

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN
BEFORE THE WISCONSIN MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY	:	
PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MICHAEL E. BROUETTE, PA-C	:	
RESPONDENT.	:	ORDER 0001927

Division of Enforcement Case No. 10MED381

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Michael E. Brouette, PA-C
P.O. Box 275
Pardeeville, WI 53954-0275

Division of Enforcement
Department of Safety and Professional Services
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Wisconsin Medical Examining Board
Department of Safety and Professional Services
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Wisconsin Medical Examining Board. The Board has reviewed this Stipulation and considered it acceptable.

Accordingly, the Board adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Michael E. Brouette, PA-C (“Respondent”), date of birth January 19, 1975, is a licensed physician assistant in the state of Wisconsin pursuant to license no. 1860-23. Respondent’s license was first granted on June 22, 2005 and is currently active.
2. Respondent's most recent address on file with the Department of Safety and Professional Services is P.O. Box 275, Pardeeville, WI 53954.

3. At all times relevant to this matter, Respondent was working as a physician assistant at Divine Savior Healthcare (“Divine Savior”) in Portage, Wisconsin.

4. On February 18, 2008, Patient A, a 22 year-old male, presented to the Emergency Room at St. Clare Hospital in Baraboo, Wisconsin with pain in his right knee and chest after being involved in a motor vehicle accident. After an Emergency Room physician performed a physical examination and CT scan of his chest, it was determined that Patient A suffered from a knee contusion and a chest-wall abrasion and contusion as a result of the accident. He was given ibuprofen and Vicodin upon release and was instructed to follow-up in one week with a physician.

5. On February 25, 2008, Patient A presented to Respondent for the first time at his follow-up appointment. Patient A reported that he was evaluated at St. Clare Hospital following the accident and was released without any evidence of fractures or other significant abnormalities. Patient A complained of soreness in his chest, knees, and shoulder, and numbness in his left hand. An examination was performed and the Respondent found the patient to be neurologically normal. The patient expressed no complaints of headaches or neck pain. Respondent instructed Patient A to rest, ice the areas of soreness, take Aleve and Tylenol for the pain, and return in two weeks for reevaluation. The patient was further advised to return if there was any change in condition.

6. On March 10, 2008, Patient A presented to Respondent for his second follow-up appointment and reported that his pain was slowly improving. The patient relayed the presence of neck pain which he was self treating with ice packs and ibuprofen. There were no complaints of headaches. Respondent states that the patient’s neurological examination was normal. Respondent instructed Patient A to continue the ice, Aleve, and Tylenol regimen, schedule an appointment with a physical therapist and return in two weeks for follow-up.

7. On March 11, 2008, Patient A presented to a physical therapist at Divine Savior complaining of neck, shoulder, and knee pain. The physical therapist noted that she was unable to complete all cervical testing due to the severe pain the patient was experiencing. Patient A explained that he began experiencing neck pain, accompanied by headaches, two days before this physical therapy appointment when he woke up with sharp shooting pain on the right side of his neck. He also told the physical therapist that his headache kept him awake the previous night and caused him to vomit four to five times; the headaches were accompanied with blurred vision and standing was difficult. The physical therapist noted that Patient A had guarded neck movements, became pale when standing, and began to have overall body shaking with increased pain with increased movement. After the session, the physical therapist spoke with Respondent regarding Patient A’s increased pain and headaches. There is a dispute as to whether the remainder of the symptoms were relayed to Respondent.

8. After the physical therapy appointment on March 11, 2008, Respondent ordered an x-ray of Patient A’s cervical spine. The x-rays were unremarkable for fracture. Respondent believed the headaches to be related to the neck pain and did not believe the symptoms Patient A was experiencing were caused by a brain or head injury.

9. On March 12, 2008, Patient A presented for his second physical therapy session. The physical therapist noted that the patient was still vomiting and unable to sleep. Concerned with the continuing symptoms, she spoke with Respondent’s office about scheduling a same-day appointment. Respondent was not in the office, and no physician was available, so she scheduled an appointment for

Patient A to see Respondent the following morning. Patient A's father later canceled all future physical therapy appointments, choosing to have his son see a chiropractor instead. Respondent was not advised of the physical therapist's concern.

10. On March 13, 2008, Patient A presented to Respondent complaining of pain in his neck that radiated up the right side of his head. Patient A told Respondent that he was experiencing blurred vision, dizziness, photophobia, phonophobia, nausea and vomiting. A complete examination was performed and Respondent states he noted no neurological abnormalities. Respondent opined that Patient A was most likely suffering from a whiplash-type injury and while the option of ordering head imaging was discussed, Respondent told Patient A and his father that he did not think it was needed and expressed concern for the risks of radiation. Patient A was given a shot of morphine, prescribed Percocet and Reglan for pain and nausea, and was instructed to return within one week for follow-up. Respondent advised Patient A to return to the clinic or go to the Emergency Department if there was any change in the patient's symptoms.

11. Although it was not documented in his office notes, Respondent claims that his differential diagnosis for Patient A on March 13, 2008 was whiplash with migrainous symptoms, intracranial abnormality and meningitis. Respondent ruled out an intracranial abnormality after he performed a full examination and felt the results of the patient's neurological examination were normal.

12. On March 21, 2008, Patient A presented to Respondent and expressed that his pain was somewhat better, but still starting in his neck and radiating up through the top of his head. Patient A also explained that he attempted to reduce the amount of Percocet he was taking but experienced a significant increase in pain in doing so. In his office notes, Respondent referred to Patient A's injury as a "whiplash injury suffered in a motor vehicle accident"; he did not consider a cerebral abnormality because he believed the patient was improving. Respondent refilled the patient's Percocet prescription, suggested he continue with physical therapy, and instructed him to follow-up in three days.

13. Respondent did not discuss Patient A's condition with his supervising physician, or any physician, at anytime between March 10, 2008 and March 21, 2008.

14. On March 23, 2008, Patient A was treated for drainage of a subdural hematoma. There is significant expert dispute, whether the patient's subdural hematoma was present at the time of the Respondent's care and treatment of the patient.

15. Respondent's conduct fell below the minimum standard of care for a physician assistant professional when he failed to order imaging tests of Patient A's head on March 11, 2008 and March 13, 2008 and/ or discuss the patient's condition with his supervising physician.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter pursuant to Wis. Stat. § 448.02(3) and authority to enter into a stipulated resolution of this matter pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 18 above constitutes a violation of Wis. Stat. § 448.02(3) and Wis. Admin. Code §§ Med 8.07 and 10.02(2)(h).

ORDER

IT IS HEREBY ORDERED that:

1. The attached Stipulation of the parties is accepted.
2. Michael E. Brouette, PA-C is REPRIMANDED by the Board.
3. The license of Michael E. Brouette, PA-C to practice as a physician assistant in the state of Wisconsin shall be LIMITED with the following conditions:
 - a. Within nine (9) months of the date of this Order, Mr. Brouette shall participate in, and successfully complete, ten (10) hours of continuing education in the diagnosis and management of head trauma.
 - b. In satisfaction of the requirement set forth in paragraph 3 a above, Mr. Brouette shall participate in and successfully complete all components, including testing, of the continuing education program entitled "Continuum, Traumatic Brain Injury, December 2010, Volume 16, Issue 6. The program is described in the attached Exhibit A. In the event Mr. Brouette is unable to participate in this course, he shall complete ten (10) hours of continuing education in a comparable course/s. Mr. Brouette shall be responsible for locating the course/s required under this alternative, for providing adequate course descriptions to the Department Monitor and for obtaining pre-approval of the course/s from the Board or its designee prior to commencement of the programs. The Board may reject in whole or in part any educational opportunity which is nominated by Mr. Brouette when, in the Board's judgment, the syllabus or description of the course or other educational opportunity is insufficient to fulfill the purpose of this Order.
 - c. Mr. Brouette shall provide proof, sufficient to the Board or its designee, that he has successfully completed the course/s listed in paragraph 3a above and he shall provide this proof within the 30 days following completion of all of the components of the course/s.
 - d. All costs of the educational programs shall be the responsibility of Mr. Brouette.

IT IS FURTHER ORDERED that:

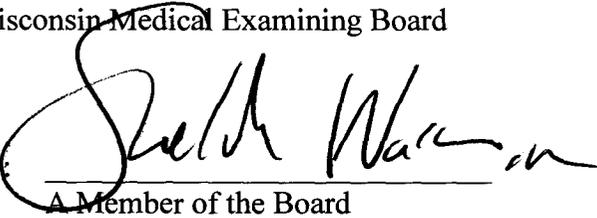
4. All requests, notices, reports and payments required by this Order shall be provided to:

Department Monitor
Department of Safety and Professional Services
Division of Enforcement
1400 East Washington Ave.
P.O. Box 8935
Madison, WI 53708-8935
Telephone: (608) 267-3817
Fax: (608) 266-2264

5. Violation of any terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to comply with the ordered continuing education as set forth above, the Respondent's license (No. 1860-23) may, in the discretion of the board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has completed the ordered continuing education.

7. This Order is effective on the date of its signing.

Wisconsin Medical Examining Board

By: 
A Member of the Board

7/18/12
Date