

1 nail with proximal and distal locking screws the following day. There was no mention made
2 in the patient's chart that postoperative x-rays of the tibia and fibula were taken.

3 5. On January 9, 2013, 48 hours postop, the creatine kinase ("CK") increased
4 over the course of the afternoon and into the evening. A decrease was noted in the early
5 morning hours the next day. SC's CKMB also increased and then decreased that evening.
6 On January 11, 2013, the infectious disease consultant wrote that SC developed evidence
7 of rhabdomyolysis with a CK of 22,000 on January 9, 2013 and elevated transaminases,
8 also trending down over the past 24 hours. Respondent did not order any type of test to
9 determine the status of the left calf musculature.

10 6. Respondent did not document the neurologic or circulatory status of SC's left
11 leg and foot until January 20, 2013, when he wrote that it was neuro/vascular intact. The
12 following day, Respondent documented that SC's sensation was intact and that the
13 compartments were soft. On January 24, 2013 at 8:45 a.m., Respondent wrote that SC's
14 fracture blisters were stable, that there was less swelling, and that sensation was intact in
15 the toes despite discoloration/bruising. He did not acknowledge another provider's written
16 findings that included the notation of black toes and the suggestion to rule out lower
17 extremity ischemia, nor did Respondent confirm or refute this finding.

18 7. Less than four hours later, the vascular surgical consultant documented the
19 possibility of compartment syndrome, that SC exhibited a foot drop, that the first and fifth
20 toes were likely nonviable and exhibited dry gangrene, and that SC had multiple areas of
21 skin that were nonviable and require debridement. There was no mention made by
22 Respondent in the chart that SC had a foot drop, or that the toes showed dry gangrene. A
23 CT angiogram dated January 24, 2013 showed the vessels in the calf, not the foot, and
24 showed myonecrosis with distended anterior and posterior compartment muscle bellies.

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1 EXECUTED COPY of the foregoing mailed
2 this 8th day of August, 2014 to:

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8 ORIGINAL of the foregoing filed
9 this 8th day of August, 2014 with:

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Mary Barber
Board Staff