

NONPRECEDENTIAL DISPOSITION

To be cited only in accordance with FED. R. APP. P. 32.1

United States Court of Appeals

**For the Seventh Circuit
Chicago, Illinois 60604**

Submitted June 15, 2023*

Decided June 28, 2023

Before

DIANE S. SYKES, *Chief Judge*

THOMAS L. KIRSCH II, *Circuit Judge*

JOHN Z. LEE, *Circuit Judge*

No. 22-2928

THOMAS J. LASNOSKI,
Plaintiff-Appellant,

v.

HEIDI MICHEL, et al.,
Defendants-Appellees.

Appeal from the United States District
Court for the Eastern District of Wisconsin.

No. 20-C-1836

Lynn Adelman,
Judge.

ORDER

Thomas Lasnoski sued health care providers and officials who worked at the Brown County Jail in Wisconsin while he was detained there pretrial. He alleged that the defendants denied him necessary pain medications and physical therapy, bathed him infrequently, and ignored his complaints of inadequate treatment. The district

* We have agreed to decide the case without oral argument because the briefs and record adequately present the facts and legal arguments, and oral argument would not significantly aid the court. FED. R. APP. P. 34(a)(2)(C).

judge entered summary judgment for the defendants, concluding that Lasnoski had not created a triable issue that the defendants acted unreasonably. We affirm.

I. Background

Because we are reviewing the district court's grant of summary judgment, we recite the facts in the light most favorable to Lasnoski. *See McCann v. Ogle County*, 909 F.3d 881, 886 (7th Cir. 2018). In April 2019, Lasnoski was seriously injured in a car accident. Because he had an outstanding warrant, he was arrested and taken to the hospital, where he was diagnosed with hemopneumothorax (blood in the lungs), multiple spinal and rib fractures, a pelvic fracture, and a liver laceration. The following day, he underwent orthopedic surgery for the pelvic fracture, which left a wound on his hip from the incision. Six days after the surgery, Lasnoski was transferred to the Brown County Jail, where the defendants worked as medical providers (employed by Wellpath LLC) and administrative staff.

A. Medical Defendants

When Lasnoski arrived at the jail, Dr. Kenechi Anuligo reviewed the hospital's discharge instructions. Hospital doctors had prescribed, among other medications, oxycodone as needed for pain, for up to two weeks, and gabapentin three times per day. The instructions stated that the oxycodone "should be the first medication to be tapered and weaned off." Dr. Anuligo immediately discontinued the oxycodone and subsequently stopped the gabapentin after Lasnoski said it was not working. Dr. Anuligo prescribed two other pain medications—duloxetine and meloxicam. Over the following months, Lasnoski complained multiple times that he was in pain and that he was not receiving the medications prescribed by the hospital. Dr. Anuligo responded by providing Lasnoski an additional mattress and blanket, allowing him to dim the lights in his cell, educating him on stretches to perform, and prescribing topiramate and prednisone for pain. Nurse Diane Jensen rejected several of Lasnoski's grievances about his pain.

Dr. Anuligo also allowed Lasnoski to attend appointments with external specialists. Four months after his surgery a doctor noted that Lasnoski was "using appropriate pain medications" for his condition and "most likely [would] continue to have some pain for some time from these fractures." Medical providers also made several comments about his physical therapy needs. Upon Lasnoski's discharge from the hospital, a physical therapist recommended outpatient physical therapy at the jail

but also said that Lasnoski had “been educated on self management of residual deficits,” so “no post hospital therapy” was needed. Several months after his surgery, a doctor twice stated that Lasnoski was “an appropriate candidate for physical therapy” for his neck and thoracic pain; in one of those notes the doctor wrote that Lasnoski “may need physical therapy” depending on the results of future imaging studies.

Lasnoski’s injuries required that he receive assistance bathing. He asserts that he was not supposed to shower for seven to ten days after he arrived at the jail because of his bandages and pain. Though Nurse Emily Blozinski told him that he would be able to clean and wipe himself with bath wipes, Lasnoski had difficulty obtaining them. After a few days with no wipes, Blozinski and Nurse Aida Gonzales assisted him to bathe. In the first month of his detention, Blozinski and Gonzales helped Lasnoski bathe himself seven times (April 20, April 25, April 28, May 3, May 8, May 10, and May 14). In between, he says, he was left in his feces and urine.

B. Brown County Defendants

Captain Heidi Michel—a jail administrator—was aware that Lasnoski had been transferred to the jail with serious injuries. Michel received occasional updates from jail medical staff about Lasnoski’s medical status, but she did not have direct contact with him until November 2019, when they met at his request. He told her that jail medical staff were not following the hospital’s discharge instructions and that he was receiving inadequate care. Michel investigated his complaints by talking to medical staff, who informed her that Lasnoski had been evaluated several times within the jail and by outside specialists and that his needs were being monitored and addressed. Michel told Lasnoski that she had spoken with his medical providers about his complaints and that, from the information she obtained, she believed that he was receiving appropriate care.

Lieutenant Kristy Jolly responded to two of Lasnoski’s grievances. In the first grievance, Lasnoski complained about the grievance process and that jail medical staff were “deliberately indifferent to [his] serious medical needs.” Jolly responded that, though Lasnoski “may not agree with the grievance process, ... it’s the process that is in order,” and his medical claims were unsubstantiated because he “d[id] not cite a specific incident in which [his] needs are not being met medically.” In the second grievance, Lasnoski asked about the status of a prior unanswered grievance appeal. Jolly informed him that the appeal was still being evaluated by medical staff.

C. Procedural History

Lasnoski sued the medical defendants and the Brown County defendants under 42 U.S.C. § 1983, alleging that they violated his Fourteenth Amendment rights by failing to follow the hospital's discharge instructions regarding his pain medications and physical therapy needs, refusing him wipes and regular showers, and ignoring his complaints of these problems.

The Brown County defendants moved for summary judgment. They argued that Jolly had not caused or participated in a constitutional violation merely by responding to Lasnoski's grievances, and Michel acted reasonably by relying on medical professionals' opinions that he was receiving appropriate treatment.

Three months after the deadline for dispositive motions passed, when the medical defendants still had not moved for summary judgment, Lasnoski asked the judge to deem his facts undisputed. The medical defendants responded by seeking an extension of the deadline, explaining that staffing changes at counsel's firm and his heavy caseload caused the delay, and asked to file their motion for summary judgment *instante*. In it, they argued that they had exercised reasonable medical judgment in treating Lasnoski and responding to his complaints.

Lasnoski then responded to the medical defendants' summary judgment motion and provided his own declaration and several grievances and medical records. The medical defendants objected that, apart from the declaration, his evidence was not authenticated and should not be considered.

The judge eventually granted the medical defendants' request to file the summary judgment motion *instante*. He held that good cause existed for extending the deadline because counsel provided an "adequate explanation for the delay," and addressing Lasnoski's claims at summary judgment would be more efficient than doing so at trial.

In the end, the judge granted the summary judgment motions by both groups of defendants. The judge first explained that he would not consider Lasnoski's evidence apart from his declaration because it was not authenticated. The judge then concluded that a reasonable jury could not find that Dr. Anuligo's treatment was unreasonable because he was not bound by the hospital's discharge instructions, and Lasnoski provided no evidence that Dr. Anuligo did not conform to professional standards. The

judge also found that summary judgment was appropriate for Blozinski and Gonzales because they helped Lasnoski bathe multiple times, and there was no evidence that the nurses knew that Lasnoski had an untreated medical need. Finally, the judge concluded that Lasnoski had presented no triable claim against Jensen, Jolly, or Michel, because Jensen and Jolly had merely ruled on his grievances, and Michel was entitled to rely on medical staff's representations about Lasnoski's care.

II. Analysis

In this appeal, Lasnoski first, argues that the judge should not have extended the medical defendants' deadline for filing dispositive motions. Under Rule 16(b)(4) of the Federal Rules of Civil Procedure, a district judge may modify a scheduling order for good cause. We review the judge's ruling only for abuse of discretion. *Preddie v. Bartholomew Consol. Sch. Corp.*, 799 F.3d 806, 820 (7th Cir. 2015).

Here, the judge acted within his discretion to grant the defendants' motion for the purpose of judicial economy. By the time he ruled, the summary judgment motion had already been fully briefed, and Lasnoski did not identify any prejudice he suffered because of the belated filing.

Lasnoski next challenges the judge's decision to exclude his exhibits because they were unauthenticated. *See* FED. R. CIV. P. 56(c)(2) (requiring a party to authenticate documents when an objection is made). But even if we consider the unauthenticated documents, we agree with the district judge that Lasnoski failed to furnish evidence from which a reasonable jury could find that the medical defendants had acted unreasonably.

Claims of inadequate medical care while in pretrial detention are evaluated for objective reasonableness. *See James v. Hale*, 959 F.3d 307, 318 (7th Cir. 2020); *Miranda v. County of Lake*, 900 F.3d 335, 352 (7th Cir. 2018). To make a showing of objective unreasonableness, Lasnoski must demonstrate that the defendants (1) acted purposely, knowingly, or recklessly, and (2) their conduct was objectively unreasonable given the totality of the relevant circumstances. *McCann*, 909 F.3d at 886.

Lasnoski first argues that Dr. Anuligo should have followed the instructions from the hospital and outside orthopedic specialists, and that even a lay person should know that he needed stronger pain medications and physical therapy. Defendants do not dispute that Dr. Anuligo discontinued two of Lasnoski's prescriptions for pain

medications—oxycodone and gabapentin—and did not reinstate them despite Lasnoski’s complaints of ongoing pain. But Dr. Anuligo did not ignore his complaints. He prescribed additional pain medications, adjusted them on two occasions, ordered cell accommodations, and gave Lasnoski stretches to perform to ease his pain. *Cf. Williams v. Ortiz*, 937 F.3d 936, 943–44 (7th Cir. 2019) (doctor not objectively unreasonable by responding to pain complaints with medications, knee brace and bandage wrap, and instructions for exercise). Indeed, at least one specialist opined that some amount of pain would be expected given the severity of Lasnoski’s injuries. Moreover, the record reveals that the hospital had prescribed oxycodone for only two weeks and warned several times that the medication is addictive and should be discontinued as soon as possible. And Lasnoski told doctors that gabapentin was not helping his pain. On these facts, a jury could not conclude that Dr. Anuligo’s decision to switch pain medications was based on unreasonable medical judgment.

As for physical therapy, no reasonable jury could find that Dr. Anuligo was unreasonable for not prescribing physical therapy or that the lack of physical therapy increased Lasnoski’s pain or caused him harm. *See Gabb v. Wexford Health Sources Inc.*, 945 F.3d 1027, 1034 (7th Cir. 2019) (affirming summary judgment for defendant where plaintiff lacked evidence that course of treatment negatively affected his health). Moreover, while Lasnoski’s injuries were serious, and some external specialists suggested physical therapy might help, others qualified their recommendations by suggesting physical therapy upon release from jail or upon further testing. They also stressed the value of home exercises that Lasnoski could perform while incarcerated. Dr. Anuligo facilitated these recommendations for “home exercise” by educating Lasnoski about various stretches. Under these circumstances, a jury could not find that Dr. Anuligo acted unreasonably in not ordering physical therapy.

Lasnoski mentions Blozinski and Gonzales only once on appeal, arguing that they violated his rights by leaving him in feces and urine for days and refusing to supply wipes and proper bathing. But the record shows that he received assistance showering every two to five days during the first month he was detained, and that the nurses regularly offered to bathe him, help him use wipes, shave and dry his neck, replace his bandages, and dress him. Lasnoski furnished no evidence that Blozinski and Gonzales knew or should have known the frequency of his bathing would result in unsanitary conditions. *See McCann*, 909 F.3d at 886–87 (affirming judgment for nurse because “nothing show[ed] that she foresaw or ignored the potential consequences of

her actions"). Critically, Lasnoski did not assert, and the contemporaneous medical notes do not reveal, that the nurses knew he was left in feces and urine.

Nor is there evidence from which a reasonable jury could conclude that Michel had acted unreasonably. After speaking to Lasnoski about his complaints, Michel investigated the situation and relied on information provided by jail medical staff that Lasnoski's needs were being monitored and addressed. "When detainees are under the care of medical experts, non-medical jail staff may generally trust the professionals to provide appropriate medical attention." *Miranda*, 900 F.3d at 343. Lasnoski's evidence does not suggest that Michel had any reason to doubt that he was receiving adequate treatment.

Finally, summary judgment for Jolly and Jensen was proper. Lasnoski asserted only that they had rejected or ignored his grievances. A defendant cannot be liable for a constitutional violation simply because she denied or mishandled a grievance. *See Owens v. Hinsley*, 635 F.3d 950, 953 (7th Cir. 2011); *George v. Smith*, 507 F.3d 605, 609 (7th Cir. 2007).

AFFIRMED