National Practitioner Data Bank Healthcare Integrity and Protection Data Bank

P.O. Box 10832

Chantilly, VA 20153-0832

http://www.npdb-hipdb.com

Process Date: 12/27/2005 Print Date: 01/07/2006

MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 550000040134967

[X] The National Practitioner Data Bank

[] The Healthcare Integrity and Protection Data Bank

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A.	RF	PO	RT	INC	G F	NT	ITY

Entity Name: NORCAL MUTUAL INSURANCE COMPANY

Address: 560 DAVIS ST., 2ND FLR.

City, State, ZIP: SAN FRANCISCO, CA 94111-1902

Country:

Entity Internal Report Reference

(e.g., claim number):

62621

Name or Office: SABRINA MCMURRY

Title or Department: CLAIMS CLERK

Telephone: (415) 397-9700 Ext. 2248

Type of Report: INITIAL Status of Report: ACTIVE

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: MOHLER, DAVID G

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/16/1957

Organization Name:	
Work Address: City, State, ZIP: Country:	454 FOREST AVE PALO ALTO, CA 94301
Home Address: City, State, ZIP: Country:	
Deceased: Date of Death:	UNKNOWN
Social Security Numbers (SSN):	
Drug Enforcement Administration (DEA) Numbers:	
Professional School(s) & Year(s) of Graduation:	CORNELL U. MEDICAL COLLEGE (1983)
Occupation/Field of Licensure (Code): State License Number, State of Licensure: Other, as Specified:	PHYSICIAN (MD) (010) G59606, CA
Hospital Affiliation(s):	

C. INFORMATION REPORTED

Relationship of Entity to This

Practitioner:

INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment for This

\$75,000.00 **Practitioner:**

Date of This Payment: 12/01/2005

This Payment Represents: A SINGLE FINAL PAYMENT Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$75,000.00 **Payment Result of:** SETTLEMENT

Date of Judgment or Settlement, if

Any:

12/01/2005

Adjudicative Body Case Number: 01-04-CV-031447

Adjudicative Body Name: SANTA CLARA SUPERIOR COURT

Court File No.:

Description of Judgment or

Settlement and Any Conditions,

\$75,000.00 IN FULL AND FINAL SETTLEMENT OF ALL

Including Terms of Payment: CLAIMS.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

1

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case (including the Amount Specified Above for This

Practitioner): \$ 75,000.00

Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case:

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner in This Case, or Is Such a Payment Expected to Be Made?

Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund (Format NNNNN.NN):

Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in This Case, or Is/Are Such

Payment(s) Expected to Be Made?: NO

Amount Paid or Expected to Be Paid

by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial

33 YEARS

Event:

Patient's Gender:

FEMALE

Patient Type:

OUTPATIENT

Description of the Medical

Condition With Which the Patient

Presented for Treatment (Prior to

the Event that Led to the **Malpractice Allegation):**

THE PATIENT WAS DIAGNOSED WITH AN

ENLARGING LYTIC LESION IN THE RIGHT DISTAL TIBIA THAT REQUIRED SURGICAL REMOVAL.

FASHIONING OF A SPLINT

Description of the Procedure

Performed:

Nature of Allegation: EQUIPMENT/PRODUCT RELATED (080)

Specific Allegation: PROBLEM WITH APPLIANCE, PROSTHESES,

ORTHOTIC, RESTORATIVE, SPLINT, DEVICE, ETC.

(320)

Other Specific Allegations:

Date of Event Associated With

Allegation or Incident: 09/11/2003

Specific Allegation:

Other Specific Allegations:

Date of Event Associated With

Allegation or Incident:

MINOR PERMANENT INJURY (05) Outcome:

Description of the Allegations and

Action or Claim Was Based:

ALLEGED IMPROPER FASHIONING OF A SPLINT Injuries or Illnesses Upon Which the RESULTING IN A PLASTER BURN TO THE RIGHT CALF AND A PERMANENT SCAR IN A THEN 33 YEAR OLD

FFMALF.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Date Submitted: 01/07/2006

Her destructive lytic distal tibial GCT tumor was successfully eliminated with an excellent outcome, but she was left with a 2 inch by 2 inch burn scar on her calf from the plaster splint applied urgently in the operating room. The patient came out of anesthesia too soon. Because of the eggshell state of the distal tibia, and the large percentage of joint involvement, her uncontrolled muscle contraction alone could have lead to a pathologic fracture of the tibial plafond, which would have been catastrophic. I chose to apply a splint with the limited materials at hand, rather than wait and risk fracture. The burn resulted from thicker than normal plaster and less padding than usual, due to the absence of the plaster cart in the room and the urgent need for application due to the potential disastrous consequences. Plastic pillow liners contributed by trapping the heat generated.

E. REPORT STATUS

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

[] If box is checked, this report has been disputed by the subject identified in Section B.

- [] If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- [] If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 12/27/2005

Date of Most Recent Change: 12/27/2005

END OF DOCUMENT

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