IN THE COURT OF APPEALS OF TENNESSEE
AT NASHVILLE
March 8, 2023 Session

PAM HOLZMER v. THE ESTATE OF JAMES F. WALSH, JR.

Appeal from the Circuit Court for Davidson County
No. 19C598 Joseph P. Binkley, Jr., Judge

No. M2022-00616-COA-R3-CV

This is an appeal from a jury verdict awarding damages to a plaintiff injured in a car accident. The plaintiff asserts that the trial court erred in excluding evidence of her medical bills. Because the plaintiff failed to present expert proof that her medical expenses were necessary, we find that the trial court did not abuse its discretion in excluding the bills. The jury verdict is affirmed.

Tenn. R. App. P. 3 Appeal as of Right; Judgment of the Circuit Court Affirmed

ANDY D. BENNETT, J., delivered the opinion of the Court, in which CARMA DENNIS MCGEE and JEFFREY USMAN, JJ., joined.

Edmund J. Schmidt, III, Nashville, Tennessee, for the appellant, Pam Holzmer.

Britton Joshua Allan and Mary Elizabeth (Emmie) Kinnard, Nashville, Tennessee, for the appellee, Estate of James F. Walsh.

OPINION

FACTUAL AND PROCEDURAL BACKGROUND

The events giving rise to this lawsuit occurred on April 11, 2018, when James F. Walsh, Jr., crashed his vehicle into another vehicle in which Pam Holzmer was seated in the front passenger seat. Ms. Holzmer sustained injuries from the accident and was treated immediately afterward at the St. Thomas Hospital Emergency Department. She then sought follow-up treatment from Tennessee Orthopedic Alliance ("TOA"), where she was treated by physician's assistant Jonathan Meriwether. Mr. Meriwether recommended physical therapy, which Ms. Holzmer attended for nearly a year. In March 2019, Mr. Meriwether referred Ms. Holzmer to Dr. Christian Anderson, an orthopedic surgeon at

TOA. Dr. Anderson recommended a follow-up MRI and shoulder surgery, which he performed on April 3, 2019.

On March 11, 2019, Ms. Holzmer ("Plaintiff") filed suit against the Estate of James F. Walsh, Jr.[1] ("Defendant") for her injuries. Defendant admitted liability for the accident, and the case proceeded to a jury trial on February 28, 2022. Nine witnesses testified before the jury: Patricia Toepfer, the driver of the vehicle that Mr. Walsh hit; Joseph Holzmer, Jr., Ms. Holzmer's son; Dawn White, nurse auditor at Ascension Saint Thomas Health; Belinda Wood, accounts receivable biller at Saint Thomas Surgicare; Cissy Mangrum, senior director of revenue cycle at TOA; Krystal Wright, caregiver at WholeCare; Hannah Polhill, physical therapist with TOA; Joseph Holzmer, Plaintiff's husband; and Plaintiff. Two witnesses testified via deposition: Dr. Gary McDonald, Mr. Walsh's physician, and Dr. Anderson.

The crux of this appeal concerns the trial court's decision to exclude Plaintiff's medical bills from evidence. Defendant objected to the introduction of Plaintiff's medical bills, arguing that the bills should be excluded because there was no expert testimony regarding the necessity of the expenses reflected on the bills. The attorneys and the trial judge engaged in the following colloquy regarding the admissibility of the medical bills:

> [PLAINTIFF'S COUNSEL]: [Dr. Anderson will testify] that all the treatment that he ordered and recommended was reasonable and necessary. Okay. The treatment. He doesn't talk about the bills. Now, this -- this -- with regard to the billing, I submit that all I have to establish is that the billing is reasonable, not reasonable and necessary. I think this conjunctive part is -- is overburdened to the plaintiff.
>
> THE COURT: The case law talks about it in the conjunctive, though, for a physician. In fact, it's a four-part test for a physician, and if they don't meet the four-part test, it doesn't come in.
>
> [DEFENDANT'S COUNSEL]: Yeah, that's our – that's our argument, Your Honor, that he testifies that his treatment, his surgery, is reasonable and related to the accident. He never testifies that the bills are reasonable and necessary.
>
> THE COURT: And it's got to be both.
>
> . . .
>
> THE COURT: Well, I hadn't heard the testimony yet, but that's what -- if there's no necessity testimony, then they can't come in. And a physician has to get the necessity testimony, not a layperson. Layperson can talk about the reasonableness, as the case law shows.

[1] Mr. Walsh passed away in August 2018.

Plaintiff introduced the medical bills for identification only; the jury was not provided with the medical bills.

Dr. Anderson testified that the medical treatment that he performed and prescribed was reasonable and necessary, stating, in relevant part:

> Q. All right. Dr. Anderson, can you tell the jury what your opinion was within a reasonable degree of medical probability as to what was the cause of the injury that you treated Ms. Holzmer for?
> A. More likely than not it's a result of her MVC that she had originally injured her shoulder for.
> Q. All right. when you say MVC, can you explain to us what that means?
> A. The motor vehicle crash.
> Q. Okay. In April 2018?
> A. Yes.
> Q. All right. And did you consider the medical treatment that you performed and also prescribed and ordered for Ms. Holzmer to be both reasonable and necessary?
> A. Yes.

Similarly, Dr. Anderson testified that the treatment Plaintiff received at the emergency department was "reasonable and necessary." Dr. Anderson did not review the medical bills, however, or opine on the reasonableness or necessity of the expenses.

Regarding Plaintiff's medical expenses from St. Thomas, Plaintiff offered the testimony of Ms. White, who testified that the medical bills from St. Thomas were "reasonable." On cross examination, Ms. White admitted that she was not a physician and stated that she did not have firsthand knowledge of the treatment that Plaintiff received and did not have knowledge of the customary treatment options for Plaintiff's conditions in the community. Next, Plaintiff called Ms. Wood, who confirmed that Plaintiff had shoulder surgery at Surgicare and that the charges on the billing statement were "reasonable." On cross examination, Ms. Wood testified that she was not familiar with billing practices at other facilities, nor was she familiar with the customary treatment options in Davidson County for a similar shoulder surgery. Finally, Ms. Mangrum testified that the charges for Plaintiff's medical treatment at TOA were reasonable and that she was familiar with charges for medical treatment from other facilities. Ms. Mangrum testified on cross examination in part:

> Q. Do you have any knowledge of Ms. Holzmer's medical diagnoses?
> A. No.
> Q. Do you have firsthand knowledge of the treatment that Ms. Holzmer received?

A. The only knowledge I have is from what the physician has billed for the services or therapies billed for those services.
Q. So you did not review any of the medical records in this case?
A. I did not review the medical records.

Ms. Mangrum also stated that she "did not look to see if [the bills] were related to the accident, per se."

The jury returned a verdict in favor of Plaintiff, awarding $70,000 for physical pain and mental suffering and $40,000 for loss of enjoyment of life, for a total award of $110,000. On March 29, 2022, Plaintiff moved for an additur or a new trial and for discretionary costs. The court granted Plaintiff's motion for discretionary costs and denied the motion for additur or a new trial.

Plaintiff appeals, asserting that, "The trial court erroneously excluded evidence of plaintiff's medical bills on the grounds that there was no competent testimony that the medical treatment expenses were 'necessary' despite evidence in the record from which a reasonable jury could conclude that the medical treatment expenses were necessary."

STANDARD OF REVIEW

The admissibility of evidence is within the discretion of the trial court, and an appellate court reviews the trial court's decision to admit or exclude evidence by an abuse of discretion standard. *Mercer v. Vanderbilt Univ., Inc.*, 134 S.W.3d 121, 131 (Tenn. 2004) (citing *Otis v. Cambridge Mut. Fire Ins. Co.*, 850 S.W.2d 439, 442 (Tenn. 1992)). Under the abuse of discretion standard, a reviewing court cannot substitute its judgment for the trial court's judgment. *Wright ex rel. Wright v. Wright*, 337 S.W.3d 166, 176 (Tenn. 2011). Rather, a reviewing court will find an abuse of discretion only if the trial court "applied incorrect legal standards, reached an illogical conclusion, based its decision on a clearly erroneous assessment of the evidence, or employ[ed] reasoning that causes an injustice to the complaining party." *Konvalinka v. Chattanooga-Hamilton Cnty. Hosp. Auth.*, 249 S.W.3d 346, 358 (Tenn. 2008).

ANALYSIS

When a plaintiff is injured by another person's negligence, the plaintiff "is entitled to recover for reasonable and necessary medical expenses acquired during the treatment of the injury." *Roberts v. Davis*, No. M2000-01974-COA-R3-CV, 2001 WL 921903, at *4 (Tenn. Ct. App. Aug. 7, 2001) (citing *Hogan v. Reese*, No. 01-A-01-9801-CV-00023, 1998 WL 430627, at *6-7 (Tenn. Ct. App. July 31, 1998)). A plaintiff seeking to recover past medical expenses must "present competent expert testimony (1) to prove medical expenses were necessary and reasonable and (2) to establish that a plaintiff's physical injury was in fact caused by the incident at issue." *Al-Athari v. Gamboa*, No. M2013-00795-COA-R3-

CV, 2013 WL 6908937, at *3 (Tenn. Ct. App. Dec. 30, 2013). In this case, the parties do not dispute that Plaintiff's physical injury was caused by the automobile accident at issue. Their dispute concerns whether the trial court employed an incorrect legal standard when it excluded evidence of Plaintiff's medical bills based on its conclusion that she failed to present competent expert testimony establishing that her medical expenses were necessary. Plaintiff contends that Dr. Anderson's testimony that certain medical *treatment* was "necessary," coupled with lay testimony that certain medical *expenses* were "reasonable," constituted sufficient evidence to establish that her medical expenses were necessary and reasonable and, therefore, the medical bills should have been submitted to the jury. Defendant maintains that the trial court correctly excluded Plaintiff's medical bills because there was no expert testimony that the medical *expenses* were necessary.

In defining what constitutes necessary medical expenses, our Supreme Court has explained that "'necessary' limits the charges to the cost of the medical care that was or will be required to treat the injury." *West v. Shelby Cnty. Healthcare Corp.*, 459 S.W.3d 33, 44 (Tenn. 2014) (citing *Street v. Levy (Wildhorse) Ltd. P'ship*, No. M2002-02170-COA-R3-CV, 2003 WL 21805302, at *4 (Tenn. Ct. App. Aug. 7, 2003)). Regarding the requisite proof to establish medical expenses, our Supreme Court has explained, in pertinent part, as follows:

> [A] plaintiff must prove that the medical bills paid or accrued because of the defendant's negligence were both "necessary and reasonable." *Borner v. Autry*, 284 S.W.3d 216, 218 (Tenn. 2009) (citing 22 AM. JUR. 2d *Damages* § 166 (2003 & Westlaw 2008); 25 C.J.S. *Damages* § 259 (2002 & Westlaw 2008)); *see West*, 459 S.W.3d at 44 ("[R]ecoveries for medical expenses in personal injury cases are limited to those expenses that are 'reasonable and necessary.'"). "In all but the most obvious and routine cases, plaintiffs must present competent expert testimony to meet this burden of proof." *Borner*, 284 S.W.3d at 218. "A physician who is familiar with the extent and nature of the medical treatment a party has received may give an opinion concerning the necessity of another physician's services and the reasonableness of the charges." *Long v. Mattingly*, 797 S.W.2d 889, 893 (Tenn. Ct. App. 1990) (citing *Emp'rs. Ins. of Wausau v. Carter*, 522 S.W.2d 174, 176 (Tenn. 1975)). "To be qualified to render these opinions, the physician must first demonstrate (1) knowledge of the party's condition, (2) knowledge of the treatment the party received, (3) knowledge of the customary treatment options for the condition in the medical community where the treatment was rendered, and (4) knowledge of the customary charges for the treatment." *Id.*

Dedmon v. Steelman, 535 S.W.3d 431, 438 (Tenn. 2017);[2] *see also Watson v. Payne*, 359 S.W.3d 166, 170 (Tenn. Ct. App. 2011) (determining that recovery of medical expenses may be denied "for expenses that the jury determines were unreasonable or unnecessary"); *Stricklan v. Patterson*, No. E2008-00203-COA-R3-CV, 2008 WL 4791485, at *4 (Tenn. Ct. App. Nov. 4, 2008) ("[I]n order to recover for [necessary and reasonable medical] expenses, expert opinion must be offered regarding the reasonableness and necessity of the physician's services and charges.").

The four-part test cited in *Dedmon* derives from this Court's opinion in *Long v. Mattingly*, 797 S.W.2d 889, 893 (Tenn. Ct. App. 1990). The *Long* case involved a jury trial in which a plaintiff was awarded damages for injuries sustained in an automobile accident. *Long*, 797 S.W.2d at 891. Over the course of two years, the plaintiff received treatment for cervical and lumbar strain from four different physicians. *Id.* at 891-92. Two of the plaintiff's physicians testified regarding the necessity and reasonableness of a third physician's treatment and expenses. *Id.* at 892-93. The *Long* court articulated the four-part test cited above and determined that the testifying physicians satisfied these requirements, explaining that the physicians "became acquainted with the services" another physician provided by "examining a tabulation of all of [the plaintiff's] medical bills" showing "(1) the name of each provider, (2) the date the service or product was provided, (3) a description of the service or product, and (4) the charge for the service or product." *Id.* at 893. The *Long* court held that the medical bills were admissible and that the physicians were competent to testify because they "could base their opinion on the necessity and reasonableness of the treatment and charges based on their personal knowledge of her condition and their review of the abstract of the bills." *Id.*

In this case, Plaintiff's treatment spanned nearly two years—she received emergency care, physical therapy, diagnostic imaging, and surgery. Although medical bills were not provided to the jury, medical bills from three different providers were proffered into evidence, including: 1) a two-page summary of charges, payments and adjustments from St. Thomas West Hospital for services rendered on April 11, 2018; 2) a one-page description of services and charges from St. Thomas Surgicare for services rendered on April 3, 2019; and 3) forty-nine pages of medical billing from TOA with dates of service ranging from April 24, 2018 through March 2, 2020. Dr. Anderson testified that the

[2] We note that the plaintiffs in *Dedmon* deposed one of the plaintiff's treating physicians, who testified that "all of [the plaintiff's] medical bills, including those from his own clinic and those from [the plaintiff's] other medical providers (hospitals, physical therapists, radiologists, etc.), were reasonable and necessary to a reasonable degree of medical certainty." *Dedmon*, 535 S.W.3d at 434. The deposition testimony of the treating physician was filed in the trial court, and the medical bills were attached as exhibits. *Id.* In this case, Dr. Anderson did not review any of Plaintiff's medical bills.

treatment he "performed and also prescribed and ordered" as well as the *treatment* Plaintiff received at the emergency department was "reasonable and necessary" to treat her shoulder injury. Plaintiff did not introduce the medical bills through Dr. Anderson's testimony, and there is nothing to suggest that Dr. Anderson reviewed any of the medical expenses, medical bills, or a tabulation of such expenses related to Plaintiff's treatment. Therefore, his testimony did not include any opinion regarding whether the medical expenses were necessary. The question before us is: does Tennessee law require an expert to opine that the medical expenses reflected on the bills were necessary[3] to treat the injury caused by the defendant's negligence in order for the bills to be admissible?

Plaintiff primarily relies on two cases for the proposition that medical bills may be admissible even when an expert has not testified on the necessity of the charges: *Spearman v. Shelby County Board of Education*, 637 S.W.3d 719 (Tenn. Ct. App. 2021), and *Wilson v. Monroe County*, 411 S.W.3d 431 (Tenn. Ct. App. 2013). We find the more recent case, *Spearman*, to be most instructive.[4] The *Spearman* case involved a personal injury action against a school system for damages a student sustained as a result of being struck in the head by a shot put thrown by a track-and-field coach. *Spearman*, 637 S.W.3d at 725-26. The student was treated by a neurosurgeon, Dr. Paul Klimo. *Id.* at 726-27. In preparation for trial, Dr. Merrill Wise performed an independent medical evaluation on the student and reviewed the student's medical records and medical bills. *Id.* at 728. Dr. Wise concluded that the medical services rendered to the student were necessary for evaluation and treatment. *Id.* at 729. He also testified that the medical bills were reasonable and consistent with charges in the Memphis area and that the bills "reflect the cost of care in response to [the student's] injury." *Id.* The defendants argued on appeal, among other things, that the student's medical bills were improperly admitted because the plaintiff did not show that the bills were necessary. *Id.* at 740-41. This Court disagreed, explaining:

> Dr. Wise was also qualified to testify on [the student's] medical bills. To be qualified to give opinions on the necessity and reasonableness of medical bills, the testifying physician must exhibit: "(1) knowledge of the

[3] We are setting aside the related issue of "reasonableness" of medical expenses and focusing first on the requisite proof of the necessity of the charges.

[4] The *Wilson* case involves a negligence action filed against Monroe County for injuries a woman allegedly sustained to her leg during an ambulance ride from her home to the emergency room. *Wilson*, 411 S.W.3d at 434. Unlike the case before us, the *Wilson* case proceeded as a bench trial. *Id.* In rendering its decision, the *Wilson* court did not cite to the *Long* factors and did not have the benefit of our Supreme Court's opinion in *Dedmon*. Therefore, we find the legal analysis reflected in *Spearman* to provide the more accurate statement of the current status of the law.

> party's condition, (2) knowledge of the treatment the party received, (3) knowledge of the customary treatment options for the condition in the medical community where the treatment was rendered, and (4) knowledge of the customary charges for the treatment." *Dedmon v. Steelman*, 535 S.W.3d 431, 438 (Tenn. 2017) (quoting *Long v. Mattingly*, 797 S.W.2d 889, 893 (Tenn. Ct. App. 1990)).
>
> When applied to Dr. Wise in this case, the factors show that he was qualified to testify on [the student's] medical bills. Through the independent medical exam, the review, and his background in neurology, Dr. Wise was familiar with the surgery and subsequent treatment rendered to [the student] as a result of the incident. Dr. Wise testified that he was also familiar with the treatment options for a depressed skull fracture in the Memphis area. To his knowledge, he did not know of any alternatives to surgery and the subsequent follow-up rendered to [the student] for his injury. Instead, he testified that the surgery to repair [the student's] depressed skull fracture is the accepted approach. Finally, he testified that he was familiar with the usual and customary charges in the Memphis area for the medical services in this case. He testified that his familiarity with the charges was based on his training and experience as a child neurologist. Although he has never practiced as a neurosurgeon, he has worked and consulted with neurosurgeons.

Id. at 740. The *Spearman* court stressed that "Dr. Wise satisfied the requirements of *Long* and was, therefore, qualified to testify on the medical bills that [the student] incurred." *Id.* at 741. Dr. Wise testified that both the treatment and expenses were necessary and reasonable; therefore, the medical bills were admissible. *Id.* at 742.

The facts of this case are different than those present in *Spearman*. Here, Dr. Anderson did not review the medical bills, and he did not opine regarding the necessity of any of the medical expenses reflected on the medical bills because the Plaintiff did not elicit any testimony about medical expenses during his deposition. In contrast, the expert in *Spearman* did review the plaintiff's medical bills and testified that the bills "reflect the cost of care in response to [the student's] injury." *Id.* at 729. In this case, unlike *Spearman*, there was no expert testimony regarding the necessity of the medical expenses as reflected on the medical bills because no expert ever reviewed the bills or any tabulation of the expenses. Therefore, *Spearman* does not support Plaintiff's position. *See also Miller v. Choo Partners, L.P.*, 73 S.W.3d 897, 907 (Tenn. Ct. App. 2001) (finding that physicians' testimony was sufficient on the issue of medical expenses and allowing medical bills into evidence where the physicians "testified that the services they personally rendered to

[plaintiff] were necessary and that their charges were reasonable" and testified "as to the necessity and reasonableness of the medical charges of other health providers").

In support of its position that specific testimony regarding the necessity of the medical expenses was required in this case, Defendant points to Tenn. Code Ann. § 24-5-113(a)(1), which Defendant contends is a codification of the requirement for a plaintiff to prove that medical *expenses* are *both* necessary and reasonable. Tennessee Code Annotated section 24-5-113(a)(1) provides:

> Proof in any civil action that medical, hospital or doctor bills were paid or incurred because of any illness, disease, or injury may be itemized in the complaint or civil warrant with a copy of bills paid or incurred attached as an exhibit to the complaint or civil warrant. The bills itemized and attached as an exhibit shall be prima facie evidence that the bills so paid or incurred were *necessary and reasonable*.

(Emphasis added). This presumption applies only to medical bills that do not exceed the sum of $4,000. Tenn. Code Ann. § 24-5-113(a)(3); *Iloube v. Cain*, 397 S.W.3d 597, 603-04 (Tenn. Ct. App. 2012). The statute goes on to provide a rebuttable presumption that medical expenses, including medical bills greater than $4,000, are "reasonable" (but the statute is silent on any rebuttable presumption regarding the "necessity" of medical expenses):

> In addition to the procedure described in subsection (a), in any civil action for personal injury brought by an injured party against the person or persons alleged to be responsible for causing the injury, if an itemization of or copies of the medical, hospital or doctor bills which were paid or incurred because of such personal injury are served upon the other parties at least ninety (90) days prior to the date set for trial, there shall be a rebuttable presumption that such medical, hospital or doctor bills are *reasonable*.

Tenn. Code Ann. § 24-5-113(b)(1) (emphasis added).[5] Defendant asserts that the statute's silence underscores the importance of expert testimony regarding the necessity of medical expenses. Furthermore, Defendant posits that "sound policy" requires expert proof of the necessity of medical expenses because without such testimony "medical bills that are unrelated to the injury could be introduced."

[5] It is undisputed that Plaintiff did not take advantage of the rebuttable presumption of reasonableness in Tenn. Code Ann. § 24-5-113(b)(1). Furthermore, the lay witnesses who testified regarding medical billing and the reasonableness of the charges did not testify regarding the necessity of the charges.

This Court has interpreted Tenn. Code Ann. § 24-5-113(a)(1) and (b)(1) and has reiterated that the elements of necessity and reasonableness are distinct and must be separately proven. In *Hogan v. Reese*, for example, this Court explained that Tenn. Code Ann. § 24-5-113(b)(1) "provides only a rebuttable presumption that such medical bills are reasonable and does not address at all the question of whether or not such medical bills were "necessary[.]"' *Hogan*, 1998 WL 430627, at *7. Indeed, "'[t]he fact a given amount is proven as undisputed medical expenses does not prove those expenses were necessary.'" *Id.* at *8 (quoting *Karas v. Thorne*, 531 S.W.2d 315, 317 (Tenn. Ct. App. 1975)). Therefore, even when a plaintiff is entitled to the statutory rebuttable presumption of reasonableness of medical expenses, there is no presumption regarding the necessity of the care and expenses described in the bills.

Distilling and applying these principles, we find that the trial court did not abuse its discretion in excluding Plaintiff's medical bills because there was no expert testimony on the necessity of the *expenses*. *See Dedmon*, 535 S.W.3d at 438. It was Plaintiff's burden to prove that her medical expenses were necessary. *See Dedmon*, 535 S.W.3d at 437 (citing *Overstreet v. Shoney's, Inc.*, 4 S.W.3d 694, 703 (Tenn. Ct. App. 1999) (noting that "[t]he party seeking damages has the burden of proving them."); *see also* Summer H. Lipman & William J. Milliken, 2 LITIGATING TORT CASES, *Plaintiff's burden of proof with respect to medical expenses* § 22:34.[6] Here, Plaintiff's care spanned nearly two years with multiple providers. Moreover, unlike the plaintiffs in *Spearman*, *Dedmon*, and *Long*, discussed above, Plaintiff provided no expert testimony that the expenses reflected on the bills were

[6] With respect to proving medical expenses, the authors in *Litigating Tort Cases*, a source cited with approval by our Supreme Court in *Borner*, observe:

> As in any litigation, the plaintiff's counsel bears the burden of proof in establishing the claim and the justification for any award. To recover[] any medical expenses, plaintiff's counsel must prove for each expense that (1) the expense was incurred for treatment of an injury caused by the defendant's negligence, (2) the treatment was medically necessary, and (3) the amount of the expense was reasonable. This includes proving not only that the treatment plaintiff received or should receive was necessary and the charges incurred were within industry standards, but also must further prove for any future medical expenses that the expenses were reasonably certain or probable. Almost always, and certainly as a first choice, counsel should endeavor to meet these burdens with the use of expert medical testimony.

Summer H. Lipman & William J. Milliken, 2 LITIGATING TORT CASES, *Plaintiff's burden of proof with respect to medical expenses* § 22:34 (footnotes omitted); *see also Borner*, 284 S.W.3d at 218.

necessary.[7] Under these circumstances, we find it was within the trial court's discretion to exclude the medical bills.[8]

CONCLUSION

For the foregoing reasons, the judgment of the trial court is affirmed. Costs of this appeal are assessed against the appellant, Pam Holzmer, for which execution may issue if necessary.

_/s/ Andy D. Bennett_____
ANDY D. BENNETT, JUDGE

[7] Ms. Holzmer has not argued on appeal that Mses. Mangrum, White, and Wood provided expert testimony as to the necessity of the bills, only the reasonableness thereof. Nor has Ms. Holzmer argued that necessity of the bills was established through an amalgamation of the testimony of Mses. Mangrum, White, and Wood with Dr. Anderson. Accordingly, whether necessity of the medical bills could be established through such routes is not before this court. Instead Ms. Holzmer relies solely upon the testimony of Dr. Anderson that the treatment was necessary, but without providing evidence indicating Dr. Anderson reviewed the bills much less that he concluded the bills corresponded with the treatment he determined was necessary.

[8] Given this holding, we need not consider the evidence of reasonableness of medical expenses, because Plaintiff was required to prove both the reasonableness and necessity of the expenses, and she failed to put on proof that the expenses were necessary.