

MD Legal Consulting Miami LLC

Physicians Helping Attorneys Helping People™

<http://mdcsco.com> 305-804-5751

Newsletter

July 2020

This Month's Question:

When is a case not a case?

MD Consulting Services Answer:

We were recently asked to consult on a potential medical malpractice case to determine if there was a failure in meeting the accepted community standard of care. We understand that in most cases attorneys are quite good at determining when to move forward on a potential medical malpractice case. We also know there are times when it is helpful to have a physician review a potential med mal case before taking the case forward.

In this specific case the question of a potential medical malpractice suit was raised by a husband when his 37-year-old wife died a short time after being diagnosed with metastatic cancer. The husband felt that his wife's cancer should have been diagnosed earlier before the cancer had spread throughout his wife's body resulting in a short period of illness and her subsequent death.

This decedent had first presented to her local emergency room with complaints of severe low back pain radiating into her left leg. She also complained of typical radicular symptoms including pain, leg numbness, tingling and weakness. She had the acute onset of low back pain severe enough to require an appropriate emergency visit to evaluate and treat her pain.

A CT scan done during her first ER visit noted an enlarged liver and areas of hypo attenuation. Areas of hypo attenuation appear whiter and brighter than normal areas in a scan image. Hypo attenuation in unexpected areas could indicate a number of problems, all of which will require further diagnosis to be confirmed. In this case, given the woman's symptoms and the fact she was extremely obese it was felt the hypo attenuation most likely represented a fatty liver (hepatic steatosis) due to obesity. Fatty liver is a condition very often seen in obese patients.

The decedent was treated conservatively for her low back pain and told to follow up with her primary care physician (PCP). She did see her PCP a few weeks later and was treated with medication and physical therapy. The decedent did make 2 more trips to the emergency room with complaints of back pain. After approximately 2 months of low back pain and radicular symptoms the decedent complained of urinary incontinence and had lumbar and abdominal MRI's. It was noted on the MRI that the decedent's liver looked enlarged *but there was no evidence of tumors in the liver*. There were nonspecific lesions in the liver and the radiologist suggested follow up which was then scheduled with her PCP.

Before the PCP follow up and weeks after the original MRI's were done the decedent again presented to the ER with total paralysis of the lower extremities. At that time MRI's revealed metastatic cancer in several organs including her vertebrae (destroying the vertebral bones) and the woman succumbed shortly after the cancer diagnosis was made.

In this case because of the decedent's obesity, the evidence of fatty liver (extremely common in obese patients) and no other lesions suggestive of cancer on several MRI's and one ultrasound test, no further follow up was done other than to counsel the woman about losing weight and increasing exercise. Unfortunately, if the woman was not obese further diagnostic studies *may* have been done but further testing did not seem indicated based on the evidence at hand. By the time a correct diagnosis could be made in this case it was just too late to try lifesaving cancer treatments in this extremely aggressive cancer which spread very quickly through several organs. Even at autopsy the primary cancer site was never identified.

It is easy to see how the decedent's husband could think mistakes had been made, but unfortunately even though appropriate medical care and testing was done, the cancer could not be detected with lab work, imaging studies or clinical presentation early enough to initiate cancer treatment.

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
- IME Observation & IME Rebuttal reports
- 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
- Liaison with Treating Doctors
- Table-side deposition assistance or deposition question preparation

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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P.S. ---Please pass this Newsletter along to your colleagues.