GOOD, BAD AND UGLY

THE GOOD & THE BAD & THE UGLY

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Case #1
The Case of the Doctor they think is a Lawyer
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• Dr. Johnsey, Orthopedic surgeon was asked to see Sebastian Wilkes – age 48.
• He slipped and fell on a wet area from the coffee that spilled when he turned around to leave the break room.
• He twisted his right ankle and knee and was unable to walk without some assistance. He went to the ED and was Dx’d with sprained ankle & knee with a referral to an orthopedic surgeon.

• The claims adjuster requested an Eval & Treat from Dr. Johnsey and also wanted a written opinion on whether his ankle and knee injury was work-related and compensable.
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Case #2
“A Case of the Twisted Knee”

Violet Hunter, 57, 5’2”, 230#, an order/picker at a distribution warehouse claims to have been “kneeling while reaching into the bottom shelf to retrieve some merchandise.” DOI – 4/11/2008

While still kneeling, she bumped the cart she was using and it began to roll, in her attempt to catch it she states she “twisted” her left knee.
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She was sent to the ER.

ER Diagnosis:
1. Moderate-Severe Arthritis of the Knee
2. Strain left knee

Discharge:
1. Crutches – non-weightbearing
2. Vicodin – 5-500 mg. As needed for pain
3. Taken Off Work
4. Referral to orthopedic surgeon


She has noticed some feelings of giving way, a little bit of catching, swelling, loss of motion in the knee.

States No previous problems with the knee. No previous surgery.

“Never had pain in knee until this injury”
Dx:
1. DJD – knee
2. Sprain left knee

Discharge:
- No work – until next visit
- Percocet - 7.5-325 mg – q. 6 hours
- Meclizine - 25 mg. q.d. – for nausea
- Flexeril 5 mg. t.i.d.
- Physical Therapy 3x week for 6 weeks

Next appt. – 3 weeks
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Physical Therapy Reports after 3 weeks that individual not compliant with therapy visits having missed 4 out of the 9 scheduled visits.

Indicates that there is a significant degree of symptom magnification. Disability Score Instrument – patient perceives self as severely crippled.

It was also noted that she was being treated for depression.

Based on what you see so far, where is this case headed and what should be done to mitigate that direction?
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Over the next 9 months she saw 6 additional specialists of varying disciplines (Orthos, Neurologists, Pain, etc.). Underwent 2 knee surgeries, an increase in PT scripts (~60 more visits), additional medications for pain, muscle relaxation, arthritis, sleep, depression, nausea, anxiety. The case was litigated, and towards the end she became narcotic dependent (Fentanyl) and never returned to work, the case was settled in the $100Ks+, and she applied for SSDI.

Case #3

“Gimme my Medical”
Susie Armistice, 56 y.o. Alleges an accident in May 2010…She states that “when lifting her arm up to shoulder height to get a file off the shelf she felt pain in her right shoulder.”

Claim adjuster asks physician “whether the work injury is the major contributing, or dominant, or prevailing factor in the need for additional medical treatment?”

Two medical experts opined that Ms. Armistice had severe degenerative changes in her shoulder that pre-dated the work accident. Both found that the accident as described was not the major contributing, or dominant or prevailing factor in the development of her shoulder condition.

Ms. Armistice files a claim with the courts requesting medical treatment for her “Work Injury to her shoulder.”
Based on the statements of the two medical experts, is Ms. Armistice entitled to treatment?

Case #4
“Enigmas & Conundrums”
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Bryan Foghorn, 34 y.o. States that on 8/15/2012 while walking upstairs at his workplace he misstepped and twisted his right foot. He shook it off and proceeded to work with no problems. Three weeks later on 9/10/2012 he is walking just outside his workplace to take his lunch break at a restaurant when his right foot misses the sidewalk and catches the edge and he twists his foot. This time he is in considerable pain and asks a co-worker to take him to the ED. He is diagnosed with a sprained ankle.

If he claims the 8/15 date – is this a compensable injury?

If he claims the 9/10 date is this a compensable injury?

Can he claim both dates?
Norwood Milverton, 57 y.o. – a Field technician for forklifts and heavy equipment states that on March 18, 2011 while bending over to his left side to get a wrench out of the bottom drawer of his tool bench, he had a sudden spasm in his right lower back that made him “freeze in pain” for several seconds. He was eventually able to ‘straighten out” but sudden movements like bending and twisting would cause him to “wince in pain” and occasionally create mild to severe back spasms.”
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Over the course of the next week his back pain became progressively worse such that the “heating pad” and the “ibuprofen” were not helping. He was sent to the Occupational Medical Clinic who took a thorough history and noted the following:

• Repeated episodes of Low Back pain since he was 28 years old.
• Has had several ER visits in the past 10 years for “excruciating” back pain.
• Most current MRI was done just 2 years ago.
• Has been treating with his family doctor and a chiropractor off and on for the past 20 years. No surgeries.
• His last visit to the chiropractor was 1 month ago. He typically goes at least once a month.
• He has had 4 prior WC claims but none with this employer.

Was given Tramadol for pain and scheduled for 2 weeks of PT and then a follow-up visit.

No improvement, so was referred to an orthopedic spinal surgeon. Medical records, x-rays and MRI from prior visits was obtained by the OccMed clinic and sent to the Spinal Surgeon.

Spinal Surgeon noted marked antalgia to the right side. No radiating pain but sharp pain upon hyperextension and postero-lateral bending to the right. Reflexes were normal bilaterally as was sensation to touch, pin prick, etc.
X-rays indicated spurring anteriorly with severe degenerative disc disease at L4/L5, L5/S1 with noted arthritic changes to the zygapophyseal joints at both levels bilaterally.

The most current MRI indicated moderate to severe stenosis at both levels. Moderate disc protrusion on the left side at L5/S1.

Surgeon orders a new MRI. Report and images indicate no changes from the MRI from 2 years ago. However, patient alleges symptoms are much worse then ever before.

Is this a new medical condition or an aggravation of a pre-existing condition?

**Would it be a compensable claim?**

Would the mechanism of injury be the major contributing, dominant or prevailing factor in his medical condition and disability?

**Would the medical treatment flow from this specific event or from his pre-existing condition?**

What would it take to treat him back to his baseline condition?

**What medical finding would you need or expect that would cause a treatment regimen for both his “new” symptoms and his pre-existing condition?**
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