

CASE INFORMATION SHEET
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COUNTY AND COURT:

Lake County Circuit Court

NAME OF CASE:

FRANCIS P. CAMPBELL and SHERRY
CAMPBELL, husband and wife,

Plaintiffs,

v.

EMERGENCY PHYSICIANS OF CENTRAL
FLORIDA, LLP, a Florida Limited
Liability Partnership; ERIC
CARTER, M.D.; and SCOTT PURRONE,
PA-C,

Defendants.

CASE DOCKET NO.: 2010 CA 2534

JUDGE: G. Richard Singletary

PLAINTIFFS' ATTORNEY/TRIAL COUNSEL:

John W. Dill, Esq.
Greg A. Francis, Esq.
Morgan & Morgan, P.A.
Post Office Box 4979
Orlando, FL 32802-4979

DEFENDANTS' ATTORNEY/TRIAL COUNSEL:

Henry W. Jewett II, Esq.
Jeremy T. Palma, Esq.
Rissman, Barrett, Hurt,
Donahue & McLain, P.A.
201 E. Pine Street
Suite 1500
Orlando, FL 32801

AGE/SEX/OCCUPATION OF PLAINTIFF:

Plaintiff, Francis Campbell, is a 69 year-old white male who is retired.

Plaintiff, Sherry Campbell, is a 63 year-old white female who is retired.

DATE, TIME AND PLACE OF OCCURRENCE:

Mr. Campbell received treatment in the Emergency Department at South Lake Hospital for low back pain on March 5, 2008.

CAUSE OF INJURY:

This was a medical malpractice case arising out of Mr. Campbell's presentation to the Emergency Department at South Lake Hospital. Mr. Campbell's chief complaint was low back pain. Mr. Campbell provided a history of chronic low back pain for many years. Mr. Campbell stated that his back began hurting during the morning of March 5, 2008 after lifting heavy objects into and out of his truck.

Scott Purrone, the defendant Physician Assistant, examined Mr. Campbell and determined he was neurologically intact with generalized tenderness in the low back. There were no "red flags" consistent with any infectious process in the spine, such as fever, history of recent infection, immunocompromise, IV drug use or recent procedures around the spine.

An x-ray of the lumbar spine showed severe degenerative changes at all levels consistent with a history of chronic low back pain. Mr. Campbell was also seen by Dr. Eric Carter, the defendant Emergency Medicine physician, who confirmed Mr. Purrone's findings. Mr. Campbell was diagnosed with acute low back pain and discharged home with pain medications and instructions to follow up with his primary care physician.

On March 10, 2008, Mr. Campbell was seen by his primary care physician. Mr. Campbell complained of low back pain and was neurologically intact with no sign of infection. Mr. Campbell was diagnosed with low back pain and sent home.

On March 13, 2008, Mr. Campbell returned to the Emergency Department at South Lake Hospital. Dr. Carter was on duty on March 13, 2008. Mr. Campbell had new complaints and symptoms as compared to the prior visit on March 5, 2008.

Mr. Campbell complained of pain in his shoulders and back, had rashes on his arms and legs, and was clearly jaundiced. Dr. Carter suspected an infectious process and ordered MRIs of the cervical, thoracic and lumbar spines. The cervical and thoracic MRIs were normal, but the lumbar MRI showed discitis and an abscess in the psoas muscle.

Mr. Campbell remained neurologically intact so he was admitted for conservative care, including IV antibiotics and observation. On March 15, 2008, Mr. Campbell developed neurological deficits in the left arm so he was transferred to Orlando Regional Medical Center to be followed by a neurosurgeon. A cervical MRI performed on arrival at ORMC was negative for any infectious process so the neurosurgeon ordered continued conservative care.

Mr. Campbell was stable until March 17, 2008, when he deteriorated to the point that he was partially quadriplegic. A repeat cervical MRI showed that a large epidural abscess had formed in the cervical spine since the March 15, 2008 MRI. The neurosurgeon performed an anterior and posterior discectomy of the cervical spine.

At trial, plaintiffs claimed that the defendants should have concluded during the March 5, 2008 ED visit that Mr. Campbell's back pain was "non-benign", i.e., a structural problem such as a herniated disc and either referred Mr. Campbell to a specialist or ordered an MRI of the lumbar spine to be completed within 48 - 72 hours of discharge from the ED. The defense argued that Dr. Carter and Mr. Purrone reasonably and appropriately concluded that Mr. Campbell had suffered an acute exacerbation of chronic low back pain and that there was no need for an MRI on March 5, 2008.

NATURE OF INJURY:

Mr. Campbell remained partially quadriplegic after the surgery and underwent rehabilitation. Mr. Campbell made a remarkable recovery in rehabilitation and was able to regain the use of his arms and legs. Mr. Campbell did have a permanent injury to his left arm and was unable to lift that arm above his shoulder. Mr. Campbell incurred \$228,125.53 in "gross" medical expenses.

PLAINTIFF'S EXPERT WITNESS:

Michael D'Ambrosio, M.D.
Emergency Medicine & Neurology
Capital Health
Philadelphia, PA

Dr. D'Ambrosio was Plaintiff's double board-certified emergency medicine and neurology expert who testified as to both standard of care and causation. Dr. D'Ambrosio criticized Dr. Carter and Mr. Purrone for concluding that Mr. Campbell had a musculoskeletal injury, as opposed to a structural problem in the spine. The bases for that opinion were that Mr. Campbell was unable to stand or walk normally secondary to pain and that his pain on physical examination was directly over the spine, as opposed to the back muscles.

Dr. D'Ambrosio testified that Dr. Carter and Mr. Purrone should have recognized that this was "non-benign back pain" and referred Mr. Campbell to obtain an MRI of the lumbar spine within 48-72 hours. Dr. D'Ambrosio testified that if an MRI was performed on the lumbar spine within 48-72 hours of March 5, 2008, then it likely would have shown discitis in the lumbar spine. Dr. D'Ambrosio testified that had that diagnosis been made, Mr. Campbell would have received conservative medical treatment and his discitis would not have progressed to the point where he was ultimately paralyzed and required surgery.

DEFENDANTS' EXPERT WITNESS:

Ronald T. Gilroy, M.D.
Emergency Medicine
Holmes Regional Medical Center
Melbourne, Florida

Dr. Gilroy testified that the care and treatment rendered by Dr. Carter and Mr. Purrone was reasonable and appropriate under the circumstances. Dr. Gilroy testified that Dr. Carter and Mr. Purrone reached the appropriate conclusions and made the correct diagnosis of acute low back pain on March 5, 2008.

Dr. Gilroy testified that even if an MRI had been performed within the 48-72 hours after March 5, 2008 as contended by Plaintiffs, it would not have shown discitis since the discitis probably was not clinically detectable until a later point. Dr. Gilroy's basis for that opinion was that the first two cervical

MRIs on March 13 and 15, 2008 did not reveal any changes, and then revealed a dramatic change on March 17, 2008.

CHECK APPROPRIATE SPACE: X Verdict

VERDICT:

Defense verdict.

DATE OF VERDICT:

February 14, 2014

JUDGMENT:

For Defendants, Eric Carter, M.D., Scott Purrone, PA-C and Emergency Physicians of Central Florida.

DATE OF FINAL JUDGMENT:

February 25, 2014

DEFENDANTS' OFFER:

None.

PLAINTIFFS' DEMAND:

Plaintiffs' counsel requested \$228,125.53 during closing argument for past medical expenses. Plaintiffs' counsel did not request any amount for future medical expenses.

Plaintiffs' counsel did not request a specific amount of non-economic damages. Plaintiffs' counsel left the amount of the past and future non-economic damages for both Mr. and Ms. Campbell up to the jury.

ATTORNEY'S COMMENTS:

The jury deliberated 1 hour, 17 minutes before returning a defense verdict.

Submitted Henry W. Jewett II
By: Jeremy T. Palma

Date: April 4, 2014

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