

MD Consulting Services LLC

Physicians Helping Attorneys Helping People™

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Newsletter

May 2025

This Month's Question:

Can a Medical/Legal Consultant Help Refute a Possible Pre-Existing Medical Condition Argument from Opposing Counsel?

MD Consulting Services Answer:

We recently had a case of a 57-year-old man who suffered a Mild traumatic Brain Injury in a work-related accident. The client was walking up a flight of stairs at his place of work to get to his office. A workman, who installing electrical conduit on the roof for a back-up generator, was above the client on the stairway landing and dropped his tool belt which fell approximately 20 feet and hit the client on the top and frontal areas of his head. The tool belt was estimated to weigh 15 pounds. The client received a laceration to the scalp as well as being knocked to the floor. He had a period of approximately one minute when he lost consciousness. On regaining consciousness the client felt dazed, confused, disoriented and had a brief period of retrograde amnesia.

The client began to suffer cognitive deficits immediately after the accident. In the medical records the client has been repeatedly diagnosed as suffering a Mild Traumatic Brain Injury(mTBI) and he has an abnormal MRI of the brain which showed “a small right frontal abnormality on gradient echo imaging which most likely represents a hemosiderin stain or deposit from a blood vessel associated with a traumatic injury within the anterior corpus callosum.”

The client was eventually diagnosed as having a Traumatic Brain Injury with significant cognitive loss, depression and anxiety. In addition, the client also developed a visual/perceptual disorder and a sleep disorder as part of his Post-Concussive Syndrome secondary to the mTBI.

The client had a pre-existing history of coronary artery disease and approximately 7 months after the work-related accident underwent coronary bypass surgery without complications due to a myocardial infraction (heart attack). Opposing counsel suggested the pre-existing coronary artery disease and subsequent bypass surgery accounted for the client's cognitive and other symptoms.

It was our medical opinion to a reasonable degree of medical probability that the client's coronary artery disease did not play a part in the client's post-accident symptoms. First, the client began to experience mTBI symptoms immediately after the blow to his head. He was describing the same constellation of mTBI symptoms prior to his myocardial infarction (heart attack) as he did after the myocardial infarction. This point cannot be emphasized strongly enough, there were no new brain disorder symptoms after his myocardial infarction and subsequent by-pass surgery and there was essentially no change in the nature and intensity of the mTBI symptoms he described after the cardiac events. In addition, we pointed out the client had objective brain MRI changes consistent with traumatic brain injury.

We also noted evidence from the medical records. The client's treating brain injury specialist opined in a progress note he did not think the client's symptoms were related to the heart disease or heart surgery. The doctor stated "The question has been raised as to whether these problems are all due to his concussion and the residual effects of mild traumatic brain injury or if the cardiac condition may have contributed in some way. Our records indicate that the complaints of cognitive and visual problems stem from the workplace concussion incident which preceded his cardiac problems and surgery." We also noted in our report, the treating Ph.D. neuropsychologist in her report stated, "His cognitive deficits, at this time, appear consistent with a concussive injury or mild traumatic brain injury." She went on to state "The results (of her neuropsychological testing) do not indicate that the client is experiencing the verbal memory deficits and executive functioning deficits often seen in coronary artery disease patients or patients with congestive heart failure."

[You can read our entire report here.](#)

This situation is another example of how we can assist you with all the medical issues in your cases. Please reply to this email or call 303-619-0777 to schedule a time to talk.

Let Us Know How We Can Help You

- Medical Summary Reports for Settlement Letters
- IME Observation & IME Rebuttal Reports
- Reports Answering Specific Medical Questions
- Standard of Care Reviews
- Liaison with Treating Doctors
- Help with Strategies to Promote Medical Theories
- Interpretation of Meaning, or lack thereof, of Medical Reports & Records
- Independent Record Reviews
- Assessment of Case Validity Regarding Medical Issues
- Referral to Expert Medical Witnesses
- Medical Research
- Facilitation of Communication with Clients, Families, Professionals and Service & Governmental Agencies
- Case Coordination
- Deposition & Trial Question Preparation
- Table-side Deposition & Trial Assistance

As you know, **we have purposefully kept our fees exceptionally low** allowing you the opportunity to have us review your cases early in your representation while controlling your expenses.

CONTACT US for information or fee schedule.

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