

BENCHMARK VISION

NEWS AND INFORMATION FROM BENCHMARK MEDICAL CONSULTANTS
MEDICAL-LEGAL CONSULTING MADE EASIER

WHAT IS A CONCUSSION?

by Jim D. Anderson, M.D.
Neurosurgeon



A Physician's Point of View

Most neurosurgeons feel that a concussion or a mild head injury has occurred when somebody receives a traumatic injury to their head that results in a transient loss of consciousness that has been observed by people at the site of the injury or by anterograde (events before the injury) or retrograde (events after the injury) amnesia. That is to say, if somebody has not had an observed loss of consciousness not knowing the details of what occurred to them immediately before the injury or immediately after the injury or in some instances both time frames, then this is felt to constitute amnesia and is the same as an observed loss of consciousness. These are the criteria that have to be met in order for a head injury to be considered a concussion or a mild head injury. If someone has a concussion, the definition of this means that this is a non-permanent brain injury and if, for some reason they were to die several months after this head injury from unrelated causes, and a neuropathologic examination of the brain is performed including microscopic examination of the individual brain slices, there would be no residual abnormality seen as a result of the concussion that had been suffered several months prior to the autopsy examination.

Given the prevalence for the psychiatrist and psychologist to use the term of a post-concussion syndrome or post-concussion memory loss, it is difficult to reconcile many of the described cases with a non-permanent injury described for an accepted concussion in the neurosurgical field. There are references made to "shear injuries" to explain some of the myriad abnormalities described in the psychological evaluations of people who have not even had a documented loss of consciousness or a significant period of amnesia; but the shear injuries that are described in the neuropathology literature reveal presence of minute hemorrhages that occur when there is a significant force delivered to the cranial vault that causes the brain to move back and forth within the confines of this vault and causes multiple small (petechial) hemorrhages over various areas of the brain. The patients who have had shear injuries of their brain that meet this criterion of small hemorrhages throughout the substance of the brain are difficult to overlook in the day of frequent CT and MRI scans of the brain and are usually people who show more profound effects of their head injury than a simple loss of consciousness or a short period of amnesia.

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SUCCESS AT THE 2002 CCNC ANNUAL CONFERENCE

This year's annual Claims Conference of Northern California was a huge success. In keeping with the theme of the annual event, **"The Pyramid to Success,"** was an impressive display of the dedication by the insurance industry despite the national tragedy that occurred during the course of last year's conference.

Benchmark is dedicating this portion of its Newsletter to say, **"THANK YOU"** to the exceptional and very talented speakers we helped coordinate, and who gave of their time to support the insurance industry and enhance their knowledge and expertise. The feedback from attendees was tremendous! The topics and speakers were as follows:

"Medical School For Adjusters" - Presented by John Lavorgna, Orthopedic Surgeon, Private Practice; Susan Bromley, Chiropractor, Private Practice; Jay Segal, Physical Therapist, Private Practice; and Tracy Pagano, Registered Nurse, CalFarm/Allied Insurance. The objective of this class was to address anatomy, treatment and reasonable costs that are frequently reviewed by a consultant in the medical profession.



LOOK WHAT'S EXPANDING!

- Do you need more Bay Area Consultants in more Bay Area locations?



- We can now better assist you!
- You can begin scheduling now and look forward to meeting a few of our Bay Area Consultants at our Oakland location open house in January 2003.

"Why Your Job is so Important" - Presented by Robert Buccola, Attorney at Law, Dreyer, Babich & Buccola; Leo Schuering, Attorney at Law, Schuering, Zimmerman & Scully; John Chase, Orthopedic Surgeon, Benchmark Medical Consultants; Thomas Corridan, Insurance Consultant; and Harold Godfrey, CalFarm/Allied Insurance. The objective of this panel was to present the perspective of an insurance consultant, insurance litigator, medical consultant, plaintiff attorney, and defense attorney as it relates to managing insurance claims.

"First Party Claims: UM, UIM, Bad Faith" - Presented by Ken Oswald, Equity Claim Management; Paul A. Bigley, Gilbert, Kelly, Crowley & Jennett; and Jeffrey L. Crafts, Gilbert, Kelly, Crowley & Jennett. The objective of this panel was to provide tools to enhance knowledge regarding coverage, case law, California Code Sec., 11580.2, litigation strategies, and bad faith law.

Thank you to all involved!

WHAT IS A CONCUSSION?

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This is why it is difficult from a neurologic standpoint to reconcile oneself to the litany of intellectual deficits that are proposed in people who have had the equivalent of a concussion or have not even had a concussion. That is to say, they did not suffer a loss of consciousness and there was no evidence of any type of amnesia associated with their traumatic event. The appropriate criterion of brain CT and MRI scans as well as objective evaluation of the neurologic condition of the person injured, both at the time of the injury and in the immediate post injury phase, seems critical to the establishment of a significant brain injury with permanent residuals. It is difficult to accept from a neurologic standpoint if somebody who did not lose consciousness or did not have any period of amnesia could have suffered any type of permanent brain injury from a relatively minor head injury that did not even result in a concussion. ■

About the Author

Jim D. Anderson, M.D. was born and raised in Colorado. He went to Medical School at Creighton University in Omaha. After his internship at St. Vincent's Hospital in New York, he was a general Medical Officer overseas in Southeast Asia and then served one year in General Surgery at the Naval Hospital in San Diego.

He completed his Neurosurgery Residency at the University of Iowa and his Naval Service in Charlotte, South Carolina, where he was Chief of Neurological Surgery at the Naval Regional Medical Center.

He went to Kaiser in Redwood City in 1975 and practiced at their Regional Neurosurgery Center. He became Board Certified in Neurosurgery in 1977. He was a Clinical Associate Professor of Neurological Surgery at UCSF School of Medicine. He also served as Secretary and President of the Medical Staff for the Kaiser Foundation Hospital and as Chairman of the Community Relations Committee for San Mateo County Medical Society. He has presented papers at national meetings throughout his career. His hobbies are golf, scuba and estate sales.

He now does Neurosurgery Evaluations for Workers' Compensation and also Personal Injury and Malpractice Reviews, for both plaintiff and defense.

What the Heck is GOFAR?

A furry pest that makes holes in your lawn?

It is a principle that all of the employees at Benchmark live by.

Good - Open - Flexible - Agreeable - Reliable

This year we presented the first Benchmark GOFAR awards to recognize special employees who went FAR beyond the call of duty. Their dedication has improved the performance of the company and the quality of our products and services. This dedication to quality passes along a benefit to our clients that saves them time in the working relationships with the doctors and generates confidence in the quality and consistency of reports.

There are four employees who went above and beyond the call of duty this year by helping to train new people as we grow, giving additional support to departments when work flow got demanding, bent over backwards to create compromise between doctors and clients and did whatever it took whenever they were asked. These four deserve special personal recognition for their dedication and extra effort. The loyal clients of Benchmark will most likely be familiar with these names and recall a time when they helped to make something impossible happen.

The first Benchmark GOFAR awards are presented to:

Chandra Vargas

Angel Olney

Shawnette Dodd

Heather Keller

Benchmark Medical Consultants

Quality Comes With Experience

The following NEW Independent Consultants:

Moran Gary Biomechanical Engineer
Alex Bradford Chiropractic
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McDaniel John Chiropractic
Nugent Jeanie B. Chiropractic
Omega Armando Chiropractic
Willat David Chiropractic
Jaksha Steven Dentistry/tmj
Gloster Maurice Endocrinology
Becchetti John General Surgery
Ellenhorn Joshua General Surgery
Macho James R. General Surgery
Patching Steven C. General Surgery
Wolfe Bruce M. General Surgery
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Marzouk Joseph Infectious Diseases
Duxbury Andrew Internal Medicine
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Anderson Jim D. Neurosurgery
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Saint Martin Manuel Psychiatry
Frank Lorin Psychology
Gordon Barry Psychology
Scott Mark Psychology
Peterson, II Donald Trauma Surgeon
Goodfriend Roger Urology
Taylor J. Bradley Urology

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