2015-2016 Annual Impact Summaries Report

Current Reporting Period:
7/1/2015 – 6/30/2016
The member is a 30-35 year-old woman with onset of abdominal pain earlier this year. An underlying gallbladder dysfunction was considered despite negative testing and she underwent a cholecystectomy which did not help the symptoms. She has been seen in the emergency department, required hospital admissions, and undergone extensive testing including abdominal scans, EGDs, an ERCP, and a flexible sigmoidoscopy. The ERCP showed bile duct narrowing which was opened with a stent and sphincterotomy, but her symptoms persisted. An upper endoscopy was suggestive of celiac disease, but additional testing was negative. She was directed to avoid gluten. Numerous medications have been tried. Oronalbinol and Gabapentin helped initially, but were stopped due to adverse side effects and concerns regarding medication interactions. The member was on intravenous nutrition, TPN due to concern about malnourishment. She continues to report recurrent and intermittent nausea, diarrhea, and abdominal pain. She has been referred to an academic medical center. She is now taking promethazine as needed for nausea. The member requested Best Doctors opinion regarding her diagnosis and optimal treatment.

Dr. Richard Saad, Gastroenterology, Assistant Professor of Medicine, University of Michigan Health System

The Expert recommended the member see a gastroenterologist with expertise in motility and functional bowel disorders and stated further treatment should be directed by additional diagnostic testing results. Expert Analysis:

- Symptoms, testing and response to therapy so far indicate the member suffers from either gastroparesis, a condition in which the stomach empties slowly or irritable bowel syndrome. There is a remote possibility of celiac disease.
- A gastric emptying study to evaluate for gastroparesis is recommended.
- Although testing for celiac disease has been negative, further testing to include an anti-TTG and IgA level is advised.
- Gallbladder issues appear resolved. There is no evidence of any liver, pancreas or colon disease.
- The Expert recommendations stopping TPN, if the member were still on it, as it is very toxic to the liver with long-term use.
- Taking promethazine on a regularly scheduled basis is not recommended.
- Consider a trial of mirtazapine to help with pain, nausea and poor appetite.
- Further treatment is dependent on the diagnosis. Gastroparesis requires dietary changes and medications to stimulate the stomach, celiac disease involves elimination of gluten from the diet, and irritable bowel syndrome is multifaceted including dietary changes and medications.

The Expert identified most likely diagnoses, reinforced need for expert to manage care, and recommended medications to better manage symptoms at this time along with additional testing to determine a definitive diagnosis for an effective treatment plan. Clarify

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- Taking promethazine on a regularly scheduled basis is not recommended.
- Consider a trial of mirtazapine to help with pain, nausea and poor appetite.
- Further treatment is dependent on the diagnosis. Gastroparesis requires dietary changes and medications to stimulate the stomach, celiac disease involves elimination of gluten from the diet, and irritable bowel syndrome is multifaceted including dietary changes and medications.

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The member was very happy with Best Doctors report and will share it with her doctor. She plans to pursue further testing for celiac disease and try medications for irritable bowel syndrome. She stated, "Someone has always been in contact with me through the whole process."
**Case ID** | **Member Quote** | **Specialty** | **Expert** | **Expert Recommendations** | **Diagnosis Change** | **Treatment Change** | **Cost Avoidance** | **Cost Incurrence** | **Impact** | **Cost Analysis** | **Member Response**
---|---|---|---|---|---|---|---|---|---|---|---|---
**USGH-IC1136587**<br>“I need a second opinion regarding my daughter’s vomiting?”<br>**Pediatric Specialist** | Dr. Michael Kevin Farrell, Pediatric Specialist, and Professor of Pediatrics, University of Cincinnati College of Medicine; Chief Staff, Cincinnati Children’s Hospital Medical Center | The Expert noted the most likely cause of symptoms is infant gastroesophageal reflux. **Expert Analysis:**<br>• The Expert noted that the symptoms appear to be improving.<br>• An upper gastrointestinal radiographic study is recommended.<br>• A trial of a true hypocaloric formula is suggested as it may be contributing to symptoms is advised.<br>• If vomiting continues, referral to a pediatric gastroenterologist and an upper endoscopy is recommended. | Confirm | Confirm | $800.00 | $0 |  |  | $800.00 | cost avoidance taken for averting or reducing additional new physician evaluations. | The Expert report was well received, the member’s mother will share the report with the treating team, she stated, “I am so glad we did this, I feel like we were listened to, and now I know that we are on the right track.”

**USGH-IC1136328**<br>“I need a second opinion regarding left eye pain and blurred vision.”<br>**Neurology** | Dr. Bradley K. Farris, Neurology, Adjunct Professor of Neurology and Neurosurgery, University of Oklahoma School of Medicine; Professor of Ophthalmology, University of Oklahoma School of Medicine | The Expert noted a diagnosis of bilateral optic nerve hypoplasia, which a medical condition arising from the underdevelopment of the optic nerve, as well as bilateral optic disc drusen, which are globules of mucoproteins and mucopolysaccharides that progressively calcify in the optic disc, which are thought to be congenital defects and can cause visual field defects. **Expert Analysis:**<br>• The transient visual loss is most likely due to a combination of dry eye syndrome and migraines, there is no evidence of pseudotumor cerebri, and noted that there is no presence of optic neuritis.<br>• No further evaluation is recommended.<br>• A more aggressive migraine treatment with consideration for use of a medication to help prevent migraines is advised.<br>• Artificial tear therapy for four to five times daily in each eye is recommended.<br>• If there were any worsening visual field deficits, treatment to lower the intraocular pressure, which is the pressure in the eyes, and optical coherent tomography, which is specialized pictures of the retina, bilaterally every six months is recommended. | Clarify | Confirm | $800.00 | $0 |  |  | $800.00 | cost avoidance taken for averting or reducing additional new physician evaluations. | The Expert proposed a more aggressive approach to migraine management.

**USGH-IC1140523**<br>“I have had blood clots in my lungs and would like to confirm the diagnosis and treatment.”<br>**Internal Medicine** | Dr. Corey Goldman, Associate Professor, Tulane University School of Medicine; Director of Vascular Medicine, Tulane Medical Center | The Expert stated that the blood clots in the lungs have an unknown cause and additional testing is needed to determine if blood clots are present in the body. **Expert Analysis:**<br>• Blood tests to assess for the presence of blood clots are recommended every two months for a year to be used as a determinant of whether or not to restart blood thinners.<br>• If the test is positive then there is likely ongoing clotting in the blood and anticoagulation with Xarelto should be restarted and if the level is very low, it is likely safe to remain off anticoagulation.<br>• A baby aspirin should be taken daily to lower the risk of heart disease and to decrease clotting risk.<br>• Support stockings should be worn on a daily basis to prevent blood clots. | Confirm | Confirm | $800.00 | $0 |  |  | $800.00 | cost avoidance taken for averting or reducing additional new physician evaluations. | The Expert endorsed the treating physician’s plan and provided a thorough discussion of the member’s condition and treatment.

**USGH-IC1440996**<br>“I am calling to get second opinion regarding carbon dioxide poisoning. I have pain in my limbs and also issues with cognition.”<br>**Pulmonary Medicine** | Dr. Richard M. Champion, Pulmonary Medicine, Medical Director, Hyperbaric Medical, Brookwood Medical Center | The Best Doctors Expert confirmed the member’s significant carbon monoxide exposure and explained that because most cases like hers resolve without cognitive impairment, as she is having, further testing to look for other causes is indicated. **Expert Analysis:**<br>• The member suffered significant chronic carbon monoxide exposure, and the Expert explained, some of her symptoms may reflect that, but it is also possible there is an underlying cause such as a vitamin deficiency, a thyroid problem, Alzheimer’s disease or something else.<br>• Additional evaluation into other causes is indicated with a detailed cardiovascular examination to look for coronary artery disease or a valve problem causing the chest pressure, lower extremity examination to look for poor blood flow, which might explain the lower extremity symptoms, psychometric testing to assess her cognition, brain MRI, and thyroid testing.<br>• Further treatment, if indicated, will be dictated by the testing results. | Confirm | Clarify | $800.00 | $0 |  |  | $800.00 | cost avoidance taken for averting or reducing additional new physician evaluations. | The Best Doctors Expert recommended further work up into the member’s symptoms of poor cognition and extremity pain to determine if they are related to the carbon monoxide poisoning or another cause and explained that treatment will depend on the results of the testing.
### Member Quote

**USGH-IC1143006**

"I need a consultation for my breast cancer." 

The member is a 40-45 year-old premenopausal woman who was diagnosed about a year ago with inflammatory breast cancer metastatic to the liver. She was treated with twenty-one cycles of docetaxel, trastuzumab, and pertuzumab which she tolerated well. Restaging scans revealed stable disease throughout her treatment course. She was additionally started on the hormonal agent tamoxifen and was discontinued from the docetaxel. She continues on therapy with trastuzumab, pertuzumab and tamoxifen. Her most recent restaging scans again revealed stable disease and the plan is to continue the same therapy. The member requests a second consultation from Best Doctors regarding further options for management.

**USGH-IC1144896**

"I want a second opinion for my daughter regarding her patella tear." 

The member is a 15-20 year-old female child who reported the onset of left knee pain about six years ago associated with a sports injury that had resolved until recently. She presented to her orthopedist with left knee pain. MRI revealed a partial thickness patellar tendon tear and patellar tendon attachment issues. The plan was to have a partial patellar tendon repair. She infrequently uses ibuprofen and otherwise continues sports with no activity restrictions. The member's mother is seeking a second opinion regarding her diagnosis and treatment options.

### Expert Analysis

**Orthopaedic Surgery**

**Dr. John Richmond**, Orthopaedic Surgery, Adjunct Professor of Biochemical Engineering, Tufts University; Professor of Orthopedic Surgery, Tufts University School of Medicine; Chairman of Orthopedic Surgery, New England Baptist Hospital

The Best Doctors Expert confirmed the presence of a chronically damaged patellar tendon and advised the member of the variety of conservative therapies available to her should she prefer to avoid surgery as well as the appropriate surgical route should it be needed. The member's clinical picture is consistent with significant patellar tendinosis which is a chronic damaged tendon. Additional evaluation with an MRI of the right knee is symptomatic also. Initial treatment includes physical therapy and backing off from athletic activity, or using a patellar tendon strap and considering dry needling or platelet rich plasma injections. If symptoms remain severe despite conservative measures, surgery can be considered with arthroscopic resection of the degenerated portion of the tendon.

**Medical Oncology and Hematology**

**Dr. Gary H. Lyman**, Professor of Medicine, Duke University

The Best Doctors Expert, through the Expert pathology re-review, confirmed the member's diagnosis of stage four breast cancer and provided her with reassurance that her cancer has been treated appropriately thus far. Expert Analysis:

- The Expert pathology re-review confirmed the diagnosis of stage four metastatic breast cancer that has been stable while receiving the current treatment.
- The current management plan with tamoxifen, trastuzumab, and pertuzumab is very reasonable and should be continued unless the cancer objectively progresses or she experiences limiting toxicity.
- If and when progression occurs options for treatment include ado-trastuzumab or a clinical trial depending on what she qualifies for.
- There is no role for surgery in this case.
- Cardiac monitoring should be done to follow her for toxicity, CT scans are indicated every three months to monitor for progression and trends in tumor markers should be monitored over time.

**Hematology and Oncology**

**Dr. John Richmond**, Hematology and Oncology, Adjunct Professor of Biochemical Engineering, Tufts University; Professor of Medicine, Duke University; Chairman of Orthopaedic Surgery, New England Baptist Hospital

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### Expert Recommendations

- Confirm
- $800.00 Cost avoidance taken for averting or reducing additional new physician evaluations.

**Member Response**

The member's parents were happy with the thoroughness of the Expert report. They are considering sharing the report with their daughter's physician depending on how she does over the coming months. They are going to see how she does as she increases the intensity of her participation in the fall season. If things worsen in terms of pain, they may consider some of the options recommended.
**Member Quote**

*"I have head titubation and I would like to find the diagnosis and treatment."*

The member is a 50-55 year old woman who presents with head titubation, shaking of the head. A coworker noticed this four years ago and she saw a neurologist but received no diagnosis or treatment. Seven months ago, the member had a routine work up with normal findings. She reports that she has an intermittent bobbing or tremor that she does not particularly notice. The only time she can feel it is when she stops concentrating and is transitioning from one task to another. She also reports frequent feelings of nervousness but denies any panic attacks or overt anxiety. She denies any tremors anywhere else in her body. She has not received any treatment for this problem and has no appointment scheduled. She called Best Doctors for diagnosis and treatment recommendations.

**Diagnosis:** Abdominal pain

**Expert Report:**

The Expert stated that the diagnosis is essential tremor with titubation, the precise cause is unknown and it is a genetically inherited disorder with additional evaluation needed to confirm the diagnosis.

**Expert Analysis:**

- A neurologist specializing in movement disorders should be consulted for clinical evaluation to confirm the diagnosis.
- There is no treatment for titubation as most medications do not resolve the tremor, however, the medication Neptazane can be tried.
- There is no treatment in titubation as most medications do not resolve the tremor, however, the medication Neptazane can be tried.
- The Expert preferred that the member undergo one surgery for ACL reconstruction and partial medial meniscectomy.

**Expert Physician Treatment Plan:**

-Expert Diagnosis: Possibly mild irritation of a nerve root or a very mild peroneal neuropathy or sciatic neuropathy.
-Expert Recommended Tests: An electromyogram and nerve conduction studies along with an MRI of the spine to look for structural abnormalities.
-Expert Recommended Treatments: Treatments would be dependent on the results of the diagnostic testing. Examination of the foot daily to make sure there are no injuries such as sores that may not be felt if the foot is too numb. Consultation with a neurologist could be considered.

**Expert Analysis:**

- The member's growth plates are nearly closed and there is minimal expected growth.
- The member's ACL is repaired and to allow for a safe return to sports in six to nine months.
- The Expert report was provided with the member with a likely diagnosis, additional testing recommendations to rule out any further physical conditions and potential treatments dependent on testing results.

The Expert report was well received and the member plans on making an appointment with her doctor to request an MRI. The member will share the report with her doctor herself and stated, "I thought the report was fine and very detailed."
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<tr>
<th>Case ID #</th>
<th>Member Quote</th>
<th>Treating Physician &amp; Assessment Plan</th>
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<th>Expert Recommendations</th>
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<tr>
<td>USGH-IC1152274</td>
<td>“My daughter has a brain abnormality. Is surgery recommended?”</td>
<td>The member is a 15-20 year-old woman who developed daily headaches following a motor vehicle accident last year. Initially diagnosed with a retinal tear, she was followed by an ophthalmologist then referred to a neurologist due to persistent headaches. The neurologist diagnosed the member with post-concussion syndrome but after a MRI revealed a Chiari malformation (a condition where the lower part of the cerebellum extends below the base of the skull), he recommended additional testing. Cerebral spinal fluid (CSF) flow studies raised concern for obstruction of CSF flow. The neurologist recommended consultation with a neurosurgeon for surgical decompression of the Chiari malformation. Currently, the member takes ibuprofen and takes sumatriptan for more severe headaches. Amitriptyline is prescribed as a preventative measure. The member and her mother wish to know if surgery is the best treatment option.</td>
<td>Neurological Surgery</td>
<td>Dr. R. Michael Scott, Professor of Surgery (Neurosurgeon), Harvard Medical School; Neurosurgeon-in-Chief (Emeritus), Boston Children’s Hospital; Neurosurgeon, Brigham and Women’s Hospital; Neurosurgeon, Dana-Farber Cancer Institute</td>
<td>The Expert did not recommend surgery. Expert Analysis: • Upon review of the imaging studies, there is no evidence of brain stem or spinal cord compression and no obstruction of CSF flow. • The member’s headaches are due to post-concussion syndrome and migraines not the mild Chiari malformation. • Surgery will not relieve the member’s headaches. Consultation with a headache specialist is encouraged. The headache specialist can develop a treatment plan to improve headache management.</td>
<td>Changed</td>
<td>Changed</td>
<td>$139,507</td>
<td>$659</td>
<td>The Expert identified the primary causes of the member’s headaches, provided the member and her mother with a better understanding of the Chiari malformation, proposed the appropriate specialist to guide treatment, and his recommendations eliminate unnecessary surgery.</td>
<td>$138,706.79 cost avoidance taken for averting surgery plus $800 savings is taken as a result of an avoided visit.</td>
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<td>USGH-IC1160474</td>
<td>“I have knee pain and I’d like treatment recommendations.”</td>
<td>The member is a 15-20 year-old woman who developed persistent right knee pain over the past two years. • Reason for Inter Consultation: The member requests treatment recommendations. • Physicians seen: The member consults an orthopedist. • Tests: X-rays and a MRI revealed osteoarthritis. • Diagnosis: Right knee osteoarthritis and a meniscus tear. • Current Treatment: Past steroid injections provided long term pain relief but the most recent one proved ineffective. The member takes non-steroidal anti-inflammatories.</td>
<td>Orthopaedic Surgery</td>
<td>Dr. John Richmond, Adjunct Professor of Biochemical Engineering, Tufts University; Professor of Orthopedic Surgery, Tufts University School of Medicine; Chairman of Orthopedic Surgery, New England Baptist Hospital</td>
<td>• Expert Diagnosis: The member has significant osteoarthritis. The meniscus tear is degenerative and is not the major cause of symptoms. • Expert Recommended Tests: Weight bearing x-rays are recommended. • Expert Recommended Treatments: Maximization of non-operative treatment is recommended. Treatment can include physical therapy, oral and topical anti-inflammatory, and an additional steroid injection. If the injection is ineffective, viscosupplementation injections are an option. As the member likely has bone on bone contact, she may require surgery sooner than later. The treating orthopedist can determine if a partial or total knee replacement is appropriate.</td>
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<td>$800.00 cost avoidance taken for averting or reducing additional new physician evaluations.</td>
<td>The member requested a Find Best Doctors referral for a knee replacement specialist.</td>
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### Case ID # 126146

**Member Quote:**

> "I was recently diagnosed with a heart murmur and would like to get more information."  

- **Member Information:** 60-65 year-old woman with history of asthma, type 2 diabetes and high blood pressure. She reports a two month history of fatigue with sporadic nonspecific ache over her heart when she bends over. During recent annual examination with her primary physician a heart murmur was detected and further investigations were ordered.

- **Reason for Inter Consultation:** The member is asking Best Doctors to review her ECHO and provide further guidance.

- **Physician Seen:** Primary Care Physician

- **Diagnosis:** Heart Murmur

- **Tests:** Echocardiogram revealed presence of new heart murmur.

- **Treatments:**
  - N/A

- **Current Treatment Plan:** N/A

<table>
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<tr>
<th>Cardiovascular Disease</th>
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<tbody>
<tr>
<td><strong>Expert:</strong> Dr. Gary M. Ansel, Assistant Clinical Professor of Medicine, University of Toledo Medical Center; Director, Center for Critical Limb Care, OhioHealth Riverside Methodist Hospital</td>
</tr>
<tr>
<td><strong>Diagnosis:</strong> Heart murmur diagnosis is confirmed and the expert notes that it is primarily related to the high blood pressure. The minor valve leakage and aortic regurgitation is not of major concern. The Expert voiced concern regarding the hypertension noting that the member is showing evidence of her heart being affected by the blood pressure.</td>
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<td><strong>Expert Tests:</strong> The echocardiogram should be repeated in a year and not worsened should be performed every two years. If not already performed blood work for fasting lipids to assess cholesterol should be done. The member should also undergo cardiac stress testing.</td>
</tr>
<tr>
<td><strong>Expert Recommended Treatments:</strong> Focus should be made on management of hypertension.</td>
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<td><strong>Cost:</strong> $800.00</td>
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- **Expert Opinion:** The Best Doctors report provided the member with recommendations for a diagnostic testing and treatment that will facilitate improved assessment and management of her high blood pressure and reduce adverse effects on her heart.

- **Cost Analysis:** $800.00 cost avoidance taken for averting or reducing additional new physician evaluations.

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### Case ID # 168369

**"I need a second opinion for my persistent urinary symptoms."**

- **Member Information:** 55-60 year-old woman presents with recurrent urinary symptoms. She has a past medical history significant for recurrent urinary tract infections (UTI) and diverticulitis.

- **Reason for Inter Consultation:** The member is seeking further recommendations on a potential diagnosis and treatment options.

- **Physician Seen:** The member has consulted with her primary care physician, urgent care center and a urologist.

- **Diagnosis:** Recurrent urinary symptoms of unknown etiology.

- **Tests:** CT imaging, normal cystoscopy, multiple urinalyses and urine cultures. Normal colonoscopy.

- **Treatments:** She has been treated with multiple courses of antibiotics, pyridium, estrace and Azo over-the-counter for urinary symptoms.

- **Current treatment plan:** She is currently planned for a repeat CT scan and repeat colonoscopy.

- **Expert Opinion:**
  - **Urology Expert:** Dr. Richard A. Kozarek, Clinical Professor, University of Washington; Courtesy Staff, Harborview Medical Center; Seattle, WA; Seattle Children’s Hospital; Seattle, WA; University of Washington; Attending Urologist, Cleveland Clinic; Cleveland, OH; Attending Urologist, Froedtert Hospital

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<tr>
<th>Urology Expert: Dr. Richard A. Kozarek, Clinical Professor, University of Washington; Courtesy Staff, Harborview Medical Center; Seattle Children’s Hospital; Seattle, WA; University of Washington; Attending Urologist, Cleveland Clinic; Cleveland, OH; Attending Urologist, Froedtert Hospital</th>
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<tr>
<td><strong>Diagnosis:</strong> Recurrent urinary symptoms of unknown etiology.</td>
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<td><strong>Expert Tests:</strong> The echocardiogram should be repeated in a year and if not worsened should be performed every two years. If not already performed blood work for fasting lipids to assess cholesterol should be done. The member should also undergo cardiac stress testing.</td>
</tr>
<tr>
<td><strong>Expert Recommended Treatments:</strong> Treatment depends on the testing results. Surgical repair would be indicated if a fistula were found. As long as no fistula is found, the urinary treatment should be directed at preventing future urinary tract infections with a low dose antibiotic, methenamine and vaginal estrogen supplementation as well as managing symptoms with dietary modifications.</td>
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<tr>
<td><strong>Expert Opinion:</strong> The member’s bowel symptoms are most attributable to irritable bowel syndrome (IBS).</td>
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<tr>
<td><strong>Expert Recommendations:</strong> Undergo an MR enterography to evaluate the diverticulosis, a repeat colonoscopy to look for signs of inflammation, stool and breath testing. Obtain urodynamic testing.</td>
</tr>
<tr>
<td><strong>Expert Opinion:</strong> The member’s bowel symptoms are most attributable to irritable bowel syndrome (IBS).</td>
</tr>
<tr>
<td><strong>Expert Recommendations:</strong> Treatment depends on the testing results. If IBS is confirmed, treatment includes medications and dietary changes.</td>
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- **Cost:** $800.00 | $0 | $800 | $0 | N/A |

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### Case ID # 168370

**"I have low back pain and I would like to get treatment recommendations.**

- **Member Information:** 45-50 year-old man with lower back pain. The member describes pain that is exacerbated by sitting for more than forty five minutes, driving, turning, bending and standing for more than ten minutes. The member has tried conservative therapy without improvement.

- **Reason for Inter Consultation:** The member requested treatment recommendations.

- **Physician Seen:** Primary care physician, chiropractor

- **Diagnosis:** Lumbar degenerative disc disease

- **Tests:** Lumbar X-ray seven years ago showed degenerative disc disease and facet arthropathy, CT scan of the abdomen for abdominal pain six years ago showed moderate L4-5 disc bulge and spontaneous myelitis at L5, MRI of the lumbar spine over a year ago showed mild degenerative disc disease and disc bulging from L3-4 and L4-5 and bilateral foraminal stenosis at each level.

- **Treatments:** Lying in a recliner, applying hot compresses and Percocet improve back pain, chiropractic care is somewhat helpful, physical therapy is somewhat helpful, TENS unit is moderately helpful, cyclobenzaprine allows sleeping through the night without pain, Cymbalta caused fatigue, lithium had no effect after brief use, baclofen and metamdone caused dizziness.

- **Current treatment plan:** If back pain does not improve, the primary care physician discussed amitriptyline and gabapentin, and the member continues with physical therapy.

- **Orthopaedic Surgery Expert:** Dr. Howard S. An, Professor of Orthopaedic Surgery, Rush University Medical Center; Director of Spine Surgery, Rush University Medical Center

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<th>Orthopaedic Surgery Expert: Dr. Howard S. An, Professor of Orthopaedic Surgery, Rush University Medical Center; Director of Spine Surgery, Rush University Medical Center</th>
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<tr>
<td><strong>Diagnosis:</strong> Lumbar spondylosis, wear and tear, lumbar degenerative disc disease</td>
</tr>
<tr>
<td><strong>Expert Tests:</strong> no additional testing is needed at this time.</td>
</tr>
<tr>
<td><strong>Expert Recommended Treatments:</strong> pain management with anti-inflammatory medications, non-narcotic pain medications, and or neurogenic pain medications is recommended to be able to participate in physical therapy, core muscle conditioning and regular exercise while avoiding exacerbating and triggering movements or activities. Steroid injections can be tried if pain worsens and if successful, procedures for long term pain relief can be considered. Consultation with a physical medicine and rehabilitation physician and or pain management specialist is recommended.</td>
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<tr>
<td><strong>Cost:</strong> $800.00</td>
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- **Expert Opinion:** The Expert provided a specific and detailed treatment plan for effective management of the member’s low back pain.

- **Cost Analysis:** $800.00 cost avoidance taken for averting or reducing additional new physician evaluations.

- **Member Appreciation:** The member appreciated the report and plans on following the Expert recommendations for conservative care.

> "This was my second second opinion and I thought this was done in much more detail than the other one."
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<tr>
<td>IC1167724</td>
<td>&quot;I want to determine the optimal management for my psoriatic arthritis.&quot;</td>
<td>Dr. Simon M. Helfgott, Associate Professor of Medicine, Harvard Medical School; Director of Education/Rheumatology, Brigham and Women's Hospital</td>
<td>Rheumatology</td>
<td>Dr. Eric Elowitz, Department of Neurological Surgery at Weill Cornell Medical College</td>
<td>Expert Diagnosis: The Expert agrees with the diagnosis of psoriatic arthritis and the rash is consistent with psoriasis.</td>
<td>Confirm</td>
<td></td>
<td>$800.00</td>
<td>$800</td>
<td>$0</td>
<td></td>
<td>$800.00 cost avoidance taken for averting or reducing additional new physician evaluations.</td>
<td>The Expert confirmed the diagnosis and outlined lifestyle modifications along with additional treatments if the member’s psoriatic arthritis symptoms are not well controlled.</td>
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<tr>
<td>IC1170451</td>
<td>&quot;I need an opinion about my back and neck pain.&quot;</td>
<td>Dr. Eric Elowitz, Department of Neurological Surgery at Weill Cornell Medical College, New York Presbyterian/Weill Cornell Medical Center</td>
<td>Neurological Surgery</td>
<td>Dr. Fred R. Bushhold, Assistant Professor, Saint Louis University School of Medicine</td>
<td>Expert Diagnosis: There is significant cord compression from disc herniations. The upper back pain is due to the prior discitis and the neck and arm symptoms are due to the cervical herniations.</td>
<td>Confirm</td>
<td></td>
<td>$800.00</td>
<td>$800</td>
<td>$0</td>
<td></td>
<td>$800.00 cost avoidance taken for averting or reducing additional new physician evaluations.</td>
<td>The Expert agreed that the cervical spine findings causing the member’s pain warrant surgical intervention but instead of a one level removal of disc material, recommended a more invasive surgery to decompres and fuse both C5 and C6 and to avoid damage to the spinal cord.</td>
</tr>
<tr>
<td>IC1173481</td>
<td>&quot;I need help for my dizziness and pain that has persisted.&quot;</td>
<td>Dr. John Richmond, Adjunct Professor of Biochemical Engineering, Tufts University; Professor of Orthopedic Surgery, Tufts University School of Medicine; Chairman of Orthopedic Surgery, New England Baptist Hospital</td>
<td>Orthopedic Surgery</td>
<td>The Expert's review confirmed the diagnosis and the treatment that the patient was receiving.</td>
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<td>Confirm</td>
<td></td>
<td>$800.00</td>
<td>$800</td>
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<td>$800.00 cost avoidance taken for averting or reducing additional new physician evaluations.</td>
<td>The Best Doctors Expert explained that the member's episodes of dizziness do not represent any dangerous health condition and advised him to use the medications ordered if symptoms arise again in the future.</td>
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The member was happy with the Expert report and plans to share it with his primary care physician. He will continue as is for now as he has not had any recurrent dizziness episodes. If he does have dizziness again he will try to medicize as recommended.
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<th>Case ID #</th>
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| USGH-IC1175804 | "I was told I need a hip replacement and I would like to find out about other treatment options." | Orthopaedic Surgery | Dr. David Edward Attarian, Associate Professor and Vice Chairman, Duke University; Director, Musculoskeletal CSU, Duke University Medical Center | • Expert Diagnosis: left hip osteoarthritis  
• Expert Recommended Tests: no additional testing is needed.  
• Expert Recommended Treatments: conservative treatment for hip osteoarthritis should be tried as long as possible and includes, weight loss, activity modification, walking assist device, oral medications, topical medications, corticosteroid injections, viscosupplementation, physical therapy and aquatic therapy. If conservative treatment fails and quality of life is affected, a left total hip replacement is the best treatment for left hip osteoarthritis with high success rate of symptom relief for ten to twenty years. The left hip replacement will not relieve back pain. Consultation with an experienced adult reconstruction orthopedic surgeon is advised. | Confirm | Clarify | $800 | $0 | | The Expert advocated conservative treatment for hip osteoarthritis, and hip replacement when symptoms are no longer manageable and the member is ready. $800.00 cost avoidance taken for avertion or reducing additional new physician evaluations. |
<p>| USGH-IC1181817 | The member is a 65-70 year old man who has been given a diagnosis of aneurysm of artery of lower extremity. The consult is sought in order to decide between multiple treatments for the member. The treating physician has offered or recommended to the member surgical intervention. | Surgery | Dr. Jonathan Dean Gates, Assistant Professor, Harvard Medical School; Vascular Surgeon; Trauma Surgeon; Director, Trauma Center, Brigham and Women's Hospital | The Expert's review confirmed the diagnosis and the treatment that the patient was receiving. | Confirm | Confirm | $800 | $0 | | The Best Doctors Expert analysis offered support and reassurance of the member's treating plan. $800.00 cost avoidance taken for avertion or reducing additional new physician evaluations. |</p>
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<td>USGH-ATE1141542</td>
<td>This member is a 60-65 year-old man with a history of prostate cancer. The member has a history of a prostatectomy years ago and was not treated with adjuvant chemotherapy or radiation. He had a history of a prostate specific antigen (PSA) of ten point six and had improved to zero point one. His most recent PSA was zero point two and he was referred to a radiation oncologist for (IMRT)Intensity modulated radiation therapy. 1. What is the significance of an elevation in the PSA level in a man who has had a prostatectomy for prostate cancer? 2. What are the pros and cons of considering therapy for a slight but persistent elevation of PSA in a man in his mid-60’s?</td>
<td>Radiation Oncology, Urology</td>
<td>Dr. Christopher King, Associate Professor, UCLA Geffen School of Medicine</td>
<td>1. The Expert states that a slow rise in a PSA suggest there is a very slow growing and non aggressive cancer reflecting the presence of microscopic prostate cancer cells somewhere. 2. The Expert does not believe any treatment is necessary at this time except confirming the results and monitoring them. A con would be to receive unnecessary treatment.</td>
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<td>USGH-ATE1146921</td>
<td>This member is a 55-60 year-old man with a recent elevated prostate specific antigen (PSA). The member reports a PSA of seven point one noted in recent blood work. The member is asymptomatic and is seeking a consultation as to how to follow up. 1. What further evaluation would you suggest for an asymptomatic man with a PSA at this level? 2. What does having a high PSA level mean? How does the PSA itself affect one's physiology? 3. What other factors can influence an elevated PSA level besides the prostate? 4. What is the danger of not addressing the elevated PSA level?</td>
<td>Urology</td>
<td>Dr. Benjamin R. Lee, Professor of Urology and Medical Oncology, Tulane University School of Medicine; Director, Robotics, Laparoscopy and Endourology Fellowship, Tulane Medical Center</td>
<td>1. Further evaluation needed is a digital rectal exam, urine sample, and ultimately a biopsy should be obtained to rule out any cancer. 2. PSA monitors the progression of prostate cancer in men already diagnosed with the disease. 3. Potential causes of an elevated PSA include prostate cancer, benign prostatic hyperplasia, urinary tract infection or prostatitis. 4. The danger of not addressing an elevated PSA include cancer that may spread outside the prostate.</td>
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<td>USGH-ATE1146961</td>
<td>This member is a 55-60 year-old man with a history of a closed reduction of his calcaneus. The member had a history of a fall fracturing his left calcaneus, medial malleolus and distal tibia and had a closed reduction/percutaneous fixation of the calcaneus. He is concerned that a history of a closed reduction fixation of the calcaneus indicates eventual high frequency of impairment due to pain associated with screws that fail to remain in position and is questioning if he should have the screw removed at some point. 1. What are the potential implications of removing screws in the calcaneus after a closed reduction and percutaneous fixation? 2. If the screws are to be removed, at what point would you consider removing them? 3. What are the advantages and disadvantages of leaving the screws in place? 4. What are the long term effects of having the screws in place?</td>
<td>Orthopaedic Surgery</td>
<td>Dr. Stephen F. Conti, Associate Professor, Drexel University; Director, Division of Foot and Ankle Surgery, Allegheny General Hospital</td>
<td>1. Most surgeons would not take the screws out until after six months to encourage proper healing of the bones. 2. The Expert would wait six months to remove the screws however he explains that ninety percent of orthopedic implants are left in forever and have few problems. 3. The advantage of removing the screws is it will avoid them ever being irritating while the disadvantage of removing them is needing another surgery. 4. Most hardware does not carry any long term effects however at any time they begin to be bothersome they can be removed.</td>
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<td>USGH-ATE1149529</td>
<td>This member is a 25-30 year-old man with questions regarding vitiligo, hypothyroidism and asthma. The member is currently dating a woman who has vitiligo, hypothyroidism and asthma and is seeking consultation about her health. He is asymptomatic with no medical issues. 1. Is vitiligo hereditary? 2. Is there a way to predict if a couple's children will develop vitiligo? If so, can you determine the likelihood of that? 3. What are treatment options for vitiligo? 4. Given the concerns about the inheritance of vitiligo, would you recommend that the couple see a geneticist?</td>
<td>Dermatology, Internal Medicine</td>
<td>Dr. Norman Levine, Staff Physician, Tucson Medical Center</td>
<td>1. The Expert explains that vitiligo appears to be hereditary in about twenty percent of members with it they have a close family member who was diagnosed as well. 2. There is no way to predict if children of those with vitiligo will develop the disease. 3. Topical corticosteroids work well on the head and neck areas while ultraviolet light treatment may be effective in other areas. 4. The Expert would not recommend consulting a geneticist since there is very little practical value that be gleamed from this consultation.</td>
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The member is a 35-40 year old man who was diagnosed with oral Herpes simplex virus one (HSV-1) three years prior. He describes up to two outbreaks a year which generate a papercut-like sore at the left side of the mouth. There is no involvement of other areas, and the symptoms resolve over one week. He will sometimes use unspecified over-the-counter ointments which can decrease the duration of the outbreak slightly. His current partner does not have herpes and the member queries mechanisms to reduce the chances of transmitting the disease. He notes that "there is a viral shedding phase where symptoms are not visible but it can be transmissible."

1. How can he reduce the likelihood of spread of the disease to his partner especially during the viral shedding phase when no symptoms are present?
2. Are there any medications, such as Valtrex, that can help prevent the spread of the virus?
3. How can the frequency and duration of outbreaks be minimized?

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| USGH-ATE1161994 | The member is a 35-40 year old man who was diagnosed with oral Herpes simplex virus one (HSV-1) three years prior. He describes up to two outbreaks a year which generate a papercut-like sore at the left side of the mouth. There is no involvement of other areas, and the symptoms resolve over one week. He will sometimes use unspecified over-the-counter ointments which can decrease the duration of the outbreak slightly. His current partner does not have herpes and the member queries mechanisms to reduce the chances of transmitting the disease. He notes that "there is a viral shedding phase where symptoms are not visible but it can be transmissible."
1. How can he reduce the likelihood of spread of the disease to his partner especially during the viral shedding phase when no symptoms are present?
2. Are there any medications, such as Valtrex, that can help prevent the spread of the virus?
3. How can the frequency and duration of outbreaks be minimized? | Infectious Disease, Internal Medicine | Dr. Jennifer A. Hanrahan, Assistant Professor, Case Western Reserve University School of Medicine; Chairperson, Infection Control Committee, MetroHealth Medical Center | 1. There are medications that can reduce the amount of viral shedding, including the anti-viral medications called Valtrex, acyclovir and famciclovir. These medications do not eliminate the virus, but they do decrease shedding of the virus, and may decrease the risk of infecting another person. Also, condoms and dental dams can be used during oral sex to decrease the risk of transmission to a partner. 2. If the main concern is to decrease the risk of infecting a partner, it is worth considering daily medication. The anti-viral medications do not eliminate the virus, but they do decrease shedding of the virus, and may decrease the risk of infecting another person. 3. With HSV-1, outbreaks tend to be less frequent, and often decrease further over time. The anti-viral medications also decrease the frequency of outbreaks. In addition, stress and illness increases the risk of outbreaks. Practicing good health habits and staying healthy can decrease the occurrence of outbreaks. | $650 |