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## Physician's Medical/Legal

## Consultants of Texas, LLC

Physicians Helping Attorneys Helping People™

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# Newsletter

January 2024

### **This Month's Question**

### **Can Two Treating Doctors' Medical Opinion on Causation be Incorrect and Potentially Hurt Your Case?**

#### **PMLCtex Answer:**

We were recently asked to review a case where two treating physicians opined that the client's acute left lower leg deep vein thrombosis (clot) was related to enlarged uterine fibroids when she had, in fact, sustained a work-related injury to that leg that led to her deep vein clot.

A 49-year-old woman was working at a department store. Boxes of merchandise fell from the top shelf onto her legs. Both legs were injured, more so on the left. Able to ambulate after the incident, she did not seek medical attention immediately. A lingering ache developed in her left calf which she managed with over-the-counter Tylenol. The ache persisted. Over 3 weeks, she developed slight left lower leg swelling. Soon, she developed worsening pain and swelling in her left lower leg, resulting in a visit to the Emergency Room. The client was confirmed to have a left lower deep vein thrombosis (blood clot) within the "popliteal vein" [vein behind the knee]. She received appropriate care for the clot by her treating doctor including the use of blood thinners.

This client coincidentally was seeing her gynecologist for massive uterine fibroids (benign uterine tumors), which had been causing mild lower abdominal discomfort. She had intended to have an elective hysterectomy. On a visit to the gynecologist, which was within the week of her clot diagnosis, the gynecologist opined that her leg clot was the result of those fibroids. The physician felt that the fibroids were large enough to compress circulating venous blood flow thereby causing her leg clots.

Further medical work-up with a hematologist (blood specialist) ruled out any hereditary factors or other hypercoagulable (clot-inducing) risks as a cause. The hematologist, who had read the gynecologist's opinion, echoed the opinion that the clot was "likely related to massive uterine fibroids". It is not at all unusual for one specialist to defer to the opinion of a referring specialist opining within that latter specialist's area of expertise. Such concurrence does not necessarily add veracity to the initial opinion.

The client experienced significant disability from her left lower leg clot resulting in significant time off work. She had long-term sequelae from her clot episode with chronic thrombophlebitis [inflammation of her leg veins]. Her symptoms included chronic leg pain, localized redness as well as mild swelling and impaired ambulation.

The client applied for Workers Compensation pointing out that her clot occurred because of her injury at her workplace. She felt that from the timeline (from her injury to her swelling, and eventually to the clot), that her clot was related to her work accident and subsequent work-related leg injury.

When we researched the client's case, we found that clots resulting from uterine fibroids were exceptionally rare and in fact, reportable [i.e., rare enough to report it as a case report]. In addition, these rare cases that have been published reveal that the point of origin for uterine fibroid-related clots are more proximal (closer to the uterus, as in the iliac, femoral or pelvic veins). These locations are much more likely due to uterine fibroid compression of adjacent veins within the pelvis. Uterine fibroid-related clots are highly unlikely to form in the lower extremity (i.e., popliteal vein)

as in this case. Certainly, in this client's case, trauma to the client's leg directly caused venous vascular endothelial injury (injury to the vein wall), which led to her higher risk for clot formation. In short, the clotting is much more likely to occur close to the site of the injury or abnormality.

We provided the client's attorney with a complete summary report of our review and findings supported by medical literature. This is a cautionary tale, which should increase awareness that not all treating physician opinions on causation are necessarily correct and could adversely affect your case.

### Let Us Know How We Can Help You

- Medical Summary Reports
- Help with strategies to promote medical theories.
- Interpretation of meaning, or lack thereof, of medical reports & records
- Attendance at IME's
- Reviews of IME Reports
- Independent Record Reviews
- Assessment of case validity regarding medical issues
- Referral to appropriate expert medical witnesses
- Medical Research
- Facilitation of communication with clients, families, professionals and service & governmental agencies
- Case Coordination
- Facilitation of communication with treating doctors
- Table-side deposition assistance or deposition question preparation

As you know, **we have purposefully kept our fees exceptionally low; a fraction of typical expert witness fees** 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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**P.S. ---Please pass this Newsletter along to your colleagues.**

