
MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 5500000040134967

The National Practitioner Data Bank
 The Healthcare Integrity and Protection Data Bank

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A. REPORTING ENTITY

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: 454 FOREST AVE
City, State, ZIP: PALO ALTO, CA 94301
Country:

Home Address:
City, State, ZIP:
Country:

Deceased: UNKNOWN
Date of Death:

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):** PHYSICIAN (MD) (010)

**State License Number, State of
Licensure:** G59606, CA

Other, as Specified:

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
Practitioner:** \$ 75,000.00
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, Including Terms of Payment: \$75,000.00 IN FULL AND FINAL SETTLEMENT OF ALL CLAIMS.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

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: 1

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?: 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 Event: 33 YEARS
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.
Description of the Procedure Performed: FASHIONING OF A SPLINT

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 :

Outcome: MINOR PERMANENT INJURY (05)

Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: ALLEGED IMPROPER FASHIONING OF A SPLINT RESULTING IN A PLASTER BURN TO THE RIGHT CALF AND A PERMANENT SCAR IN A THEN 33 YEAR OLD FEMALE.

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 egg-shell 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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