

To: Economic Affairs Interim Committee
From: Christopher Carter, injured worker
RE: Written Testimony regarding treating physician selection by insurer
Date: March 27, 2014

My name is Christopher Carter. I live in Great Falls, Montana. I work for a company that specializes in road construction materials, including sand, gravel, asphalt and concrete. My time of injury job for my employer involved heavy duty equipment operation as a wash plant worker. I operated and maintained the equipment to wash the mined gravel. The mined gravel goes through a conveyor system to be washed. I also performed maintenance on the wash plant equipment to keep the bearings, rollers, feeders, and belts in good operating condition. On July 26, 2012, I was performing maintenance on the head roll of a conveyor belt, when my co-worker negligently turned on the conveyor belt, forgetting that I was working on it. This caused my left foot and ankle to get sucked into and crushed by the head roll of the conveyor belt. I had to pull my foot out of my boot to escape further injury from the head roll. I had no prior injuries to my left foot and ankle before this accident. I reported to the Emergency Room on 7/26/12. The x-rays showed small corticated osseous fragments and irregularity of the medial talor dome. My foot was placed in a boot/brace and I was taken off work. I treated with Dr. Bock on 7/31/12 and Dr. Paul Johnson on 8/9/12. An MRI was ordered and showed an osteochondral lesion off of the medial talor dome, and disruptions of the anterior and posterior talofibular ligaments. Then I did physical therapy during September 2013 and followed up with Dr. Johnson on 10/3/12. I had continued swelling in my foot and ankle, even with physical therapy. Dr. Johnson referred me to a foot and ankle specialist, a podiatrist, Dr. Fisher.

I saw Dr. Bruce Fisher on 11/8/12, who noted medial and lateral left ankle edema, that my foot was valgus, and that my foot was abducted to 15 degrees. Dr. Fisher diagnosed me with a left ankle dislocation and with osteochondritis dissecans to the medial talus and disruption of the anterior and posterior talofibular ligaments.

I had bone scans on 11/14/12, showing the osteochontral injury and nondisplaced fracture of the medial talus. On 11/19/12, Dr. Fisher recommended a corticosteroid injection for diagnostic value and pain relief, but wanted to try a gauntlet-style brace first, which I tried, but which did not fully address the problem.

The insurer hired and paid Dr. Singer to do an independent medical evaluation (IME). Dr. Singer concurred with Dr. Fisher's recommendation for a cortisone injection in Dr. Singer's 12/5/12 IME report stating that "a left tibiotalar joint injection is a reasonable approach to determine what, if any relief is obtained."

Dr. Fisher was asked by the insurer to review and comment on Dr. Singer's IME report. Dr. Fisher responded to the insurer on 1/14/13, as follows:

Dr. Singer also suggested a corticosteroid injection into the tibial talar joint. I do agree with this and had discussed this with the patient in the past. **The purpose of the injection would be to provide pain relief. I think it would be temporary; however, the diagnostic value of the corticosteroid injection would help determine the future treatment plan for Mr. Carter's ankle.** My treatment plan at this point is to obtain for him a stabilization gauntlet-style brace which should be available for delivery to the patient within the next two weeks and also to proceed with a corticosteroid injection into the ankle at that time."

I was then fitted with a foot brace, which helped, but which did not fully address the problem. Dr. Fisher's medical notes from 4/15/2013, requested that if I did not do well, then a corticosteroid injection or arthroscopic debridement needs to be considered. (See also Dr. Fisher's medical records on 12/10/2012, 11/19/2012, 11/8/2012). Dr. Fisher was planning to do the injection on 4/15/2013, but did not do so, due to the insurer's refusal to let me continue treating with Dr. Fisher. To date, the injection has never occurred.

On 4/15/13, without explanation, the insurer attempted to change my treating physician from Dr. Fisher to Dr. Pike and interfered with implementation of Dr. Bruce Fisher's treatment recommendations. The insurer noted that Montana law does not require it to have any reason or explanation to change the treating physician at any time and that the insurer can choose a doctor that is friendlier to the insurer's perspective. The insurer said I was no longer authorized to see Dr. Fisher and refused to pay for my April office visit with him. They said I needed to see Dr. Pike instead, who is not a foot or ankle specialist. Dr. Pike did not agree to be my treating physician though and did not treat me for my foot or ankle condition. Dr. Pike only prescribed more physical therapy and did not address my chronic pain condition. He would not prescribe medications to me or refer me to a pain management specialist, which I