



# Department of Veterans Affairs Office of Inspector General

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## Healthcare Inspection

### Alleged Quality of Care Issues Martinsburg VA Medical Center Martinsburg West Virginia

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## Executive Summary

The purpose of this inspection was to determine the validity of allegations of poor quality of care in treating a patient's right arm and elbow pain at the VA Medical Center, Martinsburg, WV.

We did not substantiate that medical center providers failed to properly treat the patient's right arm and elbow pain despite his reportedly increasing levels of pain and deterioration. Medical center clinicians followed the standard of care in the treatment of the patient's lateral epicondylitis (commonly termed "tennis elbow"). The patient chose not to follow the conservative treatment and physical therapy that was recommended by the VA medical center orthopedic surgeons and sought treatment with a private orthopedic surgeon, who eventually performed surgery.

We made no recommendations.



**DEPARTMENT OF VETERANS AFFAIRS**  
**Office of Inspector General**  
**Washington, DC 20420**

**TO:** Director, Veterans Integrated Service Network 5 (10N5)

**SUBJECT:** Healthcare Inspection – Alleged Quality of Care Issues, Martinsburg, VA Medical Center, Martinsburg, West Virginia

### **Purpose**

The VA Office of Inspector General (OIG), Office of Healthcare Inspections conducted an evaluation to determine the validity of allegations of poor quality of care in treating a patient's right arm and elbow pain at the VA Medical Center (the medical center), Martinsburg, WV.

### **Background**

The medical center provides a broad range of inpatient and outpatient health care services. Outpatient care is also provided at six community based outpatient clinics located in Maryland, Virginia, and West Virginia. The medical center is part of Veterans Integrated Service Network (VISN) 5 and serves a veteran population of about 129,000 in a primary service area that includes 23 counties in West Virginia, Maryland, Virginia, and Pennsylvania. The medical center provides medical, surgical, mental health, geriatric, and rehabilitation services and rehabilitation domiciliary care.

On August 14, 2007, the complainant contacted the office of the Honorable Shelley M. Capito, Member, U.S. House of Representatives, with allegations of poor quality of care in the treatment of his right arm and elbow pain. The complainant alleged that:

- Providers failed to properly treat his right arm and elbow pain despite his reportedly increasing levels of pain and physical deterioration.
- On June 13, 2007, the complainant alleged that he was forced to seek private care to relieve his arm pain, and he is seeking reimbursement for this care from the medical center.

- He alleged that for the past year, he had constant pain, was treated by multiple providers at the medical center with no relief of pain, and decreasing ability to perform daily activities with his right arm.

## Scope and Methodology

Prior to our site visit on October 23, 2007, we reviewed the complainant's (hereafter referred to as the patient) electronic VA medical records. During our site visit, we interviewed the patient, his wife, his caretaker, and medical center clinical care providers, administrative staff; we also reviewed the patient's medical records from the private Center for Orthopedic Excellence in Martinsburg, WV. Our review did not address the patient's seeking reimbursement for private care, since VA has other procedures to deal with that.

This review was performed in accordance with *Quality Standards for Inspections* published by the President's Council on Integrity and Efficiency.

## Case History

The patient is a 45-year-old male veteran with a long history of adjustment disorder and persistent chronic pain syndrome of the cervical spine. In 1981, the patient sustained a crush injury of the second cervical vertebra in an active duty diving accident. He underwent cervical fusion to repair the injury and rehabilitation at Letterman Army Medical Center. After discharge from the military, he worked in food service at the medical center's domiciliary until he retired on disability in 1998. Since that time, he has been seen at least monthly for management of his chronic pain.

On May 26, 2006, the patient was seen by his primary care physician (PCP) for a new complaint of intermittent right elbow pain when he lifted a glass or cup. The PCP noted tenderness over the elbow. An x-ray showed a small spur on the olecranon process<sup>1</sup> and metallic foreign bodies (shrapnel). The patient was given Tylenol #3<sup>®</sup> for pain and scheduled for an appointment in orthopedics on June 12, 2006; however, he was a "no show" for that appointment.

On June 27, the patient saw his PCP with complaints of continued pain in his right elbow and no pain relief from the Tylenol #3<sup>®</sup>. That same day, he was sent to the orthopedic clinic and was seen by an orthopedic surgeon. The surgeon noted that the patient's right elbow range of motion was normal, but some movements caused pain. He diagnosed lateral epicondylitis (commonly termed "tennis elbow") and injected the patient's right elbow with Depo-Medrol<sup>®</sup> and lidocaine. The patient told the surgeon that in the past he had been given oral corticosteroids and that they seemed to help. The surgeon wrote him

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<sup>1</sup> The large process on the upper end of the ulna that projects behind the elbow joint and forms the point of the elbow. In anatomy, a process (from the Latin *processus*) is a projection or outgrowth of tissue from a larger body.

a prescription for an oral corticosteroid. The surgeon told the patient to give the injection a few days to work and to start the oral steroids as prescribed if there was no pain relief. The patient was also instructed to return to the clinic if the medications did not relieve his pain.

On September 20, the patient was seen in the orthopedic clinic by a physicians assistant (PA) for right elbow pain. The PA noted tenderness over the right elbow and pain on forced extension of the right wrist. The patient was prescribed a stronger oral corticosteroid and given a splint for his arm. He was again instructed to return to the orthopedic clinic if the pain was not relieved.

On November 14, the patient returned to the orthopedic clinic because he was having trouble with his right elbow again. He requested a repeat injection because the last one had “cured the problem until very recently.” The patient received another injection of Depo-Medrol<sup>®</sup> and lidocaine.

The patient was seen again in the orthopedic clinic on February 26, 2007. The orthopedic surgeon noted that the patient had already received two injections in his right elbow, with the last one just 3 months prior. The surgeon explained to the patient that because the injections had only offered short-term relief of pain, surgery might be an option. The patient requested and received another corticosteroid injection and agreed that if this injection did not give long-term relief, he would consider surgery. The patient was given another arm sling with instructions to periodically gently exercise the arm.

On April 5, the patient returned to the orthopedic clinic and saw a surgeon. The surgeon noted that the patient had been treated successfully in the past with steroid injections and oral steroids; however, the patient only received pain relief for 2 months after the last injection rather than the expected 6 months. The surgeon documented tenderness in the right elbow aggravated with movement, no effusion or instability of the elbow, and normal distal neurovascular exam. X-rays of the elbow showed metallic fragments in the soft tissue consistent with shrapnel but no bone involvement. The surgeon diagnosed chronic lateral epicondylitis of the right elbow. He told the patient that surgery to look for the cause of pain usually failed and that removing the chronic shrapnel in the area would create more scar tissue that would have to be removed in the future. The surgeon prescribed oral steroids and asked the patient to return to the clinic in 1 month.

On May 11, the patient returned to see his PCP, complaining of increasing pain in his right elbow over the previous 3 weeks. His PCP noted tenderness over the right elbow with some swelling and prescribed Indocin (a non-steroid) to help reduce the inflammation.

On May 16, the patient reported to the orthopedic clinic and was seen by a different orthopedic surgeon who referred him to physical therapy (PT) for treatment by ultrasound electrical stimulation, stretching, and light strengthening exercises. The patient was

scheduled for PT twice a week for 6 weeks at which time the surgeon would re-evaluate his right arm pain. Immediately after his appointment ended, the patient went to the primary care clinic and spoke with a clinic nurse. He told the nurse that his PCP told him to report to the orthopedic clinic that same day for surgery. While he acknowledged that he had not received any pre-operative instructions or had blood work or other pre-operative tests done, he still believed he would undergo some type of surgical procedure during his clinic appointment.

The patient did not attend his first scheduled PT appointment but did show up for his May 23 appointment. The physical therapist noted that the patient was independent in all daily activities. The patient told us that the therapist wanted him to try a Transcutaneous Electric Nerve Stimulator (TENS) unit (used to relieve pain). However, because he had tried that in the past and it did not work, he did not return for any further PT.

On June 6, the patient sought the care of a private orthopedic surgeon. The patient's private medical records show that he received a steroid injection in his right elbow, was referred for PT, and was told that if this treatment plan failed, they would consider surgery. On June 13, he again saw the private orthopedic surgeon and was told that because it had only been a week since the injection, it was too early to see any results. The private surgeon ordered an electromyogram (EMG)<sup>2</sup> and nerve conduction studies, which were performed at the VA medical center on June 28.

On July 5, the patient called the VA medical center telephone advice line to get the results of the EMG. He became very upset when he was told that the results were not available, and he was referred to the patient advocate. The patient advocate documented that the patient said that he had lost 80 percent of the use of his right arm and that he had been seeing an outside orthopedic surgeon but wanted to be seen by a VA surgeon. The Acting Chief of Surgery saw the patient that same day and scheduled an appointment for him to see a VA orthopedic surgeon on July 9.

On July 7, the patient's private orthopedic surgeon told the patient that the EMG did not show any nerve compression. The surgeon discussed at length the risks, benefits, and complications of the proposed surgery—common extensor tendon release. The patient elected to proceed with the surgery.

The patient saw the VA orthopedic surgeon on July 9 and complained only of left arm pain for which he was given a steroid injection.

On July 17 the patient had surgery on his right arm at a private facility. On July 19, the patient presented to the VA medical center's emergency room stating that he had removed the surgical dressing his private surgeon had applied to his arm and was alarmed by the amount of bruising present. He was reassured that the bruising was normal and

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<sup>2</sup> An EMG measures the electrical impulses of muscles at rest and during contraction.

advised that he should have called his private surgeon. He was told to follow up with his private surgeon.

## Results and Conclusions

**Issue 1:** Medical center providers failed to properly treat the patient's right arm and elbow pain despite his reportedly increasing levels of pain and deterioration.

We did not substantiate this allegation.

Each time the patient was seen with complaints of elbow pain, he was given steroid injections, oral steroids, and/or other pain medications. When the patient was referred to the medical center orthopedic surgeons, he did not agree with their treatment plans and went to a private orthopedic surgeon. The private orthopedic surgeon recommended steroid injections and PT but because the patient was not happy with the conservative treatment regime, he elected to undergo surgery at a private medical facility. A medical center orthopedic surgeon told us that the preferred treatment for lateral epicondylitis is rest, PT, and cortisone injections. Surgery is only considered if the patient has persistent pain after 6–12 months and has received 1–3 cortisone injections plus other non-surgical treatment modalities.

**Issue 2:** The patient experienced 1 year of constant pain and a significant decrease in his ability to perform daily activities and was forced to seek care outside of the medical center.

We did not substantiate this allegation.

The patient received multiple corticosteroid injections with varying lengths and degrees of pain relief. The injections were also supplemented with oral steroids and pain medications. He received his first corticosteroid injection on June 27, 2006. On November 14, during an orthopedic clinic appointment, he requested a repeat injection because the first injection “cured the problem until recently.” He was given a second injection. He returned 3 months later on February 26, 2007, requesting another injection. The orthopedic surgeon noted that the patient had only received 3 months of pain relief and told him that if he only received short term pain relief from this third injection, surgery might be an option. On April 5 the patient was seen by another orthopedic surgeon who told him that surgery to look for the cause of pain usually failed and prescribed oral steroids. On May 16, the patient was referred to physical therapy for electrical stimulation, stretching, and light strengthening exercises but the patient only attended one of his scheduled appointments. During that appointment, the therapist noted that the patient was independent in all daily activities. It is unknown whether the patient would have experienced long-term pain relief from this conservative treatment regime, because he chose to have immediate surgery in the private sector.



## Conclusions

We did not substantiate the patient's allegations that the medical center provided poor quality of care and did not adequately address his pain. Medical center clinicians followed the standard of care in the treatment of the patient's lateral epicondylitis. The patient chose not to follow the conservative treatment and PT that was recommended by the medical center orthopedic surgeons and sought treatment with a private orthopedic surgeon, who eventually performed surgery. Therefore we made no recommendations.

## Comments

The VISN Director concurred with our conclusions. (See Appendix A, page 8, for the full text of comments.) We consider this case closed.

*(original signed by:)*  
JOHN D. DAIGH, JR., M.D.  
Assistant Inspector General for  
Healthcare Inspections

## VISN Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** January 14, 2008

**From:** Network Director, VA Capitol Health Care Network  
(10N5)

**Subject:** **Alleged Quality of Care Issues, VA Medical Center,  
Martinsburg, West Virginia**

**To:** VA Office of Inspector General (54DC)

**Thru:** Director, Management Review Service (10B5)

1. Thank you for the opportunity to respond. VISN 5 concurs with the report.
2. If further information is required, please contact Linda J. Morris, M.D., Chief of Staff, at (304) 263-0811, extension 4007.

*(original signed by:)*  
SANFORD M. GARFUNKEL, FACHE

## OIG Contact and Staff Acknowledgments

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OIG Contact	Donna Giroux, RN, BSN, CPHQ (202) 461-4705
Acknowledgments	Nelson Miranda, Director, Washington, DC, Office of Healthcare Inspections Randall Snow, JD

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