

DISCIPLINARY PROCESS REVIEW COMMITTEE (DPRC) & DECISIONS

Texas Impaired Licensee Renewals (Concerns regarding Licensee(s) reporting Impairment to the Registrations Department)

May 1, 2014

	REQUEST ADDITIONAL INFORMATION	SEND LICENSEE IMPAIRMENT PACKET	NO FURTHER ACTION	COMMENTS
<p>1. ID# 541547</p> <p>Licensee Type: M.D.</p> <p>(Pediatrics)</p> <p><u>Background:</u></p> <ul style="list-style-type: none">• Referral Reason: Impairment reported on registration• Renewal Date: 10/22/2013• Impairment(s) Reported: Diagnosed with lumbosacral neuropathy with pain the the left leg. Is unable to walk or stand for long periods. <p><u>Issue(s):</u></p> <p>10/22/2013: Licensee reported impairment on registration renewal application</p> <p>10/30/2013: TMB mailed an Impairment Packet</p> <p>11/08/2013: TMB received Impairment Packet. Licensee reported having Complex Regional Pain Syndrome, an ankle fracture and sacroiliatis in the left foot, neuropathy and trochanitric bursitis to L4-L5 and L5-S1. Has pain in left hip and left lower extremity that gets worse with standing or walking for more than 15-20 minutes.</p> <p>01/16/2014: TMB received a letter from the treating physician</p>		X		

<p>who reported seeing the licensee medically for L4-L5 and L5-Sq neuropathy. Treating physician reported that the licensee was seen by Dr. Mathew Lee (Spine Surgeon) on 1/8/14 and was diagnosed with Lumbar Radiculopathy and spinal stenosis. Dr. Lee advised a repeat MRI followed by Laminectomy and possibly Spinal Fusion surgery.</p>				
	REQUEST ADDITIONAL INFORMATION	SEND LICENSEE IMPAIRMENT PACKET	NO FURTHER ACTION	COMMENTS
<p>2. ID# 309554</p> <p>Licensee Type: D.O. (Family Practice)</p> <p><u>Background:</u></p> <ul style="list-style-type: none"> • Referral Reason: Impairment reported on practice closure notification • Impairment(s) Reported: Has ongoing problems related to a spinal cord injury. <p><u>Issue(s):</u></p> <p>10/16/2013: Licensee reported impairment on practice closure notification</p> <p>10/30/2013: TMB mailed an Impairment Packet</p> <p>11/08/2013: TMB received Impairment Packet. Licensee reported having lumbar radiculopathy, thoracic lumbar degenerative scoliosis, and cervical spondylolisthesis chronic cervical myelopathy. Licensee stays active and has a good prognosis. Treating physician, Dr. Pleitez, sent a letter stating that the licensee has been seen for the above mentioned issues, along with severe ataxia and weakness in the arms and</p>		<p>X</p>		

<p>legs, since 2007. Dr. Pleitez reports that the licensee is able to practice medicine and that the physical conditions impose ambulatory limitations but licensee is able to navigate well with a wheel chair.</p>				
	REQUEST ADDITIONAL INFORMATION	SEND LICENSEE IMPAIRMENT PACKET	NO FURTHER ACTION	COMMENTS
<p>3. ID# 448287</p> <p>Licensee Type: M.D. (Internal Medicine)</p> <p><u>Background:</u></p> <ul style="list-style-type: none"> • Referral Reason: Impairment reported in a letter from Licensee's spouse • Impairment(s) Reported: Stroke <p><u>Issue(s):</u></p> <p>01/03/2014: TMB received letter from Licensee's spouse regarding impairment</p> <p>01/22/2014: TMB mailed an Impairment Packet</p> <p>02/26/2014: TMB received Impairment Packet filled out by licensee's treating physician (neurologist) Paxton J. Longwell, MD, PA. Treating physician reported that Licensee suffered a stroke in December 2012 and has trouble communicating and is currently not practicing. Treating physician reported that Licensee's status is stable and improving and the prognosis is good with continued speech therapy.</p>		<p>X</p>		

Total = 3