in his body and in his health, strength and activities, and sustained injury to his mental health and shock and injury to his nervous system, all of which has caused and continues to cause, Mr. Hernandez great mental, physical and nervous pain and suffering. Mr. Hernandez is informed and believes and thereon alleges that some or all of said injuries will be of a permanent nature and will result in some permanent disability to Mr. Hernandez, all to his general damages in an amount

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not presently known. Plaintiff will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.

- 110. As a further proximate result of the said misconduct of the Kaiser, Plaintiff was required to, and did, employ physicians, surgeons and hospitals to examine, treat, and care for him, and did incur, and will in the future incur, medical and other related expenses in connection herewith, the exact amount of which is unknown to Plaintiff at this time. Plaintiff will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.
- 111. As a further proximate result of the misconduct of Kaiser, Plaintiff was prevented from attending to his usual occupation and has thereby suffered a loss of income and loss of earning opportunity; and he is informed and believes and thereon alleges that by reason of said injuries as herein alleged, he has suffered and will continue in the future to suffer, a loss of earning capacity, the exact amount of which is unknown to Plaintiff at this time. Plaintiff will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.
- 112. That the treatment and surgery performed by Kaiser and its employees, and each of them, upon Mr. Hernandez, negligently failed to conform to the standard of care both with respect to the care and treatment rendered to Plaintiff and with respect to providing to Plaintiff information about the risks and hazards, or other harmful consequences, that might follow from the treatment, diagnosis or surgery Kaiser planned for Plaintiff.

FIFTH CAUSE OF ACTION

Fraudulent Concealment (By Plaintiff Mr. Hernandez against All Defendants)

- 113. Plaintiff re-alleges and incorporates by reference each and every allegation contained in Paragraphs 1-112 as fully set forth herein.
- 114. At all times mentioned herein, Dr. Chhabra purposefully misrepresented to Mr. Hernandez that he possessed the necessary knowledge, skill, training, experience, equipment and tools to properly perform a BHR procedure and a revisionary THA procedure on Mr. Hernandez.
- 115. Dr. Chhabra knew or was reckless in not knowing that those representations were false.

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In making the misrepresentations to Mr. Hernandez, Dr. Chhabra fraudulently concealed and intentionally omitted the following material information: That in the six year period immediately before his initial consult with Plaintiff, Dr. Chhabra had five (5) arbitration awards entered against him, the fifth award, which was entered on January 15, 2009 was for malpractice that caused the death of one of Dr. Chhabra's shortly after That Dr. Chhabra had not received formal training to perform a BHR procedure; That the successful outcome of a BHR procedure and a tevisionary THA procedure are directly related to the operating surgeon's skill and experience in performing that type of That Dr. Chhabra had only performed the BHR procedure once before, and the That revision surgeries should be performed by a surgeon who specializes in joint replacement and who has extensive experience in performing hip implant revisions because That Dr. Chhabra did not possess the necessary skill and experience to perform a That Dr. Chhabra did not possess the necessary tools and equipment to properly That an improperly performed BHR procedure and/or revisionary THA procedure would cause Plaintiff to suffer the injuries, as occurred herein, and would require Plaintiff to undergo additional unnecessary surgeries, further exposing Plaintiff to avoidable inordinate risks 117. Dr. Chhabra was under a duty to disclose to Plaintiff, the true facts concerning his lack of knowledge, skill, training, experience, equipment and tools to properly perform a BHR and as well as a revisionary THA procedure on Mr. Hernandez as well as the likelihood that Plaintiff

further exposing Plaintiff to avoidable inordinate risks of complications and possible death from further surgeries.

- 118. Dr. Chhabra had sole access to the material facts regarding his lack of knowledge, skill, training, experience, equipment and tools to perform the BHR procedure as well as a revisionary THA procedure on Plaintiff and likelihood that Plaintiff would suffer the injuries, as occurred herein, and would require additional, unnecessary surgeries, further exposing Plaintiff to avoidable inordinate risks of complications and possible death from further surgeries.
- 119. Dr. Chhabra's concealment and omissions of the foregoing material facts were made purposefully, willfully, wantonly and/or recklessly, to mistead Plaintiff into reliance and to cause Plaintiff to agree to allow Dr. Chhabra to perform both the BHR procedure and the revisionary THA procedure to his person.
- 120. Dr. Chhabra knew that Plaintiff had no way to determine the truth behind Dr. Chhabra's concealments and material omissions, as set forth herein.
- 121. Plaintiff reasonably relied on the foregoing representations made by Dr. Chhabra and those representations fraudulently purposefully and/or negligently did not include facts that were concealed and/or omitted Dr. Chhabra.
- 122. In doing the foregoing acts, Dr. Chhabra acted with malice as defined by California Civil Code § 3288, with a willful and conscious disregard of the safety and well-being of Mr. Hernandez and or with a conscious disregard of his safety and well-being. Such conduct qualifies as despicable conduct as that term is defined in California Civil Code § 3294, warranting the imposition of punitive or exemplary damages against Dr. Chhabra in an amount reasonably related to his actual damages, and sufficiently large to be an example to Defendants and to others, and to deter Kaiser and others from engaging in similar conduct in the future.

SIXTH CAUSE OF ACTION

Breach of Contract
(By Plaintiffs Against By Plaintiffs Against Kaiser Entities)

123. Plaintiffs re-allege and incorporate by reference each and every allegation contained in Paragraphs 1-122 as fully set forth herein.

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	124.	Under the terms and provisions of the parties' contract, as evidenced in the EOC,
Plaintif	ffs agree	ed to pay pre-determined monthly premiums to Kaiser and, in exchange for which,
Kaiser	agreed,	"to provide or arrange all necessary physician care". (EOC at P. 11). As a further
induce	ment to	Plaintiffs, Kaiser made the following representations and warranties:

- (a) To Coordinate all health care services (EOC at P.6);
- (b) To have sole responsibility for selecting medical plan providers also of whom follow generally accepted medical practices (EOC at P. 6)
- (c) To credential all medical plan providers according to national standards; (EOC at P. 11); and
- (d) That a member's primary care physician has authority to refer a member for most services and can otherwise arrange for any necessary and specialty care. (EOC at P. 11, 13)
- Based on the forgoing promises made by Kaiser, as set forth in the EOC, Plaintiffs 125. were induced to believe, justifiably believed and were entitled to receive, at a minimum, medical care and treatment, dictated by generally accepted medical practices, from skilled professionals, credentialed according to national standards as well as specialty care (which includes medical care and treatment from non-Kaiser providers), so long as a member's primary care physician issued a "referral", which was evidence that the requested medical care and treatment was deemed necessary. However, beginning in or about 2009 and continuing to the present, Mr. Hernandez learned that Maiser does not provide medical care that is in accord with generally accepted practices, if the cost of that medical care reduces the annual 'dividends' distributable to the participating physicians. Kaiser's corporate structure was designed to encourage physicians to withhold necessary care and treatment from its members; in that members pay monthly premiums to Kaiser for medical care and treatment and the physicians are then responsible for determining and authorizing that medical care and treatment. If all or a portion of those monies are not spent on the medical care and treatment of the members at the end of the year, the surplus is subsequently distributed to the physicians, which further encourages the physicians to withhold necessary care and treatment. When Mr. Hernandez repeatedly returned to Kaiser complaining of pain, swelling and stiffness in his hip, groin, thigh, buttocks and knee, followed by several botched surgeries that

Kaiser performed, Kaiser never attempted to discern the root cause of his problem, regardless of damage caused to Plaintiff. Instead, Kaiser repeatedly administered intravenous pain medicine to Plaintiff, despite prior documentation by Kaiser that Plaintiff was working to reduce his reliance on pain medicine to manage his hip pain, took a few x-rays, noted that his prosthesis appeared to be in anatomical alignment and discharged him to go home. After two years of administering the same treatment protocol to Plaintiff regardless of his presenting symptoms, Kaiser justified its repeated failure to provide the care and treatment needed for a diagnosis by accusing Mr. Hernandez of feigning hip pain in order to get more pain medicine, allowing further savings by withholding care and treatment for diagnostic purposes as well as withholding necessary prescriptions. Under the terms of the EOC, Kaiser had contractual duty to coordinate all of Plaintiff's health care services, authorize medical care and treatment (care by a non-Plan provider), if deemed necessary by a member's primary care physician, among other duties.

- 126. At all relevant times herein Plaintiffs have paid all premiums due under the EOC and have performed all of their obligations under the EOC.
- 127. Kaiser breached the terms and provisions of the EOC by failing and refusing to provide the benefits it promised to provide under the Plan and to which, Plaintiffs were entitled.
- 128. As a direct and proximate result of Kaiser's conduct and the breach of its contractual obligations under the Plan, Plaintiffs have suffered damages in an amount not presently known. Plaintiffs will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.

SEVENTH CAUSE OF ACTION Breach of Duty of Good Faith and Fair Dealing (By Plaintiffs Against Kaiser Entities)

- 129. Plaintiffs re-allege and incorporate by reference each and every allegation contained in Paragraphs 1-128 as fully set forth herein.
- 130. Kaiser breached its duty of good faith and fair dealing owed to Mr. and Mrs. Hernandez in all of the following respects:

(a)	By unreasonably placing its financial interests above the health interests of Mr.
Hernandez by	performing the BHR procedure on Mr. Hernandez despite not having the requisite
knowledge, ski	ill, training, experience, equipment and tools to perform the procedure and refusing
to refer Mr. He	ernandez to a non-Kaiser physician that had the requisite skill, experience, training
and equipment	t to properly perform the procedure, all of which were due to selfish cost
considerations,	thereby increasing the likelihood of unsuccessful revision surgeries and causing
permanent and	irreparable damage to Plaintiff;

- (b) By unreasonably placing its financial interest above the health interests of Mr. Hernandez by failing and refusing to perform the medical tests needed to make a proper diagnosis despite Mr. Hernandez's forty (40) pound weight loss, his repeated complaints of pain, swelling and stiffness in his hip, groin, thigh buttocks and knee and his subsequent threats of suicide (due to Kaiser's failure to render medical care and treatment that was in accord with generally acceptable medical practices;
- (c) By failing and refusing to give at least as much consideration to Mr. Hernandez's physical well-being as it gave to its own financial interests;
- (d) By including an arbitration disclosure in its enrollment form that is in violation of California law; and
- (e) Requiring that Plan members submit any and all claims to arbitration despite the fact that Kaiser's arbitration provision is in violation of California law; and
- (f) Plaintiff is informed and believes and thereon alleges that Kaiser has breached its duty of good faith and fair dealing owed to Plaintiffs by other acts or omissions of which Plaintiffs are presently unaware and which will be shown according to proof at the time of the trial.
- 131. Kaiser's conduct, as described above, has resulted in physical injuries to Plaintiffs and constitutes a substantial factor in causing any and all injuries suffered by Plaintiffs.
- 132. As a proximate result of the aforementioned unreasonable and bad faith conduct of Kaiser, Plaintiffs have suffered, and will continue to suffer in the future, economic and consequential damages, in an amount not presently known. Plaintiffs will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.

133. As a further proximate result of the aforementioned wrongful conduct of Kaiser, Plaintiffs have suffered personal physical injuries as well as, anxiety, worry, mental and emotional distress, all to Plaintiffs' general damage in an amount not presently known. Plaintiffs will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.

EIGTH CAUSE OF ACTION

Violation of California Business and Professions Code § 17200, et seq.
(By Plaintiffs Against Kaiser Entities)

- 134. Plaintiffs re-allege and incorporate by reference each and every allegation contained in Paragraphs 1-133 as fully set forth herein.
- 135. Section 17200 of the California Business & Professions Code precludes a person or entity from engaging in unfair competition, which includes business practices that are unlawful, unfair, or fraudulent as well as advertising that is deceptive, untrue or misleading. California Business & Professions Code § 17203 permits the Court in an action based on allegations of unfair competition to issue injunctive, restitutionary of other equitable relief.
- 136. Section 17204 of the California Business & Professions Code permits aggrieved individuals, such as Plaintiffs, to institute an action on their own behalf to obtain injunctive and other equitable relief against persons and entities who engage in unfair competition under California Business & Professions Code §17200, et seq. Plaintiffs allege this cause of action in their individual capacity, and not on behalf of the general public.
- 137. Plaintiffs have standing under California Business & Professions Code § 17203 to pursue these claims on their own behalf because they have been damaged by the conduct of Kaiser, as alleged herein, and have lost money or property as a result of the unlawful and unfair acts alleged herein.
- 138. By imposing upon Plan members, including Plaintiffs, arbitration clauses that are unlawful and unenforceable under California law, Kaiser has committed acts of unfair competition as defined by the California Business & Professions Code § 17200. Further, by advertising that Kaiser provides "quality integrated health care" which has received "Excellent Accreditation" the highest level of accreditation possible from the National Committee for Quality Assurance (a

private, non-profit organization dedicated to improving health care quality), Plaintiffs were unfairly led to believe that the medical care and treatment that they would receive from Kaiser would be at or above the degree or skill and competence commonly exercised by medical practitioners and/or specialists in Southern California, which advertising was misleading, as prohibited by California Business & Professions Code § 17500, and therefore constitutes an unfair business practice within the meaning of California Business & Professions Code § 7200 et seq.

- 139. Plaintiffs are informed and believe and thereon allege that the foregoing unfair competition engaged in by Kaiser is not an isolated event but rather a widespread and continuing practice engaged in by Kaiser.
- 140. As a result of Kaiser's conduct, as alleged herein, Kaiser has been, and will be in the future, unjustly enriched, all at the expense and damage of Plaintiffs and others like them. Specifically, Kaiser has been unjustly enriched by receipt of ill-gotten premiums from the widespread sale of Kaiser's insurance plans in California.
- 141. Because of the fraudulent misrepresentations made by Kaiser, as alleged herein, and the inherently unfair practice of including arbitration clauses that are unlawful and unenforceable under California law, the acts of Kaiser constituted unfair competition.
- Professions Code § 17203, Plaintiffs respectfully request that this Court issue an order compelling Kaiser to provide restitution of the monies collected by Kaiser and for injunctive relief to cease such unfair competition in the future (the terms of the requested injunction should both prevent Kaiser from engaging in the conduct alleged herein, and should require Kaiser to notify all affected policyholders in California), attorney's fees and costs as well as punitive and compensatory damages.

NINTH CAUSE OF ACTION

Fraud (By Plaintiffs Against Kaiser Entities)

143. Plaintiff re-alleges and incorporates by reference each and every allegation contained in Paragraphs 1-42 as fully set forth herein.

144. Dr. Chhabra	falsely and fraudulently represented to Mr. Hernandez that he had the
necessary knowledge, skill	, training, experience and tools and equipment to properly perform both
a BHR procedure and a re-	visionary THA procedure on Mr. Hernandez. The representations mad
by Dr. Chhabra were, in	fact, false. The true facts were that Dr. Chhabra did not possess the
requisite knowledge, skill,	training, experience and tools and equipment to properly perform
BHR procedure and a revis	ionary THA procedure on Mr. Hernandez.

- 145. Dr. Chhabra made the foregoing representations knowing them to be false, with the intent to defraud and deceive Plaintiff, and with the further intent to induce Plaintiff to act in the manner alleged, i.e., to undergo a BHR procedure and a revisionary THA procedure.
- 146. When Dr. Chhabra made the foregoing representations, and when Plaintiff underwent the BHR procedure in 2009 and the revisionary THA in 2012, Plaintiff was ignorant of the falsity of said representations and reasonably believed them to be true. Plaintiff was induced to, and did, undergo both a BHR procedure and a revisionary THA procedure, in reliance upon said representations. Said reliance was justified because Dr. Chhabra reasonably appeared to be in a position to know the true facts. Had Plaintiff known the true facts, Plaintiff would not have agreed to undergo the 2009 BHR procedure or the revisionary THA procedure in 2012.
- 147. As a result of Kaiser's fraud and deceit, Plaintiff was caused to suffer unnecessary pain, and suffering, debilitation and the need for multiple revision surgeries to correct the failed BHR and the failed revisionary THA, which revisions in turn gave rise to additional, unnecessary and avoidable inordinate risks of complications and possible death from further surgery. That there existed this reasonably probable threat of multiple revisions surgeries (as well as the risks resulting therefrom), was and is a material fact that Dr. Chhabra should have disclosed to Plaintiff.
- 148. In committing the acts herein alleged, Dr. Chhabra acted with oppression, fraud and malice, wherefore, Plaintiff shall amend this Complaint to show that Plaintiff is entitled to punitive damages pursuant to *California Code of Procedure* section 425.13.

TENTH CAUSE OF ACTION

Intentional Misrepresentation

(By Plaintiff Mr. Hernandez against all Defendants)

-41-COMPLAINT

- 149. Plaintiff re-alleges and incorporates by reference each and every allegation contained in Paragraphs 1-148 as fully set forth herein.
- 150. At all times mentioned herein, Kaiser falsely and fraudulently represented to Plaintiff, that Kaiser possessed the necessary knowledge, skill, training, experience and tools and equipment to properly perform a BHR and/or THA procedure on Mr. Hernandez.
- 151. The foregoing representations made by Kaiser were in fact false. The true facts were that:
- (a) Kaiser did not possess the requisite knowledge, skill, training, experience and tools and equipment to properly perform a BHR and/or THA procedure on Mr. Hernandez;
- (b) The successful outcome of both the BHR procedure and the THA procedure were and are directly related to the operating surgeon's experience;
- (c) Kaiser did not possess the necessary tools and equipment to properly perform a BHR procedure and/or THA procedure; and
- (d) An improperly performed BHR procedure and/or THA procedure would cause Plaintiff to suffer the injuries, as occurred herein, and would require Plaintiff to undergo additional unnecessary surgeries, further exposing Plaintiff to avoidable inordinate risks of complications and possible death from such further surgeries.
- 152. Plaintiff, at the time that Kaiser made these representations, was ignorant of the falsity of Kaiser's representations and believed them to be true. In justifiable reliance on Kaiser's representations, Plaintiff was induced to allow Kaiser to perform a surgery or surgeries for which Kaiser did not have sufficient knowledge, skill, training, experience and tools and equipment to properly perform, which Plaintiff would not have agreed to had he known the actual facts.
- 153. As a proximate result of Kaiser's representations, as alleged herein, Plaintiff was forced to suffer unnecessary pain, disability, loss of mobility in his hip and had an increased risk for needing multiple revision surgeries to correct the failed BHR in 2009 and the failed THA in 2012, which revisions in turn gave rise to additional, unnecessary and avoidable inordinate risks of complications and possible death from further surgery. That there existed this increased risk for

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(c)	Kaiser	did	not	possess	the	necessary	tools	and	equipment	to	properly	perform	â
BHR procedui	re and/or	r TH	A p	rocedure	; an	d							

- (d) An improperly performed BHR procedure and/or THA procedure would cause Plaintiff to suffer the injuries, as occurred herein, and would require Plaintiff to undergo additional unnecessary surgeries, further exposing Plaintiff to avoidable inordinate risks of complications and possible death from such further surgeries.
- 160. At the time that Kaiser made these representations, Plaintiff was ignorant of the falsity of Kaiser's representations and believed them to be true. In justifiable reliance on Kaiser's representations, Plaintiff was induced to allow Kaiser to perform a surgery or surgeries for which Kaiser did not have sufficient knowledge, skill, training, experience and tools and equipment to properly perform, which Plaintiff would not have agreed to if he had known the actual facts.
- 161. As a proximate result of the representations of Kaiser, as alleged herein, Plaintiff was forced to suffer unnecessary pain and suffering, disability, psychological distress and multiple revision surgeries to correct both the failed BHR procedure in 2009 and the failed THA procedure in 2012, which revisions in turn gave rise to additional, unnecessary and avoidable inordinate risks of complications and possible death from further surgery. That Kaiser's lack of knowledge, skill, training and experience increased the likelihood of additional revision surgeries (as well as the risks resulting therefrom), was and is a material fact that should have been disclosed to Plaintiff by Kaiser.
- 162. As a further proximate result of the representations of Kaiser, Mr. Hernandez has sustained and will continue to sustain, disabling, serious and permanent physical injuries, all to Plaintiff's general damage in an amount not presently known. Plaintiff will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.
- 163. As a further proximate result of the representations of Kaiser, Mr. Hernandez has incurred medical, hospital, incidental and related expenses in a sum not presently known. Mr. Hernandez will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.

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164. As a further proximate result of the representations of Kaiser, Mr. Hernandez will
in the future, incur medical, incidental, hospital and related expenses, the exact nature and exten
of which are currently unknown. Plaintiff will seek leave of Court to amend this Complaint to se
forth the full amount of damage when ascertained.
165. As a further proximate result of the representations of Kaiser, Mr. Hernandez has
suffered wage loss and diminished earning capacity, the exact nature and extent of which are
currently unknown. Plaintiff will seek leave of Court to amend this Complaint to set forth the ful
amount of damage when ascertained.
166. As a further proximate result of the representations of Kaiser, Mr. Hernandez wil
in the future suffer loss of wages and diminished earning capacity, the exact nature and extent or
which are currently unknown. Plaintiff will seek leave of Court to amend this Complaint to se
forth the full amount of damage when ascertained
TWELFTH CAUSE OF ACTION
Intentional Indiction of Emotional Distress
(By Plaintiff Mr. Hernandez Against All Defendants)
167. Plaintiff re-alleges and incorporates by reference each and every allegation
contained in Paragraphs 1-66 as fully set forth herein.
168 At all times alleged herein Kaiser knew that Mr. Hamandar was demanded and

168. At all times alleged herein, Kaiser knew that Mr. Hernandez was dependent on Kaiser to provide Mr. Hernandez with the health care benefits promised to him under the 2009 Plan.

At all times alleged herein, Kaiser engaged in outrageous conduct, by falsely representing to Plaintiff that Kaiser possessed the necessary skill, training, experience, tools and equipment to properly care, diagnose and treat Plaintiff's degenerative right hip joint, and that such representations were made for the sole purpose of inducing Plaintiff to allow Kaiser to continue to treat him, including, without limitation, allowing Kaiser to perform the BHR and THA procedures.

170. Kaiser made the foregoing representations to Plaintiff with the intention of causing, or in reckless disregard of the probability of causing physical harm to Mr. Hernandez as well as emotional distress to Plaintiff.

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and incorporates the same herein by reference as to Kaiser as follows.

- 178. At all times herein mentioned, Mr. and Mrs. Hernandez were married and were husband and wife.
- 179. By reason of Kaiser's conduct, as alleged herein, Mr. Hernandez was severely and grievously injured, as set forth herein.
- 180. By reason of the severe injuries and mental anguish suffered by Mr. Hernandez, Mrs. Hernandez has been denied, and continues to be denied her husband's love, companionship, comfort, affection, society, solace, moral support, enjoyment of sexual relations and physical assistance in the operation and maintenance of their home, all to Mrs. Hernandez's general damage in an amount presently unknown. Mrs. Hernandez will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.
- 181. By reason of Kaiser's conduct, Mrs. Hernandez sustained, and continues to sustain, special damages in an amount presently unknown. Mrs. Hernandez will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained.

FOURTEENTH CAUSE OF ACTION

SECOND COUNT

Loss of Consortium

(By Plaintiff Mr. Hernandez against Defendants KFHP, KPIC and DOES 11-30)

- 182. Mr. Hernardez re-alleges and incorporates by reference each and every allegation contained in Paragraphs 1-181 as fully set forth herein.
- 183. At all times herein mentioned, Mr. and Mrs. Hernandez were married and were husband and wife.
- 184. By reason of Kaiser's conduct, as alleged herein, Mrs. Hernandez was severely and grievously injured, as set forth herein.
- 185. By reason of the severe injuries and mental anguish suffered by Mrs. Hernandez, Mr. Hernandez has been denied, and continues to be denied, his wife's love, companionship, comfort, affection, society, solace, moral support, enjoyment of sexual relations and physical assistance in the operation and maintenance of their home, all to Mr. Hernandez's general damage in a sum in presently unknown. Mr. Hernandez will seek leave of Court to amend this Complaint

to set forth the full amount of damage when ascertained. 12 186. By reason of Kaiser's conduct, Mr. Hernandez sustained, and continues to sustain, special damages in an amount presently unknown. Mr. Hernandez will seek leave of Court to amend this Complaint to set forth the full amount of damage when ascertained. PRAYER FOR RELIEF 5 WHEREFORE, Plaintiffs pray for judgment against Defendants, and each of them, as follows: FOR THE FIRST THROUGH FIFTH CAUSES OF ACTION AGAINST ALL 1. For general damages and special damages according to proof activity 2. For all medical, incidental and related expenses in an amount according to proof at trial; 10 3. For all future medical, incidental and related expenses in an amount according to proof at trial; 11 4. For all economic losses, including lost wages and diminished earning capacity in an amount 12 according to proof at trial; 13 5. For Prejudgment and postjudgment interest on all damages as is allowed by the laws of the State of California; 15 6. For costs of suit incurred herein; and 16 7. Such other and further relief as the Court may deem just and proper. 17 18 FOR THE SEXTH THROUGH EIGTH CAUSES OF ACTION AGAINST ALL 19 1. For general damages and special damages according to proof at trial; 20 2. For attorney's fees, witness fees and costs of litigation incurred by Plaintiffs; 21 For economic and consequential damages arising out of Defendants unreasonable failure to 22 provide benefits promised under the 2009 Plan; 23 4. For prejudgment interest on all damages awared to Plaintiffs in accordance with California Civil (Ē) 24 Code section 3287; 25 5. For punitive and exemplary damages in an amount to punish or set an example of Defendants; 26 6. For costs of suit incurred herein; and **2**7 7. Such other and further relief as the Court may deem just and proper. 28 COMPLAINT