

PERSONAL INJURY SUMMARY

Theresa Green v. Ura Safedriver

Case # 12133

Date of Loss: 9/2/85

Claims made by Ms. Green:

- Compression fractures of L1 and L5
- Considerable low back pain for several months after the accident, requiring Codeine for sleep
- Pain in the low back while sitting in class in mid-December
- Sciatica in the left leg with sharp, shooting pains
- Inability to walk for one week after the accident; needed to use a cane for the next three weeks
- Inability to drive because she could not operate a clutch due to the left leg injury/pain
- Unable to resume running until November of 1985 and when she did, her progress was very slow
- Pulled a hamstring during Easter 1986

Injuries sustained in accident:

- Fractured nose
- Left occipitoparietal [back of head] hematoma [swelling from mass of blood]
- Facial abrasions [scrapes]
- Small puncture wound of lower lip
- Abrasion to left knee, left fifth toe, left post scapular [shoulder blade] area
- Compression fractures [broken] of L1 and L5 [lower back] - see enclosed diagram of spine

If all of the caregivers accurately recorded the medical history that was provided to them by Ms. Green, the information contained in each should be consistent. This was not the case in Ms. Green's records. In the physical assessment taken when she was admitted to the SICU [Surgical Intensive Care Unit], Ms. Green admitted that she had some back pain and left foot pain **prior** to the accident. She denied any major medical diseases in the consult performed by Dr. Glenn Taylor. Dr. Johns' consult note documented that Ms. Green had a **history** of left ear vertigo [dizziness or lightheadedness] and recent hearing loss. Dr. Johns reviewed a CT [computerized axial tomography - three-dimensional x-ray] and BER [brainstem evoked response - test for hearing] from that past problem, and he determined they were not helpful to the course of his treatment of Ms. Green at the time of this accident. It might be helpful if we were able to review the records from the physician who treated Ms. Green for the vertigo and hearing loss. This may be important in this case as vertigo could have caused Ms. Green

to have problems with her balance and she might not have been able to hear the approaching car due to possible hearing loss. These might be contributing factors in the accident and injuries that she sustained.

The results of the x-ray exam by R. Scott, MD reports that:

“Compression fractures of L1 and L5. No significant slippage or instability is demonstrated on the flexion and extension views. The oblique views of the lumbar spine demonstrate **bilateral spondylolysis** [the breaking down of vertebral structure] **at L5 of indeterminate age. Sclerosis** [hardening] **is present on the right suggesting chronicity.** Similar features are not seen on the left and an acute pars [partial] fracture cannot be excluded.”

This report suggests that there was a possible L5 problem prior to the subject accident. A CT scan of the skull and spine were taken soon after Ms. Green arrived in the ER. The results were not included in the medical records that I received, and this might clear up the issue of a prior back injury, as it would show the exact injuries to the spinal column.

In the belongings record it was recorded that Ms. Green only had 1 cycling shoe listed among her belongings when she arrived in the ER. It did not list if this was the right or left shoe. Ms. Green had complained of left foot pain prior to the accident. The police report might have information about the missing shoe. It might be helpful to know if she had any special equipment such as orthotics in her shoe at the time of the accident to show prior foot problems. It might be possible that Ms. Green was either not wearing or had loosened the shoe on the day of the accident due to discomfort in that foot. It was also documented that she was wearing contact lenses at the time of the accident. It may be helpful if we were able to review her records from her last eye examination so that we could check what her vision would be with these corrective lenses. If she had astigmatism, 20/20 corrected vision is not always possible, even with contact lenses.

Dr. Mays documented that Ms. Green has an allergy to “cold” pills. It had been documented in the EMT’s report and in Dr. Taylor’s note that Ms. Green does not have any allergies. It would be helpful to clarify this to make sure that Ms. Green did not take any cold medications prior to, or during, this bicycle trip. Some athletes have been known to take medications with ephedrine (which can be found in some over the counter medications) as a performance-enhancing drug for its stimulant effects. While Ms. Green’s blood alcohol test upon admission to the hospital was negative, it was documented in the nurses’ notes on September 4, 1985 that she was drinking wine with her mother in the hospital 1.5 hours after receiving 2 Percocet [strong narcotic pain medication] tablets. Ms. Green was instructed at that time to drink water instead of wine by the nursing staff. Alcohol consumption is generally contraindicated whenever pain

medications are taken as it increases the effects of these substances. This may be an issue as it relates to her recovery and failure to follow medical orders.

Two and one half hours after admission to the hospital and while receiving intravenous fluids with potassium, Ms. Green's serum (blood) potassium was documented in the nurses notes to be 3.5. Ms. Green received intravenous potassium until her potassium returned to a normal level. Normal potassium levels are 3.5-5.0, so I would assume that it was even lower when she arrived in the ER. She was also having irregular heartbeats called PVC's (premature ventricular contractions) while in the SICU, and these can be caused by a low serum potassium. Low serum potassium could be the result of extreme dieting, vomiting, and laxative abuse among other reasons. The laboratory results were not included in the records that I received, and it might be helpful to see what the initial serum laboratory results were when Ms. Green first arrived at the hospital. Ms. Green had been on a long bicycle ride that day and hypokalemia (low blood potassium) can cause weakness, drowsiness, and PVC's (which we know that Ms. Green did have). If Ms. Green did not maintain her fluid and electrolytes while she was riding, thereby causing dehydration and hypokalemia, her failure to do so might have contributed to the accident.

In the nursing progress notes, it was recorded that Ms. Green complained of pain radiating to her left buttocks while she was bearing weight on her left foot. Later in the day it was documented that she walked to the bathroom with full weight bearing with the assistance of a walker and she tolerated this without complaints. The progress notes from September 4, 1985 until her discharge from the hospital, and the physical therapy notes were missing from the records that I received. These would be helpful so that we could see how Ms. Green progressed with her mobility while she was in the hospital.

In his discharge note, Dr. Albert Mays documented that Ms. Green:

“progressed quite rapidly. She has been up ambulating without assistance. She still has some back discomfort, but this is not too severe. The multiple abrasions are healing satisfactorily at this time. She is discharged home to the care of her mother and has an appointment on Wednesday 9/12/85. Dr. Johns will also see her as an outpatient. Discharge medications were Tylenol # 3 (Tylenol with codeine) dispense 30 tablets, 1-2 every three to four hours for pain.”

He also referred to a limited bone scan, which was performed on September 6, 1985. This was not included in the medical records that I received for review. This report contradicts the claim by Ms. Green that she was unable to walk for 1 week after the accident. Dr. Mays discharged her with only 30 tablets of Tylenol # 3. If her pain were very severe, he would have sent her home with a stronger pain medication such as the Percocet that she was given earlier in her hospitalization. It would be helpful if we were able to look at the

follow up appointment records with both Dr. Mays and Dr. Johns to make sure Ms. Green did in fact keep these appointments and to see how she was progressing at that time.

Strengths of the case from a medical perspective:

- Ms. Green was not wearing a helmet at the time of the accident.
- There may have been a prior problem with Ms. Green's back and foot, which was not caused by this accident.
- X-ray report indicates old injury to L5 is possible.
- Ms. Green may not have been following her prescribed treatment plan as she was drinking wine while in the hospital after receiving pain medication.
- According to Dr. Mays discharge note, Ms. Green was ambulating without assistance prior to discharge from the hospital. This would contradict her complaint that she was unable to walk for one week after the accident.

Weaknesses of the case from a medical perspective:

- Documented L1 and L5 fractures (claim supported).
- Ms. Green was struck by an automobile traveling 20-30 mph while she was riding a bicycle. The impact was significant based on the fact that she dented the hood and broke the windshield.

Missing Records:

You may want to obtain the following records, which were not included with the records that were submitted to me for review:

- CT scan of skull and spine taken September 2, 1985 to show the exact injuries to the spinal column and to look for "old" injuries.
- Police report to look for any medical complaints she made at the scene and any statements she may have made about the accident. We also might be able to find out information about the missing shoe.
- Records from last eye exam to check for correction with contact lenses.
- Results of CT scan and BER taken prior to this accident and physician's notes from treatment for vertigo and hearing loss.
- All laboratory results while Ms. Green was in the hospital.
- Physical Therapy notes from hospitalization and progress notes on September 3, 1985 from 0700-2400 and September 4, 1985 from 2000 until discharge on September 8, 1985. This will document how Ms. Green progressed with her mobility while she was hospitalized.