

JUN 05 2015

RECEIVED

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

- Mr. Mrs. M/MS. Miss

Merita Combs Claimant

Do Not Write in These Spaces Claim No. 15-0911-CC Date Filed June 5, 2015 Amount of Claim \$ 28,872.00 Fund UAMS

State of Arkansas, Respondent

U of A Medical Sciences

Negligence, Pain & Suffering Mental Anguish, Personal Injury

COMPLAINT

Merita Combs the above named Claimant, of 2586 Highway 21 Clarksville

AR 72830 4797741642 County of Johnson represented by N/A

of N/A (City) (State) (Zip Code) (Phone No.) (Fax No.) says:

State agency involved: Univ. of Arkansas Medical Sciences Amount sought:

Month, day, year and place of incident or service: 6/28/13

Explanation: I was diagnosed with hyperparathyroidism due to a left anterior adenoma. I requested a referral to Dr. Brendan Stack and had surgery at U.A.M.S. on 6/28/13. Dr Stack explored the wrong side of my neck after the endocrinologist had sent documentation that the tumor was on the left side.

Not only did I go through the unsuccessful surgery & recovery, I continued to live with the pain, stress and struggle to find a surgeon I trusted to re-operate. (Now more complicated) and correct the situation. During this period of 18 months, the disease continued to not only make daily living much harder to get through - extreme fatigue, bone pain, high blood pressure, and brain fog - I knew the unseen affects of the condition were still wreaking havoc on my body and I feared I would not be able to get a surgeon to remove the adenoma & therefore cure my disease. I have much more documentation if you find that you need it. I was successfully re-operated on Dec 2, 2014 & I seek damages of approximately \$28,872.00.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim own... to any state department or officer

NA when? (Month) (Day) (Year) to whom? (Department)

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? NA if so, state name and address

(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

and that the nature thereof is as follows: and was acquired on in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

Merita Combs (Print Claimant/Representative Name) Merita Combs (Signature of Claimant/Rep/Representative)

SWORN TO and subscribed before me at Clarksville, Arkansas (City) (State)

(SEAL) on this 3 day of June 2015 (Date) (Month) (Year)

Sarah Schluterman (Notary Public)

My Commission Expires: Aug. 17, 2024 (Month) (Day) (Year)

SF1- R7/99



JUL 08 2015

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MERITA COMBS

CLAIMANTS RECEIVED

V.

NO. 15-0911-CC

UAMS

RESPONDENT

MOTION TO DISMISS

Comes now Respondent, by and through the undersigned counsel, and for its Motion to Dismiss, states as follows:

1. Claimant's complaint specifically lays blame on her physician who carries malpractice insurance making him subject to suit in a court of law. Consequently, the complaint fails to state a claim against UAMS.
2. Claimant has not exhausted her available insurance remedies prior to filing this action.
3. The grounds for this motion are more fully set forth in a brief in support filed contemporaneously with the motion.

WHEREFORE, Respondent prays that the claim against UAMS be denied and dismissed in its entirety, and for all other relief to which it may be entitled.

Respectfully submitted,

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES, Et Al.
Respondents

By:



SHERRI L. ROBINSON, #97194
Associate General Counsel
University of Arkansas for Medical Sciences
4301 West Markham, Slot 860
Little Rock, AR 72205
(501) 686-7608
Srobinson3@uams.edu

Attorney for Respondent

CERTIFICATE OF SERVICE

I, Sherri L. Robinson, do hereby certify that a copy of the foregoing pleading has been served on claimant herein by mailing a copy of same, by U.S. Mail, postage prepaid, this 7th day of July, 2015, addressed to the following:

Merita Combs
2586 Highway 21
Clarksville, AR 72830



Sherri L. Robinson

JUL 08 2015

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MERITA COMBS

CLAIMANTS RECEIVED

V.

NO. 15-0911-CC

UAMS

RESPONDENT

BRIEF IN SUPPORT OF MOTION TO DISMISS

Ms. Combs' complaint indicates that prior to becoming a patient at UAMS, she was diagnosed with hypothyroidism due to a problem on the left side of her neck. She was referred to Dr. Brendan Stack at UAMS for possible surgery. Claimant states that Dr. Stack explored the wrong side of her neck causing her pain and suffering, and she went elsewhere for surgery on the correct side of her neck. Claimant does not make any allegations against non-physician staff at UAMS.

The complaint must be dismissed for two reasons: (1) failure to state a claim against UAMS and (2) failure to exhaust all available insurance remedies. First, the complaint fails to state a claim against UAMS because Claimant alleges no wrongdoing by any non-physician staff at UAMS. The only wrongdoing spelled out in the Complaint is allegedly by the physician who performed her June 2013 surgery. The Arkansas State Claims Commission was established to hear claims against the State for which the state has immunity in a court of law. With regard to alleged physician negligence, UAMS physicians have malpractice insurance to address those claims and such claims must be heard in a court of law. See Ark. Code Ann. § 19-10-305(a).

Second, it does not appear that Ms. Combs has filed a lawsuit against the physician. Ark. Code Ann. § 19-10-302 states that the Commission "shall hear no claim until the claimant has exhausted all remedies against insurers." The claim form filed in


this matter does not indicate that an action has been pursued against the physician's insurance carrier. The taxpayers should not be liable for monies that may be pursued against an insured physician and/or his insurance carrier.

WHEREFORE, Respondent prays that the claim against UAMS be denied and dismissed in its entirety, and for all other relief to which it may be entitled.

Respectfully submitted,

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES, Et Al.
Respondents

By:


SHERRI L. ROBINSON, #97194
Associate General Counsel
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4301 West Markham, Slot 860
Little Rock, AR 72205
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Srobinson3@uams.edu

Attorney for Respondent

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I, Sherri L. Robinson, do hereby certify that a copy of the foregoing pleading has been served on claimant herein by mailing a copy of same, by U.S. Mail, postage prepaid, this 7th day of July, 2015, addressed to the following:

Merita Combs
2586 Highway 21
Clarksville, AR 72830


Sherri L. Robinson

Merita G. Combs
2586 Highway 21
Clarksville, AR 72830
Tel. 479-774-1642

Arkansas Claims Commission
JUL 20 2015
RECEIVED

July 20, 2015

Brenda Wade, Director
Arkansas State Claims Commission
101 East Capitol, Suite 410
Little Rock, AR 72201-2823

Sherri L. Robinson
Associate General Counsel
4301 West Markham St. #860
Little Rock, AR 72205

Re: Combs v. UAMS
No. 15-0911-CC

Response to Motion to Dismiss

I respectfully request a hearing with the Arkansas Claims Commission on the above referenced case. Please notify me of the date when it has been determined.

The Motion to Dismiss misstates my previous diagnosis as "hypothyroidism due to a problem on the left side of her neck". I was diagnosed with hyper-parathyroidism due to a parathyroid adenoma on the left side of my thyroid. This is a different condition from hypothyroidism, which I also have.

Employees of U.A.M.S. erroneously added to my chart that there was an adenoma on the RIGHT side of my neck, when Dr. Paul Howell had clearly documented and sent information to Dr. Brendan Stack showing that there was a tumor on the LEFT side of my neck. It was either Ms. Horn, PNA, or perhaps the office staff that changed the record and mixed it up with someone else's record, adding other false information to my chart (that I had previously had radioactive iodine treatment).

Because of this and the fact that nobody discovered the mistake until my post-op visit with Dr. Stack, I suffered a lengthy unsuccessful surgery and painful recovery and still required another surgery and recovery to have the adenoma removed from the left side of my neck. During the time it took to locate and arrange another surgeon and surgery, my illness continued and it is hard to determine what injury I may have suffered due to this delay.

On my pre-op check, I was asked "What surgery are you having today?" and I answered that it was to remove the parathyroid adenoma. No one who attempted to confirm this ever said left or right side.

The operative report states that Dr. Stack was present during the entire procedure, but evidently it was another physician or intern who did the surgery.

I have not filed a lawsuit against Dr. Stack. U.A.M.S. staff were ultimately responsible for the incident. Dr. Stack would not take responsibility for any error on his part.

Please consider my situation and allow me to come before you and at least be heard.

I have sent in copies of some of my medical records and have further copies of all my records and bills on hand for your review.

Thank you,

Merita G. Combs

Cc: UAMS office of General Counsel

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 28,872.00

Claim No. 15-0911-CC

Merita Combs Claimant Pro se Claimant
vs.
University of AR Medical Sciences Respondent Sherri Robinson, Attorney Respondent
State of Arkansas
Date Filed June 5, 2015 Type of Claim Negligence, Pain & Suffering
Mental Anguish, Personal Injury

FINDING OF FACTS

The Claims Commission hereby unanimously grants the Respondent's "Motion to Dismiss" for reasons set forth in paragraphs 1-3 contained in the motion. Therefore, this claim is hereby unanimously denied and dismissed.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously grants the Respondent's "Motion to Dismiss" for reasons set forth in paragraphs 1-3 contained in the motion. Therefore, this claim is hereby unanimously denied and dismissed.

Date of Hearing August 13, 2015

Date of Disposition August 13, 2015

[Signature] Chairman
[Signature] Commissioner
[Signature] Commissioner

**Appeal of any final Claims Commission decision is only to the Arkansas General Assembly as provided by Act #33 of 1997 and as found in Arkansas Code Annotated §19-10-211.

Merita G. Combs
2586 Highway 21
Clarksville, AR 72830
Tel. 479-774-1642

August 17, 2015

Brenda Wade, Director
Arkansas State Claims Commission
101 East Capitol, Suite 410
Little Rock, AR 72201-2823

Sherri L. Robinson
Associate General Counsel
4301 West Markham St. #860
Little Rock, AR 72205

Arkansas Claims Commission

AUG 20 2015

RECEIVED

Re: Combs v. UAMS
CLAIM No. 15-0911-CC

MOTION TO RECONSIDER

I respectfully request a hearing with the Arkansas Claims Commission on the above referenced case. Please notify me of the date when it has been determined.

U.A.M.S. employee, Mary Ann Horn, R.N.P., erroneously referred to an adenoma on the RIGHT side of my neck, during my pre-operative work up, when Dr. Paul Howell had clearly documented and sent information to Dr. Brendan Stack showing that there was a tumor on the LEFT side of my neck. This first incorrect reference to the wrong side led to my ultimately having surgery on the wrong side of my neck.

Dr. Paul Howell's office of Endocrinology sent U.A.M.S. my records showing the findings of an ultrasound guided needle wash biopsy of the LEFT parathyroid adenoma were positive. There was a diagram on the record showing the lower left parathyroid adenoma. **See attachment 1.**

On the Pre-operative exam conducted by Mary Ann Horn, R.N.P., the notes refer to a suspected **RIGHT** inferior parathyroid adenoma. From this point forward all U.A.M.S. notes erroneously refer to an adenoma on the **RIGHT** side. **See attachment 2.**

The operative report refers to a **RIGHT** inferior parathyroid adenoma, referring to the needle-wash biopsy performed by Dr. Paul Howell. The notes state that they explored the **RIGHT** tracheoesophageal groove. It states they did not explore the **LEFT** side. The

notes also refer to a history of previous radioactive iodine which I had not had. See **attachment 3**.

The post-operative notes again refer to the RIGHT side adenoma, and a failed right exploration. The note refers to tissue scarred due to Hashimoto's disease, which I have never been diagnosed with, and that they did not explore the LEFT side, where the tumor was located. See **attachment 4**.

I sought out a physician who does more parathyroid surgery than anyone else in the world. Dr. James Norman removed my tumor in a 15 minute operation. The tumor was on the lower left side of my neck, as indicated by the needle-wash biopsy done by Dr. Howell. This surgery cured my hypocalcaemia and hyperparathyroidism. See **attachment 5**.

Dr. Norman's practice is located in Tampa, Florida. I incurred additional travel and other expenses and lost time at work, in order to have my tumor removed. I have detailed copies of all the bills involved, and I attach a summary of those expenses. See **attachment 6**.

The brief in support of motion to dismiss says that I did not state a claim against U.A.M.S. Perhaps I did not make my case clear in the first letter I wrote. I am not a lawyer, I am just trying to explain what happened to me.

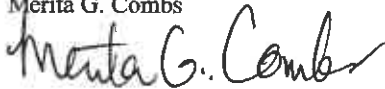
I suffered a lengthy unsuccessful surgery and painful recovery and still required another surgery and recovery to have the adenoma removed from the left side of my neck. During the time it took to locate and arrange another surgeon and surgery, my illness continued and it is hard to determine what injury I may have suffered due to this delay.

I have not filed a lawsuit against Dr. Stack. U.A.M.S. staff were ultimately responsible for the incident. Dr. Stack would not take responsibility for any error on his part. I did retain two different lawyers who said there was no doubt that an error was made and that the surgery was performed on the wrong side. But both lawyers declined to file a suit against Dr. Stack, because they said the damages were not worth their time, since I was not permanently disabled by the mistake. Both told me that I should bring my claim to the Claims Commission for review.

Please consider my situation and allow me to come before you and at least be heard. I have sent in copies of some of my medical records and have further copies of all my records and bills on hand for your review.

Thank you,

Merita G. Combs



Arkansas Claims Commission

AUG 20 2015

RECEIVED

cc to UAMS General Counsel

Attachment 1



ALLIUM LABORATORIES
FINE NEEDLE ASPIRATE
800 EAST 26TH STREET
MINNEAPOLIS, MN 55407
PHONE: 612-863-4668 • FAX: 612-863-3089

Always Bill to Insurance / Patient
MEDICARE SECONDARY PAYER INFORMATION (USE ONLY IF APPLICABLE)
Secondary or representative with 30 days of service and documentation is on 1

Verified Patient Name & DOB Tech Initials _____
Verified Site Tech Initials _____

Collection Center: XCCP
COOPER CLINIC PA
1801 Rogers Avenue
Fort Smith, AR 72903
PHONE: 1-800-333-1305
*HYS: (Circle One)
36373 Bradburn, James
36374 Gamble, Cory
36377 Gwatney, Michael
36375 Howell, Paul
36376 Kocher, David
36378 Robinson, Ronald
36379 Sandoval, Renato

DATE & TIME COLLECTED: 3-15-13 DRAW: _____

SOCIAL SECURITY # _____ MALE FEMALE BIRTH: _____ (M.I.)

PATIENT NAME (LAST) (FIRST) (M.I.): Combs Merita

PATIENT ADDRESS (STREET) CITY STATE ZIP PATIENT PHONE: _____

MEDICARE PRIMARY MEDICARE SECONDARY

MEDICARE NUMBER: _____ SUFFIX: _____

MEDICAL ASSISTANCE NUMBER: _____ STATE: _____

POLICY HOLDER POLICY HOLDER DATE OF BIRTH: _____

MEMBER/POLICY # GROUP # CLINIC #

RELATIONSHIP OF PATIENT TO INSURED: SELF SPOUSE DEPENDENT INSURANCE CO. NAME

ICD9 DIAGNOSIS (ICD9-CM) ICD9 TESTS ORDERED (MUST BE PROVIDED BY PHYSICIAN SIGNATURE)

ICD9 PROCEDURE (ICD9-CM) REFERRING PHYSICIAN

ABN NOT INDICATED ABN INCLUDED
*Indicates coverage sensitive tests. ABN may be reduced.

Medical history statements that entered on Medicare patients must follow CMS requirements which include ICD9-CM diagnosis, and must include diagnosis or reason for testing as indicated in the medical record. If doing state and some other publications for reporting a "History" Advanced Laboratory Notice must be included. CMS consultation regarding test ordering is provided at 612-863-4670.

SEND PHYSICIAN RETURN DATE: 3-15-13 DIAGNOSIS: 252.00
ICD9 PROCEDURE: Parathyroid
A done by Dr. Howell
Physician Radiologist Pathologist Surgeon

HISTORICAL INFORMATION (Clinical Findings, Pertinent History, Clinical Impression, Comments, etc.)

58 y/o c/f c hyperparathyroidism
No systemic disease seen, Pdx.
FNA suspect parathyroid adenoma x2
Entered to in Q lobe of the thyroid.

As applicable, please indicate the location, size and consistency of the lesion aspirated on the drawings below.



LAB USE ONLY DO NOT WRITE BELOW THIS LINE

Location: ANW Unity Mercy United

Complex: CT EUS US Operating Room (OR) Other

DES: Air dried Fixed Cytospin Thin Prep L BLOCK: Yes No Iguis Yes No Slides: _____ (5/10/15)

Cells in: RPM Cytolyt Formalin B+ Combine RPM and Formalin for Cell Block Breast Ca-Formalin

Superficial Infusion Center Dr's Office Patient Room

CT/HT Assisted Initial: _____

CT/HT Assisted Initial: _____

Hold To Flow Hold Process Hold Process Hold Process Hold Process

Time in: _____

Bill as: Core Bx with Touch Imprints FNA

Adequacy assessed by Path? Yes No (Initial) _____

Preliminary Impression: _____

CYTOTECHNOLOGIST (adequacy, date & initial): _____

Affix Summary Label Here

ALLINA MEDICAL LABORATORIES - Allina Hospitals & Clinics
2000 10TH AVE MINNEAPOLIS, MN 55407

0 Dr: PAUL HOWELL
6801 ROGERS AVE
FORT SMITH, AR 72903

Pt: COMBS, MERITA
Loc: COOPER CLINIC PA
6801 ROGERS AVE
FORT SMITH, AR 72903

Copy to

CYTOPATHOLOGY REPORT
LAB: ABBOTT NORTHWESTERN HOSPITAL
Phone: 612-863-4670 Fax: 612-863-8375

Case#:MS13-35 Final Report

DIAGNOSIS
POSSIBLE PARATHYROID ADENOMA, FINE NEEDLE ASPIRATION: Nondiagnostic studies showing blood only

Attending Pathologist: Michael W Stanley M.D.

Hospital Pathology Associates, www.Hpath.com

CLINICAL INFORMATION

This 52-year-old woman with hyperparathyroidism undergoes needle aspiration of a suspected parathyroid adenoma located inferior to the left thyroid lobe. Please see Dr. Howell's illustration on file with this report for additional anatomic details.

SPECIMEN/GROSS DESCRIPTION

1) SOURCE: FNA, by clinician, parathyroid; four smears received, processed, screened and examined microscopically.

MICROSCOPIC

Specimen adequacy: Adequate for interpretation.
The microscopic appearance substantiates the diagnosis. Dictation by: MWS; transcribed by:kk 4/18/13

Interpreted at Allina Health Laboratory (Central Lab, Abbott Northwestern Hospital, Mercy Hospital, United Hospital, Unity Hospital)

COLLECTED: 03/15/13 ACCESSIONED: 03/20/13 SIGNED: 04/18/13 11:13

L=Lo, LL=Low Critical, H=High, HH=High Critical, #=Abnormal, A=Adjusted
UND=United, St. Paul, MN MCY=Marcy, Coon Rapids, MN UTY=Unity, Fridley, MN

Request: 13-1083906 COMBS, MERITA
Collect: 03/15/13 07:41 SSN-#####16963 DOB: 02/14/61 F 52Y
Print: 04/18/13 12:41 1 of 1 Chart: Phone:
Run ID: 11669 Bill to:
*** COMPLETE REPORT *** Provider Initials: _____

Ket 12

Cooper Clinic, P.A.

6801 Rogers Avenue
Fort Smith, AR 72903
(479) 274-2000 (800) 333-1305

COMBS, MERITA

MRN: 2225225

Appt Time: Mar 15 2013 10:30AM

RADIOLOGY REPORT

REFERRING PHYSICIAN: Paul K. Howell, Jr., MD

DIAGNOSIS CODE: 252.00


HISTORY: Hyperparathyroid.

RADIOGRAPHIC FINDINGS:

ULTRASOUND GUIDED THYROID BIOPSY OF A SUSPECTED PARATHYROID ADENOMA INFERIOR TO THE LEFT LOBE OF THE THYROID:

PROCEDURE: The patient was prepped and draped in a sterile fashion; approximately 1 cc of 1% Lidocaine was used for local anesthesia. Subsequently two approaches were made through a 0.97 x 0.56 x 0.50 cm probably parathyroid adenoma inferior to the left lobe of the thyroid. 25 gauge needle was used. Needle tip was documented in the suspected adenoma on each approach. The patient tolerated the procedure well; no problems or complications were experienced. She was released from the ultrasound suite in good condition. Slides being sent to pathology for review. Needle wash for parathyroid hormone evaluation.

IMPRESSION:
Ultrasound guided biopsy of a suspected parathyroid adenoma.


Paul K. Howell, Jr., MD/cb
DT: 03.15.2013, 4:39 PM; TR: 03.18.2013, 2:13 PM; Job #0703666
Pc: Roxanne Marshall, MD

13



Laboratory Service Report

1-800-533-1710

Patient Name COMBS, MERITA	Patient ID 2225225	Age 52	Gender F	Order # SA00040801
Ordering Phys HOWELL JR., P.K.				DOB 02/14/1961
Client Order # SA00040801	Account Information			Report Notes
Collected 03/15/2013 11:52	C7004088-Cooper Clinic 6801 Rogers Avenue Fort Smith, AR 72903			
Printed 03/16/2013 16:26				

Test	Flag Results	Unit	Reference Value	Perform Site
Parathyroid Hormone (PTH), S	H 94	pg/mL	REPORTED 03/16/2013 14:46 15-65	SDL
PTH, FNAB, Needle Wash	9429	pg/mL	REPORTED 03/16/2013 16:23	SDL

Parathyroid hormone (PTH) values $> 67 = 100$ pg/mL are suggestive of the presence of PTH secreting tissue at the site biopsied or along needle track. This result assumes that patient blood was not inadvertently aspirated. In the context of an elevated serum PTH, blood contamination during the biopsy might lead to false elevations of PTH in the FNAB washout. If blood was present in the washout, only PTH values significantly higher than the serum should be considered as true positives. This testing cannot distinguish between benign and malignant tissue. The testing method is an electrochemiluminescence assay manufactured by Roche Diagnostics Inc. and performed on the Modular or Cobas System. Values obtained with different assay methods or kits may be different and cannot be used interchangeably.

Needle aspirate
4/12/13 KET

* Performing Site:

SDL	Mayo Clinic Laboratories - Rochester Superior Drive 3050 Superior Dr. NW Rochester, MN 55901	Lab Director: Franklin R. Cockerill, III, M.D.
-----	---	--

Patient Name COMBS, MERITA	Collection Date and Time 03/15/2013 11:52	Report Status Final
Page 1 of 1	** End of Report **	

* Report times for Mayo performed tests are CST/CDT

*Refer to ENT Surgeon
to check ETT*

Attachment 2

NAME : Combs, Merita
UAMS# : 001754993
DOB : 2/14/1961
ACCT# : 0175499363120
LOCATION : HONC - UAMS Head and Neck Oncology Clinic
DATE : Wednesday, May 22, 2013 11:25:01 AM

Impression & Recommendations:

Problem # 1: BENIGN PARATHYROID (ICD-227.1)

Patient with suspected right inferior parathyroid adenoma. We will repeat a parathyroid 7 pack today and draw all necessary preop lab as well. After discussing the risks of the surgery (bleeding, infection, temporary vs permanent hoarseness, hypocalcemia, failure to find the gland and need for further surgery) patient wishes to schedule the procedure. We will get her set up for 6/28/13.

I scribed (or dictated) this note at the request of Dr. Brendan Stack who performed the entire service. Mary Ann Horn, RNP

Mary Ann Horn, RNP, has scribed this note during my exam/encounter of this patient. I have seen and examined this patient. I have been present during the critical portion of all procedures performed. I have formulated the treatment plan.

The risk of bleeding, infection, hypocalcemia, persistent hypercalcemia, and vocal fold paralysis have been discussed. The patient understands these risks and has agreed to proceed with surgery.

E&M Charge Coding:

New Patient 99204 (Comprehensive - Mod Decision)

Attestation Pt seen by attending physician only - requires attending documentation

]

Final Signature - Brendan Stack, MD, Faculty on 5/29/2013 1:21:04 PM

UAMS MEDICAL CENTER

OPERATIVE REPORT

(error)
6-28
↓

Attachment 3

DATE OF PROCEDURE: 07/28/2013 NAME: COMBS, MERITA G
ACCT NUMBER: 175499363175 DOB: 02/14/1961
ADMITTED: 06/28/2013 SERVICE: OTO

SURGEON: Brendan Stack, MD

SURGEON: Jonathan Rutledge, MD

PREOPERATIVE DIAGNOSES:

1. Hyperparathyroidism.
2. Right inferior parathyroid adenoma that on needle washout PTH was 9400.
3. Sestamibi scan suggestive of right inferior parathyroid adenoma.
4. History of previous radioactive iodine.

POSTOPERATIVE DIAGNOSES:

1. Hyperparathyroidism.
2. Right inferior parathyroid adenoma that on needle washout PTH was 9400.
3. Sestamibi scan suggestive of right inferior parathyroid adenoma.
4. History of previous radioactive iodine.

PROCEDURE PERFORMED: Minimally invasive radio-guided parathyroidectomy.

TIME: See intraoperative nursing record for official surgical times.

FINDINGS: We were unable to locate a right inferior parathyroid adenoma or an adenoma in the right tracheoesophageal groove. Tissue was quite scarred and the thyroid was absent from radioactive iodine treatment. Landmarks were difficult throughout the case, so after exploring the tracheoesophageal groove thoroughly, we aborted the case without finding the offending gland. We did not explore the left as we felt the dissection would be tough and we did not want to jeopardize her recurrent laryngeal nerve on that side.

ANESTHESIA: General endotracheal anesthesia.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

SPECIMENS: Right TE groove content.

PROCEDURE IN DETAIL: After informed consent was obtained in the preoperative area, the patient was brought to the operating room and placed supine on the operating table. The patient underwent induction of general anesthesia. After adequate induction was obtained, the patient's neck was prepped and draped in sterile fashion. Next, Bovie was used to make an incision in the neck approximately 0.5 cm below the cricoid cartilage. Dissection was carried down to subcutaneous fat. A small amount of fat was removed using Bovie electrocautery and

DeBakey pickups. After doing this, the straps were then divided in the midline raphe. The right side was explored after reflecting the straps laterally using Bovie electrocautery. The tissue planes were very tough and difficult to dissect. We explored the right TE groove and found several candidate masses. However, these turned out just to be fat from the tracheoesophageal groove as our radioactivity counts did not indicate hot adenomas. After exploring this groove thoroughly and sending 3 PTHs, we did not get a significant drop in the PTH. Given the surgical planes, we felt it best to abort the procedure. The wound was then irrigated thoroughly and suctioned dry. Hemostasis was obtained using bipolar electrocautery. A small amount of Fibrillar/Surgicel was placed in the tracheoesophageal groove. The wound was then closed in a layered fashion using 3-0 Vicryl sutures for deep closure followed by closure of the skin with a running 5-0 Monocryl suture. At this point the wound was cleansed and Mastisol and Steri-Strips were applied. The patient was then returned to Anesthesia's care, awakened, extubated, and returned to PACU in excellent condition.

Dr. Stack was present throughout the case.

Attending Physician Brendan Stack, MD

cc: Jonathan Rutledge, MD

Dict: 06/28/2013 10:13 P - Jonathan Rutledge, MD
Trans: 07/02/2013 - ukb
Job#: 11927274

Attachment 4
THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

OFFICE VISIT : Follow Up Visit

NAME : Combs, Merita G
UAMS# : 001754993
DOB : 2/14/1961
ACCT# : 0175499363181
LOCATION : HONC - UAMS Head and Neck Oncology Clinic
DATE : Wednesday, July 03, 2013 5:54:53 PM

Visit ID: 0175499363181

Arrival Time: July 3, 2013 5:54 PM

Head and Neck Surgery Follow-Up

HPI Ms. Combs is a pleasant 52yo WF who was noted by her PCP to have an elevated calcium level on a routine checkup. She was referred to Dr. Paul Howell in Fort Smith for workup and found to have hyperparathyroidism as well. US guided FNA of a right inferior lesion yielded a needle wash of 9429. Her most recent calcium is 10.75 and PTH is 94. She presents today for discussion of surgical options. She is healthy with no major medical problems.

Surgery Performed: Parathyroid

Date of Surgery: 06/28/2013

Procedure: right neck exploration.

Incisions: clean dry and intact

Wound closed with: Sutures

Drains in place: absent

Dressing: removed

Pathology Results: parathyroid identified, benign thyroid tissue, no adenoma.

Pathology Report Given to Patient

Operative Results Given to Patient

Follow-Up

To monitor labs (Calcium, Ionized Calcium, Intact PTH)

Other: No complications. Failed right exploration. Very fibrotic and difficult dissection due to long standing Hashimotos. Didn't want to risk left exploration at time of right exploration.

Plan. Labs today. RTC 3 months. Repeat labs and perform u/s. Do FFL.

If u/s localized, consider u/s dye injection pre op for left exploration with monitored tube.

Lab Results:

Calcium: 11.2 (07/03/2013 12:43:00 PM)

Calcium Ionized: 1.40 (07/03/2013 12:43:00 PM)

Vitamin D-25-OH: 21 (05/22/2013 10:20:00 AM)

PTH Intact: 91.2 (07/03/2013 12:43:00 PM)

E&M Charge Coding:

Established Patient 99024 (Postoperative Follow Up Visit)

Attestation Pt seen by attending physician only - requires attending documentation

]

NAME : Combs, Merita G
UAMS# : 001754993
DOB : 2/14/1961
ACCT# : 0175499363181
LOCATION : HONC - UAMS Head and Neck Oncology Clinic
DATE : Wednesday, July 03, 2013 5:54:53 PM

Final Signature - Brendan Stack, MD, Faculty on 7/3/2013 5:59:23 PM

Attachment 5



Tampa General Hospital

6K1-GE PRE POST PROCED
1 Tampa General Cir
TAMPA, FL 33606-3571
TGH IP TRANSCRIPTION

COMBS, MERITA
MRN: 100223279
DOB: 2/14/1961, Sex: F
Adm: 12/2/2014/D/C: 12/2/2014

Patient Demographics

Address: 2586 HIGHWAY 21
CLARKSVILLE AR 72830
Phone: 479-774-1642 (Home)

Transcription

Type	ID	Author
Note - Operative	ESCR1328107	James G Norman, MD
Signed by James G Norman, MD on 12/04/14 at 0542		
Document: Text		

Norman, James (109645)
Operative Note
Patient: COMBS, MERITA (100223279)
Dictated: 12/02/2014
Date of Service: 12/02/2014

PREOPERATIVE DIAGNOSIS: Persistent primary hyperparathyroidism.

POSTOPERATIVE DIAGNOSIS: Persistent primary hyperparathyroidism.

PROCEDURE PERFORMED:

1. Parathyroidectomy in the reoperative neck, 60502.
2. Intraoperative localization of radioactive tumor.

SURGEON: James Norman, M.D.

ASSISTANT: Douglas Politz, M.D.

ANESTHESIA: LMA.

ESTIMATED BLOOD LOSS: Less than 2 mL.

FINDINGS: The patient was found to have a classic left lower parathyroid adenoma as the cause of her parathyroid disease. This tumor was making 1403 pg/mL of parathyroid hormone, which shows tremendous overproduction of parathyroid hormone. The left upper parathyroid gland was identified exactly where it is supposed to be. A very small piece was taken as a simple biopsy as well. This was a very normal small dormant gland. The right side of the neck was not operated on because it has been previously operated on for a number of hours unsuccessfully. No frozen sections were obtained. No drains were left. No intraoperative parathyroid hormone levels were obtained.

INDICATIONS: The patient is a 53-year-old female with classic symptomatic and biochemical primary hyperparathyroidism. She was

20



Tampa
General
Hospital

6K1-GE PRE POST PROCED
1 Tampa General Cir
TAMPA, FL 33606-3571
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COMBS, MERITA
MRN: 100223279
DOB: 2/14/1961, Sex: F
Adm: 12/2/2014D/C: 12/2/2014

Transcription

Document Text

operated on previously just over 1 year ago in Arkansas where the right side of the neck was explored extensively for a number of hours and no parathyroid glands were identified. The patient has been on thyroid hormone replacement for 32 years and as expected her thyroid is atrophic. It is interesting to note that preoperatively, she had an ultrasound, which was highly suggestive of a left lower parathyroid adenoma and then a fine-needle aspiration of this showed parathyroid hormone level of 9400, obviously this was consistent with a left lower parathyroid tumor. The tumor today was very scarred and somewhat difficult to remove because of the FNA and her endocrinologist was encouraged to not perform FNA biopsies on parathyroid glands as they can make removing tumors much more difficult. Despite these findings for left lower parathyroid adenoma, prior to her previous operation, the previous operation was conducted on the opposite side of the neck (the right side) for a number of hours. The left side was never explored.

PROCEDURE IN DETAIL: After easy induction of LMA anesthesia, the neck was prepped and draped in the usual fashion. The patient was not intubated. The lower transverse neck incision was made lower the neck than her previous hypertrophic scar and her previous incision. The strap muscles were divided and left lobe of the thyroid exposed easily and within 3 minutes of starting the procedure, both parathyroid glands on the left were identified. The normal left upper gland had a small biopsy taken and shown to be dormant. All landmarks are exactly in place where they are expected. The left lower gland was an obvious adenoma; this was densely adherent to surrounding structures because of the previous needle biopsy. Nonetheless, it was removed and photographed. Its hormone production measured at 1403 pg/mL showing tremendous overproduction of parathyroid hormone. Hemostasis was excellent at all times with virtually zero blood loss during the entire case. Total operative time was just over 14 minutes. The wound was closed in multiple layers as usual. A Single Steri-Strip was placed for dressing. She was taken to the recovery room awake, alert, normal voice, doing very well.

GN:

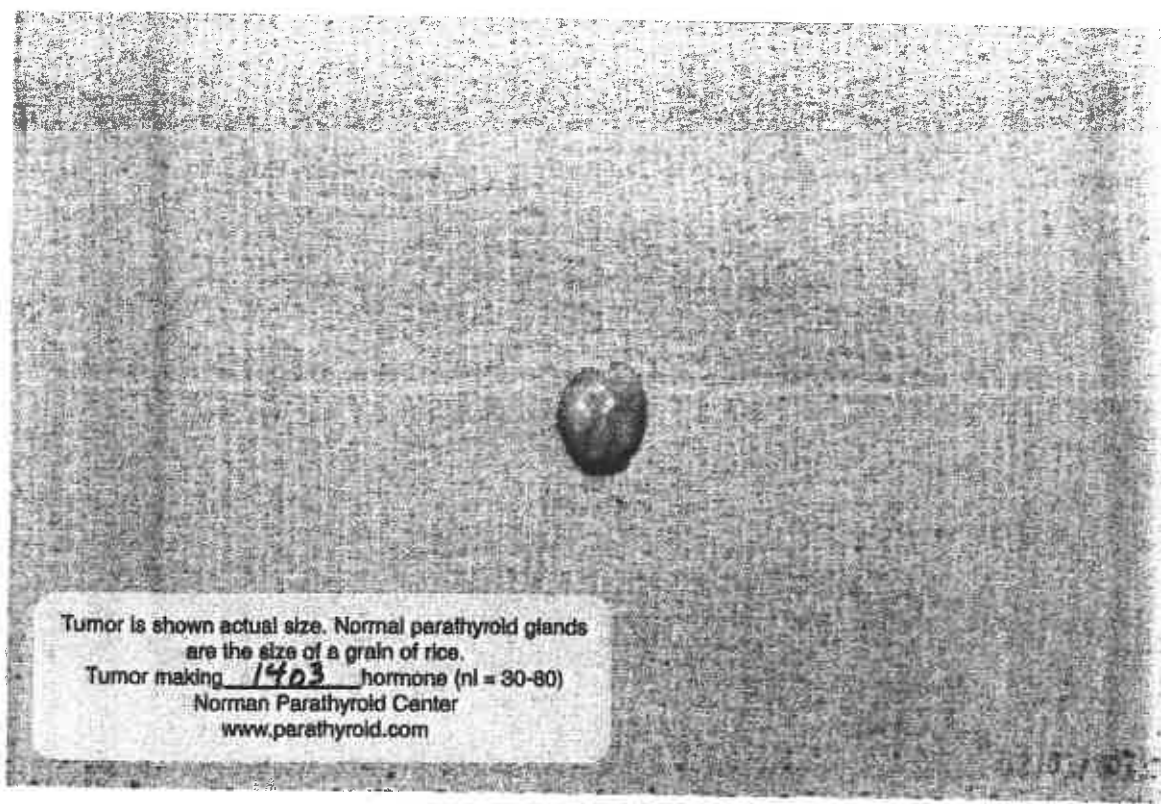
1198

D: Tue Dec 02 15:04:31 2014 1107022

T: Tue Dec 02 18:33:32 2014 1328107

Attachment 5

12/3/14
2nd
Surgery
Dr Norman



Attachment 6

Expenses \$24,610.00 not including Dr. Howell, Cooper Clinic,

Dr. Marshall	August 2013 through Dec. 2014 visits	\$1,055.00
Dr. Howell		
Mercy Medical scans in 2012		\$2,184.00
Dr. Brendan Stack	May and June 2013	\$2,463.00
UAMS	May and June 2013,	\$4,190.88
	Hotel expense	\$193.50
Dr. Hamid	August 2013 at Little Rock Diagnostic Clinic ,	\$899.00
Elaine Thrift APN		
Dr. Jim Norman	Dec. 2 surgery	\$2,513.00
November, 2014		\$2,500.00
	not payable by insurance, Chart prep fee	
Norman parathyroid Center	date of surgery 12/2/2014	\$3,272.00
Days lost from work	2013, 6-27 through 7-10, 72 hours at \$15.23 hr	\$1,096.56 FIRST SURGERY
	2013 72 other hours of sick time	\$1096.56
	2014, 12-2 through 12-8	\$731.04 SECOND SURGERY
	2014, 6 other sick days	\$731.04
Travel to Tampa FL	flights	\$672.00
Hotel		\$545.00
Other meals&	expenses	\$193.00

Prescriptions from 8/2013 through 12/2014
all at Fred's Pharmacy in Clarksville

\$275.00

(includes Effexor and Naproxen, Enalapril)

Merita G. Combs

Arkansas
State Claims Commission
SEP 01 2015

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

RECEIVED
CLAIMANTS

MERITA COMBS

V.

NO. 15-0911-CC

UAMS

RESPONDENT

RESPONSE TO MOTION TO RECONSIDER


Comes now Respondent, by and through the undersigned counsel, and for its Response to Motion to Reconsider, states as follows:

1. The responsibility for a surgical procedure lies ultimately with a physician and not a nurse, even a registered nurse practitioner.
2. A Registered Nurse Practitioner also has professional liability insurance; consequently, Claimant's claims against Horn would have to be exhausted in the state court pursuant to Ark. Code Ann. § 19-10-302.

WHEREFORE, Respondent prays that the motion to reconsider be denied and dismissed in its entirety, and for all other relief to which it may be entitled.

Respectfully submitted,

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

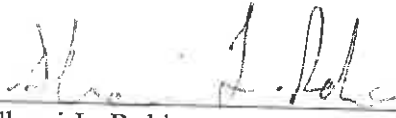
By: 
 SHERRI L. ROBINSON, #97194
 Associate General Counsel
 University of Arkansas for Medical Sciences
 4301 West Markham, Slot 860
 Little Rock, AR 72205
 (501) 686-7608
 Srobinson3@uams.edu

Attorney for Respondent

CERTIFICATE OF SERVICE

I, Sherri L. Robinson, do hereby certify that a copy of the foregoing pleading has been served on claimant herein by mailing a copy of same, by U.S. Mail, postage prepaid, this 31st day of August, 2015, addressed to the following:

Merita Combs
2586 Highway 21
Clarksville, AR 72830



Sherri L. Robinson

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 28,872.00

Claim No. 15-0911-CC

Attorneys

Merita Combs Claimant
vs.

Pro se Claimant

University of AR Medical Sciences
State of Arkansas Respondent

Sherri Robinson, Attorney Respondent

Date Filed June 5, 2015

Type of Claim Negligence, Pain & Suffering
Mental Anguish, Personal Injury

FINDING OF FACTS

The Claims Commission hereby unanimously denies Claimant's "Motion for Reconsideration" for the Claimant's failure to offer evidence that would change the prior decision of the Claims Commission. Therefore, the Commission's August 13, 2015, order remains in effect.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously denies Claimant's "Motion for Reconsideration" for the Claimant's failure to offer evidence that would change the prior decision of the Claims Commission. Therefore, the Commission's August 13, 2015, order remains in effect.

Date of Hearing September 10, 2015

Date of Disposition September 10, 2015

Richard May Chairman

Don Moore Commissioner

John S. Smith Commissioner

**Appeal of any final Claims Commission decision is only to the Arkansas General Assembly as provided by Act #33 of 1997 and as found in Arkansas Code Annotated §19-10-211.

Merita G. Combs
2586 Highway 21
Clarksville, AR 72830
Tel. 479-774-1642

September 22, 2015

Brenda Wade, Director
Arkansas State Claims Commission
101 East Capitol, Suite 410
Little Rock, AR 72201-2823

Sherri L. Robinson
Associate General Counsel
4301 West Markham St. #860
Little Rock, AR 72205

Arkansas
State Claims Commiss
SEP 24 2015

RECEIVED

Re: Combs v. UAMS
CLAIM No. 15-0911-CC

MOTION TO APPEAL the Claims Commission's opinion

I respectfully request to appeal the Claims Commission's opinion that my case should be dismissed.

Obviously, I am not a lawyer. And, I do not have the financial means to hire a lawyer. I consulted with lawyers during the time after my surgery. They said that there was definitely a liability, but that since I was not killed or permanently disabled, that taking the case would not be financially beneficial for them.

A terrible mistake was made, and thankfully it did not result in death or disability. But, it did result in an additional financial burden, additional pain and mental anguish, an extra scar across the front of my throat, and undetermined damage to my health.

U.A.M.S. is responsible for the mistake, no matter who called my left side my right the first time. How many people saw my chart and never noticed or corrected the mistake?

I am only seeking reimbursement for the financial loss I suffered at the result of this mistake. I do not seek any monetary award for pain and suffering or mental anguish.

Please consider my situation and allow me to come before you and at least be heard. I have sent in copies of some of my medical records and have further copies of all my records and bills on hand for your review.

Thank you,

Merita G. Combs

A handwritten signature in black ink that reads "Merita G. Combs". The signature is written in a cursive style with a large, prominent initial "M".

Cc: UAMS office of General Counsel