

**RECEIVED**

THE STATE OF SOUTH CAROLINA

OCT 20 2022

In The Court of Appeals

**SC Court of Appeals**

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Commissioner Aisha Taylor  
Commissioner Susan S. Barden  
Commissioner Avery B. Wilkerson

---

WCC FILE NO: 1906764

Appellate Case No. 2022-000963

Helen Brown,..... Claimant, Appellant,

vs.

Walmart Inc.,..... Employer, and  
New Hampshire Insurance Company,..... Carrier, Respondents.

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RECORD ON APPEAL

---

George A. Taylor (SC Bar No. 100245)  
Chappell Smith & Arden  
2801 Devine Street, Suite 300  
Columbia, South Carolina 29205  
Direct Dial: (803) 509-5836  
Email: [gtaylor@csa-law.com](mailto:gtaylor@csa-law.com)  
ATTORNEY FOR CLAIMANT, APPELLANT

Johnnie W. Baxley, III (SC Bar No. 8955)  
Willson, Jones, Carter & Baxley  
4922 O'Hear Avenue, Suite 301  
North Charleston, South Carolina, 29405  
Direct Dial: (843) 284-1082  
Email: [jwbaxley@wicblaw.com](mailto:jwbaxley@wicblaw.com)  
ATTORNEY FOR CARRIER, RESPONDENTS

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SC Worker's Compensation  
Commission  
P.O. BOX 1715 • 1612 Marion St. Columbia,  
SC 29202-1715  
(803) 737-5700

WCC File #: 1906764  
Carrier File #: 8832166  
Carrier Code #: 0143  
Employer FEIN #: 71-0794409

Claimant's Name: Helen Brown SSN: \_\_\_\_\_ Employer's Name: Walmart Inc.  
Address: [REDACTED] Address: 1040 CHESTERFIELD HWY  
City: [REDACTED] State: [REDACTED] ZIP: [REDACTED] City: CHERAW State: SC ZIP: 29520  
Home Phone: [REDACTED] Work Phone: [REDACTED] Carrier: New Hampshire Insurance Co.  
Preparer's Name: Kascindra Byler Preparer's Phone #: 800-527-0566+58065

A. Total Wages Paid

Date of Injury: 05/30/2019

1. Check Applicable Method:

- ☒ Report of earnings of injured employee based on four completed quarters.  
☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked.  
☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire Date: 08/13/2015  
☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just. (Attach documentation to show how average weekly wage and compensation rate were calculated.)

2. List total wages paid as reported to Employment Security Commission on the Employer Quarterly Contribution and Wage Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

| Quarter         | Ending Date     | Total Wages Paid   |
|-----------------|-----------------|--------------------|
| 1 <sup>st</sup> | <u>6/30/18</u>  | <u>1604.22</u>     |
| 2 <sup>nd</sup> | <u>9/30/18</u>  | <u>3410.78</u>     |
| 3 <sup>rd</sup> | <u>12/30/18</u> | <u>4725.03</u>     |
| 4 <sup>th</sup> | <u>3/29/19</u>  | <u>4660.52</u>     |
| Total Paid      |                 | 2. <u>17400.55</u> |

3. List total value of other allowances of any character made in lieu of wages during four quarters above.

3. 0

4. Add lines 2 and 3.

TOTAL WAGES PAID: 4. 17400.55

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

5. 52

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

AVERAGE WEEKLY WAGE: 6. 334.63

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate.

7. 223.10

8. The compensation rate is as follows (choose one):

- ☐ When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.  
☐ When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.  
☐ When estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.  
☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8: \_\_\_\_\_  
☒ The calculated (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. 223.10

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803) 737-5723

WCC Form # 20 REV. DATE 3/97

South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500 • Post Office Box 1715  
Columbia, South Carolina 29202-1715  
(803) 737-5723 www.wcc.sc.gov



WCC File #: 1906764  
Carrier File #: \_\_\_\_\_  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: Helen Brown SSN: [REDACTED] Employer's Name: Walmart - Cheraw  
Address: [REDACTED] Address: 1040 Chesterfield Hwy  
City: [REDACTED] State: [REDACTED] Zip: [REDACTED] City: Cheraw State: SC Zip: 29520  
Home Phone: 843-921-4898 Work Phone: \_\_\_\_\_ Insurance Carrier: New Hampshire Insurance Co.  
Preparer's Name: George A. Taylor Law Firm: Chappell, Smith & Arden Preparer's Phone #: 803-509-5836

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to left knee, left shoulder, & left arm (Part(s) of Body Injured) on 5/30/2019 (Month/Day/Year) in Chesterfield county, state of SC.
2. Body part(s) affected are: left knee, left shoulder, & left arm.  
Briefly describe how the accident occurred: Fell down while cleaning fryer; hit floor on left side.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 5/30/2019 (Month/Day/Year) in the following manner:  
Notified supervisor

☒ 7. Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for: \_\_\_\_\_

☒ (b) additional medical examination and treatment for: left knee, shoulder, & left arm; surgery as recommended by authorized treating physician.

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:  
Claimant return to light duty job may be entitled to temporary partial.

☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

9a. Claimant at MMI: ☐ Yes ☒ No

☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

10a. At the time of the injury, the Claimant was paid weekly wages of \$324.63, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:  
Walmart

11. Further grounds or unusual aspects of claim:  
Claimant reserves right to amend Form 50.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:  
McLeod Health, Palmetto Family Medicine of Chesterfield, OrthoCarolina

11b. To the best of your knowledge, did you have any prior permanent disability? \_\_\_\_\_  
If yes, describe: \_\_\_\_\_

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13. I am filing a claim. I am not requesting a hearing at this time.

Estimated time needed for hearing: \_\_\_\_\_

☒ 14. I am requesting a hearing. A \$50 fee is required.

☐ Mediation

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐ b. Mediation is required pursuant to Reg. 67-1802.

☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov).

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to W. Strat Stavrow, Willson Jones Carter & Baxley  
address 3600 Forest Drive, Suite 204, Columbia, SC 29204 on the \_\_\_\_\_ day of October 2019, by ☒ first class postage ☐ certified mail ☐ personal  
service ☐ electronic service. I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature \_\_\_\_\_

Attorney  
Title \_\_\_\_\_

gtaylor@csa-law.com  
Email \_\_\_\_\_

October 4, 2019  
Date \_\_\_\_\_

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50  
Revised 1/19

50

Employee's Notice of Claim and/or  
Request for Hearing





Part of the



Licensed to practice  
in South Carolina,  
North Carolina  
and Georgia.

CHAPPELL SMITH & ARDEN, P.A.

PO Box 12330  
Columbia, SC 29211  
Phone 803.929.3600  
Fax 803.929.3604  
Toll Free 800.531.9780  
www.CSA-LAW.com

October 4, 2019

Ms. Sonji Spann  
SC Workers' Compensation Commission  
Post Office Box 1715  
Columbia, South Carolina 29202-1715

*Via Hand Delivery*

|     |                      |                                                         |
|-----|----------------------|---------------------------------------------------------|
| Re: | WCC File No.:        | 1906764                                                 |
|     | Employee:            | Helen Brown                                             |
|     | Employee's Address:  | [REDACTED]                                              |
|     | Employee's Phone:    | [REDACTED]                                              |
|     | Employer:            | Walmart - Cheraw                                        |
|     | Employer Address:    | 1040 Chesterfield Hwy, Cheraw, SC 29520                 |
|     | Insurance Carrier:   | New Hampshire Insurance Co.                             |
|     | Request for Hearing: | No                                                      |
|     | Date of Incident:    | 5/30/2019                                               |
|     | Nature of Incident:  | Fell down while cleaning fryer; hit floor on left side. |

Dear Ms. Spann:

Pursuant to Rule 67-206 and in accordance with §42-15-40, this letter is to advise you I am representing Helen Brown in a claim for injuries covered by the Workers' Compensation Act and to establish a claim prior to the running of the statute of limitations. This case is not yet ready for a hearing and a Form 50 is not being filed at this time.

By copy of this letter, I am notifying the insurance carrier of my representation.

Very truly yours,

George A. Taylor  
gtaylor@csa-law.com  
Direct Dial: 803-509-5836

GAT:ceb  
Enclosure  
cc: W. Strat Stavrou

AIKEN | COLUMBIA | FLORENCE | ROCK HILL | SUMTER



Licensed to practice  
in South Carolina,  
North Carolina  
and Georgia.

CHAPPELL SMITH & ARDEN, P.A.

October 4, 2019

PO Box 12330  
Columbia, SC 29211  
Phone 803.929.3600  
Fax 803.929.3604  
Toll Free 800.531.9780  
www.CSA-LAW.com

W. Strat Stavrou, Jr.  
Willson Jones Carter & Baxley  
3600 Forest Drive, Suite 204  
Columbia, SC 29204

RE: Helen Brown v. Walmart - Cheraw  
Date of Incident: 5/30/2019

Dear Strat:

Please be advised that I have been retained to represent **Helen Brown** in processing a workers' compensation claim for injuries received in the course of employment with Walmart - Cheraw.

Please be advised that this letter also serves as revocation to the employer and the carrier in this matter of all previously signed and/or issued medical releases and/or prior consents to communicate with any medical provider(s) of Helen Brown. Specifically, from this time forward, all discussions and/or communications with any medical provider(s) regarding my client and this claim should comply with §42-15-95 of the SC General Statutes.

I would appreciate your confirming coverage and contacting our office to discuss this at your earliest convenience. Thank you for your assistance and cooperation in this matter.

Very truly yours,

George A. Taylor  
gtaylor@csa-law.com  
Direct Dial: 803-509-5836

GAT:ceb  
Enclosure

AIKEN | COLUMBIA | FLORENCE | ROCK HILL | SUMTER



Licensed to practice  
in South Carolina,  
North Carolina,  
Georgia and the  
District of Columbia

CHAPPELL SMITH & ARDEN, P.A.

PO Box 12330  
Columbia, SC 29211  
803.929.3600  
Fax 803.929.3604  
800.531.9780  
[www.CSA-LAW.com](http://www.CSA-LAW.com)

January 6, 2021

*Via Hand Delivery*

S.C. Workers' Compensation Commission  
ATTN: JUDICIAL DEPARTMENT  
Post Office Box 1715  
Columbia, SC 29202-1715

RE: Helen Brown v. Walmart - Cheraw  
WCC File No.: 1906764

Dear Sir or Madam:

Enclosed is our Form 50 pertaining to the above-referenced matter. I would appreciate your having this immediately filed and a hearing scheduled as soon as possible. Also enclosed is our firm check in the amount of \$50.00 for the filing fee.

By copy of this letter, sent via First Class Mail, I am serving a copy of the Form 50 on Johnnie W. Baxley, III, attorney for the defendants.

Very truly yours,

George A. Taylor, Esquire  
Direct Dial: 803-509-5824

GAT:ceb  
Enclosure  
cc: Johnnie W. Baxley, III

AIKEN | CHARLESTON | COLUMBIA | FLORENCE | ROCK HILL | SUMTER

South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500 • Post Office Box 1715  
Columbia, South Carolina 29202-1715  
(803) 737-5723 [www.wcc.sc.gov](http://www.wcc.sc.gov)



WCC File #: 1906764  
Carrier File #: \_\_\_\_\_  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: Helen Brown SSN: [REDACTED] Employer's Name: Walmart - Cheraw  
Address: [REDACTED] Address: 1040 Chesterfield Hwy  
City: [REDACTED] State: [REDACTED] Zip: [REDACTED] City: Cheraw State: SC Zip: 29520  
Home Phone: [REDACTED] Work Phone: \_\_\_\_\_ Insurance Carrier: New Hampshire Insurance Co.  
Preparer's Name: George A. Taylor Law Firm: Chappell, Smith & Arden Preparer's Phone #: 803-509-5836

A claim for workers' compensation benefits is made based on the following grounds:

- ☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction
1. The claimant sustained an injury to left knee, left shoulder, left arm, back & neck (Part(s) of Body Injured) on 5/30/2019 (Month/Day/Year) in Chesterfield County, State of South Carolina.
  2. Body part(s) affected are: left knee, left shoulder, left arm, back & neck  
Briefly describe how the accident occurred: Fell down while cleaning fryer; hit floor on left side.
  3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
  4. The relationship of employer and employee existed at the time of injury.
  5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
  6. Notice of the accidental injury was given to the Employer on 5/30/2019 in the following manner: notified manager

☒ 7. Due to injury, the claimant is in need of (check one):

- ☐ (a) medical examination and treatment for:  
☒ (b) additional medical examination and treatment for: left knee and left shoulder.

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:  
All lost compensable time

☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

- ☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

9a. Claimant at MMI: ☐ Yes ☒ No

☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

10a. At the time of the injury, the Claimant was paid weekly wages of \$334.63 and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:  
Walmart

11. Further grounds or unusual aspects of claim:  
Claimant reserves the right to amend the Form 50.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:  
Palmetto Family Medicine of Chesterfield, OrthoCarolina- Dr. Smid, McLeod Health, Dr. Gregory Palutsis, Dr. Eduardo Donato, Dr. David Homesley, Dr. David Geier, Cheraw Physical Therapy

11b. To the best of your knowledge, did you have any prior permanent disability? No  
If yes, describe: \_\_\_\_\_

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13. I am filing a claim. I am not requesting a hearing at this time.

Estimated time needed for hearing: \_\_\_\_\_

☒ 14. I am requesting a hearing. A \$50 fee is required.

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.  
☐ b. Mediation is required pursuant to Reg. 67-1802.  
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.  
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov).

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Johnnie Baxley, III, Wilson Jones Carter & Baxley  
address 421 Wando Park Blvd, Suite 100, Mt. Pleasant, SC 29464 on the     day of May, 2020, by ☒ first class postage ☐ certified mail ☐ personal  
service ☐ electronic service I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: [Signature] Attorney: gtaylor@csa-law.com January 6, 2020  
Title: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50  
Revised 1/19

50

Employee's Notice of Claim and/or  
Request for Hearing

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION  
COMMISSION

Helen Brown,

Claimant,

vs.

Walmart - Cheraw,

Employer,

New Hampshire Insurance Co.,

Carrier/Defendants.

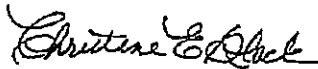
WCC FILE NO: 1906764

CERTIFICATE OF SERVICE

Christine E. Black, being first duly sworn, says that she is the paralegal for the Claimant's/Employee's attorney of Chappell, Smith & Arden located at 2801 Devine Street, Columbia, Suite 300, South Carolina; 29205 and, that on January 6, 2020, she forwarded a copy of the Form 50 and attached certificate of service to:

Via First Class US Mail:

Johnnie Baxley, III  
Willson Jones Carter & Baxley, 421 Wando Park  
Bld., Suite 100  
Mt. Pleasant, SC 29464



Christine E. Black  
Chappell, Smith & Arden  
PO Box 12330, Columbia, SC, 29211  
803-929-3600

Employer FEIN #:

2

Preparer's Signature

Title

Email

Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or [judicial@wcc.sc.gov](mailto:judicial@wcc.sc.gov) or [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov). Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

**WCC Form # 51**  
Revised 07/15

**51**

9

**Employer's Answer to Request for Hearing**

South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
(803) 737-5723



|                  |            |
|------------------|------------|
| WCC File #:      | 1906764    |
| Carrier File #:  | 8832166    |
| Carrier Code #:  | 0413       |
| Employer FEIN #: | 71-0794409 |

Claimant's Name: Helen Brown

Employer's Name: Wal-Mart Associates, Inc.

Address: [REDACTED]

Address: 1040 CHESTERFIELD HWY

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

City: CHERAW State: SC Zip: 29520

Home Phone: [REDACTED]

Work Phone: [REDACTED]

Insurance Carrier: New Hampshire Insurance Co.

Preparer's Name: Lynette Olson

Law Firm:

Preparer's Phone #: 800-527-0566+57715

1. Date of injury: 05/30/2019  
(m/d/yyyy)

2. Total Weeks Compensation Paid: 14w 1d

3. Type of Compensation Paid (TP or TT)/Periods of Payment:

Type: TTD From: 6/3/2019 To: 8/18/2019  
(m/d/yyyy) (m/d/yyyy)

Type: TTD From: 11/12/2019 To: 12/3/2019

Type:  From:  To:

Type:  From:  To:

4. Date of First Payment: 6/14/2019  
(m/d/yyyy)

5. Total Amount Paid

(a) Compensation: \$3155.27

(b) Medical (Include Nursing, Hospital, Drugs, Etc.) \$13711.16

Lynette Olson  
Employer's Representative

(800) 527-0566  
Phone

12/8/2020  
Date

Type or print all information. File this form six months after the alleged injury date and each six months until the Commission's File is closed. Form 18 must be filed whether or not compensation is ongoing. Refer to R.67-413, and R.67-804 for further information.





CHAPPELL SMITH & ARDEN, P.A.

Licensed to practice  
In South Carolina,  
North Carolina,  
Georgia and the  
District of Columbia



PO Box 12330  
Columbia, SC 29211  
803.929.3600  
Fax 803.929.3604  
800.531.9780  
[www.CSA-LAW.com](http://www.CSA-LAW.com)

November 2, 2021

*Via E-Case*

Commissioner Mike Campbell  
SC Workers' Compensation Commission  
Post Office Box 1715  
Columbia, SC 29202-1715

RE: Helen Brown v. Walmart - Cheraw  
SCWCC File No. : 1906764

Dear Commissioner Campbell:

Enclosed is a Notice of Witnesses and Written Medical Reports in regard to the above captioned matter. I have also enclosed our Pre-Hearing Brief in regard to the above-referenced matter.

By copy of this letter, I am hereby serving Johnnie W. Baxley, III, counsel for the defendant.

Very truly yours,

George A. Taylor, Esquire  
[gtaylor@csa-law.com](mailto:gtaylor@csa-law.com)  
Direct Dial: 803-509-5836

GAT/kll

Enclosures

cc: Johnnie W. Baxley, III, Esquire

AIKEN | CHARLESTON | COLUMBIA | FLORENCE | ROCK HILL | SUMTER

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION  
COMMISSION

Helen Brown,

Claimant,

vs.

Walmart - Cheraw,

Employer,

New Hampshire Insurance Co.,

Carrier/Defendants.

WCC FILE NO: 1906764

**CERTIFICATE OF SERVICE**

Kari L. Lollis, being first duly sworn, says that she is the paralegal for the Claimant's/Employee's attorney of Chappell, Smith & Arden located at 2801 Devine Street, Suite 300, Columbia, South Carolina; 29205 and, that on November 2, 2021, she forwarded a copy of the attached **CLAIMANT'S PRE HEARING BRIEF AND APA SUBMISSIONS** to:

**Via Email Only:**

[jwbaxlev@wilaw.net](mailto:jwbaxlev@wilaw.net)

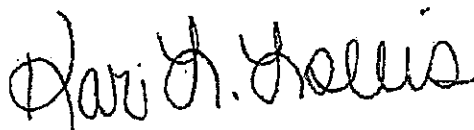
[jwbaxlev@wicblaw.com](mailto:jwbaxlev@wicblaw.com)

Johnnie W. Baxley, III, Esquire

Willson Jones Carter & Baxley

421 Wando Park Blvd., Suite 100

Mt. Pleasant, SC 29464



Kari L. Lollis

Paralegal to George A. Taylor, Esquire

Chappell, Smith & Arden

PO Box 12330, Columbia, SC, 29211

803-929-3600

South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
(803) 737-5675 [www.wccsc.gov](http://www.wccsc.gov)

**PRE-HEARING BRIEF**  
**WCC File No: 1906764**

Claimant's Name: Helen Brown Employer's Name: Walmart - Cheraw  
Address: [REDACTED] Address: 1040 Chesterfield Hwy  
City: [REDACTED] State: SC Zip: [REDACTED] City: Cheraw State: SC Zip: 29520  
Home Phone: [REDACTED] Work Phone: [REDACTED] Carrier: New Hampshire Insurance Co.  
Preparer's Name: George A. Taylor Preparer's Phone #: 803-509-5836 Home

A claim for workers' compensation benefits is made based on the following grounds:

☐ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$223.10 2. AWW: \$334.63 Date of Injury: 5/30/2019
3. Type of injury and body part(s): left knee, left shoulder, left arm, back, neck
4. Facts in controversy: Claimant continues to have pain and problems with her left knee, left shoulder and left arm. Defendants have denied Claimant's left shoulder problems are causally related to her work accident. Defendants admit the left knee but have refused to provide Claimant further evaluation after she was released by her ATP, despite Claimant's continued left knee complaints. Claimant requests Defendants be ordered to provide all care for Claimant's left knee and left shoulder as recommended by Dr. David Geier. Claimant further requests cervical evaluation and diagnostic testing as recommended on her abnormal EMG study performed at OrthoCarolina on October 27, 2020.
5. Legal issues involved: Section 42-15-60
6. Unusual aspects:
7. Witnesses (designate if expert):\* Claimant, any witness(es) listed by Defendants
8. Exhibits:
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):  
See APA Submissions; Deposition of Dr. Paul Rush dated 3/23/21; Deposition of Dr. Gregory Palutis dated 5/7/21
10. Name, address, and specialty, if any, of the treating physician: Dr. John Smid, Dr. Paul Rush, OrthoCarolina
11. Impairment rating(s); body part(s); physician and date of opinion: premature
12. I am amending my Form 50/51 in the following manner:

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.  
☐ b. Mediation is required pursuant to Reg. 67-1802.  
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.  
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov).

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SEE ATTACHED CERTIFICATE OF SERVICE

Address  on the  day of 20, by:

☐ first class postage ☐ certified mail ☐ personal service ☐ electronic service

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: [Signature]

Email: gtaylor@csa-law.com

Date of hearing: 11/17/2021

Time needed for hearing: 30 minutes

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. \*

WCC Form # 58  
Revised 7/15

**58**

**PRE-HEARING BRIEF**

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION  
COMMISSION

Helen Brown,  
Claimant,

vs.

Walmart - Cheraw,  
Employer,

New Hampshire Insurance Co.,  
Carrier/Defendants.

WCC FILE NO: 1906764

NOTICE OF WITNESSES AND  
WRITTEN MEDICAL REPORTS  
TO BE INTRODUCED AS  
DIRECT EVIDENCE  
ON BEHALF OF  
HELEN BROWN

TO: South Carolina Workers' Compensation Commission and Johnnie W. Baxley, III, Esquire,  
attorney for the Defendant.

YOU ARE HEREBY NOTIFIED THAT THE Employee/Claimant, pursuant to the  
provisions of the SC Workers' Compensation Act and SC Code §1-23-330, (1976, as amended),  
herewith submits the following medical reports as direct evidence on behalf of the Claimant, to wit:

|        | <i>Provider</i>                               | <i>Date of Service</i> | <i>Page Nos.</i> |
|--------|-----------------------------------------------|------------------------|------------------|
| APA 1  | McLeod Health Cheraw                          | 05/30/19-06/20/19      | 1-22             |
| APA 2  | Palmetto Family Medicine                      | 05/31/19-02/05/20      | 23-35            |
| APA 3  | MUSC Florence Medical Center                  | 06/12/19               | 36-43            |
| APA 4  | Dr. Paul Rush                                 | 07/25/19-11/16/20      | 44-82            |
|        | Dr. John Smith                                |                        |                  |
|        | OrthoCarolina                                 |                        |                  |
| APA 5  | Dr. Eduardo Donato, Jr.                       | 12/26/19               | 83-87            |
|        | MUSC Health                                   |                        |                  |
| APA 6  | Dr. Gregory R. Palutsis                       | 01/16/20-01/24/20      | 88-90            |
|        | MUSC Health                                   |                        |                  |
| APA 7  | Florence MRI & Imaging                        | 08/26/20               | 91-92            |
| APA 8  | Dr. David Stickler                            | 10/01/20               | 93               |
| APA 9  | Dr. Carl David Geier                          | 12/21/20-01/06/21      | 94-113           |
| APA 10 | Deposition transcript of Dr. Paul Rush        | 03/23/21               | 114-148          |
| APA 11 | Deposition transcript of Dr. Gregory Palutsis | 05/07/21               | 149-177          |

YOU ARE FURTHER NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purpose of cross-examination.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the claimant, Helen Brown (via deposition only), any other representative on behalf of the claimant, and any other witnesses noticed or called by the Defendants.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the employee-claimant.



---

George A. Taylor, Esquire  
Chappell, Smith & Arden, P.A.  
Post Office Box 12330  
Columbia, South Carolina 29211  
(803) 929-3600  
Attorney for Employee/Claimant

Dated: November 2, 2021

McLeod Health Cheraw

711 Chesterfield Hwy

Cheraw SC 29520

Phone: 843-537-7881

Soarian® Chart Report - Physician Notes

|                         |                         |             |            |
|-------------------------|-------------------------|-------------|------------|
| Name:                   | HELEN BROWN             | MRN:        | 489932     |
| DOB:                    | [REDACTED]              | Patient ID: | 2001603675 |
| Age/Sex:                | 79Y/F                   | MPI:        | 489932     |
| Arrival Date/Time:      | 05/30/2019 20:16        |             |            |
| Provider:               | Timothy S Holdredge, MD |             |            |
| Primary Care Physician: | Alison C Huggins        |             |            |
| PCP Phone Number:       | 843 9214851             |             |            |

Provider Note

Collected On: 05/30/2019 20:52

Arrival Information

Arrival Information

Provider Statement Reviewed and Agreed with Available Nursing Documentation, Seen by Physician Provider  
Time Seen Detail 5/30/2019 20:52; Historian Self, Arrived from Home, Treatment Prior to Arrival None.

Collected On: 05/30/2019 20:52

HPI

History of Present Illness

Chief Complaint Patient Stated Complaint KNEE INJURY, Narrative of Presenting Problem Approximately 2 hours ago patient was at work she slipped and she does not exert certainly what she slipped on however falling to the floor did not strike her head no loss of consciousness no injury except to her left knee. Onset 2 Hours ago, Duration 2 Hours, Timing Sudden, Occurred at Home, Context Fall From Same Level, Loss of Consciousness No, Cause Slip; Current Pain 7, Pain at Worst 7; RLE Knee; Quality Burning, Exacerbated by Worse with Movement, Relieved by Nothing, Moderate, Associated Symptom None.

Collected On: 05/30/2019 20:52

Past History

Allergy Allergy List Reviewed Yes,

- Not Assessed

: Home Medication List Home Medication List Reviewed Yes.

Medical and Surgical History

Medical Hypertension; Surgical Left knee.

Pt Name: HELEN BROWN

MRN: 489932

Patient ID: 2001603675

Chart Report - Physician Notes Page 1 of 5

continued from previous page

Social History

Smoking Status Never Smoker; Alcohol Use Denies; Illicit Drug Use Denies.

Family History

Father Not Known, Mother Not Known.

---

Collected On: 05/30/2019 20:52

ROS

Constitutional

Denies Any Symptom.

Eye

Denies Any Symptom.

Ear Nose Throat

Denies Any Symptom.

Cardiovascular

Denies Any Symptom.

Respiratory

Denies Any Symptom.

GI

Denies Any Symptom.

Genitourinary

Denies Any Symptom.

Neurologic

Denies Any Symptom.

Skin

Denies Any Symptom.

Hematologic and Lymphatic

Denies Any Symptom.

Allergic and Immunologic

Denies Any Symptom.

Endocrine

Denies Any Symptom.

Psychiatric

Denies Any Symptom.

---

Collected On: 05/30/2019 20:52

Physical Examination

Constitutional

Alert, NAD, Well Nourished.

Head and Face

NCAT.

Eye

Extraocular Movement Intact, Pupils Equally Round Reactive to Light.

---

Pt Name: HELEN BROWN

MRN: 489932

Patient ID: 2001603675

Chart Report - Physician Notes Page 2 of 5

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Printed On: 02-Jun-19 02:31

continued from previous page

## ENT

Mucous Membranes Moist, Oropharynx Clear.

## Cardiovascular

No Peripheral Edema; Normal S1, S2, Pulses Normal, Regular Rate and Rhythm.

## Respiratory

CTAB, Normal Rate and Effort.

## Gastrointestinal

Abdomen Soft, Bowel Sounds Present, Not Tender.

## Musculoskeletal

No Injury or Deformity.

## Neurologic

No Focal Deficits.

## Skin

Dry, No Rash.

## Lymph

No Lymphadenopathy.

## Psychiatric

Appropriate Affect, Cooperative.

Collected On: 05/30/2019 20:52

## Radiology Reports and Cardiology Results

## Radiology Reports

All Radiology Reports Last 24 Hours

## Diagnostics

05/30/2019 21:55

• Forearm 2 View - Left: 9299713ORDER DR: TIMOTHY S HOLDREDGE M.D. ATTEND DR: TIMOTHY S HOLDREDGE M.D. TRANSCRIBED D/T: May 30 2019 10:18PM PROCEDURE: FOREARM-LT/2 VIEW / ORD #: 90003 Accession#: 9299713 CPT: 73090 ORDERED FOR: May 30 2019 9:37PM COMPLETED: May 30 2019 9:55PM INDICATIONS/COMMENTS: Trauma RESULT: COMPARISON: Contemporaneous left humerus FINDINGS: Two views of the left forearm show no acute bony, joint space or soft tissue abnormality. Osteopenia is noted. IMPRESSION: No acute bony abnormality seen. \ READING DR: SAMUEL C HILL M.D. READING DATE: May 30 2019 10:18PM \*\*\*Final Result\*\*\* ELECTRONICALLY SIGNED BY: SAMUEL C HILL M.D. On: May 30 2019 10:19PM

• Humerus 2 View Minimum - Left: 9299712ORDER DR: TIMOTHY S HOLDREDGE M.D. ATTEND DR: TIMOTHY S HOLDREDGE M.D. TRANSCRIBED D/T: May 30 2019 10:17PM PROCEDURE: HUMERUS-LT/2 VIEW MINIMUM / ORD #: 90002 Accession#: 9299712 CPT: 73060 ORDERED FOR: May 30 2019 9:37PM COMPLETED: May 30 2019 9:55PM INDICATIONS/COMMENTS: Trauma RESULT: COMPARISON: Contemporaneous left forearm FINDINGS: Two views of the left humerus show no acute bony, joint space or soft tissue abnormality. Osteopenia is noted as are mild shoulder osteoarthritic changes. IMPRESSION: No acute bony abnormality seen. \ READING DR: SAMUEL C HILL M.D. READING DATE: May 30 2019 10:17PM \*\*\*Final Result\*\*\* ELECTRONICALLY SIGNED BY: SAMUEL C HILL M.D. On: May 30 2019 10:18PM

Pt Name: HELEN BROWN

MRN: 489932

Patient ID: 2001603675

Chart Report - Physician Notes Page 3 of 5

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continued from previous page

CT

05/30/2019 21:35

• CT Extremity Lower Without Contrast-Left: 9299695 ORDER DR: TIMOTHY S HOLDREDGE M.D. ATTEND DR: TIMOTHY S HOLDREDGE M.D. TRANSCRIBED D/T: May 30 2019 10:11PM PROCEDURE: CT EXTREMITY/LOWER-LT WO CON / ORD #: 90001 Accession#: 9299695 CPT: 73700 ORDERED FOR: May 30 2019 9:06PM COMPLETED: May 30 2019 9:35PM INDICATIONS/COMMENTS: Other (Specify)-Unknown surgical repair to the left knee in the distant past. S RESULT: HISTORY: Unknown prior surgical repair to the left knee, knee pain after recent fall COMPARISON: 10/26/2012 TECHNIQUE: Multiple contiguous axial CT images of the left knee without intravenous contrast were obtained. Coronal and sagittal reconstructions were also performed. FINDINGS: No evidence of acute osseous fracture or injury to the left knee. No significant joint effusion. There is advanced degenerative joint disease with medial greater than lateral compartment joint space narrowing and osteophyte formation. Patellofemoral osteophytes are noted as well. No visible evidence of osseous hardware or anchor material to suggest previous ligamentous repair. The menisci are poorly visualized with some evidence of chondrocalcinosis at the lateral and medial joint margins. Dystrophic mineralization at the medial soft tissues. Scattered vascular calcifications. IMPRESSION: No evidence of acute osseous fracture or definite injury to the left knee. Progression of now moderate-severe 3 compartment osteoarthritis. No visible surgical hardware or anchors are present to denote the nature of the reported previous surgery. The menisci are poorly visualized, possibly the prior procedure was meniscectomy. No evidence of joint effusion. All CT scans at this facility use dose modulation, iterative reconstruction, and/or weight based dosing when appropriate to reduce radiation dose to as low as reasonably achievable. \ READING DR: ROBERT H HAZELRIGG M.D. READING DATE: May 30 2019 10:11PM \*\*\*Final Result\*\*\* ELECTRONICALLY SIGNED BY: ROBERT H HAZELRIGG M.D. On: May 30 2019 10:18PM

=====

Collected On: 05/30/2019 20:52

**MDM and Diagnosis**

Medical Decision Making

5/30/2019 22:27.

Final Diagnostic Impression

Contusion; Additional Final Diagnosis Detail Contusion left arm and left knee.

Diagnosis and Management Option

New Problem (to Examining Provider), No Additional Workup.

Collected On: 05/30/2019 20:52

**Disposition**

Discharge Decision Time 5/30/2019 22:27, Condition Stable, Location Home, Has the summary of care document been provided to the patient, family member and or care provider Yes, Is the patient being transferred or referred to another care venue or care provider Yes, The patient-specific education provided was suggested by certified electronic health record technology Yes, The patient was made aware of education available electronically Yes.

Pt Name: HELEN BROWN

MRN: 489932

Patient ID: 2001603675

Chart Report - Physician Notes Page 4 of 5

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Collected On: 05/30/2019 20:52

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Electronically signed by Timothy S Holdredge, MD on 05/30/2019 22:27

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Pt Name: HELEN BROWN

MRN: 489932

Patient ID: 2001603675

Chart Report - Physician Notes Page 5 of 5

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McLeod Health Cheraw

711 Chesterfield Hwy

Cheraw SC 29520

Phone: 843-537-7881

Soarian® Chart Report - Results

|                         |                         |             |            |
|-------------------------|-------------------------|-------------|------------|
| Name:                   | HELEN BROWN             | MRN:        | 489932     |
| DOB:                    | 5/1/1951                | Patient ID: | 2001603675 |
| Age/Sex:                | 79Y/F                   | MPI:        | 489932     |
| Arrival Date/Time:      | 05/30/2019 20:16        |             |            |
| Provider:               | Timothy S Holdredge, MD |             |            |
| Primary Care Physician: | Alison C Huggins        |             |            |
| PCP Phone Number:       | 843 9214851             |             |            |

Text Results

All Results: Diagnostics

Forearm 2 View - Left

Result Date: 05/30/2019 21:55

Result Value: 9299713ORDER DR: TIMOTHY S HOLDREDGE M.D.  
ATTEND DR: TIMOTHY S HOLDREDGE M.D.  
TRANSCRIBED D/T: May 30 2019 10:18PM  
PROCEDURE: FOREARM-LI/2 VIEW / ORD #: 90003 Accession#: 9299713  
CPT: 73090  
ORDERED FOR: May 30 2019 9:37PM COMPLETED: May 30 2019 9:55PM  
INDICATIONS/COMMENTS: Trauma

RESULT: COMPARISON: Contemporaneous left humerus

FINDINGS: Two views of the left forearm show no acute bony, joint space or soft tissue abnormality. Osteopenia is noted.

IMPRESSION: No acute bony abnormality seen.

READING DR: SAMUEL T HILL M.D.  
READING DATE: May 30 2019 10:18PM

\*\*\*Final Result\*\*\*  
ELECTRONICALLY SIGNED BY:

Name: HELEN BROWN MRN: 489932 Patient ID: 2001603675

Chart Report - Results Page 1 of 4

Text Results

All Results: Diagnostics

Forearm 2 View - Left

Result Date: 05/30/2019 21:55

Result continued from previous page

SAMUEL C HILL M.D.  
On: May 30 2019 10:19PM

=====

All Results: Diagnostics

Humerus 2 View Minimum - Left

Result Date: 05/30/2019 21:55

Result Value: 929S712ORDER DR: TIMOTHY S HOLDREDGE M.D.  
ATTEND DR: TIMOTHY S HOLDREDGE M.D.  
TRANSCRIBED D/T: May 30 2019 10:17PM  
PROCEDURE: HUMERUS-LT/2 VIEW MINIMUM / ORD #: 90002 Accession#: 9299712 CPT: 73060  
ORDERED FOR: May 30 2019 9:37PM COMPLETED: May 30 2019 9:55PM  
INDICATIONS/COMMENTS: Trauma

RESULT: COMPARISON: Contemporaneous left forearm

FINDINGS: Two views of the left humerus show no acute bony, joint space or soft tissue abnormality. Osteopenia is noted as are mild shoulder osteoarthritic changes.

IMPRESSION: No acute bony abnormality seen.

READING DR: SAMUEL C HILL M.D.  
READING DATE: May 30 2019 10:17PM

\*\*\*Final Result\*\*\*  
ELECTRONICALLY SIGNED BY:  
SAMUEL C HILL M.D.  
On: May 30 2019 10:19PM

=====

Name: HELEN BROWN

MRN: 489932

Patient ID: 2001603675

Chart Report - Results Page 2 of 4

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## Text Results

All Results: CT

CT Extremity Lower Without Contrast-Left

Result Date: 05/30/2019 21:35

Result Value: 9299695 ORDER DR: TIMOTHY S HOLDREDGE M.D.  
 ATTEND DR: TIMOTHY S HOLDREDGE M.D.  
 TRANSCRIBED D/T: May 30 2019 10:11PM  
 PROCEDURE: CT EXTREMITY/LOWER-LT WO CON / ORD #: 90001 Accession#: 9299695 CPT: 73700  
 ORDERED FOR: May 30 2019 9:06PM COMPLETED: May 30 2019 9:35PM  
 INDICATIONS/COMMENTS: Other (Specify)-Unknown surgical repair to the left knee in the distant past. S

RESULT: HISTORY: Unknown prior surgical repair to the left knee, knee pain after recent fall

COMPARISON: 10/26/2012

TECHNIQUE: Multiple contiguous axial CT images of the left knee without intravenous contrast were obtained. Coronal and sagittal reconstructions were also performed.

FINDINGS: No evidence of acute osseous fracture or injury to the left knee. No significant joint effusion. There is advanced degenerative joint disease with medial greater than lateral compartment joint space narrowing and osteophyte formation. Patellofemoral osteophytes are noted as well. No visible evidence of osseous hardware or anchor material to suggest previous ligamentous repair. The menisci are poorly visualized with some evidence of chondrocalcinosis at the lateral and medial joint margins. Dystrophic mineralization at the medial soft tissues. Scattered vascular calcifications.

IMPRESSION: No evidence of acute osseous fracture or definite injury to the left knee.

Progression of now moderate-severe 3 compartment osteoarthritis.

No visible surgical hardware or anchors are present to denote the nature of the reported previous surgery. The menisci are poorly visualized, possibly the prior procedure was meniscectomy. No evidence of joint effusion.

All CT scans at this facility use dose modulation, iterative reconstruction, and/or weight based dosing when appropriate to reduce

Name: HELEN BROWN

MRN: 489932

Patient ID: 2001603675

Chart Report - Results Page 3 of 4

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Text Results

All Results: CT  
CT Extremity Lower Without Contrast-Left  
Result Date: 05/30/2019 21:35

Result continued from previous page  
radiation dose to as low as reasonably achievable.

READING DR: ROBERT H HAZELRIGG M.D.  
READING DATE: May 30 2019 10:11PM

\*\*\*Final Result\*\*\*  
ELECTRONICALLY SIGNED BY:  
ROBERT H HAZELRIGG M.D.  
On: May 30 2019 10:13PM

=====

Name: HELEN BROWN

MRN: 489932

Patient ID: 2001603675

Chart Report - Results Page 4 of 4

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Printed On: 02-Jun-19 02:31

McLeod Health Cheraw

711 Chesterfield Hwy

Cheraw SC 29520

Phone: 843-537-7881

Discharge Medication List

|                         |                         |             |            |
|-------------------------|-------------------------|-------------|------------|
| Name:                   | HELEN BROWN             | MRN:        | 489932     |
| DOB:                    | [REDACTED]              | Patient ID: | 2001603675 |
| Age/Sex:                | 79Y/F                   | MPI:        | 489932     |
| Arrival Date/Time:      | 05/30/2019 20:16        |             |            |
| Provider:               | Timothy S Holdredge, MD |             |            |
| Primary Care Physician: | Allison C Huggins       |             |            |
| PCP Phone Number:       | 843 9214851             |             |            |

Your Discharge Medications

Take These Medications

cyclobenzaprine 10 mg Tablet

Directions: 1 tablet oral three times a day as needed for pain

Printed for:

Name: HELEN BROWN

MRN: 489932

Patient ID: 2001603675

Discharge Medication List Page 1 of 2

Medications Given to You in the ED

Medication: CYCLOBENZAPRINE 10 MG = 1 TAB Oral ONE TIME for 1 Doses

You were given: 10 MG on 5/30/2019 at 10:44 pm.

Name: HELEN BROWN

MRN: 499932

Patient ID: 2001603675

Discharge Medication List Page 2 of 2

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Printed On: 02-Jun-19 02:31



# McLEOD Health Cheraw

711 CHESTERFIELD HWY, CHERAW, SC 29520  
PHONE (843) 320-3326

PATIENT NAME: BROWN, HELEN  
PT ACCOUNT#: 002001604327  
ACCESSION#: 9300932

DISCHARGE DATE:  
MR/RAD#: 489932  
CID#: 489932

DOB: [REDACTED] AGE: 79Y  
PHONE: [REDACTED]  
ADDRESS: [REDACTED]

SEX: F RACE: B  
PT CLASS: O FIN CLASS: M  
PT TYPE: R PT NS/ROOM: -  
DATE OF SERVICE: May 31 2019 12:56PM

ORDER DR: ALISON HUGGINS FNP  
ATTEND DR: ALISON HUGGINS FNP  
COPY TO:  
DIAGNOSIS: M79.662

ORDER DR: ALISON HUGGINS FNP  
ATTEND DR: ALISON HUGGINS FNP  
TRANSCRIBED D/T: May 31 2019 1:45PM  
PROCEDURE: TIBIA/FIBULA-LT/2 VIEW / ORD #: 90004 Accession#: 9300932 CPT: 73590  
ORDERED FOR: May 31 2019 12:56PM COMPLETED: May 31 2019 12:56PM  
INDICATIONS/COMMENTS: Pain

RESULT: INDICATION: History of fall yesterday and left lower leg pain

COMPARISON: None

FINDINGS:  
No fracture or malalignment. No soft tissue swelling. Vascular calcifications.

IMPRESSION:  
No fracture

READING DR: ANDREW SMITH MD  
READING DATE: May 31 2019 1:45PM

\*\*\*Final Result\*\*\*  
ELECTRONICALLY SIGNED BY:  
ANDREW SMITH MD  
On: May 31 2019 1:46PM

Printed: June 24, 2019 (9:46AM)

Page 1

CAROLINA RADIOLOGY ASSOCIATES

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# McLEOD Health Cheraw

711 CHESTERFIELD HWY, CHERAW, SC 29520  
PHONE (843) 320-3326

PATIENT NAME: BROWN, HELEN  
PT ACCOUNT#: 002001603675  
ACCESSION#: 9299713

DISCHARGE DATE: 05/30/2019  
MR/RAD#: 489932  
CID#: 489932

DOB: [REDACTED] AGE: 79Y  
PHONE: [REDACTED]  
ADDRESS: [REDACTED]

SEX: F RACE: B  
PT CLASS: E FIN CLASS: M  
PT TYPE: E PT NS/ROOM: EEXC-CE1401  
DATE OF SERVICE: May 30 2019 9:37PM

ORDER DR: TIMOTHY S HOLDREDGE M.D.  
ATTEND DR: TIMOTHY S HOLDREDGE M.D.  
COPY TO:  
DIAGNOSIS: KNEE INJURY

ORDER DR: TIMOTHY S HOLDREDGE M.D.  
ATTEND DR: TIMOTHY S HOLDREDGE M.D.  
TRANSCRIBED D/T: May 30 2019 10:18PM  
PROCEDURE: FOREARM-LT/2 VIEW / ORD #: 90003 Accession#: 9299713 CPT: 73090  
ORDERED FOR: May 30 2019 9:37PM COMPLETED: May 30 2019 9:55PM  
INDICATIONS/COMMENTS: Trauma

RESULT: COMPARISON: Contemporaneous left humerus

FINDINGS: Two views of the left forearm show no acute bony, joint space or soft tissue abnormality. Osteopenia is noted.

IMPRESSION: No acute bony abnormality seen.

READING DR: SAMUEL C HILL M.D.  
READING DATE: May 30 2019 10:18PM

\*\*\*Final Result\*\*\*  
ELECTRONICALLY SIGNED BY:  
SAMUEL C HILL M.D.  
On: May 30 2019 10:19PM

Printed: June 24, 2019 (9:49AM)

Page 1

CAROLINA RADIOLOGY ASSOCIATES

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# McLEOD Health Cheraw

711 CHESTERFIELD HWY, CHERAW, SC 29520  
PHONE (843) 320-3326

PATIENT NAME: BROWN, HELEN  
PT ACCOUNT#: 002001603675  
ACCESSION#: 9299712

DISCHARGE DATE: 05/30/2019  
MR/RAD#: 489932  
CID#: 489932

DOB: [REDACTED] AGE: 79Y  
PHONE: [REDACTED]  
ADDRESS: [REDACTED]

SEX: F RACE: B  
PT CLASS: E FIN CLASS: M  
PT TYPE: E PT NS/ROOM: EEXC-CE1401  
DATE OF SERVICE: May 30 2019 9:37PM

ORDER DR: TIMOTHY S HOLDREDGE M.D.  
ATTEND DR: TIMOTHY S HOLDREDGE M.D.  
COPY TO:  
DIAGNOSIS: KNEE INJURY

ORDER DR: TIMOTHY S HOLDREDGE M.D.  
ATTEND DR: TIMOTHY S HOLDREDGE M.D.  
TRANSCRIBED D/T: May 30 2019 10:17PM  
PROCEDURE: HUMERUS-LT/2 VIEW MINIMUM / ORD #: 90002 Accession#: 9299712 CPT: 73060  
ORDERED FOR: May 30 2019 9:37PM COMPLETED: May 30 2019 9:55PM  
INDICATIONS/COMMENTS: Trauma

RESULT: COMPARISON: Contemporaneous left forearm

FINDINGS: Two views of the left humerus show no acute bony, joint space or soft tissue abnormality. Osteopenia is noted as are mild shoulder osteoarthritic changes.

IMPRESSION: No acute bony abnormality seen.

READING DR: SAMUEL C HILL M.D.  
READING DATE: May 30 2019 10:17PM

\*\*\*Final Result\*\*\*  
ELECTRONICALLY SIGNED BY:  
SAMUEL C HILL M.D.  
On: May 30 2019 10:18PM

Printed: June 24, 2019 (9:49AM)

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# McLEOD Health Cheraw

711 CHESTERFIELD HWY, CHERAW, SC 29520  
PHONE (843) 320-3326

PATIENT NAME: BROWN, HELEN  
PT ACCOUNT#: 002001622295  
ACCESSION#: 9333327

DISCHARGE DATE:  
MR/RAD#: 489932  
CID#: 489932

DOB: [REDACTED] AGE: 79Y  
PHONE: [REDACTED]  
ADDRESS: [REDACTED]

SEX: F RACE: B  
PT CLASS: O FIN CLASS: M  
PT TYPE: R PT NS/ROOM: -  
DATE OF SERVICE: Jun 20 2019 11:17AM

ORDER DR: ALISON HUGGINS FNP  
ATTEND DR: ALISON HUGGINS FNP  
COPY TO:  
DIAGNOSIS: M25.562

ORDER DR: ALISON HUGGINS FNP  
ATTEND DR: ALISON HUGGINS FNP  
TRANSCRIBED D/T: Jun 20 2019 1:59PM  
PROCEDURE: MRI:LOWER EXT JOINT WO CON-LT / ORD #: 90005 Accession#: 9333327 CPT: 73721  
ORDERED FOR: Jun 20 2019 11:17AM COMPLETED: Jun 20 2019 11:48AM  
INDICATIONS/COMMENTS: (L) KNEE PAIN (M25.562)

RESULT: 9333327

6/20/2019 11:48 AM  
MRI:LOWER EXT JOINT WO CON-LT

ORDERING CLINICAL INFORMATION: (L) KNEE PAIN (M25.562)  
ADDITIONAL CLINICAL INFORMATION: Fall. Trauma. Anterior left knee pain with swelling.

COMPARISON: None

PROCEDURE: Multiphasic multiplanar MR of the right knee was obtained submitted for evaluation without intravenous contrast.

## FINDINGS:

Anterior Cruciate Ligament: Intact.  
Posterior Cruciate Ligament: Intact.  
Medial Collateral Ligament: Intact.  
Lateral Collateral Ligament: Intact.  
Popliteus Tendon: Intact.  
Distal Quadriceps Tendon: Intact.  
Patellar Tendon: Intact.  
Medial and Lateral Patellar Retinacula: Intact.  
Medial Meniscus: No tear.  
Lateral Meniscus: No tear.  
Medial Compartment Articular Cartilage: Preserved.  
Lateral Compartment Articular Cartilage: Chondral loss noted overlying the anterior aspect of the lateral femoral condyle (series 5 image 17).  
Patellofemoral Articular Cartilage: Preserved.  
Bones: Mild reactive edema and subchondral cysts underlying cartilage loss lateral femoral condyle  
Fluid: No joint effusion. Small neck of a Baker cyst.

Printed: June 24, 2019 (9:48AM)

CAROLINA RADIOLOGY ASSOCIATES

Page 1

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# McLEOD Health Cheraw

711 CHESTERFIELD HWY, CHERAW, SC 29520  
PHONE (843) 320-3326

PATIENT NAME: BROWN, HELEN  
PT ACCOUNT#: 002001622295  
ACCESSION#: 9333327

DISCHARGE DATE:  
MR/RAD#: 489932  
CID#: 489932

## IMPRESSION:

1. Chondromalacia involving the anterior aspect of the lateral femoral condyle with adjacent underlying subchondral cysts and reactive edema.

2. Small neck of a Baker cyst.

END REPORT

READING DR: JASON LEE HOWARD M.D.  
READING DATE: Jun 20 2019 1:59PM

\*\*\*Final Result\*\*\*

ELECTRONICALLY SIGNED BY:  
JASON LEE HOWARD M.D.  
On: Jun 20 2019 2:11PM

Printed: June 24, 2019 (9:48AM)

Page 2

## CAROLINA RADIOLOGY ASSOCIATES

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# McLEOD Health Cheraw

711 CHESTERFIELD HWY, CHERAW, SC 29520  
PHONE (843) 320-3326

PATIENT NAME: BROWN, HELEN  
PT ACCOUNT#: 002001603675  
ACCESSION#: 9299695

DISCHARGE DATE: 05/30/2019  
MR/RAD#: 489932  
CID#: 489932

DOB: [REDACTED] AGE: 79Y  
PHONE: [REDACTED]  
ADDRESS: [REDACTED]

SEX: F RACE: B  
PT CLASS: E FIN CLASS: M  
PT TYPE: E PT NS/ROOM: EEXC-CE1401  
DATE OF SERVICE: May 30 2019 9:20PM

ORDER DR: TIMOTHY S HOLDREDGE M.D.  
ATTEND DR: TIMOTHY S HOLDREDGE M.D.  
COPY TO:  
DIAGNOSIS: KNEE INJURY

ORDER DR: TIMOTHY S HOLDREDGE M.D.  
ATTEND DR: TIMOTHY S HOLDREDGE M.D.  
TRANSCRIBED D/T: May 30 2019 10:11PM  
PROCEDURE: CT EXTREMITY/LOWER-LT WO CON / ORD #: 90001 Accession#: 9299695 CPT: 73700  
ORDERED FOR: May 30 2019 9:06PM COMPLETED: May 30 2019 9:35PM  
INDICATIONS/COMMENTS: Other (Specify)-Unknown surgical repair to the left knee in the distant past. S

RESULT: HISTORY: Unknown prior surgical repair to the left knee, knee pain after recent fall

COMPARISON: 10/26/2012

TECHNIQUE: Multiple contiguous axial CT images of the left knee without intravenous contrast were obtained. Coronal and sagittal reconstructions were also performed.

FINDINGS: No evidence of acute osseous fracture or injury to the left knee. No significant joint effusion. There is advanced degenerative joint disease with medial greater than lateral compartment joint space narrowing and osteophyte formation. Patellofemoral osteophytes are noted as well. No visible evidence of osseous hardware or anchor material to suggest previous ligamentous repair. The menisci are poorly visualized with some evidence of chondrocalcinosis at the lateral and medial joint margins. Dystrophic mineralization at the medial soft tissues. Scattered vascular calcifications.

IMPRESSION: No evidence of acute osseous fracture or definite injury to the left knee.

Progression of now moderate-severe 3 compartment osteoarthritis.

No visible surgical hardware or anchors are present to denote the nature of the reported previous surgery. The menisci are poorly visualized, possibly the prior procedure was meniscectomy. No evidence of joint effusion.

All CT scans at this facility use dose modulation, iterative reconstruction, and/or weight based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

1

READING DR: ROBERT H HAZELRIGG M.D.  
READING DATE: May 30 2019 10:11PM

Printed: June 24, 2019 (9:50AM)

CAROLINA RADIOLOGY ASSOCIATES

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# McLEOD Health Cheraw

711 CHESTERFIELD HWY, CHERAW, SC 29520  
PHONE (843) 320-3326

PATIENT NAME: BROWN, HELEN  
PT ACCOUNT#: 002001603675  
ACCESSION#: 9299695

DISCHARGE DATE: 05/30/2019  
MR/RAD#: 489932  
CID#: 489932

\*\*\*Final Result\*\*\*

ELECTRONICALLY SIGNED BY:  
ROBERT H HAZELRIGG M.D.  
On: May 30 2019 10:18PM

Printed: June 24, 2019 (9:50AM)

CAROLINA RADIOLOGY ASSOCIATES

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McLEOD Health Cheraw  
711 CHESTERFIELD HWY, CHERAW, SC 29520  
PHONE (843) 320-3326

PATIENT NAME: BROWN, HELEN  
PT ACCOUNT#: 002001604327  
ACCESSION#: 9300932

DISCHARGE DATE:  
MR/RAD#: 489932  
CID#: 489932

DOB: [REDACTED] AGE: 79Y  
PHONE: [REDACTED]  
ADDRESS: [REDACTED]

SEX: F RACE: B  
PT CLASS: O FIN CLASS: M  
PT TYPE: R PT NS/ROOM: -

DATE OF SERVICE: May 31 2019 12:56PM

ORDER DR: ALISON HUGGINS FNP  
ATTEND DR: ALISON HUGGINS FNP  
COPY TO:  
DIAGNOSIS:

M79.662

ORDER DR: ALISON HUGGINS FNP  
ATTEND DR: ALISON HUGGINS FNP  
TRANSCRIBED D/T: May 31 2019 1:45PM  
PROCEDURE: TIBIA/FIBULA-LT/2 VIEW / ORD #: 90004 Accession#: 9300932  
CPT: 73590  
ORDERED FOR: May 31 2019 12:56PM COMPLETED: May 31 2019 12:56PM  
INDICATIONS/COMMENTS: Pain

RESULT: INDICATION: History of fall yesterday and left lower leg pain

COMPARISON: None

FINDINGS:  
No fracture or malalignment. No soft tissue swelling. Vascular  
calcifications.

IMPRESSION:  
No fracture

READING DR: ANDREW SMITH MD  
READING DATE: May 31 2019 1:45PM

\*\*\*Final Result\*\*\*

Printed: May 31, 2019 (1:45PM)

Page 1

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McLEOD Health Cheraw  
711 CHESTERFIELD HWY, CHERAW, SC 29520  
PHONE (843) 320-3326

PATIENT NAME: BROWN, HELEN  
PT ACCOUNT#: 002001604327  
ACCESSION#: 9300932

DISCHARGE DATE:  
MR/RAD#: 489932  
CID#: 489932

ELECTRONICALLY SIGNED BY:  
ANDREW SMITH MD  
On: May 31 2019 1:46PM

Printed: May 31, 2019 (1:49PM)

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McLEOD Health Cheraw  
711 CHESTERFIELD HWY, CHERAW, SC 29520  
PHONE (843) 320-3326

PATIENT NAME: BROWN, HELEN  
PT ACCOUNT#: C02001622295  
ACCESSION#: 9333327

DISCHARGE DATE:  
MR/RAD#: 489932  
CID#: 489932

DOB: [REDACTED] AGE: 79Y  
PHONE: [REDACTED]  
ADDRESS: [REDACTED]

SEX: F RACE: B  
PT CLASS: O FIN CLASS: M  
PT TYPE: R PT NS/ROOM: -  
DATE OF SERVICE: Jun 20 2019 11:17AM

ORDER DR: ALISON HUGGINS FNP  
ATTEND DR: ALISON HUGGINS FNP  
COPY TO:  
DIAGNOSIS:

M25.562

ORDER DR: ALISON HUGGINS FNP  
ATTEND DR: ALISON HUGGINS FNP  
TRANSCRIBED D/T: Jun 20 2019 1:59PM  
PROCEDURE: MRI: LOWER EXT JOINT WO CON-LT / ORD #: 90005 Accession#: 9333327 CPT: 73721  
ORDERED FOR: Jun 20 2019 11:17AM COMPLETED: Jun 20 2019 11:48AM  
INDICATIONS/COMMENTS: (L) KNEE PAIN (M25.562)

RESULT: 9333327

6/20/2019 11:48 AM  
MRI: LOWER EXT JOINT WO CON-LT

ORDERING CLINICAL INFORMATION: (L) KNEE PAIN (M25.562)  
ADDITIONAL CLINICAL INFORMATION: Fall. Trauma. Anterior left knee pain with swelling.

COMPARISON: None

PROCEDURE: Multiphasic multiplanar MR of the right knee was obtained submitted for evaluation without intravenous contrast.

FINDINGS:

Anterior Cruciate Ligament: Intact.  
Posterior Cruciate Ligament: Intact.  
Medial Collateral Ligament: Intact.  
Lateral Collateral Ligament: Intact.  
Popliteus Tendon: Intact.

Printed: June 20, 2019 (2:14PM)

Page 1

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McLEOD Health Cheraw  
711 CHESTERFIELD HWY, CHERAW, SC 29520  
PHONE (843) 320-3326

PATIENT NAME: BROWN, HELEN  
PT ACCOUNT#: 002001622295  
ACCESSION#: 9333327  
Distal Quadriceps Tendon: Intact.  
Patellar Tendon: Intact.  
Medial and Lateral Patellar Retinacula: Intact.  
Medial Meniscus: No tear.  
Lateral Meniscus: No tear.  
Medial Compartment Articular Cartilage: Preserved.  
Lateral Compartment Articular Cartilage: Chondral loss noted overlying  
the anterior aspect of the lateral femoral condyle (series 5 image 17).  
Patellofemoral Articular Cartilage: Preserved.  
Bones: Mild reactive edema and subchondral cysts underlying cartilage  
loss lateral femoral condyle  
Fluid: No joint effusion. Small neck of a Baker cyst.

DISCHARGE DATE:  
MR/RAD#: 489932  
CID#: 489932

IMPRESSION:

1. Chondromalacia involving the anterior aspect of the lateral femoral condyle with adjacent underlying subchondral cysts and reactive edema.
2. Small neck of a Baker cyst.

END REPORT

READING DR: JASON LEE HOWARD M.D.  
READING DATE: Jun 20 2019 1:59PM

\*\*\*Final Result\*\*\*  
ELECTRONICALLY SIGNED BY:  
JASON LEE HOWARD M.D.  
On: Jun 20 2019 2:11PM

Printed: June 20, 2019 (2:14PM)

Page 2

CAROLINA RADIOLOGY ASSOCIATES  
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Brown, Helen

60 Y old F

Appointment Facility: Palmetto Fam Med Chesterfield City Llc

05/31/2019

Progress Notes: Carisa R. Huggins, MSN, APRN, BC

**Current Medications**

None

**Past Medical History**Htn.  
Low potassium.**Surgical History**appendectomy  
rod in right big toe  
left knee surgery  
right rotator cuff  
ganglion cyst right wrist  
back surgery x4**Family History**Father: deceased  
Mother: deceased**Social History**Tobacco Use:  
Tobacco Use/Smoking: Are you a  
nonsmoker.  
Drugs/Alcohol:  
Do you smoke marijuana?: Denies. Do you  
drink alcohol?: No.**Allergies**codiane  
aspirin  
all dyes**Hospitalization/Major****Diagnostic Procedure**

Denies Past Hospitalization

**Review of Systems**Musculoskeletal:Patient complaining of left knee,  
lower leg and arm pain since falling  
yesterday at Wal-Mart at work, she  
was putting the fryer back together  
and slipped on the water or grease  
that was on the floor and fell onto  
the left knee and then hit her arm**Reason for Appointment**

1. WC--pt fell at work last night and hurt her right knee and right arm at cheraw walmart
2. follow up ER mcleods cheraw

**Vital Signs**BP 150/80 mm Hg, Ht 68 in, Wt 167 lbs, BMI 25.39 Index, HR  
65/min, RR 20/min, Oxygen sat % 98 %, Ht-cm 172.72 cm, Wt-kg  
75.75 kg.**Examination**General Examination:GENERAL APPEARANCE: pleasant, well nourished, in no acute  
distress. MUSCULOSKELETAL: left knee: mainly tender over the area  
under the patella in the upper lower leg over the bone, knee exam has  
some pain with Lachman's and McMurray's, neg. anterior and  
posterior drawer tests, neg. for pain with varus and valgus maneuvers,  
neg. patellar compression test - has had meniscus repaired in the past -  
see CT of kneeleft forearm and upper arm with some tenderness but no swelling  
denies any pain in shoulder.**Assessments**

1. Acute pain of left knee - M25.562 (Primary)
2. Left arm pain - M79.602
3. Pain in left lower leg - M79.662

**Treatment**

1. Acute pain of left knee  
Notes: see normal CT except OA.

2. Left arm pain

Notes: see normal x-rays of humerus and forearm  
No lifting, pushing, pulling > 20lb until seen again.

3. Pain in left lower leg

Start Tramadol HCl Tablet, 50 MG, 1-2 tablet as needed, Orally, bid  
prn pain, 30 days, 60, Refills 2IMAGING: X ray: Lower leg, left

Notes: will send for x-ray of this since this is the area that hurts more

Patient: Brown, Helen DOB: [REDACTED] Progress Note: Carisa R. Huggins, MSN, APRN,  
BC 05/31/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

on the floor - went to the ER and they did x-ray of humerus and forearm and knee that was okay without any fractures.

to walk today  
she is wearing a lidocaine patch today in this area  
she states she cannot tolerate flexeril given at ER due to the drowsiness, has taken tramadol in the past and it helped without drowsiness  
No standing > 5 min. restriction for now at work.

**Follow Up**  
2-3 weeks

*Carisa R. Huggins, MSN, APRN*

Electronically signed by ALISON HUGGINS, NP on  
06/04/2019 at 07:20 AM EDT

Sign off status: Completed

Palmetto Fam Med Chesterfield Cty Llc  
316 2ND ST  
CHERAW, SC 295202404  
Tel: 843-921-4851  
Fax: 843-921-4854

Patient: Brown, Helen DOB: [REDACTED] Progress Note: Carisa R. Huggins, MSN, APRN,  
BC 05/31/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



**Brown, Helen**

70 Y old Female

Guarantor: Brown, Helen Insurance: MEDICARE SOUTH  
CAROLINA Payer ID: 00153  
Appointment Facility: Palmetto Fam Med Chesterfield City Llc

06/03/2019

Kinzie Barton, MD

### Current Medications

#### Taking

- Tramadol HCl 50 MG Tablet 1-2 tablet as needed Orally bid prn pain
- Medication List reviewed and reconciled with the patient

### Past Medical History

Htn.  
Low potassium.

### Surgical History

appendectomy  
rod in right big toe  
left knee surgery  
right rotator cuff  
ganglion cyst right wrist  
back surgery x4

### Family History

Father: deceased  
Mother: deceased

### Allergies

codiene  
aspirin  
all dyes

### Hospitalization/Major

### Diagnostic Procedure

No Hospitalization History.

### Reason for Appointment

1. Follow up (fall)-last week
2. C/o left knee/arm/wrist pain
3. Having problems at work b/c pain

### History of Present Illness

#### Constitutional:

79yo female presents for f/u on pain after fall. Knee still significantly painful, now right wrist is, also. All XRays on left neg.

### Vital Signs

BP 138/88 mm Hg, Ht 68 in, Wt 169.6 lbs, BMI 25.78 Index, HR 76 /min, RR 20 /min, Ht-cm 172.72 cm, Wt-kg 76.93 kg.

### Examination

#### General Examination:

GENERAL APPEARANCE: alert, in no acute distress. HEAD: normocephalic, atraumatic. EYES: extraocular movement full and smooth, sclera anicteric. NECK/THYROID: neck supple, trachea midline. SKIN: warm and dry. HEART: normal rate. LUNGS: nonlabored. ABDOMEN: nondistended. MUSCULOSKELETAL: Left knee exam very limited d/t diffuse pain. EXTREMITIES: no clubbing, cyanosis, or edema. NEUROLOGIC: alert and oriented. PSYCH: cognitive function intact, cooperative with exam.

### Assessments

1. Left medial knee pain - M25.562 (Primary)
2. Fall, subsequent encounter - W19.XXXD
3. Unspecified sprain of right wrist, initial encounter - S63.501A

### Treatment

#### 1. Left medial knee pain

Start Diclofenac Sodium Tablet Delayed Release, 75 MG, 1 tablet with food or milk, Orally, Twice a day, 14 days, 28 Tablet, Refills 1  
Notes: XRay showed arthritis, Could have meniscal tear. Tramadol makes sleepy and pain is uncontrolled, Toradol today and 2 wks of Diclofenac.

#### 2. Fall, subsequent encounter

Notes: Fall prevention at f/u visit.

**Follow Up**  
**2 Weeks**

**12**

Electronically signed by KINZIE BARTON, MD on  
06/03/2019 at 05:49 PM EDT

Sign off status: Completed

---

Palmetto Fam Med Chesterfld Cty Llc  
316 2ND ST  
CHERAW, SC 295202404  
Tel: 843-921-4851  
Fax: 843-921-4854

---

Patient: Brown, Helen DOB: [REDACTED] Progress Note: Kinzie Barton, MD 06/03/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Brown, Helen

79 Y old Fem

Appointment Facility: Palmetto Fam Med Chesterfield City LLC

06/10/2019

Kinzie Barton, MD

**Current Medications****Not-Taking**

- Tramadol HCl 50 MG Tablet 1-2 tablet as needed Orally bid pm pain
- Diclofenac Sodium 75 MG Tablet Delayed Release 1 tablet with food or milk Orally Twice a day
- Medication List reviewed and reconciled with the patient

**Past Medical History**

Htn.  
Low potassium.

**Surgical History**

appendectomy  
rod in right big toe  
left knee surgery  
right rotator cuff  
ganglion cyst right wrist  
back surgery x4

**Family History**

Father: deceased  
Mother: deceased

**Allergies**

codiene  
aspirin  
all dyes

**Hospitalization/Major  
Diagnostic Procedure**

No Hospitalization History.

**Reason for Appointment**

1. Follow up- knee pain (left)
2. Pt unable to take meds prescribed due to side effects

**History of Present Illness****Constitutional:**

79yo female presents for f/u on pain after fall. Knee still significantly painful. Unable to stand very long. All XRays on left neg. Unable to tolerate Diclofenac d/t N/V. Using Tylenol and Tramadol along with Lidocaine patch.

**Vital Signs**

BP 128/76 mm Hg, Ht 68 in, Wt 166 lbs, BMI 25.24 Index, HR 67 /min, RR 20 /min, Oxygen sat % 98 %, Ht-cm 172.72 cm, Wt-kg 75.3 kg.

**Examination****General Examination:**

GENERAL APPEARANCE: alert, in no acute distress. HEAD: normocephalic, atraumatic. EYES: extraocular movement full and smooth, sclera anicteric. NECK/THYROID: neck supple, trachea midline. SKIN: warm and dry. HEART: regular rate and rhythm, no murmurs, rubs, gallops. LUNGS: clear to auscultation bilaterally, no wheezes, rales, rhonchi. ABDOMEN: bowel sounds present, no masses palpable. EXTREMITIES: no clubbing, cyanosis, or edema. NEUROLOGIC: alert and oriented. PSYCH: cognitive function intact, cooperative with exam.

**Assessments**

1. Left medial knee pain - M25.562 (Primary)

**Treatment**

1. Left medial knee pain  
Stop Diclofenac Sodium Tablet Delayed Release, 75 MG, 1 tablet with food or milk, Orally, Twice a day  
Start Naproxen Tablet, 500 MG, 1 tablet with food or milk, Orally, every 12 hrs, 30 days, 60 Tablet, Refills 1  
Start Lidocaine Patch, 5 %, 1 patch to skin remove after 12 hours, Externally, Once a day, 30 days, 30, Refills 1  
Notes: Possible meniscal tear. Will switch Diclofenac to Naproxen bid along with Tylenol tid and Lidocaine patch. Tramadol at night. Pt

Patient: Brown, Helen DOB: Progress Note: Kinzie Barton, MD 06/10/2019  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



declined injection and PT today. Will return next wk for injection.

**Follow Up**  
1 Week



Electronically signed by KINZIE BARTON, MD on  
06/10/2019 at 05:19 PM EDT  
Sign off status: Completed

---

Palmetto Fam Med Chesterfield Cty LLC  
316 2ND ST  
CHERAW, SC 29520-4004  
Tel: 843-921-4851  
Fax: 843-921-4854

---

Patient: Brown, Helen DOB: [REDACTED] Progress Note: Kinzie Barton, MD 06/10/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Brown, Helen

79 Y old Female,

CAROLINA Payer ID: 00153

Appointment Facility: Palmetto Fam Med Chesterfield City LLC

06/17/2019

Progress Notes: Carisa R. Huggins, MSN, APRN, BC

**Current Medications****Taking**

- Lidocaine 5 % Patch 1 patch to skin remove after 12 hours Externally Once a day
- Tramterecene-HCTZ 75-50 MG Tablet 1 tablet in the morning Orally Once a day
- Tylenol 325 MG Tablet 1 tablet as needed Orally every 4 hrs
- Tramadol HCl 50 MG Tablet 1-2 tablet as needed Orally bid prn pain
- Medication List reviewed and reconciled with the patient

**Past Medical History**

Htn.  
Low potassium.

**Surgical History**

appendectomy  
rod in right big toe  
left knee surgery  
right rotator cuff  
ganglion cyst right wrist  
back surgery x4

**Family History**

Father: deceased  
Mother: deceased

**Allergies**

codine  
aspirin  
all dyes

**Hospitalization/Major****Diagnostic Procedure**

No Hospitalization History.

**Review of Systems****General/Constitutional:**

Fatigue denies. Weight loss denies.

**Ophthalmologic:**

Diplopia denies.

**ENT:**

Nasal Congestion denies. Nasal

discharge denies.

**Endocrine:****Reason for Appointment**

1. Follow up
2. Knee pain

**Vital Signs**

BP 150/95 mm Hg, Ht 68 in, Wt 167.2 lbs, BMI 25.42 Index, HR 71 /min, RR 19 /min, Ht-cm 172.72 cm, Wt-kg 75.84 kg.

**Examination****General Examination:**

GENERAL APPEARANCE: pleasant, well nourished, in no acute distress. MUSCULOSKELETAL: left knee: mainly tender over the area under the patella in the upper lower leg over the bone, knee exam has some pain with Lachman's and McMurray's, neg. anterior and posterior drawer tests, neg. for pain with varus and valgus maneuvers, neg. patellar compression test - has had meniscus repaired in the past - see CT of knee

left forearm and upper arm with some tenderness but no swelling denies any pain in shoulder.

**Assessments**

1. Left medial knee pain - M25.562 (Primary)

**Treatment**

1. Left medial knee pain

**IMAGING: MRI: Knee, left**

Notes: cont. to be out of work until seen next week, no light duty, her job consists of being up in the deli all day at Wal-Mart.

**Procedure Codes**

G8427 DOC MEDS VERIFIED W/PT OR RE  
99213 office visit level 3 ept

**Follow Up**

1 Week

Patient: Brown, Helen DOB: Progress Note: Carisa R. Huggins, MSN, APRN, BC 06/17/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Excessive thirst denies.  
Respiratory:  
Dyspnea denies upon exertion.  
Cardiovascular:  
Chest pain denies.  
Gastrointestinal:  
Black stools denies, Melena denies.  
Abdominal pain denies.  
Constipation denies, Heartburn denies.  
Nausea denies, Vomiting denies.  
Musculoskeletal:  
Patient complaining of left knee pain.  
Skin:  
Rash denies.  
Neurologic:  
Black outs denies. Change in  
behavior denies.  
Psychiatric:  
Depressed mood denies.

*Carissa Huggins, NP*

Electronically signed by ALISON HUGGINS, NP on  
06/18/2019 at 08:03 AM EDT

Sign off status: Completed

Palmetto Fam Med Chesterfield Cty LLC  
316 2ND ST  
CHERAW, SC 295202404  
Tel: 843-921-4851  
Fax: 843-921-4854

Patient: Brown, Helen DOB: [REDACTED] Progress Note: Carissa R. Huggins, MSN, APRN, BC 06/17/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**Brown, Helen**

79 Y old Female, DOB: [REDACTED]

Account [REDACTED]

CAROLINA Payer ID: 00453

Appointment Facility: Palmetto Fam Med Chesterfield City LLC

06/24/2019

Progress Notes: Carisa R. Huggins, MSN, APRN, BC

**Current Medications****Taking**

- Lidocaine 5 % Patch 1 patch to skin remove after 12 hours Externally Once a day
- Triamterene-HCTZ 75-50 MG Tablet 1 tablet in the morning Orally Once a day
- Tylenol 325 MG Tablet 1 tablet as needed Orally every 4 hrs
- Tramadol HCl 50 MG Tablet 1-2 tablet as needed Orally bid prn pain
- Medication List reviewed and reconciled with the patient

**Past Medical History**

Htn.  
Low potassium.

**Surgical History**

appendectomy  
rod in right big toe  
left knee surgery  
right rotator cuff  
ganglion cyst right wrist  
back surgery x4

**Family History**

Father: deceased  
Mother: deceased

**Allergies**

codiene  
aspirin  
all dyes

**Hospitalization/Major****Diagnostic Procedure**

No Hospitalization History.

**Review of Systems****Musculoskeletal:**

Patient complaining of left knee pain.

**Reason for Appointment**

1. MRI results

**History of Present Illness****Constitutional:**

still having pain in left knee - see MRI results.

**Vital Signs**

BP 150/92 mm Hg, Ht 68 in, Wt 165.8 lbs, BMI 25.21 Index, HR 60 /min, RR 20 /min, Oxygen sat % 98 %, Ht-cm 172.72 cm, Wt-kg 75.21 kg.

**Examination****General Examination:**

GENERAL APPEARANCE: pleasant, well nourished, in no acute distress. MUSCULOSKELETAL: left knee: mainly tender over the area under the patella in the upper lower leg over the bone, knee exam has some pain with Lachman's and McMurray's, neg. anterior and posterior drawer tests, neg. for pain with varus and valgus maneuvers, neg. patellar compression test - has had meniscus repaired in the past - see MRI of knee since last visit.

**Assessments**

1. Acute pain of left knee - M25.562 (Primary)

**Treatment**

1. Acute pain of left knee

Continue Tylenol Tablet, 325 MG, 1 tablet as needed, Orally, every 4 hrs

Continue Tramadol HCl Tablet, 50 MG, 1-2 tablet as needed, Orally, bid prn pain

Notes: c/s ortho Dr. Distefano here  
still out of work until he releases her to go back  
states she had to stop wearing the brace - seemed to make pain worse.

**Procedure Codes**

G8427 DOC MEDS VERIFIED W/PT OR RE  
99213 office visit level 3 epi

Patient: Brown, Helen DOB: [REDACTED] Progress Note: Carisa R. Huggins, MSN, APRN, BC 06/24/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Follow Up  
prn

*Carisa R. Huggins, MSN, APRN*

Electronically signed by ALISON HUGGINS, NP on  
06/25/2019 at 07:54 AM EDT

Sign off status: Completed

Palmetto Fam Med Chesterfield Cty Llc  
316 2ND ST  
CHERAW, SC 29520-2404  
Tel: 843-921-4851  
Fax: 843-921-4854

Patient: Brown, Helen DOB: [REDACTED] Progress Note: Carisa R. Huggins, MSN, APRN,  
BC 06/24/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**Brown, Helen**

79 Y old Female, DOB: [REDACTED]

 Guarantor: Brown, Helen Insurance: WARMART  
 WORKERS COMP Payer ID: PPNP1

Appointment Facility: Palmetto Fam Med Chesterfield City Llc

02/05/2020

Kinzie Burton, MD

**Current Medications****Taking**

- Tylenol 325 MG Tablet 1 tablet as needed Orally every 4 hrs
  - Tramadol HCl 50 MG Tablet 1-2 tablet as needed Orally bid prn pain, Notes: Dr Smid
- Not-Taking**
- Lidocaine 5 % Patch 1 patch to skin remove after 12 hours Externally Once a day
  - Trisulfamethoxazole-HCTZ 75-50 MG Tablet 1 tablet in the morning Orally Once a day
  - Medication List reviewed and reconciled with the patient

**Past Medical History**

- Htn.
- Low potassium,

**Surgical History**

- appendectomy
- rod in right big toe
- left knee surgery
- right rotator cuff
- ganglion cyst right wrist
- back surgery x4

**Family History**

- Father: deceased
- Mother: deceased

**Social History****Tobacco Use:**

Tobacco Use/Smoking Are you a nonsmoker.

**Drugs/Alcohol:**

Do you drink alcohol? No. Drugs Have you used drugs other than those for medical reasons in the past 12 months? No.

**Allergies**

- codiene
- aspirin
- all dyes

**Hospitalization/Major****Diagnostic Procedure**

Denies Past Hospitalization

**Reason for Appointment**

1. Workers comp
2. Lt shoulder and arm pain

**History of Present Illness****Constitutional:**

79-year-old female presents for left shoulder and arm pain. Started after she fell at work in May. Has been painful and restricted ever since. Has been dealing with her knee though, and she reports Worker's Comp. would not address her shoulder until her knee was improved.

**Vital Signs**

BP 138/80 mm Hg, Ht 68 in, Wt 173.8 lbs, BMI 26.42 Index, HR 74 /min, RR 20 /min, Ht-cm 172.72 cm, Wt-kg 78.84 kg.

**Examination****General Examination:**

GENERAL APPEARANCE: alert, in no acute distress. HEAD: normocephalic, atraumatic. EYES: extraocular movement full and smooth, sclera anicteric. NECK/THYROID: neck supple, trachea midline. SKIN: warm and dry. HEART: normal rate. LUNGS: nonlabored. ABDOMEN: nondistended. MUSCULOSKELETAL: Abduction limited to 80°. Very limited exam for rotator cuffs. EXTREMITIES: no clubbing, cyanosis, or edema. NEUROLOGIC: alert and oriented. PSYCH: cognitive function intact, cooperative with exam.

**Assessments**

1. Left anterior shoulder pain - M25.512 (Primary)
2. Fall, subsequent encounter - W19.XXXD
3. Left medial knee pain - M25.562

**Treatment**

1. Left anterior shoulder pain  
Notes: Shoulder injury versus nerve impingement. Tenderness with shoulder exam. Initial x-ray unremarkable. Refer to PT and re-refer to orthopedics.
2. Fall, subsequent encounter  
Notes: Address fall risks at future visit.

Patient: Brown, Helen DOB: [REDACTED] Progress Note: Kinzie Burton, MD 02/05/2020

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**3. Left medial knee pain**

Notes: Status post surgery.

**Follow Up**

4 Weeks



Electronically signed by KINZIE BARTON, MD on  
02/05/2020 at 05:47 PM EST

Sign off status: Completed

Palmetto Fam Med Chesterfield Cty Llc  
316 2ND ST  
CHERAW, SC 295202404  
Tel: 843-921-4851  
Fax: 843-921-4854

Patient: Brown, Helen DOB: [REDACTED] Progress Note: Kinzie Barton, MD 02/05/2020

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**Palmetto Family Medicine of Chesterfield County**

316 Second Street

Cheraw, South Carolina 29520

Phone: 843-921-4851 • Fax: 843-921-4854

Travis Novinger, MD

Carisa R. Huggins, MSN, APRN, BC

Meagan Bennett, MSN, APRN, C

Kinzie Barton, MD

Date: 2/5/20Patient Name Helen BrownDOB: 4/16/40

Phone Number: \_\_\_\_\_

Diagnosis: ① shoulder pain (m25.512)Facility: physical therapy

Address: \_\_\_\_\_

Test/Procedure: evaluate & treatSignature: [Signature]

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

## PRE-CERTIFICATION INFORMATION

Pre-Cert Required Yes No

Authorization # \_\_\_\_\_

Person Spoken to: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Name: \_\_\_\_\_





T-IP MUSC FLORENCE  
805 Pamplico Hwy  
Florence SC 29501-0550  
MUSC ROI IP Abstract

Brown, Helen D  
MRN: 005936377, DOB: [REDACTED] Sex: F  
Acct #: MHF5046916  
Adm: 6/12/2019, D/C: 6/12/2019

CSN: 1134362348

#### Admission Information

|                    |                     |                                 |                     |                                        |
|--------------------|---------------------|---------------------------------|---------------------|----------------------------------------|
| Arrival Date/Time: | Admit Date/Time:    | 06/12/2019 3:17 PM              | IP Adm. Date/Time:  |                                        |
| Admission Type:    | Point of Origin:    |                                 | Admit Category:     |                                        |
| Means of Arrival:  | Primary Service:    | Emm-emergency<br>Medicine       | Secondary Service:  | N/A                                    |
| Transfer Source:   | Service Area:       | MUSC Service Area               | Unit:               | HISTORIC<br>FLORENCE<br>EMERGENCY DEPT |
| Admit Provider:    | Attending Provider: | Gary A Summerfield<br>Jr., APRN | Referring Provider: |                                        |

#### Discharge Information

|                      |                        |                        |                     |                                     |
|----------------------|------------------------|------------------------|---------------------|-------------------------------------|
| Discharge Date/Time: | Discharge Disposition: | Discharge Destination: | Discharge Provider: | Unit:                               |
| 06/12/2019 6:18 PM   | None                   | None                   | None                | HISTORIC FLORENCE<br>EMERGENCY DEPT |

#### ED Provider Notes - MUSC ROI Abstract Notes

##### ED Provider Notes signed by Gary A Summerfield Jr., APRN at 6/13/2019 5:39 AM

|                                                           |                                    |                                 |
|-----------------------------------------------------------|------------------------------------|---------------------------------|
| Author: Gary A Summerfield Jr., APRN                      | Service: EMM-EMERGENCY MEDICINE    | Author Type: Nurse Practitioner |
| Filed: 6/12/2019 5:22 PM                                  | Date of Service: 6/12/2019 5:22 PM | Status: Signed                  |
| Editor: Gary A Summerfield Jr., APRN (Nurse Practitioner) |                                    |                                 |

Patient: BROWN, HELEN K MRN: 370417 FIN: 5046916  
Age: 79 years Sex: Female DOB: [REDACTED]  
Associated Diagnoses: Osteoarthritis of left knee  
Author: Summerfield, Gary Nurse Practitioner Clinic

#### Basic Information

Time seen: Initial Time Seen

Time Initially Seen: 06/12/2019 16:27 by Summerfield, Gary Nurse  
Practitioner Clinic

Arrival mode: Walking.

Additional information: Chief Complaint from Nursing Triage Note : Chief  
Complaint

6/12/2019 15:29 EDT Chief Complaint C/O LEFT KNEE PAIN  
SINCE FALL 2 WEEKS AGO

#### History of Present Illness

The patient presents with knee pain and Patient presents to the emergency department today with chief complaint of left knee pain. She states that she fell 2 weeks ago and has been having this discomfort ever since. She states that she has been taking Tylenol as needed for the discomfort however it does not appear to help her. She is allergic to aspirin does not take any type of NSAIDs. She is also been using Lidoderm patches to

ED Provider Notes - MUSC ROI Abstract Notes (continued)

ED Provider Notes signed by Gary A Summerfield Jr., APRN at 6/13/2019 5:30 AM (continued)

help alleviate her pain as well. She states that these do help. In addition has left town and she was able to see the new doctor that was assigned her today. She was advised him to the emergency room for further evaluation.. The onset was 2 weeks ago. The course/duration of symptoms is fluctuating in intensity. Type of injury: fall. Location: Left knee. The character of symptoms is pain. The degree at present is none. There are exacerbating factors including movement, weight bearing and walking. The relieving factor is analgesics. Risk factors consist of hypertension. Prior episodes: none. Therapy today: none. Associated symptoms: none.

Review of Systems

Constitutional symptoms: No fever, no chills, no sweats, no weakness, no fatigue, no decreased activity.

Skin symptoms: No jaundice, no rash, no pruritus, no abrasions.

Eye symptoms: Vision unchanged.

ENMT symptoms: No sore throat,

Respiratory symptoms: No shortness of breath, no cough.

Cardiovascular symptoms: No chest pain, no palpitations.

Gastrointestinal symptoms: No abdominal pain, no nausea.

Genitourinary symptoms: No dysuria,

Musculoskeletal symptoms: Muscle pain, Joint pain, No back pain,

Neurologic symptoms: No headache, no altered level of consciousness.

Psychiatric symptoms: No anxiety, no sleeping problems.

Endocrine symptoms: No polyuria,

Hematologic/Lymphatic symptoms: Bleeding tendency negative,

Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status

Allergies:

Allergic Reactions (Selected)

Severe

Aspirin- Hives.

Codeine- Vomiting.

Contrast Dye- No reactions were documented..

Past Medical/ Family/ Social History

Procedure history: Include procedure history

Colonoscopy on 3/26/2019 at 78 Years.



T-IP MUSC FLORENCE  
805 Pamplico Hwy  
Florence SC 29501-0550  
MUSC ROI IP Abstract

Brown, Helen D  
MRN: 005936377, DOB: [REDACTED], Sex: F  
Acct #: MHF5046916  
Adm: 6/12/2019, D/C: 6/12/2019

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ED Provider Notes - MUSC ROI Abstract Notes (continued)

ED Provider Notes signed by Garv A Summerfield Jr., APRN at 6/13/2019 5:30 AM (continued)

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Comments:

3/26/2019 10:36 AM - Ferrara, Debra O Rn  
auto-populated from documented surgical case  
Colonoscopy on 12/11/2014 at 74 Years.

Comments:

12/11/2014 7:35 AM - Sansbury, Jeanne B Rn  
auto-populated from documented surgical case ,  
EGD With Biopsy on 12/11/2014 at 74 Years.

Comments:

12/11/2014 7:35 AM - Sansbury, Jeanne B Rn  
auto-populated from documented surgical case  
low back surgery x 4 in 1997.

left knee surgery.

right great toe surgery.

appendectomy.

RIGHT SHOULDER SURGERY.

Tubal ligation (128720016)..

Family history:

Diabetes mellitus

Mother

Brother

Pancreatic cancer

Mother

Brother

Heart attack

Father

Aneurysm

Sister

Social history:

Social & Psychosocial Habits

Alcohol

12/11/2014 Use: Never

Employment/School

03/25/2019 Status: Retired

Exercise

Comment: YARD WORK - 03/25/2019 14:07 - Jeffords, Christy Rn



T-IP MUSC FLORENCE  
805 Pamplico Hwy  
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MUSC ROI IP Abstract

Brown, Helen D  
MRN: 005936377, DOB: [REDACTED] Sex: F  
Acct #: MHF5046916  
Adm: 6/12/2019, D/C: 6/12/2019

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ED Provider Notes - MUSC ROI Abstract Notes (continued)

ED Provider Notes signed by Gary A Summerfield Jr., APRN at 6/13/2019 5:30 AM (continued)

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Home/Environment/Abuse

03/25/2019 Lives with: Children, Spouse  
Living situation: Home/Independent  
Injuries/Abuse/Neglect in household: No  
Alcohol abuse in household: No  
Substance abuse in household: No  
Smoker in household: No  
Abuse Concerns: No Signs or Symptoms  
Neglect Concerns: No Signs or Symptoms  
Feels unsafe at home: No

Nutrition/Health

03/25/2019 Type of diet: Regular

Substance Abuse

12/11/2014 Use: Never

Tobacco

12/11/2014 Tobacco Use: Never smoker

03/25/2019 Tobacco use status 30 days prior to admission No tobacco use  
of any for

Tobacco Use: Never (less than 100 in 1

Marijuana Recreational Use

03/25/2019 Marijuana Use Never smoker

Problem list:

Medical

Anemia / 406636013 / Confirmed

Hypertension / 64176011 / Confirmed.

Physical Examination

Vital Signs

Vital Signs

6/12/2019 15:29 EDT

ED Temperature

98.3 DegF

Temperature Method

Oral

Respiratory Rate

16 br/min



T-IP MUSC FLORENCE  
805 Pamplico Hwy  
Florence SC 29501-0550  
MUSC ROI IP Abstract

Brown, Helen D  
MRN: 005936377, DOB: [REDACTED] Sex: F  
Acct #: MHF5046916  
Adm: 6/12/2019, D/C: 6/12/2019

ED Provider Notes - MUSC ROI Abstract Notes (continued)

ED Provider Notes signed by Gary A Summerfield Jr., APRN at 6/13/2019 5:30 AM (continued)

|                     |                              |               |      |
|---------------------|------------------------------|---------------|------|
|                     | ED Pulse Rate                | 51 bpm        | LOW  |
|                     | Systolic Blood Pressure      | 144 mmHg      | HI   |
|                     | Diastolic Blood Pressure     | 94 mmHg       | HI   |
|                     | Mean Arterial Pressure, Cuff |               | 111  |
| mmHg                |                              |               |      |
| Measurements        |                              |               |      |
| 6/12/2019 15:29 EDT | Patient Weight               | 72.574 kg     |      |
|                     | Ideal Body Weight Calculated |               | 54.7 |
| kg                  |                              |               |      |
|                     | Patient Height               | 162.56 cm     |      |
|                     | Height Method                | Stated Height |      |
|                     | Weight Method                | Stated Weight |      |

#### Basic Oxygen Information

6/12/2019 15:29 EDT SpO2 99 %

General: Alert, no acute distress.

Skin: Warm, pink, intact, moist, no pallor, no rash, normal for ethnicity.

Head: Normocephalic, atraumatic.

Neck: Supple, trachea midline, no tenderness, no JVD.

Eye: Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva, vision unchanged.

Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal.

Cardiovascular: Regular rate and rhythm, Normal peripheral perfusion.

Chest wall: No tenderness, No deformity.

Back: Nontender, Normal range of motion, Normal alignment.

Musculoskeletal: Normal ROM, normal strength, Lower extremity: Left, knee, patella, patellar tendon, tenderness.

Gastrointestinal: Soft, Nontender, Non distended, Normal bowel sounds.

Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, normal sensory observed, normal motor observed, normal speech observed, normal coordination observed.

Lymphatics: No lymphadenopathy.

Psychiatric: Cooperative, appropriate mood & affect, normal judgment.

#### Medical Decision Making

Differential Diagnosis: Contusion, sprain, strain.

Knee x-ray findings Degenerative disease..

Notes: Patient's knee x-ray demonstrates that she has some arthritic changes and degenerative joint disease. I have recommended patient that



T-IP MUSC FLORENCE  
805 Pamplico Hwy  
Florence SC 29501-0550  
MUSC ROI IP Abstract

Brown, Helen D  
MRN: 005936377, DOB: [REDACTED] Sex: F  
Acct #: MHF5046916  
Adm: 6/12/2019, D/C: 6/12/2019

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ED Provider Notes - MUSC ROI Abstract Notes (continued)

ED Provider Notes signed by Gary A Summerfield Jr., APRN at 6/13/2019 5:30 AM (continued)

---

she follow-up with orthopedics.

Reexamination/ Reevaluation

Vital signs

Basic Oxygen Information

6/12/2019 15:29 EDT SpO2 99 %

Impression and Plan

Diagnosis

Osteoarthritis of left knee (ICD10-CM M17.12, Discharge, Emergency medicine, Medical)

Plan

Condition: Stable.

Disposition: Medically cleared, Discharged: to home.

Prescriptions: Prescriptions

Pharmacy:

HYDROcodone-acetaminophen 5 mg-325 mg oral tablet (Prescribe): 1 tab(s), Oral, q4H-int, for 5 day(s), PRN: for pain, 12 tab(s), 0 Refill(s).

Patient was given the following educational materials: What You Need to Know About Osteoarthritis, How to Use a Knee Brace.

Follow up with: ; ; WILLIAM REEVEM Within 1 to 2 weeks Call for followup appointment.

Counseled: Patient, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

SIGNING PROVIDER : BRADLEY STOKES RUSSELL MD

SIGNING DATE/TIME : 06/13/2019 05:30 AM

Electronically Signed by Gary A Summerfield Jr., APRN on 6/13/2019 5:30 AM



T-IP MUSC FLORENCE  
805 Pamplico Hwy  
Florence SC 29501-0550  
MUSC ROI IP Abstract

Brown, Helen D  
MRN: 005936377, DOB: [REDACTED] Sex: F  
Acct #: MHF5046916  
Adm: 6/12/2019, D/C: 6/12/2019

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ED Notes - MUSC ROI Abstract Notes

ED Notes filed by Florence Historical Provider at 6/12/2019 6:17 PM

|                                                   |                                    |                        |
|---------------------------------------------------|------------------------------------|------------------------|
| Author: Florence Historical Provider              | Service: —                         | Author Type: Physician |
| Filed: 6/12/2019 6:17 PM                          | Date of Service: 6/12/2019 6:17 PM | Status: Signed         |
| Editor: Interface, Transcription Conversion (Flo) |                                    |                        |

ED Facility Charging Entered On: 06/12/2019 18:17 EDT  
Performed On: 06/12/2019 18:17 EDT by Barefoot, Cynthia Gainey Lpn

FCT DTA's

FCT Discharge Disposition : Standard ED Encounter  
Critical Care Patient : No  
Barefoot, Cynthia Gainey Lpn - 06/12/2019 18:17 EDT

SIGNING PROVIDER : Cynthia Gainey Barefoot LPN  
SIGNING DATE/TIME : 06/12/2019 06:17 PM

Electronically Signed by Interface, Transcription Conversion (Flo) on 3/31/2020 2:30 PM

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ED Notes filed by Florence Historical Provider at 6/12/2019 6:17 PM

|                                                   |                                    |                        |
|---------------------------------------------------|------------------------------------|------------------------|
| Author: Florence Historical Provider              | Service: —                         | Author Type: Physician |
| Filed: 6/12/2019 6:17 PM                          | Date of Service: 6/12/2019 6:17 PM | Status: Signed         |
| Editor: Interface, Transcription Conversion (Flo) |                                    |                        |

ED Disposition Summary Entered On: 06/12/2019 18:17 EDT  
Performed On: 06/12/2019 18:17 EDT by Barefoot, Cynthia Gainey Lpn

ED Disposition Summary

Discharged in care of : Self  
Disposition Method : Self Ambulated  
ED Nurse Noted Disposition : Discharge  
Barefoot, Cynthia Gainey Lpn - 06/12/2019 18:17 EDT

SIGNING PROVIDER : Cynthia Gainey Barefoot LPN  
SIGNING DATE/TIME : 06/12/2019 06:17 PM

Electronically Signed by Interface, Transcription Conversion (Flo) on 3/31/2020 2:30 PM

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Imaging - All Orders and Results

XR Knee Left AP Lateral Axial And Tunnel (187875528)

Printed on 9/28/21 11:56 AM

MUSC ROI IP Abstract of Health  
Information Report

Page 8



T-IP MUSC FLORENCE  
805 Pamplico Hwy  
Florence SC 29501-0550  
MUSC ROI IP Abstract

Brown, Helen D  
MRN: 005936377, DOB: [REDACTED], Sex: F  
Acct #: MHF5046916  
Adm: 6/12/2019, D/C: 6/12/2019

Imaging - All Orders and Results (continued)

**XR Knee Left AP Lateral Axial And Tunnel [187875528] (continued)**

Electronically signed by: Interface, Rad Conversion (Flo) on 06/12/19 1657 Status: Completed  
Ordering user: Interface, Rad Conversion (Flo) 06/12/19 1657 Ordering provider: Kristin G Dubose, NP  
Frequency: Once 06/12/19 1658 - 1 occurrence

**XR Knee Left AP Lateral Axial And Tunnel [187875529]**

Electronically signed by: Interface, Rad Conversion (Flo) on 06/12/19 1657 Status: Completed

Ordering user: Interface, Rad Conversion (Flo) 06/12/19 1657 Ordering provider: Kristin G Dubose, NP

XR Knee Left AP Lateral Axial And Tunnel [187875529] Resulted: 06/12/19 1746, Result status: Final result

Resulted by: Noel Lange Phipps, MD Accession number: FL3801916301286

Resulting job: FMC CERNER CONVERSION

Narrative

Carolinas Hospital System

Patient: BROWN, HELEN K MRN: 370417

DOB: 4/16/1940 Sex: Female

Location: SCC ED

Ordering Physician: DUBOSE, KRISTIN NP

Diagnostic Radiology

ACCESSION EXAM DATE/TIME  
380-19-163-01286 6/12/2019 17:02 EDT

Reason For Exam  
Pain in joint, knee

Report

INDICATION: 79-year-old female complaining of left knee pain persistent after falling 2 weeks ago

FINDINGS: PA, oblique and lateral views left knee demonstrate no fracture, joint effusion or malalignment for this patient with osteopenia commensurate with age and mild degenerative patellofemoral and tibiofemoral joint space narrowing and marginal osteophyte formation. Well-corticated 2 cm heterotopic ossification is seen in the subcutaneous fat medial to the knee which

is of doubtful current clinical significance.

IMPRESSION: Mild tricompartmental osteophytosis left knee without evident fracture, joint effusion or malalignment left knee

Approved by Noel Phipps 6/12/2019 5:44 PM  
\*\*\*\* Final \*\*\*\*

Dictated by: PHIPPS, NOEL MD  
Dictated DT/TM: 06/12/2019 05:43 pm EDT  
Signed by: PHIPPS, NOEL MD  
Signed (Electronic Signature): 06/12/2019 05:44 pm EDT

Testing Performed By

| Lab | Abbreviation | Name                     | Director | Address | Valid Date Range |
|-----|--------------|--------------------------|----------|---------|------------------|
| 83  | FMCCC        | FMC CERNER<br>CONVERSION | Unknown  | Unknown | Create - Present |



Patient Name: HELEN BROWN  
Date of Visit: 16-Nov-2020  
Document Type: WC Follow Up Visit  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Smid, John

DOB: [REDACTED]

### Chief Complaint

Ms. BROWN is a 80 year old female who presents today for follow up of left knee pain and status post: left knee arthroscopy. Date of surgery: 11/12/2019.

### Dictation

#### HISTORY OF PRESENT ILLNESS:

Patient seen follow-up for her left knee. She states been no change since I last saw her back in March. She states she had nerve study but no other further evaluation. She is not return to work. She continues to have pain and weakness with the left lower extremity.

#### PHYSICAL EXAM:

The patient is awake alert no apparent distress. There is no labored breathing skin is noted be intact. Patient has very flat affect. The left lower extremity is grossly intact to neurovascular examination. She has an Ace wrap was then removed. There is no evidence of effusion. She has near full extension left knee and flexion down about 105 degrees. Patellar grind test does elicits some mild discomfort. Medial and lateral facets patella some mild discomfort. She is stable to varus valgus stressing at about 10 and 30 degrees. Both medial and lateral joint lines do elicit discomfort. No pain within the popliteal fossa. Anterior poster drawer test felt be negative. She is able to actively extend the leg at the level of the knee. Graded as 4+ out of 5.

#### RADIOGRAPHS:

None taken

#### IMPRESSION:

Continued left knee pain

#### PLAN:

As I had mentioned previously, do not feel I have much more to offer the patient. I do feel the patient has reached maximal medical improvement in regards to my treatment. I do feel that she has a partial permanent impairment rating of 2 percent of the left knee.

Note: This note has been created with voice recognition software. While this note has been edited for accuracy, the software periodically misinterprets speech resulting in errors that might not have been caught in editing. In the event you find an unusual error in this record, please notify us at 704-323-2049 to resolve the same.

### Assessment

1. Tobacco non-user (Z78.9)
2. Left knee pain (M25.562)

### Orders

1. Advanced Directive Yes; Status: Complete; Done: 16Nov2020
2. Tobacco Use Screening; Status: Complete; Done: 11/16/2020

### Vitals

#### Vitals Panel

Pain Scale: 7  
Height: 5 ft 4 in  
Weight: 165 lb  
BMI Calculated: 28.32 kg/m2  
BSA Calculated: 1.8  
Any falls in the past year?: Yes  
Any falls with injury in the past year?: Yes

Patient Name: HELEN BROWN  
Date of Visit: 16-Nov-2020  
Document Type: WC Follow Up Visit  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Smid, John

DOB: [REDACTED]

- One fall without injury in the past year?: Yes
- Two or more falls in the past year?: No
- Pain Scale: 5
- Height: 5 ft 4 in
- Weight: 165 lb
- BMI Calculated: 28.32 kg/m2
- BSA Calculated: 1.8

#### Allergies

aspirin  
codeine  
IVP Dye

#### Current Meds

- Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; INHALE 2 PUFFS BY MOUTH EVERY 4 HOURS AS NEEDED FOR WHEEZING COUGH
- amLODIPine Besylate 5 MG Oral Tablet
- Clorazepate Dipotassium 7.5 MG Oral Tablet; TAKE ONE TABLET BY MOUTH 3 TIMES A DAY
- Montelukast Sodium 10 MG Oral Tablet; TAKE 1 TABLET BY MOUTH AT BEDTIME
- Potassium Chloride Crys ER 20 MEQ Oral Tablet Extended Release; TAKE 1 TABLET BY MOUTH ONCE DAILY WITH BREAKFAST
- Triamterene-HCTZ 75-50 MG Oral Tablet
- Tylenol CAPS

#### Active Problems

Carpal tunnel syndrome of left wrist (G56.02)  
Hypertension (I10)  
Left knee pain (M25.562)  
Left shoulder pain (M25.512)  
Low back pain (M54.5)  
Neck pain (M54.2)  
Tobacco non-user (Z78.9)

#### Past Medical History

History of Aftercare following surgery (Z48.89)  
History of Lumbar pain (M54.5)  
History of Pre-op exam (Z01.818)

#### Surgical History

History of Appendectomy  
History of Lower back surgery

#### Family History

Family History  
Family history of cardiac disorder (Z82.49)  
Family history of diabetes mellitus (Z83.3)  
Family history of hypertension (Z82.49)  
Family history of myocardial infarction (Z82.49)  
Family history of pancreatic cancer (Z80.0)

#### Social History

Patient Name: HELEN BROWN  
Date of Visit: 16-Nov-2020  
Document Type: WC Follow Up Visit  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Order: Smid, John

DOB: [REDACTED]

Currently working  
Married  
Never a smoker  
No alcohol use  
Tobacco non-user (Z78.9)

#### Review of Systems

**GENERAL:** no recurring fever, no recent weight change and no decreased appetite.  
**EYES:** no vision impairment.  
**NEURO:** no dizziness, no tingling, no burning sensation and no numbness.  
**MUSC- SKEL:** See HPI.

#### Signatures

Electronically signed by : John Smid, M.D.; Nov 16 2020 5:10PM EST  
Electronically signed by : John Smid, M.D.; Nov 30 2020 3:52PM EST

Patient Name: HELEN BROWN  
Date of Visit: 16-Nov-2020  
Document Type: WC Rating Form S  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Smid, John

DOB: [REDACTED]

South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500 • Post Office Box 1715  
Columbia, South Carolina 29202-1715  
(803) 737-5675  
www.wcc.sc.gov



## Physician's Statement

|                   |                 |                    |                           |
|-------------------|-----------------|--------------------|---------------------------|
| Claimant's Name:  | HELEN BROWN     | Employer's Name:   | WALMART CORPORATION       |
| Physician's Name: | JOHN SMID, M.D. | Insurance Carrier: | WC-WALMART CLAIMS SERVICE |
| Practice/Clinic:  | Ortho Carolina  | SCWC File No:      | 8832156                   |
| Prepare's Name:   | JENNIFER BLAKE  | Phone:             | (800)527-0566             |

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her work injury or illness pursuant to South Carolina Code Sections 42-15-60, 42-15-80, 42-1-172, or 42-11-10.

Date of Injury: 05/30/2019 Date of first office visit: 07/25/2019 Date of last office visit: 11/16/2020

The medical opinions below are stated to a reasonable degree of medical certainty.

Diagnosis or nature of injury or illness: Left knee pain (M25.552)  
Body part(s) injured: LT KNEE Body part(s) affected: LT KNEE  
Date of maximum medical improvement: 11/16/2020

Has the Claimant sustained permanent physical impairment as a result of the work injury? ☒ Yes ☐ No

If so, the permanent physical impairment is: 2 % medical impairment to the LT KNEE (injured body part).

If there is a permanent physical impairment to other body part(s) as a result of the work injury, please indicate below:  
% medical impairment to the (additional body part injured or affected).

The impairment rating(s) above are based upon the following:

☒ The AMA's *Guides to the Evaluation of Permanent Impairment*, 8th Edition; or  
☐ Other medical treatise: \_\_\_\_\_ or  
☐ Other: \_\_\_\_\_

Does the Claimant have permanent physical limitations as a result of the injury? ☐ Yes ☒ No

If so, the permanent physical limitations are: \_\_\_\_\_

Does the Claimant possess retained hardware as a result of the injury? ☐ Yes ☒ No

If so, the retained hardware is: \_\_\_\_\_

Is there medical, surgical, hospital or other treatment that the Claimant needs as a result of the injury for an additional time that will tend to lessen the period of disability or maintain the current level of function? ☐ Yes ☒ No

If so, the medical care and treatment that is needed is/are: \_\_\_\_\_

\*An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.

I certify that I am a physician or other licensed healthcare provider, I have personally read and prepared this document, and the opinions reflected above are mine.

*John A. Smid, MD*

Treating or Evaluating Physician

11/16/2020  
Date

WCC Form #14B  
12/2016

14B

Physician's Statement

Patient Name: HELEN BROWN  
Date of Visit: 11-Nov-2020  
Document Type: WC Follow Up Visit  
Site Name: Park Rd - Onbo Carolina

MRN: 10982147  
Owner: Rush, Paul

DOB: [REDACTED]

### Chief Complaint

Ms. BROWN is a 80 year old female who presents today for follow up of Left Shoulder pain.

### Dictation

#### HISTORY OF PRESENT ILLNESS:

80-year-old female seen in follow-up. This is a workman's comp injury dating back to the 1st of the year. Patient slipped and fell while working at Wal-Mart. She has had ongoing pain from the neck to the shoulder and upper extremity. She states she has numbness in the entire arm when she lies on the left arm. She had electrodiagnostic studies which revealed evidence of left carpal tunnel syndrome but no evidence of cervical radiculopathy or brachial plexus injury. Patient also had an MRI of the left shoulder. This should have revealed moderate severe tendinosis of the supraspinatus and infraspinatus tendons with articular surface tearing but no retraction. No atrophy. Moderate degenerative changes of the AC joint. Small joint effusion synovitis and subacromial bursitis noted. Previous cortisone injection left shoulder was helpful but temporary. I previously recommended that she have an MRI of her cervical spine but this has not been approved by workman's comp carrier. Patient states that she is not working at present. She states she is very frustrated with the process and feels like she is being ignored.

#### PHYSICAL EXAM:

General: Elderly pleasant female well-developed well-nourished no acute distress. the patient is alert orient x3, eyes are clear, appropriate affect, skin warm and dry. Respirations are nonlabored, gait stable.

Cervical spine: Pain primarily with extension. Negative Spurling's maneuver. Pain with rotational movement and compression on the left. Left shoulder: Significant restricted motion actively and pain with passive abduction internal rotation. Rotator cuff strength is fair. AC joint is prominent and tender to palpation. Left elbow exam reveals normal motion without pain. Left hand wrist: No atrophy. Positive Tinel's. Vascular status normal.

#### RADIOGRAPHS:

None today.

MRI left shoulder reviewed. No additional findings as noted above.

#### IMPRESSION:

1. Persistent and chronic left neck pain following injury. Upper extremity referred pain and paresthesias consistent with possible nerve root compression.
2. Persistent left shoulder pain with abnormal MRI as noted above. Most of these findings probably chronic which certainly could be aggravated by her injury.
3. Left carpal tunnel syndrome by electrodiagnostic studies. Physical findings support this.

#### PLAN:

1. Discussed the findings of her MRI and electrodiagnostic studies with her at length. I still recommend that she have a cervical spine MRI performed.
  2. Risks involved with Cortisone injection discussed and handout provided.
- 80 mg Depo-Medrol placed in left carpal tunnel under sterile technique which she tolerates well. Also recommend a carpal tunnel brace to be worn particularly at night. Follow-up 6 weeks.

Note: This note has been created with voice recognition software. While this note has been edited for accuracy, the software periodically misinterprets speech resulting in errors that might not have been caught in editing. In the event you find an unusual error in this record, please notify us at 704-323-2049 to resolve the same.

### Assessment

Patient Name: HELEN BROWN

MRN: 10982147

DOB: [REDACTED]

Date of Visit: 11-Nov-2020

Owner: Rush Paul

Document Type: WC Follow Up Visit

Site Name: Park Rd - Ortho Carolina

1. Tobacco non-user (Z78.9)
2. Left shoulder pain (M25.512)
3. Carpal tunnel syndrome of left wrist (G56.02)

#### Orders

1. Tobacco Use Screening; Status: Complete; Done: 11/11/2020

#### Vitals

##### Vitals Panel

Height: 5 ft 4 in  
Weight: 165 lb  
BMI Calculated: 28.32 kg/m2  
BSA Calculated: 1.8  
Pain Scale: 8  
Any falls in the past year?: No  
Any falls with injury in the past year?: No  
One fall without injury in the past year?: No  
Two or more falls in the past year?: No

#### Allergies

aspirin  
codeine  
IVP Dye

#### Current Meds

- Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; INHALE 2 PUFFS BY MOUTH EVERY 4 HOURS AS NEEDED FOR WHEEZING COUGH
- amlodipine Besylate 5 MG Oral Tablet
- Clorazepate Dipotassium 7.5 MG Oral Tablet; TAKE ONE TABLET BY MOUTH 3 TIMES A DAY
- Montelukast Sodium 10 MG Oral Tablet; TAKE 1 TABLET BY MOUTH AT BEDTIME
- Potassium Chloride Crys ER 20 MEQ Oral Tablet Extended Release; TAKE 1 TABLET BY MOUTH ONCE DAILY WITH BREAKFAST
- Triamterene-HCTZ 75-50 MG Oral Tablet
- Tylenol CAPS

#### Active Problems

Carpal tunnel syndrome of left wrist (G56.02)  
Hypertension (I10)  
Left knee pain (M25.562)  
Left shoulder pain (M25.512)  
Low back pain (M54.5)  
Neck pain (M54.2)  
Tobacco non-user (Z78.9)

#### Past Medical History

History of Aftercare following surgery (Z48.89)  
History of Lumbar pain (M54.5)  
History of Pre-op exam (Z01.818)

#### Surgical History

History of Appendectomy

Patient Name: HELEN BROWN  
Date of Visit: 11-Nov-2020  
Document Type: WC Follow Up Visit  
Site Name: Park Rd - OrthoCarolina

MRN: 10982147  
Owner: Rush, Paul

DOB: [REDACTED]

History of Lower back surgery

#### Family History

##### Family History

Family history of cardiac disorder (Z82.49)  
Family history of diabetes mellitus (Z83.3)  
Family history of hypertension (Z82.49)  
Family history of myocardial infarction (Z82.49)  
Family history of pancreatic cancer (Z80.0)

#### Social History

Currently working  
Married  
Never a smoker  
No alcohol use  
Tobacco non-user (Z78.9)

#### Review of Systems

**GENERAL:** no recurring fever, no recent weight change and no decreased appetite.

**EYES:** visual impairment corrected with glasses/contacts.

**NEURO:** no dizziness, no tingling, no burning sensation and no numbness.

**MUSC- SKEL:** See HPI.

#### Signatures

Electronically signed by : Paul Rush, M.D.; Nov 11 2020 4:25PM EST

Patient Name: HELEN BROWN  
Date of Visit: 11-Nov-2020  
Document Type: Work Status S  
Site Name: Park Rd - OrthoCarolina

MIRN: 10982147  
Owner: Rush, Paul

DOB: [REDACTED]

OrthoCarolina  
Work Status

Date of exam: 11-11-2020

Is the injury work-related? Yes ☐ No ☐

Patient name: Helen Brown

Chart Number: 10482147

Diagnosis: Left Shoulder Pain

Right ☐ Left ☐ Bilateral ☐

☒ Patient was seen in the office today. Please excuse from work.

☒ Should not return to work - Anticipated length of time out of work: unknown

Return to work WITHOUT restrictions on \_\_\_\_/\_\_\_\_/\_\_\_\_

Return to work WITH the following restrictions\* on \_\_\_\_/\_\_\_\_/\_\_\_\_

Return to work no more than \_\_\_\_ hours per day beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ No lifting greater than \_\_\_\_ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than \_\_\_\_ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over \_\_\_\_ pounds above shoulder level, \_\_\_\_ pounds waist to shoulder, \_\_\_\_ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐ Left ☐ Both ☐  
Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work ONLY.

☐ No standing / walking over \_\_\_\_ minutes per hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. \_\_\_\_ Hot \_\_\_\_ Cold \_\_\_\_ Both

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: \_\_\_\_\_

\_\_\_\_ Patient to start / continue physical / occupational therapy.

\_\_\_\_ Patient released from physical / occupational therapy.

Return appointment scheduled on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_ AM/PM

Physician signature: [Signature] Date: 11-11-2020

Physician Name: Paul E. Rush Date: 11-11-2020

Estimated date of MMR: \_\_\_\_\_

\*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OUT OF WORK.

For more information, call 1-800-444-3333 or visit our website at www.orthocarolina.com



Patient Name: HELEN BROWN  
 Date of Visit: 28-Oct-2020  
 Document Type: EMG S  
 Site Name: Park Rd - OrthoCarolina

MRN: 10982147  
 Owner: AHSAdminLAHS

DOB: [REDACTED]

## OrthoCarolina

Monroe  
 703 Comfort Lane  
 Monroe, NC 28112  
 704-226-9550

Test Date: 10/27/2020

|          |             |         |            |             |                     |
|----------|-------------|---------|------------|-------------|---------------------|
| Patient: | HELEN BROWN | DOB:    | [REDACTED] | Physician:  | Ron VanDerNoord, MD |
| Sex:     | Female      | Height: | [REDACTED] | Ref Phys:   | Paul Rush, MD       |
| ID#:     | 10982147    | Weight: | lbs.       | Technician: |                     |

### Patient Complaints:

Patient is a 80 year-old female who presents with pain in the left upper extremity. Patient does not have a history of diabetes. EMG/NCS studies were ordered to rule out cervical radiculopathy.

### Nerve Conduction Studies

#### Anti-Sensory Summary Table

| Site                                 | NR | Peak (ms) | Norm Peak (ms) | P-T Amp (µV) | Norm P-T Amp | Site1 | Site2     | Delta-P (ms) | Dist (cm) | Vel (m/s) | Norm Vel (m/s) |
|--------------------------------------|----|-----------|----------------|--------------|--------------|-------|-----------|--------------|-----------|-----------|----------------|
| Left Median Anti-Sensory (2nd Digit) |    |           |                |              |              |       |           |              |           |           |                |
| Wrist                                |    | 5.5       | <3.6           | 22.0         | >10          | Wrist | 2nd Digit | 5.5          | 14.0      | 25        | >39            |
| Left Ulnar Anti-Sensory (5th Digit)  |    |           |                |              |              |       |           |              |           |           |                |
| Wrist                                |    | 3.2       | <3.7           | 44.6         | >15.0        | Wrist | 5th Digit | 3.2          | 14.0      | 44        | >35            |

#### Motor Summary Table

| Site                               | NR | Onset (ms) | Norm Onset (ms) | O-P Amp (mV) | Norm O-P Amp | Site1   | Site2   | Delta-O (ms) | Dist (cm) | Vel (m/s) | Norm Vel (m/s) |
|------------------------------------|----|------------|-----------------|--------------|--------------|---------|---------|--------------|-----------|-----------|----------------|
| Left Median Motor (Abd Polli Brev) |    |            |                 |              |              |         |         |              |           |           |                |
| Wrist                              |    | 5.2        | <4.2            | 5.6          | >5           | Elbow   | Wrist   | 4.2          | 23.0      | 55        | >50            |
| Elbow                              |    | 9.4        |                 | 7.8          |              |         |         |              |           |           |                |
| Left Ulnar Motor (Abd Dig Minimi)  |    |            |                 |              |              |         |         |              |           |           |                |
| Wrist                              |    | 3.2        | <4.2            | 9.6          | >3           | B Elbow | Wrist   | 3.6          | 21.0      | 58        | >53            |
| B Elbow                            |    | 6.8        |                 | 8.8          |              | A Elbow | H Elbow | 1.7          | 10.0      | 59        | >53            |
| A Elbow                            |    | 8.5        |                 | 8.8          |              |         |         |              |           |           |                |

#### Comparison Summary Table

| Site                                                 | NR | Peak (ms) | Norm Peak (ms) | P-T Amp (µV) | Site1  | Site2  | Delta-P (ms) | Norm Delta-P (ms) |
|------------------------------------------------------|----|-----------|----------------|--------------|--------|--------|--------------|-------------------|
| Left Median/Radial Dig I Comparison (Digit 1 - 10cm) |    |           |                |              |        |        |              |                   |
| Median                                               |    | 4.1       | <2.9           | 59.0         | Median | Radial | 1.5          | <0.4              |
| Radial                                               |    | 2.6       | <2.8           | 4.8          |        |        |              |                   |

### EMG

| Side | Muscle         | Nerve             | Root  | Ins Act | Fiber | Tw  | Amp | Dist | Poly | Reet | Int Pat | Comment |
|------|----------------|-------------------|-------|---------|-------|-----|-----|------|------|------|---------|---------|
| Left | Abd Polli Brev | Median            | C8-T1 | Nml     | Nml   | Nml | Nml | 0    | Nml  | Nml  |         |         |
| Left | 1st Dorsal     | Ulnar             | C6-T1 | Nml     | Nml   | Nml | Nml | 0    | Nml  | Nml  |         |         |
| Left | Ext Indics     | Radial (Post Int) | C7-8  | Nml     | Nml   | Nml | Nml | 0    | Nml  | Nml  |         |         |
| Left | Pronator Teres | Median            | C6-7  | Nml     | Nml   | Nml | Nml | 0    | Nml  | Nml  |         |         |
| Left | Biceps         | Musculocut        | C5-6  | Nml     | Nml   | Nml | Nml | 0    | Nml  | Nml  |         |         |

Patient Name: HELEN BROWN  
Date of Visit: 28-Oct-2020  
Document Type: EMG S  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: AHSAdmin, AHS

DOB: [REDACTED]

Patient: BROWN, HELEN

Test Date: 10/27/2020

Page 2

|      |         |          |        |     |     |     |     |     |   |     |     |
|------|---------|----------|--------|-----|-----|-----|-----|-----|---|-----|-----|
| Left | Triceps | Radial   | C6-7-8 | Nml | Nml | Nml | Nml | Nml | 0 | Nml | Nml |
| Left | Deltoid | Axillary | C5-6   | Nml | Nml | Nml | Nml | Nml | 0 | Nml | Nml |

#### NCV & EMG Findings:

Evaluation of the Left median motor nerve showed prolonged distal onset latency (5.2 ms). The Left median sensory nerve showed prolonged distal peak latency (5.5 ms) and decreased conduction velocity (Wrist-2nd Digit, 25 m/s). The Left median/radial (dig 1) comparison nerve showed prolonged distal peak latency (Median, 4.1 ms) and abnormal peak latency difference (Median-Radial, 1.5 ms). All remaining nerves (as indicated in the following tables) were within normal limits.

All examined muscles (as indicated in the following table) showed no evidence of electrical instability.

#### Impression:

##### 1. Abnormal Study.

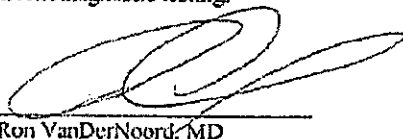
2. The above electrodiagnostic study reveals evidence of a moderate median entrapment neuropathy across the left wrist affecting sensory and motor components consistent with carpal tunnel syndrome. Involvement appears to be predominantly demyelinating.

3. There is no electrodiagnostic evidence of an ulnar or superficial radial sensory entrapment neuropathy in the in the left upper limb on today's examination.

4. There is no electrodiagnostic evidence of a cervical radiculopathy or brachial plexopathy in the left upper limb on today's examination. Classical radicular symptoms with a negative EMG/NCS may be attributed to nerve root irritation without axonal denervation or may be due to a pure sensory radiculopathy.

#### AGREE WITH RECOMMENDATION FOR CERVICAL MRI

These electrodiagnostic findings should be correlated clinically, as well as with any other evidence which may be available. Thank you for allowing me to participate in the care of this patient by performing this electrodiagnostic testing.

  
Ron VanDerNoord, MD

Patient Name: HELEN BROWN  
Date of Visit: 13-Apr-2020  
Document Type: WC New Visit  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Rush, Paul

DOB: [REDACTED]

are recommended and ordered of the left upper extremity to evaluate for possible mono neuropathy. MRI is recommended and ordered of the cervical spine to evaluate for cervical radiculitis. MRI is recommended and ordered of the left shoulder to evaluate for rotator cuff tear. MRI is recommended in ordered of the lumbar spine to evaluate for lumbar radiculitis. The patient is given a note for work - recommending no work at until she is seen in follow up. The patient will follow up with Dr. Rush after above mentioned studies have been obtained.

Dr. Rush supervising physician

cc: Workmans Compensation adjuster

Note: This note has been created with voice recognition software. While this note has been edited for accuracy, the software periodically misinterprets speech resulting in errors that might not have been caught in editing. In the event you find an unusual error in this record, please notify us at 704-323-2049 to resolve the same.

#### Assessment

1. Left shoulder pain (M25.512)
2. Low back pain (M54.5)
3. Neck pain (M54.2)

#### Orders

1. Start tramadol HCl - 50 MG Oral Tablet; TAKE 1 TABLET EVERY 6 HOURS  
AS NEEDED FOR PAIN
2. MRI C-Spine; Status: Active; Requested for: 13Apr2020;  
Weight : 165 lbs  
Steroid treatment? : Oral Meds  
NSAIDS? : Y  
Physical therapy? : Y  
Home exercises? : Y  
Prior surgery in area of scan? : N  
Has patient had conservative treatment? : Y  
Worker's Comp? : Y  
Claustrophobic? : N  
On Hold For Screening X-Rays : Screening X-Rays Not Needed  
Where is the metal? : Low Back/5th Lumbar  
Any chance of metal fragment in your eye or anything metal or mechanical in your body? : Yes  
Cochlear Ear Implant, Ocular Implant, Penile Implant, Other Implants? : N  
Heart Monitor, Cardiac Stent, Aneurysm Clips/Coil, Shunts? : N  
Cardiac Defibrillator, Pacemaker, Neurostimulator? : N  
Contrast : W/O Contrast
3. MRI Shoulder; Modifier: Left; Status: Active; Requested for: 13Apr2020;  
Weight : 165 lbs  
Steroid treatment? : Joint Injection  
NSAIDS? : Y  
Physical therapy? : Y  
Home exercises? : Y  
Prior surgery in area of scan? : N  
Has patient had conservative treatment? : Y  
Worker's Comp? : Y  
Claustrophobic? : N  
On Hold For Screening X-Rays : Screening X-Rays Not Needed  
Where is the metal? : Low Back 5th Lumbar

Patient Name: HELEN BROWN  
Date of Visit: 13-Apr-2020  
Document Type: WC New Visit  
Site Name: Park Rd - Onlio Carolina

MRN: 10982147  
Owner: Rish Paul

DOB: [REDACTED]

Any chance of metal fragment in your eye or anything metal or mechanical in your body? : Yes  
Cochlear Ear Implant, Ocular Implant, Penile Implant, Other Implants? : N  
Heart Monitor, Cardiac Stent, Aneurysm Clips/Coil, Shunts? : N  
Cardiac Defibrillator, Pacemaker, Neurostimulator? : N  
Contrast : W/O Contrast  
4. XRay Cervical Spine min 2V; Status: Complete; Done: 13Apr2020 08:50AM  
5. XRay Shoulder min 2V Left; Status: Complete; Done: 13Apr2020 08:50AM  
6. MRI L-Spine; Status: Active; Requested for: 13Apr2020;  
Weight : 165 lbs  
Steroid treatment? : Oral Meds  
NSAIDS? : Y  
Physical therapy? : Y  
Home exercises? : Y  
Prior surgery in area of scan? : Y  
Has patient had conservative treatment? : Y  
Worker's Comp? : Y  
Claustrophobic? : N  
On Hold For Screening X-Rays : Screening X-Rays Not Needed  
Where is the metal? : Lumbar Spine 5th Lumbar  
Any chance of metal fragment in your eye or anything metal or mechanical in your body? : Yes  
Cochlear Ear Implant, Ocular Implant, Penile Implant, Other Implants? : N  
Heart Monitor, Cardiac Stent, Aneurysm Clips/Coil, Shunts? : N  
Cardiac Defibrillator, Pacemaker, Neurostimulator? : N  
Contrast : W/O Contrast

#### Allergies

aspirin  
codeine  
IVP Dye

#### Current Meds

- Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution; INHALE 2 PUFFS BY MOUTH EVERY 4 HOURS AS NEEDED FOR WHEEZING COUGH
- amlodipine Besylate 5 MG Oral Tablet
- Montelukast Sodium 10 MG Oral Tablet; TAKE 1 TABLET BY MOUTH AT BEDTIME
- Potassium Chloride Crys ER 20 MEQ Oral Tablet Extended Release; TAKE 1 TABLET BY MOUTH ONCE DAILY WITH BREAKFAST
- Triamterene-HCTZ 75-50 MG Oral Tablet
- Tylenol CAPS

#### Active Problems

Hypertension (I10)  
Left knee pain (M25.562)  
Left shoulder pain (M25.512)  
Tobacco non-user (Z78.9)

#### Past Medical History

History of Aftercare following surgery (Z48.89)  
History of Lumbar pain (M54.5)  
History of Pre-op exam (Z01.818)

Patient Name: HELEN BROWN  
Date of Visit: 13-Apr-2020  
Document Type: WC New Visit  
Site Name: Park Rd - Ortho Carolina

MRN: 10962147  
Owner: Rush, Paul

DOB: [REDACTED]

#### Surgical History

History of Appendectomy  
History of Lower back surgery

#### Family History

##### Family History

Family history of cardiac disorder (Z82.49)  
Family history of diabetes mellitus (Z83.3)  
Family history of hypertension (Z82.49)  
Family history of myocardial infarction (Z82.49)  
Family history of pancreatic cancer (Z80.0)

#### Social History

Currently working  
Married  
Never a smoker  
No alcohol use  
Tobacco non-user (Z78.9)

#### Review of Systems

**GENERAL:** no recurring fever, no recent weight change and no decreased appetite.  
**HEENT:** no headache, no hoarseness, no vision problems, no hearing loss and no trouble swallowing.  
**RESP:** no cough and no difficulty breathing.  
**CV:** no chest pain and no palpitations.  
**GI:** no abdominal pain, no blood in stool, no heartburn, no nausea and no vomiting.  
**ENDO:** no excessive thirst and no temperature intolerance.  
**SKIN:** no skin problems, no easy bruising and no easy bleeding.  
**MUSC- SKEL:** See HPI.  
**NEURO:** no convulsions, no dizziness, no numbness and no tingling.  
**GU:** no painful urination, no change in urinary frequency and no blood in urine.  
**PSYCH:** no psychological disorder and no sleep disturbances.

#### Signatures

Electronically signed by : Phyllis Wilson, PA-C; Apr 13 2020 12:52PM EST

Patient Name: HELEN BROWN  
Date of Visit: 13-Apr-2020  
Document Type: Work Status S  
Site Name: Park Rd - OrthoCarolina

MRN: 10982147  
Owner: Rush, Paul

DOB: [REDACTED]

OrthoCarolina  
Work Status

Today's Date 4/13/2020

Is the injury work-related? ☐ Yes ☐ No

Patient name Helen Brown

Chart Number 10982147

Diagnosis LSH/LLN PAIN, Neck Pain, low back pain

Right ☐ Left ☐ Bilateral ☐

☒ Patient was seen in the office today. Please excuse from work.

☒ Should not return to work - Anticipated length of time out of work: out of work until seen

Return to work WITHOUT restrictions on 4/13/2020 or ☐ Today in February

Return to work WITH the following restrictions\* on 4/13/2020 or ☐ Today

Return to work no more than        hours per day beginning on 4/13/2020

☐ No lifting greater than        pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than        pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over        pounds above shoulder level,        pounds waist to shoulder,  
       pounds floor to waist.

☐ No work involving use of hand / arm (circle one)  
Right ☐ Left ☐ Both ☐  
Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work ONLY.

☐ No standing / walking over        minutes per hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature.        Hot        Cold        Both

☐ No driving (transportation may be provided)

☐ Continue with current work restrictions

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: Recommend no work until seen  
in physical therapy. Additional studies obtained

☐ Patient to start / continue physical / occupational therapy.

☐ Patient released from physical / occupational therapy.

☐ Follow up in:

Physician signature: Phyllis Wilson PAZ

Date 4/13/2020

Physician Name: Phyllis Wilson PAZ

Date 4/13/2020

Estimated date of MMI:       

\*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OUT OF WORK.  
For Workers' Comp inquiries only, call (704)323-2667 or fax (704)323-2007

Patient Name: HELEN BROWN  
Date of Visit: 11-Mar-2020  
Document Type: WC Follow Up Visit  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Smith, John

DOB: [REDACTED]

### Chief Complaint

Ms. BROWN is a 79 year old female who presents today for follow up of left knee pain.

### Dictation

#### HISTORY OF PRESENT ILLNESS:

Patient seen follow-up for her left knee. She is status post left knee arthroscopy in November of 2019. She is about 4 months out now at this time. She states that she has been put on hold by physical therapy. There has been no progress in strengthening and left lower extremity. She states she has difficulty with extension of the left knee. She continues to have an electrical sensation down the medial aspect of her left leg. She does focus on pain in the general area of her left knee.

#### PHYSICAL EXAM:

Patient is awake alert no apparent distress. She is rather flat affect. Skin is noted to be intact there is no labored breathing. Left knee shows slight warmth in maybe a slight fullness. Patellar grind test felt to be negative. Medial and lateral facets patella elicit no seem discomfort. Medial lateral joint line is mild mildly tender palpation. Quadriceps strength is noted to be 3/5 maximally. She has significant quadriceps atrophy. Hip flexors are about the same at 3/5. She does describe not unusual sensation with light touch down her left leg as well.

#### RADIOGRAPHS:

None taken

#### IMPRESSION:

Left lower extremity

#### PLAN:

Complaints. I do not feel ulnar issues can be associated with the left knee. I am concerned about the weakness within the left lower extremity. She may have a nerve lesion of some sort. I am recommending evaluation by a neurologist. It is concerning of there has been no progression with the use of physical therapy. I do not know that I have much more I can offer at this point. I will continue with present work restrictions.

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### Assessment

1. Aftercare following surgery (Z48.89)
2. Left knee pain (M25.562)

### Vitals

#### Vitals Panel

Height: 5 ft 4 in  
Weight: 165 lb  
BMI Calculated: 28.32  
BSA Calculated: 1.8  
Pain Scale: 5

### Allergies

aspirin  
codeine

Patient Name: HELEN BROWN  
Date of Visit: 11-Mar-2020  
Document Type: WC Follow Up Visit  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Smid, John

DOB: [REDACTED]

IVP Dye

#### Current Meds

- amlODIPine Besylate 5 MG Oral Tablet
- Montelukast Sodium 10 MG Oral Tablet; TAKE 1 TABLET BY MOUTH AT BEDTIME
- Potassium Chloride Crys ER 20 MEQ Oral Tablet Extended Release; TAKE 1 TABLET BY MOUTH ONCE DAILY WITH BREAKFAST
- Triamterene-HCTZ 75-50 MG Oral Tablet
- Tylenol CAPS

#### Active Problems

Aftercare following surgery (Z48.89)  
Hypertension (I10)  
Left knee pain (M25.562)  
Tobacco non-user (Z78.9)

#### Past Medical History

History of Lumbar pain (M54.5)  
History of Pre-op exam (Z01.818)

#### Surgical History

History of appendectomy  
History of lower back surgery

#### Family History

Family History  
Family history of cardiac disorder (Z82.49)  
Family history of diabetes mellitus (Z83.3)  
Family history of hypertension (Z82.49)  
Family history of myocardial infarction (Z82.49)  
Family history of pancreatic cancer (Z80.0)

#### Social History

Currently working  
Married  
Never a smoker  
No alcohol use  
Tobacco non-user (Z78.9)

#### Review of Systems

**GENERAL:** no recurring fever, no recent weight change and no decreased appetite.  
**EYES:** no vision impairment.  
**NEURO:** no dizziness, no tingling, no burning sensation and no numbness.  
**MUSC- SKEL:** See HPI.

#### Signatures

Electronically signed by : John Smid, M.D.; Mar 11 2020 3:28PM EST



Patient Name: HELEN BROWN  
Date of Visit: 11-Mar-2020  
Document Type: Work Status S  
Site Name: Park Rd - OrthoCarolina

MRN: 10982147  
Owner: Snid, John

DOB: [REDACTED]

OrthoCarolina  
Work Status

Today's Date 03/11/20

Is the injury work-related? ☐ Yes ☐ No

Patient name HELEN

BROWN

Chart Number 10982147

Diagnosis \_\_\_\_\_

Right ☐ Left ☐ Bilateral ☐

☐ Patient was seen in the office today. Please excuse from work.

☐ Should not return to work - Anticipated length of time out of work: \_\_\_\_\_

☐ Return to work WITHOUT restrictions on \_\_\_\_/\_\_\_\_/\_\_\_\_ or ☐ Today

☒ Return to work WITH the following restrictions\* on 3/11/20 or ☐ Today

Return to work no more than \_\_\_\_ hours per day beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ No lifting greater than \_\_\_\_ pounds Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than \_\_\_\_ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over \_\_\_\_ pounds above shoulder level, \_\_\_\_ pounds waist to shoulder, \_\_\_\_ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)  
Right ☐ Left ☐ Both ☐  
Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☒ Sit down work ONLY.

☐ No standing / walking over \_\_\_\_ minutes per hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. \_\_\_\_ Hot \_\_\_\_ Cold \_\_\_\_ Both

☐ No driving (transportation may be provided)

☐ Continue with current work restrictions

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: \_\_\_\_\_

☐ Patient to start / continue physical / occupational therapy.

☐ Patient released from physical / occupational therapy.

☐ Follow up in: \_\_\_\_\_

Physician signature: [Signature] Date 03/11/20

Physician Name: JOHN SNID, MD Date 03/11/20

Estimated date of MMI: \_\_\_\_\_

\*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OUT OF WORK. For Workers' Comp inquiries only, call (704)323-2667 or fax (704)323-2007

Patient Name: HELEN BROWN  
Date of Visit: 30-Jan-2020  
Document Type: Follow Up  
Site Name: Park Rd - Ortho Carolina

MRN: 10962147  
Owner: Smid, John

DOB: [REDACTED]

### Chief Complaint

Ms. BROWN is a 79 year old female who presents today for left knee pain.

### Dictation

#### HISTORY OF PRESENT ILLNESS:

The patient seen follow-up for her left arthroscopy. She is about 2 and half months out at this point. She still has complaints of pain effusion within the left knee. Describes pain anterior aspect of her thigh when down to the anterior medial aspect of her leg. She states she has had her last day of physical therapy and she was started in notice some improvement. She still in seated duty at this time.

#### PHYSICAL EXAM:

Patient is awake alert no apparent distress. There is no labored breathing skin is noted be intact. Left lower extremity is grossly intact to neurovascular examination. Portal sites have healed quite nicely. Minimal evidence of effusion within the left knee. She is tender palpation along the anterior aspect of the thigh. She has some discomfort towards the anterior medial aspect of the leg. States the pain stops at the level of the mid leg. Hip flexors are graded as 3+ over 5 on the left side. Patellar grind test does elicits some discomfort. Medial lateral facets patella elicit discomfort. Both medial lateral joint lines tender palpation.

#### RADIOGRAPHS:

None taken

#### IMPRESSION:

As above

#### PLAN:

It may be that the patient does have some radicular symptoms left lower extremity. Particular with the weakness that she is noticing in the hip flexors as well as in the thigh. She may require evaluation of this area. I am going to recommend continued physical therapy. I had a long discussion as the findings of her knee. She is 79 years old had some evidence of significant degenerative changes within that knee. Will continue with seated duty at this point. I will see her back about 6 weeks time.

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### Assessment

1. Left knee pain (M25.562)
2. Never a smoker
3. Aftercare following surgery (Z48.89)

### Vitals

#### Vitals Panel

Height: 5 ft 4 in  
Weight: 173 lb  
BMI Calculated: 29.7  
BSA Calculated: 1.84  
Pain Scale: 5

### Allergies

Patient Name: HELEN BROWN  
Date of Visit: 30-Jan-2020  
Document Type: Follow Up  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Smid, John

DOB: [REDACTED]

aspirin  
codeine  
IVP Dye

#### Current Meds

- amlODIPine Besylate 5 MG Oral Tablet
- Montelukast Sodium 10 MG Oral Tablet; TAKE 1 TABLET BY MOUTH AT BEDTIME
- Potassium Chloride-Crys ER 20 MEQ Oral Tablet Extended Release; TAKE 1 TABLET BY MOUTH ONCE DAILY WITH BREAKFAST
- Triamterene-HCTZ 75-50 MG Oral Tablet
- Tylenol CAPS

#### Active Problems

Aftercare following surgery (Z48.89)  
Hypertension (I10)  
Left knee pain (M25.562)  
Tobacco non-user (Z78.9)

#### Past Medical History

History of Lumbar pain (M54.5)  
History of Pre-op exam (Z01.818)

#### Surgical History

History of appendectomy  
History of lower back surgery

#### Family History

Family History  
Family history of cardiac disorder (Z82.49)  
Family history of diabetes mellitus (Z83.3)  
Family history of hypertension (Z82.49)  
Family history of myocardial infarction (Z82.49)  
Family history of pancreatic cancer (Z80.0)

#### Social History

Currently working  
Married  
Never a smoker  
No alcohol use  
Tobacco non-user (Z78.9)

#### Review of Systems

**GENERAL:** no recurring fever, no recent weight change and no decreased appetite.  
**EYES:** no vision impairment.  
**NEURO:** no dizziness, no tingling, no burning sensation and no numbness.  
**MUSC- SKEL:** See HPI.

#### Signatures

Electronically signed by : John Smid, M.D.; Jan 30 2020 2:18PM EST

Patient Name: HELEN BROWN  
Date of Visit: 30-Jan-2020  
Document Type: Work Status S  
Site Name: Park Rd - OrthoCarolina

MRN: 10982147  
Owner: Smid, John

DOB: [REDACTED]

OrthoCarolina  
Work Status

Today's Date 01/30/20

Is the injury work-related? ☐ Yes ☐ No

Patient name HELEN BROWN

Chart Number 10982147

Diagnosis \_\_\_\_\_

Right ☐ Left ☐ Bilateral ☐

\_\_\_\_ Patient was seen in the office today. Please excuse from work.

\_\_\_\_ Should not return to work - Anticipated length of time out of work: \_\_\_\_\_

\_\_\_\_ Return to work WITHOUT restrictions on \_\_\_\_\_ or ☐ Today

☒ Return to work WITH the following restrictions\* on 1/30/20 or ☐ Today

Return to work no more than \_\_\_\_\_ hours per day beginning on \_\_\_\_\_

☐ No lifting greater than \_\_\_\_\_ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than \_\_\_\_\_ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over \_\_\_\_\_ pounds above shoulder level, \_\_\_\_\_ pounds waist to shoulder,  
\_\_\_\_\_ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐ Left ☐ Both ☐  
Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment

☒ Sit down work ONLY.

☐ No standing / walking over \_\_\_\_\_ minutes per hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. \_\_\_\_\_ Hot \_\_\_\_\_ Cold \_\_\_\_\_ Both

☐ No driving (transportation may be provided)

☐ Continue with current work restrictions

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: \_\_\_\_\_

\_\_\_\_ Patient to start / continue physical / occupational therapy.

\_\_\_\_ Patient released from physical / occupational therapy.

☐ Follow up in: \_\_\_\_\_

Physician signature: [Signature] 3/11/20 @ 3:00

Date 01/30/20

Physician Name: JOHN SMID, MD

Date 01/30/20

Estimated date of MMI: \_\_\_\_\_

\*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OUT OF WORK  
For Workers' Comp inquiries only, call (704)323-2667 or fax (704)323-2007

Patient Name: HELEN BROWN

MRN: 10982147

DOB: [REDACTED]

Date of Visit: 30-Dec-2019

Owner: Smid, John

Document Type: Follow Up

Site Name: Park Rd - Ortho Carolina

### Chief Complaint

Ms. BROWN is a 79 year old female who presents today for follow up of left knee pain and status post: left knee arthroscopy . Date of surgery: 11/12/19.

### Dictation

#### HISTORY OF PRESENT ILLNESS:

Patient seen follow-up for her left knee. Status post arthroscopy. She is about 1 month out now. She has had 1 therapy visit. She has complaints about swelling within the knee has sensation of knee is giving way. She has not been return to work on seated duty.

#### PHYSICAL EXAM:

Patient is awake alert no apparent distress. There is no labored breathing skin is noted be intact. Left lower extremity is grossly intact to neurovascular emanation. Appears to be a grade 1 effusion within the left knee with some warmth. Patellar grind test elicits some discomfort. Both medial and lateral joint lines do elicits some discomfort. Is no pain within the popliteal fossa.

#### RADIOGRAPHS:

None taken

#### IMPRESSION:

Status post left knee arthroscopy

#### PLAN:

I will have her continue with the outpatient physical therapy. Continue seated duty only. Discussed giving way as being fatigue of the muscles. Discussed the warmth and swelling just being secondary to surgery. I will see the patient back in about 4 to 6 weeks time.

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### Assessment

1. Left knee pain (M25.562)
2. Aftercare following surgery (Z48.89)

### Vitals

#### Vitals Panel

Height: 5 ft 4 in  
Weight: 173 lb  
BMI Calculated: 29.7  
BSA Calculated: 1.84  
Pain Scale: 5

### Allergies

aspirin  
codeine  
IVP Dye

### Current Meds

- amLODIPine Besylate 5 MG Oral Tablet

Patient Name: HELEN BROWN  
Date of Visit: 30-Dec-2019  
Document Type: Follow Up  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Smid, John

DOB: [REDACTED]

- HYDROMORPHONE HCl - 2 MG Oral Tablet; TAKE 1 TABLET EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN
- Montelukast Sodium 10 MG Oral Tablet; TAKE 1 TABLET BY MOUTH AT BEDTIME
- Potassium Chloride Crys ER 20 MEQ Oral Tablet Extended Release; TAKE 1 TABLET BY MOUTH ONCE DAILY WITH BREAKFAST
- Triamterene-HCTZ 75-50 MG Oral Tablet
- Tylenol CAPS

#### Active Problems

Aftercare following surgery (Z48.89)  
Hypertension (I10)  
Left knee pain (M25.562)  
Tobacco non-user (Z78.9)

#### Past Medical History

History of Lumbar pain (M54.5)  
History of Pre-op exam (Z01.818)

#### Surgical History

History of appendectomy  
History of lower back surgery

#### Family History

##### Family History

Family history of cardiac disorder (Z82.49)  
Family history of diabetes mellitus (Z83.3)  
Family history of hypertension (Z82.49)  
Family history of myocardial infarction (Z82.49)  
Family history of pancreatic cancer (Z80.0)

#### Social History

Currently working  
Married  
Never a smoker  
No alcohol use  
Tobacco non-user (Z78.9)

#### Review of Systems

**GENERAL:** no recurring fever, no recent weight change and no decreased appetite.  
**EYES:** visual impairment corrected with glasses/contacts.  
**NEURO:** no dizziness, no tingling, no burning sensation and no numbness.  
**MUSC- SKEL:** See HPI.

#### Signatures

Electronically signed by : John Smid, M.D.; Dec 30 2019 2:55PM EST

Patient Name: HELEN BROWN  
Date of Visit: 30-Dec-2019  
Document Type: Work Status S  
Site Name: Park Rd - OrthoCarolina

MRN: 10982147  
Owner: Snid John

DOB: [REDACTED]

OrthoCarolina  
Work Status

Today's Date 12/30/19

Is the injury work-related? ☐ Yes ☐ No

Patient name HELEN BROWN

Chart Number 10982147

Diagnosis \_\_\_\_\_ Right ☐ Left ☐ Bilateral ☐

☐ Patient was seen in the office today. Please excuse from work.  
☐ Should not return to work - Anticipated length of time out of work: \_\_\_\_\_  
☐ Return to work **WITHOUT** restrictions on \_\_\_\_/\_\_\_\_/\_\_\_\_ or ☐ Today  
☒ Return to work **WITH** the following restrictions\* on 12/30/19 or ☐ Today  
Return to work no more than \_\_\_\_ hours per day beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ No lifting greater than \_\_\_\_ pounds. Right ☐ Left ☐ Both ☐  
☐ No prolonged bending, stooping, squatting, kneeling, or twisting.  
☐ No pushing or pulling greater than \_\_\_\_ pounds. Right ☐ Left ☐ Both ☐  
☐ No prolonged reaching overhead or extreme positions of the neck.  
☐ No lifting over \_\_\_\_ pounds above shoulder level, \_\_\_\_ pounds waist to shoulder, \_\_\_\_ pounds floor to waist.  
☐ No work involving use of hand / arm (circle one)  
Right ☐ Left ☐ Both ☐  
Repetitive ☐ Strong grip ☐ At all ☐  
☐ No working on or driving power moving equipment.  
☒ Sit down work ONLY.  
☐ No standing / walking over \_\_\_\_ minutes per hour.  
☐ No ladder / stair-climbing.  
☐ Avoid significant exposure to extremes of temperature. \_\_\_\_ Hot \_\_\_\_ Cold \_\_\_\_ Both  
☐ No driving (transportation may be provided)  
☐ Continue with current work restrictions  
Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐  
Additional modified duty restrictions / comments: \_\_\_\_\_

☐ Patient to start / continue physical / occupational therapy.  
☐ Patient released from physical / occupational therapy.

☐ Follow up in: \_\_\_\_\_  
Physician signature: [Signature] Date 12/30/19  
Physician Name: JOHN SNID, MD Date 12/30/19

Estimated date of MMI: \_\_\_\_\_

\*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OUT OF WORK.  
For Workers' Comp Inquiries only, call (704)323-2667 or fax (704)323-2007

Patient Name: HELEN BROWN  
Date of Visit: 25-Nov-2019  
Document Type: Post-Op  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Smith, John

DOB: [REDACTED]

### Chief Complaint

Ms. BROWN is a 79 year old female who presents today status post left knee arthroscopy.  
Date of surgery: 11/12/19.

### Dictation

#### HISTORY OF PRESENT ILLNESS:

The patient seen follow-up for her left knee. She is status post arthroscopy with partial lateral meniscectomy and chondroplasties. She has complaints of knee giving way. Having about 3 or 4 times since the operation. She is using a cane to ambulate. She does not describe much in way of pain.

#### PHYSICAL EXAM:

Patient is awake alert no apparent distress. There is no labored breathing skin is noted be intact. Left lower extremity is grossly intact neurovascular emanation. Grade 2 effusion within the left knee. Portal sites look good.

#### RADIOGRAPHS:

None taken

#### IMPRESSION:

Status post left knee arthroscopy

PLAN: We will remove sutures and apply Steri-Strips. May weightbear as tolerated. I am recommending formalized physical therapy. I did not have the arthroscopic pictures to review. Patient may perform seated duty while at work. I will re-evaluate about 4 to 5 weeks time.

Note: This note has been created with voice recognition software. While this note has been edited for accuracy, the software periodically misinterprets speech resulting in errors that might not have been caught in editing. In the event you find an unusual error in this record, please notify us at 704-323-2049 to resolve the same.

### Assessment

1. Left knee pain (M25.562)
2. Aftercare following surgery (Z48.89)

### Allergies

aspirin  
codeine  
IVP Dye

### Current Meds

- amlODIPine Besylate 5 MG Oral Tablet
- HYDRomorphone HCl - 2 MG Oral Tablet; TAKE 1 TABLET EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN
- Montelukast Sodium 10 MG Oral Tablet; TAKE 1 TABLET BY MOUTH AT BEDTIME
- Potassium Chloride Crys ER 20 MEQ Oral Tablet Extended Release; TAKE 1 TABLET BY MOUTH ONCE DAILY WITH BREAKFAST
- Triamterene-HCTZ 75-50 MG Oral Tablet
- Tylenol CAPS

### Surgical History



Patient Name: HELEN BROWN  
Date of Visit: 25-Nov-2019  
Document Type: Post-Op  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Smid, John

DOB: [REDACTED]

History of appendectomy  
History of lower back surgery

#### Review of Systems

**GENERAL:** no recurring fever, no recent weight change and no decreased appetite.

**EYES:** visual impairment corrected with glasses/contacts.

**NEURO:** no dizziness, no tingling, no burning sensation and no numbness.

**MUSC- SKEL:** See HPI.

#### Signatures

Electronically signed by : John Smid, M.D.; Nov 25 2019 8:49AM EST

Patient Name: HELEN BROWN  
Date of Visit: 25-Nov-2019  
Document Type: Work Status S  
Site Name: Park Rd - OrthoCarolina

MRN: 10982147  
Owner: Sund, John

DOB: [REDACTED]

OrthoCarolina  
Work Status

Today's Date 11/25/19

Is the injury work-related? ☐ Yes ☐ No

Patient name HELEN

BROWN

Chart Number 10982147

Diagnosis \_\_\_\_\_

Right ☐ Left ☐ Bilateral ☐

☐ Patient was seen in the office today. Please excuse from work.

☐ Should not return to work - Anticipated length of time out of work: \_\_\_\_\_

☐ Return to work WITHOUT restrictions on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ or ☐ Today

☒ Return to work WITH the following restrictions\* on 11/26/19 or ☐ Today

Return to work no more than \_\_\_\_\_ hours per day beginning on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

☐ No lifting greater than \_\_\_\_\_ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than \_\_\_\_\_ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over \_\_\_\_\_ pounds above shoulder level, \_\_\_\_\_ pounds waist to shoulder, \_\_\_\_\_ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)  
Right ☐ Left ☐ Both ☐  
Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☒ Sit down work ONLY.

☐ No standing / walking over \_\_\_\_\_ minutes per hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. \_\_\_\_\_ Hot \_\_\_\_\_ Cold \_\_\_\_\_ Both

☐ No driving (transportation may be provided)

☐ Continue with current work restrictions

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: \_\_\_\_\_

☐ Patient to start / continue physical / occupational therapy.

☐ Patient released from physical / occupational therapy.

☐ Follow up in: \_\_\_\_\_

Physician signature: [Signature]

Date 11/25/19

Physician Name: JOHN SMID, MD

Date 11/25/19

Estimated date of MMI: \_\_\_\_\_

\*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OUT OF WORK. For Workers' Comp inquiries only, call (704)323-2667 or fax (704)323-2007

Patient Name: HELEN BROWN  
Date of Visit: 13-Nov-2019  
Document Type: Work Status S  
Site Name: Park Rd - OrthoCarolina

MRN: 10982147  
Owner: AHSAdmin, AHS

DOB: [REDACTED]

OrthoCarolina  
Work Status

Today's Date 11/13/19

Is the injury work-related? ☐ Yes ☐ No

Patient name HELEN BROWN

Chart Number 10982147

Diagnosis \_\_\_\_\_ Right ☐ Left ☐ Bilateral ☐

- \_\_\_\_ Patient was seen in the office today. Please excuse from work.
- ☒ Should not return to work - Anticipated length of time out of work: Totally out 11/12/19 - 11/25/19
- \_\_\_\_ Return to work WITHOUT restrictions on \_\_\_\_/\_\_\_\_/\_\_\_\_ or ☐ Today
- ☒ Return to work WITH the following restrictions\* on 11/26/19 or ☐ Today
- Return to work no more than \_\_\_\_ hours per day beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ No lifting greater than \_\_\_\_ pounds. Right ☐ Left ☐ Both ☐
- ☐ No prolonged bending, stooping, squatting, kneeling, or twisting.
- ☐ No pushing or pulling greater than \_\_\_\_ pounds. Right ☐ Left ☐ Both ☐
- ☐ No prolonged reaching overhead or extreme positions of the neck.
- ☐ No lifting over \_\_\_\_ pounds above shoulder level, \_\_\_\_ pounds waist to shoulder, \_\_\_\_ pounds floor to waist.
- ☐ No work involving use of hand / arm (circle one)  
Right ☐ Left ☐ Both ☐  
Repetitive ☐ Strong grip ☐ At all ☐
- ☐ No working on or driving power moving equipment.
- ☒ Sit down work ONLY.
- ☐ No standing / walking over \_\_\_\_ minutes per hour.
- ☐ No ladder / stair-climbing.
- ☐ Avoid significant exposure to extremes of temperature. \_\_\_\_ Hot \_\_\_\_ Cold \_\_\_\_ Both
- ☐ No driving (transportation may be provided)
- ☐ Continue with current work restrictions

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: Surgery 11/12/19

\_\_\_\_ Patient to start / continue physical / occupational therapy.  
\_\_\_\_ Patient released from physical / occupational therapy.

☐ Follow up in: 11/25/19 @ 9:40 - 1 MD

Physician signature: \_\_\_\_\_ Date 11/13/19

Physician Name: JOHN SMID, MD Date 11/13/19

Estimated date of MMI: \_\_\_\_\_

\*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OUT OF WORK.  
For Workers' Comp inquiries only, call (704)323-2667 or fax (704)323-2007

Patient Name: HELEN BROWN  
Date of Visit: 12-Nov-2019  
Document Type: OP Note S  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Smid, John

DOB: [REDACTED]

11/13/2019

Brown, Helen (MRN 80123926) Printed by COTTINGHAM, JENNIFER [45910]

Brown, Helen (MRN 80123926) Encounter Date: 10/30/2019

# 10982147

MRN: 83123926

Brown, Helen

John A Smid, MD  
Physician  
Orthopedics  
Procedure: LEFT KNEE  
ARTHROSCOPY--F/U 11/25 @  
9:40AM  
Op Note  
Signed  
Date of Service: 11/12/2019 5:20 PM  
Case Time: 11/12/2019 6:20 PM  
Surgeon: John A Smid, MD

Signed

Knee Arthroscopy Operative  
Note

PATIENT NAME: Helen Brown  
PATIENT MRN #: 80123926  
PATIENT HAR #: 80200123492  
DATE OF BIRTH: [REDACTED]  
DATE: 11/12/2019 TIME: 7:12 PM

DATE OF PROCEDURE: 11/12/2019  
TIME OF PROCEDURE: 5:00 PM

SURGEON: Surgeon(s) and Role:  
\* John A Smid, MD - Primary

1st ASSIST: Circulator: Darryl Evers V  
Scrub Person: Christina Blevins, CST; Lindsey M Wright, CST

ANESTHESIA TYPE: General

PREOPERATIVE DIAGNOSIS: Left knee pain with MRI evidence of chondromalacia

POSTOPERATIVE DIAGNOSIS: Chondromalacia grade 2 anterior medial tibial plateau, grade 2 lateral tibial plateau, grade 4 superior pole of the patella with hypertrophic synovitis and inner rim tear of the lateral meniscus, left knee

PROCEDURE PERFORMED: Procedure(s) (LRB):  
LEFT KNEE ARTHROSCOPY--F/U 11/25 @ 9:40AM (Left) left knee arthroscopy with partial lateral meniscectomy and chondroplasty of the medial tibial plateau, lateral tibial plateau and major synovectomy

Additional Performed CPT Codes: None

Additional Scheduled CPT Codes: None

OPERATIVE INDICATIONS: 79-year-old female seen in injury to her left knee while at work. She is failed conservative treatment including medications injections. She has pain on a daily basis. She has pain with weightbearing as well as ambulation. MRI showed evidence of some chondromalacia. Felt that arthroscopic evaluation may be warranted due to the patient's chronic pain.

Brown, Helen (MRN 80123926) Printed by Jennifer Cottingham [46910] at 11/13/19 10:38 AM

[https://scotlandhsc.hlink.com/ScotlandLink\\_PRD/common/opic\\_main.asp?menu=chartreview&sub=snapshot](https://scotlandhsc.hlink.com/ScotlandLink_PRD/common/opic_main.asp?menu=chartreview&sub=snapshot)

1/3

Patient Name: HELEN BROWN  
Date of Visit: 12-Nov-2019  
Document Type: OP Note S  
Site Name: Park Rd - Ortho Carolina

MIRN: 10982147  
Owner: Smid, John

DOB: [REDACTED]

11/13/2019

Brown, Helen (MRN 80123925) Printed by COTTINGHAM, JENNIFER [46910]

# 10982147

Brown, Helen (MRN 80123925) Encounter Date: 10/30/2019

**DESCRIPTION OF PROCEDURE:** The patient was taken to the operating room and placed on the OR table in the supine position general anesthesia smoothly induced. Weight appropriate Ancef was given intravenously preoperatively. The tourniquet was applied to patient's left thigh. The left lower extremity was then placed in the leg holder. The extremity was then sterilely prepped and draped in usual manner. Following the appropriate timeout, the extremity was elevated and exsanguinated using Esmarch. The tourniquet was inflated to 250 mmHg. Attention was then turned to the superior lateral aspect of the knee. The inflow portal was created at the interval of the iliotibial band and extensor mechanism. It was opened using 11 blade. The inflow cannula was inserted using a blunt trocar and placed within the suprapatellar pouch. The knee was then insufflated using sterile Lactated Ringer's from the Arthrotek pump. Attention was then turned to the anterior lateral aspect of the knee. The arthroscopic portal was created approximately 1 cm proximal to the tibial plateau and adjacent to the lateral border of the patella tendon. It was opened using an 11 blade. The arthroscopic cannula was inserted using a blunt trocar directed towards the intercondylar notch. It was then placed within the suprapatellar pouch. The arthroscope was then inserted in the arthroscopic cannula. Attention was then turned to the medial gutter. There is no gross abnormalities noted within the medial gutter. The arthroscope was then placed in the anterior aspect of the medial compartment. At this point, the anterior medial portal was created using 18-gauge spinal needle to localize the site. It was opened using 11 blade and dilated using a blunt trocar. The arthroscopic probe was then inserted. There is difficulty with visualization due to hypertrophic synovitis in the 4.5 aggressive shaver was inserted to perform a synovectomy at the anterior aspect of the medial compartment anterior compartment as well as lateral compartment. The anterior compartment was then evaluated. Is noted the medial meniscus was intact to visualization and probing. The cartilage was firm and had all crystalline appearing deposits throughout the articular surface. There is felt to be chondral malacia grade 2 in the anterior aspect of the medial tibial plateau. Her chondroplasty was performed using a 4.5 aggressive shaver. Attention was then turned to the anterior aspect of the knee. The anterior cruciate ligament was then evaluated. The ACL was probed and evaluated. Drawer test was felt to be negative. The arthroscope was then placed within the anterior aspect of the lateral compartment. There was noted to be a tear, apparently degenerative of the inner rim of the lateral meniscus was noted at the mid body. This felt to be some chondromalacia of the lateral tibial plateau more so medially as well. A partial meniscectomy was performed using the 4.5 aggressive shaver as well as a 50 degree ArthroWand to contour the remainder the meniscus. Chondroplasty was performed using a 4.5 aggressive shaver. Attention was then turned to the patellofemoral joint. Completion synovectomy was then performed using the shaver. It was noted that the superior aspect of the patella was essentially devoid of cartilage. The inferior half of the patella did have articular cartilage but it was felt to be thinner and firmer than normal. Patellofemoral tracking was within normal limits. The tourniquet was released and hemostasis was obtained using the ArthroWand. At this point, all instruments were removed from the knee. The knee was then thoroughly irrigated using copious amounts of sterile lactated Ringer from the Arthrotek pump. The cannula was removed and portals were closed using 4-0 nylon interrupted simple stitches. 30 cc of a solution containing 15 cc ropivacaine, 10 cc of injectable saline, and 5 mg Duramorph were injected into the portals in the postoperative analgesia. The incisions were then dressed using Xeroform 4 x 4 dressings ABDs sterile web roll and an Ace wrap. The patient was extubated and smoothly transferred from your table to the hospital gurney. They will return to the recovery room in stable condition. Needle and sponge counts are correct x2.

**SPECIMENS:** None

**ESTIMATED BLOOD LOSS:** 30 cc

**COMPLICATIONS:** \* No complications entered in OR log \*

**IMPLANTS/GRAFTS:** None

Brown, Helen (MRN 80123925) Printed by Jennifer Cottingham [46910] at 11/13/19 10:38 AM

[https://scolinahealthlink.com/Scot2ndLink\\_PRD/common/epic\\_main.asp?menu=chartreview&sub=snapshot](https://scolinahealthlink.com/Scot2ndLink_PRD/common/epic_main.asp?menu=chartreview&sub=snapshot)

2/3

Patient Name: HELEN BROWN  
Date of Visit: 12-Nov-2019  
Document Type: OP Note S  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Smid, John

DOB: [REDACTED]

11/13/2019

Brown, Helen (MRN 80123926) Printed by: COTTINGHAM, JENNIFER [46310]

Brown, Helen (MRN 80123926) Encounter Date: 10/30/2019

#10982147

**TOURNIQUET TIME:**  
Total Tourniquet Time Documented:  
Thigh (Left) - 28 minutes  
Total: Thigh (Left) - 28 minutes

**Electronically Signed:**  
John A Smid, MD

Admission  
(Discharged) on  
11/12/2019

Brown, Helen (MRN 80123926) Printed by Jennifer Cottingham [46910] at 11/13/19 10:38 AM

Patient Name: HELEN BROWN  
Date of Visit: 05-Nov-2019  
Document Type: Admission H&P  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Wilson, Hydlis

DOB: [REDACTED]

### Chief Complaint

Ms. BROWN is a 79 year old female who presents today for Pre-op exam Left knee pain.

### Dictation

#### HISTORY OF PRESENT ILLNESS:

This is a 79-year-old female who is being followed by Dr. Smid left knee pain. The patient sustained an injury while at work on 5/30/19 when she fell landing on her left knee and left arm. Recent MRI of the left knee showed evidence of chondromalacia involving the anterior aspect lateral femoral condyle with adjacent underlying subchondral cyst reactive edema. The patient has failed conservative treatment. Dr. Smid has recommended left knee arthroscopy. The patient has elected to proceed with surgery.

#### PHYSICAL EXAM:

Patient is alert and oriented x3. Respirations are unlabored. She uses a cane for ambulation.

Head - atraumatic, normocephalic.

Neck - supple.

Cardiovascular - heart has regular rate and rhythm.

Lungs - clear to auscultation.

Abdomen - soft with positive bowel sounds x 4.

Extremities - left knee exam reveals no swelling. She has tenderness to palpation along the medial and lateral joint lines. Crepitus is noted near full patellofemoral range of motion. Distal neurovascular status is intact.

#### IMPRESSION:

Continued left knee pain following injury at work

#### PLAN:

Preoperative orders written for left knee arthroscopy with Dr. John Smid on 11/12/19.

cc; SMH Pre Admission Testing

### Assessment

1. Left knee pain (M25.562)
2. Tobacco non-user (Z78.9)
3. Never a smoker
4. Pre-op exam (Z01.818)

### Vitals

#### Vitals Panel

Blood Pressure: 139 / 96

Heart Rate: 74

Respiration: 16

Height: 5 ft 4 in

Weight: 173 lb

BMI Calculated: 29.7

BSA Calculated: 1.84

Pain Scale: 8

Any falls in the past year?: No

Any falls with injury in the past year?: No

### Allergies

aspirin  
codeine

Patient Name: HELEN BROWN  
Date of Visit: 05-Nov-2019  
Document Type: Admission H&P  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Wilson, Phyllis

DOB: [REDACTED]

IVP Dye

#### Current Meds

- amlODIPine Besylate 5 MG Oral Tablet
- Triamterene-HCTZ 75-50 MG Oral Tablet
- Tylenol CAPS

#### Active Problems

Hypertension (I10)  
Left knee pain (M25.562)  
Pre-op exam (Z01.818)  
Tobacco non-user (Z78.9)

#### Past Medical History

History of Lumbar pain (M54.5)

#### Surgical History

History of appendectomy  
History of lower back surgery

#### Family History

Family History  
Family history of cardiac disorder (Z82.49)  
Family history of diabetes mellitus (Z83.3)  
Family history of hypertension (Z82.49)  
Family history of myocardial infarction (Z82.49)  
Family history of pancreatic cancer (Z80.0)

#### Social History

Currently working  
Married  
Never a smoker  
No alcohol use  
Tobacco non-user (Z78.9)

#### Review of Systems

**GENERAL:** no recurring fever, no recent weight change and no decreased appetite.  
**HEENT:** no headache, no hoarseness, no vision problems, no hearing loss and no trouble swallowing.  
**RESP:** no cough and no difficulty breathing.  
**CV:** no chest pain and no palpitations.  
**GI:** no abdominal pain, no blood in stool, no heartburn, no nausea and no vomiting.  
**ENDO:** no excessive thirst and no temperature intolerance.  
**SKIN:** no skin problems, no easy bruising and no easy bleeding.  
**MUSC- SKEL:** See HPI.  
**NEURO:** no convulsions, no dizziness, no numbness and no tingling.  
**GU:** no painful urination, no change in urinary frequency and no blood in urine.  
**PSYCH:** no psychological disorder and no sleep disturbances.

#### Signatures

Electronically signed by : Phyllis Wilson, PA-C; Nov 5 2019 8:57AM EST



Patient Name: HELEN BROWN  
Date of Visit: 19-Aug-2019  
Document Type: WC Follow Up Visit  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Smid, John

DOB: [REDACTED]

### Chief Complaint

Ms. BROWN is a 79 year old female who presents today for follow up of left knee pain.

### Dictation

#### HISTORY OF PRESENT ILLNESS:

Patient is seen follow-up for her left knee. She underwent intra-articular steroid injection at her last visit. She states she had some improvement for about a week. She states she has great difficulty with that hip weight-bearing. She states she has pain diffusely in the anterior aspect of her left knee. She complains about sitting at work because when she gets up it hurts.

#### PHYSICAL EXAM:

Patient is awake alert and quite teary-eyed and crying. There is no labored breathing and the skin is noted to be intact. The left lower extremity is grossly intact to neurovascular examination. No gross evidence of effusion. She has pain with full extension left knee. Patellar grind test elicits discomfort. Patella tendon itself elicits minimal discomfort. Anterior medial joint line is tender palpation. She appears stable to varus valgus stressing at 5 and 30 degrees. He can she is crying during the examination. Both medial and lateral joint lines are quite tender palpation.

#### RADIOGRAPHS:

Previous MRI was obtained which shows evidence of chondromalacia involving the anterior aspect lateral femoral condyle with adjacent underlying subchondral cysts reactive edema.

#### IMPRESSION:

Continued left knee pain following injury at work.

#### PLAN:

I feel attempted arthroscopic evaluation warranted. Chondromalacia may be more significant and may require chondral abrasion in addition to a chondroplasty. Will see if we get this authorized from worker's Comp. In the meanwhile, she should continue with current work restrictions which is essentially seated duty.

Note: This note has been created with voice recognition software. While this note has been edited for accuracy, the software periodically misinterprets speech resulting in errors that might not have been caught in editing. In the event you find an unusual error in this record, please notify us at 704-323-2049 to resolve the same.

### Assessment

1. Left knee pain (M25.562)

### Vitals

#### Vitals Panel

Height: 5 ft 4 in  
Weight: 160 lb  
BMI Calculated: 27.46  
BSA Calculated: 1.78  
Pain Scale: 5

### Allergies

aspirin  
codeine  
IVP Dye

Patient Name: HELEN BROWN  
Date of Visit: 19-Aug-2019  
Document Type: WC Follow Up Visit  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Smid, John

DOB: [REDACTED]

#### Current Meds

- tramadol HCl - 50 MG Oral Tablet; TAKE 1 TO 2 TABLETS BY MOUTH TWICE DAILY AS NEEDED FOR PAIN FOR 30 DAY
- Tylenol CAPS

#### Active Problems

Hypertension (I10)  
Left knee pain (M25.562)  
Tobacco non-user (Z78.9)

#### Past Medical History

History of Lumbar pain (M54.5)

#### Surgical History

History of appendectomy  
History of lower back surgery

#### Family History

Family History  
Family history of cardiac disorder (Z82.49)  
Family history of diabetes mellitus (Z83.3)  
Family history of hypertension (Z82.49)  
Family history of myocardial infarction (Z82.49)  
Family history of pancreatic cancer (Z80.0)

#### Social History

Currently working  
Married  
Never a smoker  
No alcohol use  
Tobacco non-user (Z78.9)

#### Review of Systems

**GENERAL:** no recurring fever, no recent weight change and no decreased appetite.  
**EYES:** visual impairment corrected with glasses/contacts.  
**NEURO:** no dizziness, no tingling, no burning sensation and no numbness.  
**MUSC- SKEL:** See HPI.

#### Signatures

Electronically signed by : John Smid, M.D.; Aug 19 2019 2:59PM EST

Patient Name: HELEN BROWN  
Date of Visit: 19-Aug-2019  
Document Type: Work Status S  
Site Name: Park Rd - OrthoCarolina

MRN: 10982147  
Owner: Smid, John

DOB: [REDACTED]

OrthoCarolina  
Work Status

Today's Date 8/19/19

Is the Injury work-related? ☐ Yes ☐ No

Patient name HELEN

BROWN

Chart Number 10982147

Diagnosis \_\_\_\_\_

Right ☐ Left ☐ Bilateral ☐

\_\_\_\_ Patient was seen in the office today. Please excuse from work.

\_\_\_\_ Should not return to work - Anticipated length of time out of work: \_\_\_\_\_

\_\_\_\_ Return to work **WITHOUT** restrictions on \_\_\_\_/\_\_\_\_/\_\_\_\_ or ☐ Today

☒ Return to work **WITH** the following restrictions\* on 8/19/19 or ☐ Today

Return to work no more than \_\_\_\_ hours per day beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ No lifting greater than \_\_\_\_ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than \_\_\_\_ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over \_\_\_\_ pounds above shoulder level, \_\_\_\_ pounds waist to shoulder,  
\_\_\_\_ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐ Left ☐ Both ☐  
Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☒ Sit down work ONLY

☐ No standing / walking over \_\_\_\_ minutes per hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. \_\_\_\_ Hot \_\_\_\_ Cold \_\_\_\_ Both

☐ No driving (transportation may be provided)

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: \_\_\_\_\_

\_\_\_\_ Patient to start / continue physical / occupational therapy.

\_\_\_\_ Patient released from physical / occupational therapy.

Return appointment scheduled on \_\_\_\_

Physician signature: [Signature]

Date 8/19/19

Physician Name: [Signature]

Date \_\_\_\_\_

Estimated date of MMI: \_\_\_\_\_

\*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OUT OF WORK.

For Worker's Comp inquiries only, call (704) 323-2667 or fax (704) 323-2607.

Patient Name: HELEN BROWN  
Date of Visit: 25-Jul-2019  
Document Type: WC New Visit  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Smid, John

DOB: [REDACTED]

### Chief Complaint

Ms. BROWN is a 79 year old female who presents today for left knee pain.

### Dictation

#### HISTORY OF PRESENT ILLNESS:

This is a 79-year-old female is referred here for evaluation left knee pain. She states that she standing injury at work on May 30, 2019. States she was cleaning a fracture when she slipped and fell landing on the anterior aspect of her left knee. She required help getting up. She was brought to an outside facility where she was evaluated. She is given some pain medications where she stated she had stay in bed for 2 days. Pain medication were then changed and she had issues with nausea and vomiting. She is currently on naproxen 500 mg.

She describes pain left lower extremity on a daily basis. She has pain with weight-bearing and ambulation. She states the medial aspect of the knees cannot touch. She use a pillow or fall which tries sleep at night. She feels her swelling within the knee more so along the medial aspect. She states she is not return to work since time of her injury. On 1 of her visit she had an injection into her hip which did not alleviate her symptoms. She would have previous surgery along the medial aspect the knee that states was secondary to a nerve injury. States she has not had any difficulty since then.

#### PHYSICAL EXAM:

Patient is awake alert initially in no apparent distress. There is no labored breathing and skin is noted be intact. The left lower extremity is grossly intact to neurovascular examination. There is no gross evidence a left knee effusion. She appears lack near full extension by about 5 degrees. She can flex down to about 105 degrees. Patellar grind test does elicits some significant discomfort. Medial lateral facets of the patella elicit discomfort. She is stable to varus valgus stressing at 5 and 30 degrees. Anterior and posterior drawer test felt be negative. McMurray's test elicits some discomfort. Lateral joint lines quite tender palpation. Medial joint lines very tender palpation and she started tearing up. There does not appear to be any pain within the popliteal fossa.

#### RADIOGRAPHS:

Three views of the left knee obtained today by myself. There is some loss of medial joint space. Small marginal osteophytes noted as well. An MRI had been previously performed which shows evidence of chondromalacia of the lateral compartment. Subchondral cyst noted as well.

#### IMPRESSION:

Continued left knee pain.

#### PLAN:

I suspect there is chondromalacia of the knee. I suspect she has chondromalacia patella. She apparently does not have a meniscal tear. She may have exacerbation of underlying degenerative changes. I am recommending injection into the left knee. I will recommend seated duty only at this time. I will see her back in about 1 months time. The risks and benefits were discussed with the patient. The left knee was sterilely prepped. 80 mg of Depo-Medrol and 2 cc of a Marcaine and lidocaine were injected into the knee. This was well tolerated.

Note: This note has been created with voice recognition software. While this note has been edited for accuracy, the software periodically misinterprets speech resulting in errors that might not have been caught in editing. In the event you find an unusual error in this record, please notify us at 704-323-2049 to resolve the same.

Patient Name: HELEN BROWN  
Date of Visit: 25-Jul-2019  
Document Type: WC New Visit  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Smith, John

DOB: [REDACTED]

### Assessment

1. Encounter for preventive health examination (Z00.00)

### Vitals

#### Vitals Panel

Height: 5 ft 4 in  
Weight: 160 lb  
BMI Calculated: 27.46  
BSA Calculated: 1.78  
Pain Scale: 8

### Allergies

aspirin  
codeine  
IVP Dye

### Current Meds

- Naproxen 500 MG Oral Tablet
- tramadol HCl - 50 MG Oral Tablet; TAKE 1 TO 2 TABLETS BY MOUTH TWICE DAILY AS NEEDED FOR PAIN FOR 30 DAY
- Tylenol CAPS

### Active Problems

Hypertension (I10)  
Left knee pain (M25.562)  
Tobacco non-user (Z78.9)

### Past Medical History

History of Lumbar pain (M54.5)

### Surgical History

History of appendectomy  
History of lower back surgery

### Family History

#### Family History

Family history of cardiac disorder (Z82.49)  
Family history of diabetes mellitus (Z83.3)  
Family history of hypertension (Z82.49)  
Family history of myocardial infarction (Z82.49)  
Family history of pancreatic cancer (Z80.0)

### Social History

Currently working  
Married  
Never a smoker  
No alcohol use  
Tobacco non-user (Z78.9)

### Review of Systems

**GENERAL:** no recurring fever, no recent weight change and no decreased appetite.  
**HEENT:** (+) vision problems, but no headache, no hoarseness, no hearing loss and no trouble swallowing.

Patient Name: HELEN BROWN  
Date of Visit: 25-Jul-2019  
Document Type: WC New Visit  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: Smid John

DOB: [REDACTED]

**RESP:** no cough and no difficulty breathing.  
**CV:** no chest pain and no palpitations.  
**GI:** no abdominal pain, no blood in stool, no heartburn, no nausea and no vomiting.  
**ENDO:** no excessive thirst and no temperature intolerance.  
**SKIN:** no skin problems, no easy bruising and no easy bleeding.  
**MUSC- SKEL:** See HPI.  
**NEURO:** no convulsions, no dizziness, no numbness and no tingling.  
**GU:** no painful urination, no change in urinary frequency and no blood in urine.  
**PSYCH:** no psychological disorder and no sleep disturbances.

#### Signatures

Electronically signed by : John Smid, M.D., Jul 25 2019 11:20AM EST

Patient Name: HELEN BROWN  
Date of Visit: 25-Jul-2019  
Document Type: Work Status S  
Site Name: Park Rd - OrthoCarolina

MRN: 10982147  
Owner: Snid John

DOB: [REDACTED]

OrthoCarolina  
Work Status

Today's Date 7/25/19

Is the injury work-related? ☐ Yes ☐ No

Patient name HELEN

BROWN

Chart Number 10982147

Diagnosis \_\_\_\_\_

Right ☐ Left ☐ Bilateral ☐

☐ Patient was seen in the office today. Please excuse from work.

☐ Should not return to work - Anticipated length of time out of work: \_\_\_\_\_

☐ Return to work WITHOUT restrictions on 7/25/19 or ☐ Today

☒ Return to work WITH the following restrictions\* on 7/25/19 or ☐ Today

Return to work no more than \_\_\_\_\_ hours per day beginning on 7/25/19

☐ No lifting greater than \_\_\_\_\_ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than \_\_\_\_\_ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over \_\_\_\_\_ pounds above shoulder level, \_\_\_\_\_ pounds waist to shoulder, \_\_\_\_\_ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐ Left ☐ Both ☐  
Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☒ Sit down work ONLY.

☐ No standing / walking over \_\_\_\_\_ minutes per hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. \_\_\_\_\_ Hot \_\_\_\_\_ Cold \_\_\_\_\_ Both

☐ No driving (transportation may be provided)

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: \_\_\_\_\_

☐ Patient to start / continue physical / occupational therapy.

☐ Patient released from physical / occupational therapy.

Return appointment scheduled on 8/1/19 at 9:40 AM PM

Physician signature: [Signature]

Date 7/25/19

Physician Name: [Signature]

Date \_\_\_\_\_

Estimated date of MMI: \_\_\_\_\_

\*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OUT OF WORK.

For Worker's Comp inquiries only, call (704) 323-2667 or fax (704) 323-2007.



FM-L MEDICAL RECORDS  
805 Pamplico Hwy, Medical  
Mall B, Suite 120  
Florence SC 29505  
MUSC ROI OP Abstract of H

Brown, Helen D  
MRN: 005936377, DOB: [REDACTED] Sex: F  
Acct #: 100280736  
Visit date: 12/26/2019

CSN: 1135359495

#### Admission Information

|                                               |                                     |                     |                               |
|-----------------------------------------------|-------------------------------------|---------------------|-------------------------------|
| Arrival Date/Time: 12/26/2019 8:43 AM         | Admit Date/Time: 12/26/2019         | IP Adm. Date/Time:  |                               |
| Admission Type: Elective                      | Point of Origin: Physician Referral | Admit Category:     |                               |
| Means of Arrival:                             | Primary Service:                    | Secondary Service:  | N/A                           |
| Transfer Source:                              | Service Area:                       | Unit:               |                               |
| Admit Provider: Eduardo Albana Donato Jr., MD | Attending Provider:                 | Referring Provider: | Eduardo Albana Donato Jr., MD |

#### Discharge Information

| Discharge Date/Time | Discharge Disposition | Discharge Destination | Discharge Provider | Unit                                      |
|---------------------|-----------------------|-----------------------|--------------------|-------------------------------------------|
| None                | None                  | None                  | None               | MUSCP-FLO<br>FLORENCE<br>MEDICAL PRACTICE |

#### Progress Notes - MUSC ROI OP Abstract Notes

##### Progress Notes by Eduardo Albana Donato Jr., MD at 12/26/2019 11:30 AM

|                                                   |                            |                        |
|---------------------------------------------------|----------------------------|------------------------|
| Author: Eduardo Albana Donato Jr., MD             | Service: —                 | Author Type: Physician |
| Filed: 12/26/2019 10:07 AM                        | Encounter Date: 12/26/2019 | Status: Signed         |
| Editor: Eduardo Albana Donato Jr., MD (Physician) |                            |                        |

#### Subjective:

Patient ID: Helen D Brown is a 79 y.o. female.

#### HPI

Pt comes today complaining of left shoulder pain which she claims has been on and off since May of this year when she had a fall. She claims she has slipped at that time. No cp or SOB and no syncope at that time. She said it was ok then and she was taking tylenol. No LOC and no sz as well. She did not seek any medical help for this yet she claims for the last 2 weeks she is not able to maintain her L shoulder up. She has no neck pain and she has no HA. Still tylenol is helping though. She is not able to lay down on her L side due to her pain on the shoulder. No cough and no cp or SOB. No leg swelling. Her bp is ok. Last labs was 10/19 which we reviewed.

#### Review of patient's allergies indicates:

| Allergen                   | Reactions            |
|----------------------------|----------------------|
| • Ace inhibitors           | Angioedema and Hives |
| • Aspirin                  | Hives                |
| • Codeine                  | Hives                |
| • Iodinated contrast media | Anaphylaxis          |



**Progress Notes - MUSC ROI OP Abstract Notes (continued)**

Progress Notes by Eduardo Albana Donato Jr., MD at 12/26/2019 11:30 AM (continued)

**Past Medical History:**

| Diagnosis         | Date |
|-------------------|------|
| • Arthritis       |      |
| • Herpes labialis |      |
| • Hyperlipidemia  |      |
| • Hypertension    |      |
| • Neuralgia       |      |

**Social History**

| Tobacco Use          |              |
|----------------------|--------------|
| • Smoking status:    | Never Smoker |
| • Smokeless tobacco: | Never Used   |
| Substance Use Topics |              |
| • Alcohol use:       | No           |
| Frequency:           | Never        |
| • Drug use:          | No           |

**Family History**

| Problem         | Relation | Age of Onset |
|-----------------|----------|--------------|
| • Cancer        | Mother   |              |
| • Heart disease | Father   |              |
| • Cancer        | Brother  |              |

**Review of Systems**

Constitutional: Negative for appetite change, fatigue and fever.  
HENT: Negative for congestion, postnasal drip, sinus pressure and voice change.  
Eyes: Negative for pain and visual disturbance.  
Respiratory: Negative for cough, chest tightness, shortness of breath and wheezing.  
Cardiovascular: Negative for chest pain and leg swelling.  
Gastrointestinal: Negative for abdominal pain, nausea and vomiting.  
Endocrine: Negative for cold intolerance and polydipsia.  
Genitourinary: Negative for difficulty urinating and flank pain.  
Musculoskeletal: Positive for arthralgias. Negative for back pain, joint swelling and neck pain.  
Skin: Negative for rash.  
Neurological: Negative for dizziness, syncope, light-headedness and headaches.  
Hematological: Negative for adenopathy.  
Psychiatric/Behavioral: Negative for behavioral problems. The patient is not nervous/anxious.



FM-L MEDICAL RECORDS Brown, Helen D  
 805 Pamplico Hwy, Medical MRN: 005936377, DOB: [REDACTED] Sex: F  
 Mail B, Suite 120 Acct #: 100280736  
 Florence SC 29505 Visit date: 12/26/2019  
 MUSC ROI OP Abstract of H

**Progress Notes - MUSC ROI OP Abstract Notes (continued)**

**Progress Notes by Eduardo Albana Donato Jr., MD at 12/26/2019 11:30 AM (continued)**

**Objective:**

**Physical Exam**

**Constitutional:** She is oriented to person, place, and time. She appears well-developed and well-nourished.

**HENT:**

**Head:** Normocephalic and atraumatic.

**Eyes:** EOM are normal. Pupils are equal, round, and reactive to light.

**Neck:** Normal range of motion. Neck supple. No thyromegaly present.

**Cardiovascular:** Normal rate and regular rhythm.

No murmur heard.

**Pulmonary/Chest:** Effort normal and breath sounds normal. She has no wheezes. She has no rales.

**Abdominal:** Soft. Bowel sounds are normal. There is no tenderness.

**Musculoskeletal:** She exhibits no edema or deformity.

**Left shoulder:** She exhibits decreased range of motion. She exhibits no tenderness, no bony tenderness, no swelling and no deformity.

**Lymphadenopathy:**

She has no cervical adenopathy.

**Neurological:** She is alert and oriented to person, place, and time.

**Skin:** Skin is warm. No rash noted.

**Psychiatric:** She has a normal mood and affect. Her behavior is normal.

Nursing note and vitals reviewed.

No visits with results within 4 Week(s) from this visit.

Latest known visit with results is:

**Orders Only on 10/03/2019**

| Component                    | Date       | Value | Ref Range         | Status |
|------------------------------|------------|-------|-------------------|--------|
| • GLUCOSE                    | 10/03/2019 | 102*  | 65 - 99 mg/dL     | Final  |
| • UREA NITROGEN, BLOOD (BUN) | 10/03/2019 | 23    | 8 - 27 mg/dL      | Final  |
| • CREATININE, SER            | 10/03/2019 | 1.04* | 0.57 - 1.00 mg/dL | Final  |
| • GLOM FILT RATE, EST        | 10/03/2019 | 51*   | >59 mL/min/1.73   | Final  |
| • EGFR AFR-AMERICAN          | 10/03/2019 | 59*   | >59 mL/min/1.73   | Final  |
| • BUN/CREATININE RATIO       | 10/03/2019 | 22    | 12 - 28           | Final  |
| • SODIUM                     | 10/03/2019 | 144   | 134 - 144 mmol/L  | Final  |
| • POTASSIUM, SERUM           | 10/03/2019 | 4.3   | 3.5 - 5.2 mmol/L  | Final  |
| • CHLORIDE                   | 10/03/2019 | 104   | 96 - 106 mmol/L   | Final  |
| • CO2                        | 10/03/2019 | 29    | 20 - 29           | Final  |



FM-L MEDICAL RECORDS Brown, Helen D  
805 Pamplico Hwy, Medical MRN: 005936377, DOB: [REDACTED], Sex: F  
Mall B, Suite 120 Acct #: 100280736  
Florence SC 29505 Visit date: 12/26/2019  
MUSC ROI OP Abstract of H

**Progress Notes - MUSC ROI OP Abstract Notes (continued)**

**Progress Notes by Eduardo Albana Donato Jr., MD at 12/26/2019 11:30 AM (continued)**

|                                  |            |       |                                |       |
|----------------------------------|------------|-------|--------------------------------|-------|
| • CHOLESTEROL                    | 10/03/2019 | 210*  | x10E3/uL<br>100 - 199<br>mg/dL | Final |
| • TRIGLYCERIDES                  | 10/03/2019 | 103   | 0 - 149<br>mg/dL               | Final |
| • HDL                            | 10/03/2019 | 67    | >39 mg/dL                      | Final |
| • VLDL                           | 10/03/2019 | 21    | 5 - 40 mg/dL                   | Final |
| • LDL CHOLESTEROL<br>CALCULATED  | 10/03/2019 | 122*  | 0 - 99 mg/dL                   | Final |
| • THYROID STIMULATING<br>HORMONE | 10/03/2019 | 3.260 | 0.450 - 4.50<br>uIU/mL         | Final |
| • VITAMIN B-12                   | 10/03/2019 | 933   | 232 - 1,245<br>pg/mL           | Final |
| • FOLATE                         | 10/03/2019 | >20.0 | >3.0 ng/mL                     | Final |

**Assessment/Plan:**

Benign essential hypertension

Her bp is well controlled

Hypercholesterolemia

She is on statin with no statin.

Chronic left shoulder pain

I will give her solumedrol today. She will continue with her prn tylenol. I will send her to dr Refvem

Hx of fall

This is a nonsyncopal fall. Recommended for PT but she would like to wait for now.

Electronically Signed by Eduardo Albana Donato Jr., MD on 12/26/2019 10:07 AM

**Medications - All Orders and Results**

**triamterene-hydrochlorothiazide (MAXZIDE) 75-50 mg per tablet [174593977]**

Electronically signed by: Eduardo Albana Donato Jr., MD on 12/26/19 0957 Status: Active  
Ordering user: Eduardo Albana Donato Jr., MD 12/26/19 Ordering provider: Eduardo Albana Donato Jr., MD  
0957

Frequency: Daily 12/26/19 - Until Discontinued

**montelukast (SINGULAIR) 10 mg tablet [183248825]**

Electronically signed by: Eduardo Albana Donato Jr., MD on 12/26/19 0957 Status: Active  
Ordering user: Eduardo Albana Donato Jr., MD 12/26/19 Ordering provider: Eduardo Albana Donato Jr., MD  
0957

Frequency: QHS 12/26/19 - Until Discontinued



FM-L MEDICAL RECORDS  
805 Pamplico Hwy, Medical  
Mall B, Suite 120  
Florence SC 29505  
MUSC ROI OP Abstract of H

Brown, Helen D  
MRN: 005936377, DOB: [REDACTED] Sex: F  
Acct #: 100280736  
Visit date: 12/26/2019

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**Medications - All Orders and Results (continued)**

**methylPREDNISolone sodium succinate (SOLU-MEDROL) 40mg/mL Injection 40 mg [183248826]**

Electronically signed by: Eduardo Albana Donato Jr., MD on 12/26/19 0959 Status: **Discontinued**  
Ordering user: Eduardo Albana Donato Jr., MD 12/26/19 Ordering provider: Eduardo Albana Donato Jr., MD  
0959

**Additional signing events**

Electronically signed by Eduardo Albana Donato Jr., MD 12/26/19 1543, for Discontinuing in Verbal (with readback)  
mode, Communicator - Lutricia Edwards, LPN

Frequency: Once 12/26/19 1030 - 1 occurrence

Discontinued by: Lutricia Edwards, LPN 12/26/19 1046

Admin instructions: IV Push Policy: Approved for all patient care units given over 2 to 5 minutes for doses  $\leq$  1.8 mg/kg  
(up to 125 mg) and conc  $\leq$  125 mg/mL

**methylPREDNISolone sodium succinate (SOLU-MEDROL) 40mg/mL Injection 40 mg [183248827]**

Electronically signed by: Eduardo Albana Donato Jr., MD on 12/26/19 1543 Status: **Completed**

Mode: Ordering in Verbal (with readback) mode

Communicated by: Lutricia Edwards, LPN

Ordering user: Lutricia Edwards, LPN 12/26/19 1047

Ordering provider: Eduardo Albana Donato Jr., MD

Frequency: Once 12/26/19 1130 - 1 occurrence

Admin instructions: IV Push Policy: Approved for all patient care units given over 2 to 5 minutes for doses  $\leq$  1.8 mg/kg  
(up to 125 mg) and conc  $\leq$  125 mg/mL

---

**END OF REPORT**

---

Brown, Helen D (MRN 005936377) DOB: [REDACTED]

Encounter Date: 01/16/2020

**Brown, Helen D**

MRN: 005936377

**Office Visit** 1/16/2020  
MUSCP-FLO FLORENCE  
ORTHOPEDICSProvider: Gregory R Palutis, MD (Orthopedic Surgery)  
Primary diagnosis: Traumatic rotator cuff tear, left, initial encounter  
Reason for Visit: Shoulder Pain**Progress Notes**

Gregory R Palutis, MD (Physician) • Orthopedic Surgery

**MUSC Florence Orthopaedics****CHIEF COMPLAINT:** Left shoulder pain**HISTORY OF PRESENT ILLNESS:** Helen Brown is a 79 y.o. female with complaints of left shoulder pain. There was no injury to the left shoulder. She reports pain and weakness especially reaching at shoulder level and above. She has been using some Tylenol for pain management.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

**REVIEW OF SYSTEMS:** A complete 14-point review of systems was negative with the exception of pertinent positives mentioned in the HPI.**PHYSICAL EXAM:**BP 118/85 | Pulse 84 | Ht 162.6 cm (5' 4") | Wt 76.2 kg (168 lb) | BMI 28.84 kg/m<sup>2</sup>

AAO x 3, cooperative and appropriate during the exam  
HEENT: AT/NC, EOMI, oropharynx clear, tongue midline  
Neck: Full range of motion without pain or paresthesia production  
Chest: normal respiratory effort, no audible wheezing, no labor  
CV: Regular heart rate and rhythm  
Abdomen: soft  
Skin: No skin lesions are noted

Focused extremity exam: Examination shows some pain and weakness against resisted rotator cuff activity of the left shoulder. She has some crepitation present through range of motion. Biceps findings are negative today. Neurologically she appears to be intact. Pulses are 2+ and equal.

**RADIOGRAPHIC IMAGING OBTAINED OR REVIEWED:**

Imaging in association with today's evaluation includes 3 views of the left shoulder which show mild degenerative arthritic change. There is no high riding of the humeral head.

**ASSESSMENT and Plan:** Patient is likely suffering from a rotator cuff tendinitis possibly a tear of the rotator cuff of the left shoulder. We talked about treatment options. She

Brown, Helen D (MRN 005936377) DOB: [REDACTED]

Encounter Date: 01/16/2020

will ice her shoulder. She will reduce overhead activities. She will continue with her acetaminophen and use an anti-inflammatory as necessary.

GREGORY PALUTSIS, MD  
1/16/2020  
5:11 PM

### Instructions

 Return in about 1 month (around 2/16/2020).

Put ice on the shoulder. Continue with your Tylenol and use Advil or Aleve as necessary

MUSC AMBULATORY AVS (Automatic SnapShot taken 1/16/2020)

### Additional Documentation

Vitals: BP 118/85 Pulse 84 Ht 162.6 cm (5' 4") Wt 76.2 kg (168 lb) BMI 28.84 kg/m<sup>2</sup> BSA 1.85 m<sup>2</sup>

Flowsheets: Anthropometrics

SmartForms: MUSC ROOMING

Encounter Info: Billing Info, History, Allergies, Detailed Report

### Media

Electronic signature on 1/16/2020 8:04 AM - Signed

### Orders Placed

XR Shoulder 3 Views (Resulted 1/16/2020)

### Medication Changes

As of 1/16/2020 5:08 PM

None

### Visit Diagnoses

Traumatic rotator cuff tear, left, initial encounter S46.012A

01/23/2020 17:09

(FAX)

P.003/007

Helen Brown

Date of Birth: [REDACTED]

I, Gregory R. Palutsis, evaluated Ms. Helen Brown on January 16, 2020 for her left shoulder pain. At this visit, Ms. Brown related to me that that she had fallen on her left arm and left knee at work, and has had left shoulder complaints since that time. I did not include this in the original history of my report dated January 16, 2020, which was left out inadvertently. It is my opinion, to a reasonable degree of medical certainty, that Ms. Helen Brown's complaints regarding her left shoulder were from the fall she sustained at work on May 30, 2019 and that she will require medical treatment for the same.

  
Gregory R. Palutsis, M.D.

Dated: 1-24-20

Patient Name: HELEN BROWN  
Date of Visit: 11-Sep-2020  
Document Type: MRI S  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: AHS Admin AHS

DOB: [REDACTED]

MQ Fax Server 8/27/2020 8:30:35 AM PAGE 2/003 FAX Server

# 10982147



South Carolina Diagnostic Imaging  
www.SCDiag.com

Florence MRI & Imaging  
805 South Lby St., Florence, SC 29501  
p: (843) 292-0400 f: (843) 292-0470

PATIENT NAME: Brown, Helen  
DOB: [REDACTED]  
MRN: 08-921057  
PHONE: [REDACTED]  
PHYSICIAN: Paul Rush, MD  
EXAM DATE: 08/26/2020

EXAM: MR Left Shoulder Without Contrast

REASON FOR EXAM: M25.512 - Pain in left shoulder

ADDITIONAL HISTORY: None.

**TECHNIQUE:**

Multiphase multi sequence study: shoulder.  
Comparison: None

**FINDINGS:**

Rotator cuff: Moderate to severe supraspinatus and infraspinatus tendinosis and partial tearing along the articular margin of the supraspinatus tendon. There is moderate subscapular tendinosis and partial tearing along its articular margin.

Labrum/biceps tendon: Moderate interarticular long head biceps tendinosis. No subluxation. There is degeneration and fraying of the biceps anchor and superior labrum along the articular margin. There is moderate fraying and degeneration along the posterior labrum.

Acromioclavicular joint: Type 1 acromion. Marked degeneration of the AC joint with narrowing, subchondral cyst formation, dorsal capsular thickening, small lateral inferior clavicular osteophyte. Small amount of fluid in the subacromial subdeltoid bursa.

Glenohumeral joint: Small joint effusion and synovitis. The capsule is normal.

Bones: Osseous structures are unremarkable.

Soft tissues: The soft tissues are unremarkable.

**IMPRESSION:**

Moderate to severe supraspinatus and infraspinatus tendinosis with partial articular surface tearing of the supraspinatus tendon. No tendon retraction. No muscle atrophy.

Moderate degenerative changes the AC joint.

Radiology

PAGE 1 of 2



Patient Name: HELEN BROWN  
Date of Visit: 11-Sep-2020  
Document Type: MRI S  
Site Name: Park Rd - OrthoCarolina

MRN: 10982147  
Owner: AHSAdmin, AHS

DOB: [REDACTED]

MQ Fax Server 8/27/2020 8:30:35 AM PAGE 3/003 Fax Server

PATIENT NAME: Brown, Helen  
DOB: [REDACTED]  
EXAM: MR Left Shoulder Without Contrast  
EXAM DATE: 08/26/2020

Small joint effusion, synovitis and subacromial subdeltoid bursitis.  
Degeneration and fraying of the labrum and interarticular long head of the biceps tendinosis.

William S Smith, MD  
(704) -

|                                                   |
|---------------------------------------------------|
| *** THIS IS AN ELECTRONICALLY VERIFIED REPORT *** |
| 8/27/2020 8:14 AM: William S Smith, MD            |

WSS/wss  
DD: 08/27/2020 08:09 am  
DT: 08/27/2020 08:14 am  
Accession #: 08-4041935

Radiology

PAGE 2 of 2

Patient Name: HELEN BROWN  
Date of Visit: 01-Oct-2020  
Document Type: EMG S  
Site Name: Park Rd - Ortho Carolina

MRN: 10982147  
Owner: AHS Adams, AHS

DOB: [REDACTED]

10/06/2020 11:00 PM FROM: FAX PATH SPECIALISTS OF CHARLESTON TO: 18567410590 PAGE: 001 OF 003



**Neurology**  
Specialists of Charleston  
[www.NeurologyCharleston.com](http://www.NeurologyCharleston.com)

David Stickler, MD  
Board Certified Neurologist

2695 Elms Plantation Blvd., Suite B  
North Charleston, SC 29406  
Office: 843.410.0924  
Fax: 843.818.1145

Test Date: 10/1/2020

|          |             |      |            |            |                    |
|----------|-------------|------|------------|------------|--------------------|
| Patient: | Helen Brown | DOB: | [REDACTED] | Physician: | David Stickler, MD |
| Sex:     | Female      | ID#: | [REDACTED] | Ref Phys:  | John Smid, MD      |

**Brief History:**

Patient is an 80 year-old female who presents with left leg and hip pain that radiates into the entire left leg. Examination with altered sensation reported in the anterior and lateral left thigh and entire left leg below the knee. Mild pain-related give-way weakness in the proximal left leg without clear pathologic weakness. The specific question is to evaluate for lumbar radiculopathy versus lower extremity neuropathy.

**Nerve Conduction Studies Summary:**

All nerve conduction studies (as indicated in the following tables) were within normal limits.

**EMG Summary:**

All examined muscles (as indicated in the following table) showed no evidence of electrical instability.

**Impression:**

This is a normal electrodiagnostic study. There is no evidence for focal neuropathy or lumbar radiculopathy in the left lower extremity.

David Stickler, MD

# **Carl David Geier, Jr., M.D.**

**Board Certified in Orthopaedic Surgery with a Subspecialty  
Certification in Orthopaedic Sports Medicine,  
American Board of Orthopedic Surgery**

## **INDEPENDENT MEDICAL EXAMINATION**

**Name: Helen Brown**

**Date: December 21, 2020**

**Date of Injury: May 30, 2019**

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DATE OF EXAMINATION: December 21, 2020  
EXAMINEE NAME: Helen Brown  
EXAMINING PHYSICIAN: Carl David Geier, Jr., M.D.  
DATE OF INJURY: May 30, 2019

### **EXECUTIVE SUMMARY**

**ORTHOPEDIC DIAGNOSIS RELATED TO THIS EXAMINATION:** Ms. Brown was involved in a work-related injury on May 30, 2019. She continues to have left knee and left shoulder pain despite treatment.

**CAUSATION:** Based on the available information, to a reasonable degree of medical certainty, there is a causal relationship between the examinee's ongoing left knee and left shoulder pain secondary to the work-related injury on May 30, 2019. The diagnosis and need for treatment are the direct result of the work accident as a direct injury and/or an aggravation of a pre-existing condition.

**MAXIMUM MEDICAL IMPROVEMENT:** She has not reached maximum medical improvement as of the date of this examination regarding her left knee and left shoulder pain.

**WORK RESTRICTIONS:** Given her left knee difficulties, she is limited to desk duties only.

**FUTURE MEDICAL CARE:** Regarding the left knee, Ms. Brown needs an MRI to determine the source of her medial left knee pain and follow-up with a knee specialist to plan surgical treatment, including total knee replacement. Regarding the left shoulder, she needs continued physical therapy and follow-up with a shoulder specialist to determine other treatment, including shoulder arthroscopy and rotator cuff repair. The treatment recommendations as outlined are reasonable, medically necessary, and intended to lessen the period of disability to a reasonable degree of medical certainty.

### **INTRODUCTION**

The above examinee has been referred for an independent medical evaluation. The independent medical examination process was explained to the examinee, and she clearly understood that no patient-treating physician relationship was established. She was advised that the information provided will not be confidential and that a report will be sent to the requesting client, who is paying for this examination. She appeared comfortable throughout the examination. She was cooperative throughout the examination. She reported no difficulties throughout the examination. History was provided by the examinee, who was a good historian. The information she provided appeared to be consistent with the medical records provided.

### **HISTORY**

Ms. Brown is a 80-year old right-hand dominant female who works for Wal-Mart as a cake decorator and deli clerk.

On May 30, 2019, she fell down while cleaning a fryer. She says she fell directly onto the left side of her body, especially onto her left knee. She injured her left knee, left shoulder, and left arm in the fall.

Later that day, she was evaluated in the McLeod Health Cheraw emergency department. X-rays of the left forearm and left humerus, and taken at that visit were negative for fracture or malalignment. A CT scan of her left lower extremity showed no evidence of acute bony fracture or definite injury to the left knee, progression of moderate to severe three compartment osteoarthritis, and poorly visualized menisci. She was diagnosed with a knee contusion and treated with cyclobenzaprine.

X-rays of the left tibia and fibula performed on May 31, 2019 showed no fracture or malalignment.

The next day, she saw a healthcare professional for her left knee injury.

On June 3 and 10, 2019, she saw Dr. Kinzie Barton for evaluation of her left knee. On June 17, 2019, Dr. Barton ordered an MRI.

On June 20, 2019, she underwent an MRI of her left knee which showed chondromalacia involving the anterior aspect of the lateral femoral condyle with adjacent underlying subchondral cyst and reactive edema, as well as a small Baker cyst.

At a follow up visit on June 24, 2019, she was referred to orthopedic surgery.

On July 25, 2019, she saw Dr. John Smid for her left knee injury. He suspected she had chondromalacia patella. He did not think she had a meniscal tear at that time. He also thought she might have had exacerbation of underlying degenerative changes. He performed a steroid injection into her left knee.

On August 19, 2019, they discussed arthroscopic evaluation as her left knee pain was failing to significantly improve.

On November 12, 2019, she underwent surgery by Dr. Smid. The procedure was a left knee arthroscopy with partial lateral meniscectomy and chondroplasty of the medial tibial plateau, lateral tibial plateau and major synovectomy. She performed physical therapy after the surgery.

She says that she went back to work, light duty, about seven days after surgery at the insistence of Dr. Smid.

She says that three times in her postoperative course, she has experienced her left knee giving out.

On December 26, 2019, she saw Dr. Eduardo Denato Jr. for her left shoulder pain.

On January 16, 2020, she saw Dr. Gregory Palutsis of MUSC Florence Orthopedics for her left shoulder injury. He diagnosed her with rotator cuff tendinitis versus a rotator cuff tear. She has also performed physical therapy for her left shoulder.

On February 5, 2020 she saw Dr. Barton again for left shoulder and arm pain. He referred her back to physical therapy and orthopedic surgery.

On March 11, 2020, Dr. Smid felt her left knee weakness might be related to a nerve lesion. He recommended her seeing and being evaluated by a neurologist.

On April 13, 2020, she saw Dr. Paul Rush for her left shoulder injury. He performed a steroid injection and recommended that she undergo an MRI of her shoulder, cervical spine, and lumbar spine.

On July 15, 2020, she saw Dr. David Sticker for her left lower extremity weakness. He recommended EMG and NCV studies of the left lower extremity to rule out lumbar radiculopathy and/or focal nerve compression.

An MRI of her left shoulder performed on August 26, 2020 showed moderate to severe supraspinatus and infraspinatus tendinosis with partial articular surface tearing of the supraspinatus tendon, no tendon retraction, no muscle atrophy, and moderate degenerative changes at the AC joint.

On October 1, 2020 she underwent an EMG and NCV study of her left lower extremity that was normal and showed no evidence for focal neuropathy or lumbar radiculopathy in the left lower extremity.

On October 23, 2020, Dr. Smid released Ms. Brown for her left knee injury, giving her a 10% impairment of her left lower extremity.

An EMG and NCV study was performed on October 27, 2020. It showed evidence of a moderate median entrapment neuropathy across the left wrist affecting sensory and motor components consistent with carpal tunnel syndrome. There was no electrodiagnostic evidence of ulnar or superficial radial sensory entrapment neuropathy. There was no electrodiagnostic evidence of cervical radiculopathy or brachial plexopathy in the left upper extremity. The physician who performed the study recommended a cervical MRI.

An MRI of her lumbar spine performed June 13, 2013 revealed prior L4-5 and L5-S1 laminectomies with no recurrent or residual protrusion.

Currently she complains of left knee pain, swelling and weakness. She uses a bandage to wrap her knee and pain patches. She describes a sharp, stabbing pain in the medial aspect of her knee that radiates up her left thigh. She says she cannot wear a knee brace due to pain. She says that her left knee often hurts so much that she cannot drive or take care of her husband.

With respect to her left shoulder and arm, she complains of numbness in her left arm when she sleeps on it. She describes pain in her shoulder or upper arm. She says the steroid injection helped for about two weeks. She denies pain in her left hand or wrist currently. Due to both her left knee and left shoulder, she says that she cannot perform some activities she enjoyed prior to the work-related accident, especially gardening.

She says that she has never had any left knee pain, knee surgeries or knee injuries prior to the work-related injury on May 30, 2019. She notes a motor vehicle accident in 1970 in which she suffered a laceration to her left knee which required sutures. She said she had no other damage in that accident. She also denies having any left shoulder and arm pain before the May 30, 2019 fall.



## **PHYSICAL EXAMINATION**

The examinee was a healthy appearing female. She ambulated with an antalgic gait with an assistive device (cane). She was very pleasant, cooperative, and attentive throughout the exam. Her affect was normal. During the visit, she appeared comfortable throughout. She sat continuously for up to 30 minutes during the interview. The examination focused on the left knee and left shoulder unless otherwise specified.

### **Left knee**

Swelling: 1+ effusion

Skin: well-healed laceration on her medial knee

Range of motion: Flexion 100 degrees    Extension 5 degrees short of full extension

Pain with range of motion: moderate

Patellofemoral crepitus: mild

Tenderness to palpation: medial joint line

Tests:

Lachman negative    Pivot shift negative

Anterior drawer negative    Posterior drawer negative

McMurray's positive along the medial joint line    Patellar apprehension negative

Patellar mobility normal

Strength: Straight leg raise 5/5 with 5 degree extensor lag

Knee extension 5/5    Knee flexion 5/5

Neurovascular: Motor and sensory function intact

### **Left shoulder**

Swelling: none

Skin: no erythema or warmth

Range of motion:

Forward flexion 100 degrees    Abduction 80 degrees

External rotation at 90 degrees of abduction 80 degrees

Internal rotation at 90 degrees of abduction 5 degrees

Tenderness to palpation: anterior shoulder and upper arm

Crepitus: none

Tests:

Impingement positive      Crossed-arm adduction positive

O'Brien's positive      Speed's negative

Strength:

Abduction 5/5      Empty can 4/5

External rotation at the side 4/5      Internal rotation at the side 5/5

Neurovascular: motor and sensory function intact

### CONCLUSIONS

ORTHOPEDIC DIAGNOSIS RELATED TO THIS EXAMINATION: Ms. Brown was involved in a work-related injury on May 30, 2019. She continues to have left knee and left shoulder pain despite treatment.

CAUSATION: Based on the available information, to a reasonable degree of medical certainty, there is a causal relationship between the examinee's ongoing left knee and left shoulder pain secondary to the work-related injury on May 30, 2019. The diagnosis and need for treatment are the direct result of the work accident as a direct injury and/or an aggravation of a pre-existing condition.

MAXIMUM MEDICAL IMPROVEMENT: She has not reached maximum medical improvement as of the date of this examination regarding her left knee and left shoulder pain.

WORK RESTRICTIONS: Given her left knee difficulties, she is limited to desk duties only.

FUTURE MEDICAL CARE: Regarding the left knee, Ms. Brown needs an MRI to determine the source of her medial left knee pain and follow-up with a knee specialist to plan surgical treatment, including total knee replacement. Regarding the left shoulder, she needs continued physical therapy and follow-up with a shoulder specialist to determine other treatment, including shoulder arthroscopy and rotator cuff repair. The treatment recommendations as outlined are reasonable, medically necessary, and intended to lessen the period of disability to a reasonable degree of medical certainty.



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## REFERENCES

### **Return to Work/Disability/Impairment:**

Andersson GBJ, Cocchiarella L. AMA Guides to the Evaluation of Permanent Impairment. 5th ed. Chicago, Ill: AMA Press, 2001.

Demeter, SL, Anderson, GBJ. Disability Evaluation second ed. American Medical Association. 2003.

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Mayer, et al: Objective assessment of spine function following industrial injury : a prospective study with comparison group and one year follow-up. Spine 10:483 – 493, 1985.

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The above analysis is based on the available information at this time including the history given by the examinee, the medical records, tests provided, and the physical findings. It is assumed that the material provided is correct. If more information becomes available at a later date, an additional report may be requested. Such information may or may not change the options rendered in this evaluation. The examiner's opinions are based on reasonable medical probability and are totally independent of the client. Medicine is both an art and a science and although an individual may appear fit for work activity, there is no guarantee that the person will not be reinjured or suffer additional injury. If applicable, employers should follow the processes established in the Americans with Disabilities Act Title I. The opinions on work capacity are to facilitate job placement and do not necessarily reflect an in depth direct threat analysis. Comments on appropriateness of care are professional opinions based upon the specifics of the case and should not be generalized, nor necessarily be considered supportive or critical of the involved providers or disciplines. Any medical recommendations offered are provided as guidance and not as medical orders. The opinions expressed do not constitute recommendations that specific claims or administrative actions be made or enforced.

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## **INDEPENDENT MEDICAL EXAMINATION**

**Name: Helen Brown**

**Date: December 21, 2020**

**Amended: January 6, 2021**

**Date of Injury: May 30, 2019**

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DATE OF EXAMINATION: December 21, 2020  
DATE OF AMENDMENT: January 6, 2021  
EXAMINEE NAME: Helen Brown  
EXAMINING PHYSICIAN: Carl David Geier, Jr., M.D.  
DATE OF INJURY: May 30, 2019

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Later that day, she was evaluated in the McLeod Health Cheraw emergency department. X-rays of the left forearm and left humerus, and taken at that visit were negative for fracture or malalignment. A CT scan of her left lower extremity showed no evidence of acute bony fracture or definite injury to the left knee, progression of moderate to severe three compartment osteoarthritis, and poorly visualized menisci. She was diagnosed with a knee contusion and treated with cyclobenzaprine.

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The next day, she saw a healthcare professional for her left knee injury.

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An MRI of her left shoulder performed on August 26, 2020 at South Carolina Diagnostic Imaging showed moderate to severe supraspinatus and infraspinatus tendinosis with partial articular surface tearing of the supraspinatus tendon, no tendon retraction, no muscle atrophy, and moderate degenerative changes at the AC joint, a small joint effusion, synovitis and subacromial, sub deltoid bursitis.

On October 1, 2020 she underwent an EMG and NCV study of her left lower extremity that was normal and showed no evidence for focal neuropathy or lumbar radiculopathy in the left lower extremity.

On October 23, 2020, Dr. Smid released Ms. Brown for her left knee injury, giving her a 10% impairment of her left lower extremity.

An EMG and NCV study was performed on October 27, 2020. It showed evidence of a moderate median entrapment neuropathy across the left wrist affecting sensory and motor components consistent with carpal tunnel syndrome. There was no electrodiagnostic evidence of ulnar or superficial radial sensory entrapment neuropathy. There was no electrodiagnostic evidence of cervical radiculopathy or brachial plexopathy in the left upper extremity. The physician who performed the study recommended a cervical MRI.

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### **Left knee**

Swelling: 1+ effusion

Skin: well-healed laceration on her medial knee

Range of motion: Flexion 100 degrees    Extension 5 degrees short of full extension

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Patellofemoral crepitus: mild

Tenderness to palpation: medial joint line

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Lachman negative    Pivot shift negative

Anterior drawer negative    Posterior drawer negative

McMurray's positive along the medial joint line    Patellar apprehension negative

Patellar mobility normal

Strength: Straight leg raise 5/5 with 5 degree extensor lag

Knee extension 5/5    Knee flexion 5/5

Neurovascular: Motor and sensory function intact

### **Left shoulder**

Swelling: none

Skin: no erythema or warmth

Range of motion:

Forward flexion 100 degrees    Abduction 80 degrees

External rotation at 90 degrees of abduction 80 degrees

Internal rotation at 90 degrees of abduction 5 degrees

Tenderness to palpation: anterior shoulder and upper arm

Crepitus: none

Tests:

Impingement positive      Crossed-arm adduction positive

O'Brien's positive      Speed's negative

Strength:

Abduction 5/5      Empty can 4/5

External rotation at the side 4/5      Internal rotation at the side 5/5

Neurovascular: motor and sensory function intact

### CONCLUSIONS

ORTHOPEDIC DIAGNOSIS RELATED TO THIS EXAMINATION: Ms. Brown was involved in a work-related injury on May 30, 2019. She continues to have left knee and left shoulder pain despite treatment.

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Carl David Geier, Jr., M.D.

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BEFORE THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
WCC FILE NO. 1906764

HELEN BROWN, )  
 )  
 Employee-Claimant, )  
 )  
 -versus- )  
 )  
 WALMART INC., )  
 )  
 Employer, )  
 )  
 -and- )  
 )  
 NEW HAMPSHIRE INSURANCE )  
 COMPANY, )  
 )  
 Carrier-Defendants. )

-----  
DEPONENT: PAUL RUSH, MD (Via Telephone)  
DATE: Tuesday, March 23, 2021  
TIME: 1:30 pm  
LOCATION: Zoom Videoconference  
REPORTED BY: Janice D. Hayward, RMR  
NCRA Registered Merit Reporter

Job No. CS4448486

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8 APPEARANCES

9 FOR THE PLAINTIFF

10 George A. Taylor  
11 Chappell Smith & Arden  
12 2801 Devine Street  
13 Suite 300  
14 Columbia, South Carolina 29205

15 FOR THE EMPLOYER

16 Johnnie W. Baxley III  
17 jwbaxley@wjcblaw.com  
18 Willson Jones Carter & Baxley  
19 421 Wando Park Boulevard  
20 Suite 100  
21 Mt. Pleasant, South Carolina  
22 29464  
23  
24  
25



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No exhibits marked.

1 (The deposition began at 1:30 PM.)

2 (PAUL RUSH, MD, after being sworn/affirmed  
3 via Zoom, testified as follows:)

4 EXAMINATION

5 BY MR. BAXLEY:

6 Q Dr. Rush, my name is Johnnie Baxley. I'm  
7 the lawyer who represents Walmart on the workers'  
8 compensation claim that's been filed against them by  
9 Miss Helen Brown. We know that you've had an  
10 opportunity to treat Miss Brown for some injuries,  
11 and so we're going to ask you some questions about  
12 that treatment.

13 Before we get started, if you  
14 would, give us your full name and the name of your  
15 current practice, please.

16 A Paul Fletcher Rush. OrthoCarolina  
17 Scotland.

18 Q And, Dr. Rush, am I correct in saying  
19 you're an orthopedic surgeon?

20 A Correct.

21 Q And you've been practicing orthopedics for  
22 how long?

23 A 33 years.

24 Q Okay. And is there a specific type of  
25 orthopedics that you sort of specialize in? Is

1     there a certain body part that you normally handle?

2           A     I'm a general orthopedist, which means I  
3     treat all types of orthopedic injuries, from  
4     spine, shoulder, hip, knee, upper extremity and  
5     general elbow, hand, wrist, foot, and ankle.

6           Q     Okay. All right. And it's my  
7     understanding that you've had an opportunity to  
8     examine Miss Helen Brown, is that correct?

9           A     That's correct.

10          Q     It looks like she came to you upon  
11     referral from your partner, Dr. Smith?

12          A     She was seen by Dr. Smith regarding a  
13     knee injury, and then I saw her regarding  
14     complaints of shoulder pain.

15          Q     Okay. I've got two notes from your  
16     office, and I just want to make sure that I'm not  
17     missing any. I see a visit from April 13, 2020.  
18     And I see a visit from November 11, 2020. Is that  
19     the only two times you've had to see her?

20          A     That's correct.

21          Q     And it looks like that first note,  
22     Miss Brown may have seen a physician's assistant but  
23     then saw you in follow-up or later on during that  
24     visit?

25          A     At the same time at the same visit, but,

1 yes, that's correct.

2 Q Okay.

3 A Then she was seen by Phyllis Wilson, my  
4 PA in the office, who then consulted me.

5 Q Okay. Gotcha. And when you first saw her  
6 on April 13, 2020, Miss Brown gave what kind of  
7 history with regard to her shoulder?

8 A A history of on-the-job injury  
9 reportedly at Walmart on May 30th, 2020. Said she  
10 was cleaning a fryer, slipped and fell landing on  
11 her left arm and left knee. That was the history.

12 Q Okay. And you said in there, May 30,  
13 2020. I'm assuming that really means May 30, 2019?

14 A Yeah, it must be a typo. It had to be  
15 before the time when I saw her, you're correct.

16 Q Sure. Okay.

17 A No, that's correct, that's correct,  
18 'cause he operated on her knee on 7-25-19.

19 Q Gotcha. Okay. And it looks like when you  
20 first saw her, you did an injection into the  
21 shoulder, is that correct?

22 A Yes. She had an injection of  
23 Depo-Medrol, which is a cortisone shot, with a  
24 local anesthetic, Lidocaine and Marcaine in the  
25 shoulder.

1 Q And then you wanted some MRI scans and an  
2 EMG nerve conduction study just to look and see what  
3 was going on within that shoulder, is that correct?

4 A That's correct. We recommended that she  
5 have nerve studies -- nerve conduction studies and  
6 recommended an MRI, and also recommended an MRI of  
7 the cervical spine --

8 Q Okay.

9 A -- as well as the shoulder.

10 Q And then it looks like when you saw her on  
11 November 11, 2020, she had had some of those  
12 diagnostic tests done.

13 A She had had an MRI of the left shoulder.  
14 as well as -- let's see, let me just catch up with  
15 myself. She, I believe, did have nerve conduction  
16 studies, yes.

17 Q All right. And let's go through those  
18 real quick. It looks like the nerve conduction  
19 studies showed no evidence of cervical radiculopathy  
20 or brachial plexopathy, is that correct?

21 A That's correct. It showed evidence of  
22 carpal tunnel syndrome.

23 Q Okay. And MRI of the left shoulder showed  
24 what?

25 A Showed what's described as a tendinosis,

1 which is inflammation of the supraspinatus and  
2 infraspinatus portion of the rotator cuff, but  
3 no -- complete tear with no retraction, no atrophy  
4 of the muscle, along with degenerative changes in  
5 the acromioclavicular joint.

6 Q Okay. And I believe you indicated in that  
7 note that, frankly, the MRI findings would probably  
8 not have been caused by an accident but certainly  
9 could have been aggravated by an accident at work.

10 A That was my opinion, yes.

11 Q Okay. And had she aggravated those  
12 underlying conditions in her accident at work -- and  
13 you just described the fall that she had -- but had  
14 she aggravated that condition in the fall at work,  
15 how quickly would symptoms have appeared after that  
16 fall?

17 A We would expect them to occur, you know,  
18 reasonably soon, maybe not immediately but  
19 certainly within a few weeks. Or within a couple  
20 of weeks you would expect there to be an  
21 aggravated injury.

22 Q Okay. Right after the fall in this case,  
23 Miss Brown treated primarily at an occ-med-type  
24 place called Palmetto Family Medicine. She was  
25 actually seen the day after the accident on

1 May 31st.

2 And that report says, Patient  
3 presents after falling at work with left knee and  
4 left arm pain. Left knee tender in area under the  
5 patella in the upper lower leg over the bone. Knee  
6 exam has some pain. Left forearm and upper arm with  
7 some tenderness but no swelling. Denies any pain in  
8 the shoulder.

9 So that was one day after the  
10 accident. It's certainly possible that symptoms may  
11 not have manifested at that point, correct?

12 A That's correct.

13 Q Okay. And then on June 17th, which was  
14 about two and a half, almost three weeks after the  
15 accident, Palmetto Family Medicine note says,  
16 Follow-up of knee pain, and it goes through the knee  
17 exam. And then with regard to the arm, it says,  
18 Left forearm and upper arm with some tenderness but  
19 no swelling, denies pain in shoulder.

20 At that point, if she had  
21 aggravated this underlying condition in the  
22 accident, would you have expected her to have  
23 symptoms at that point?

24 MR. TAYLOR: Object to the form.

25 A I would expect the symptoms to have

1 presented by that period of time.

2 BY MR. BAXLEY:

3 Q Okay. The first note that I see in any of  
4 her medical records which even mention the shoulder  
5 is dated December 26th, 2019, when she was seen by a  
6 doctor at the Medical University of South Carolina.

7 A Okay.

8 Q If someone has an injury at work and  
9 aggravates an underlying condition, would you expect  
10 that it would take from May 30th until December 26th  
11 of that year, or approximately seven months, for  
12 those symptoms to manifest themselves?

13 MR. TAYLOR: Object to the form.

14 A No, I would expect it to happen much  
15 sooner.

16 BY MR. BAXLEY:

17 Q Okay. And if it did in fact take six or  
18 seven months to manifest itself, you would expect  
19 that there would be probably some other cause or  
20 reason for those symptoms?

21 A Repeat that question.

22 Q If it in fact took six or seven months for  
23 symptoms to manifest themselves, you would expect  
24 that it came from some reason other than the work  
25 injury?



1 MR. TAYLOR: Object to the form.

2 A Well, I would expect the symptoms, if it  
3 was related directly to the injury, to manifest  
4 sooner.

5 BY MR. BAXLEY:

6 Q Okay. The issues that she's got within  
7 her shoulder are not necessarily acute findings,  
8 correct, those are chronic findings?

9 A Certainly have chronicity, yes. It's  
10 not necessarily acute.

11 Q Okay.

12 A Tendinosis is a chronic term.  
13 Tendinitis is more of an acute term, inflammatory  
14 term.

15 Arthritis is a chronic term.  
16 Bursitis can be either chronic or acute, depending  
17 on the injury.

18 Q And the type of symptoms that she has in  
19 that shoulder are not necessarily caused by trauma.  
20 There's a number of reasons that people can present  
21 with those types of symptoms, correct?

22 A That's correct. Most of them don't  
23 present following an injury. They're more of a  
24 gradual onset, chronic symptoms that are  
25 progressive.

1 Q Okay.

2 A She is 79, if I'm not correct -- if I'm  
3 correct.

4 Q Yes, sir. And with someone at that age  
5 having these types of symptoms is not necessarily  
6 uncommon?

7 A Not at all.

8 Q It looks like when you last saw her on  
9 November 11, 2020, you had her completely out of  
10 work.

11 A I'm not sure that was the only reason  
12 she was out of work. But she had had issues with  
13 her knee. Obviously had had surgery. Part of the  
14 time out of work was due to that, if I'm not  
15 mistaken. But I didn't think she was capable of  
16 performing the job that she described that she was  
17 responsible for with ongoing symptoms in her  
18 shoulder and her neck and so forth.

19 Q Okay. With regard to when you last saw  
20 her in November of 2020 -- just strictly for the  
21 stuff you were seeing her for. I mean, obviously I  
22 understand that Dr. Smith would have to speak on the  
23 knee and that sort of thing. But just for the stuff  
24 that you were seeing her for, could she have gone  
25 back to work in some capacity?

1           A     Yes, she could.

2           Q     And what type of restrictions would you  
3 have put on her at that time in order to make sure  
4 that she had a safe return to work?

5                     MR. TAYLOR: Object to the form.

6           A     Anything strenuous using the upper  
7 extremities such as pulling, pushing, lifting,  
8 overhead work, those would be the primary  
9 limitations that I would expect.

10          BY MR. BAXLEY:

11          Q     Okay. And have you seen her at all since  
12 that time?

13          A     I don't think so, no. Not to my  
14 records, no, haven't seen her since 11-11-20.

15          Q     All right. There was some indication in  
16 your original note on April 13, 2020, that she was  
17 also complaining about some pain in the lumbar  
18 spine?

19          A     She did have a lumbar spine complaint,  
20 she did.

21          Q     Okay.

22          A     And I think we actually recommended that  
23 she have an MRI of the lumbar spine at some point.  
24 I think that was the same -- yeah, that was  
25 recommended at the same time.

1 Q Did she give you any history of previous  
2 lumbar spine problems?

3 A No, she didn't.

4 Q According to her records from the Medical  
5 University of South Carolina, she's had four lumbar  
6 surgeries. Was any of that relayed to you?

7 A It's probably in the intake form. Let  
8 me see. History of lumbar pain was mentioned in  
9 her past medical history. History of lower back  
10 surgery was mentioned in her previous surgical  
11 history. So that was documented, yes.

12 Q Okay.

13 A Not to the extent of the number of  
14 surgeries and exact nature of the surgeries, but  
15 the fact that she had lumbar pain and previous  
16 lumbar surgeries.

17 Q And with a 79-year-old lady who's had  
18 multiple lumbar surgeries and, at least according to  
19 the records from the Medical University, chronic  
20 back pain, is it unusual to see somebody who's still  
21 having some back pain?

22 A Not at all.

23 Q And again, if she was having lumbar back  
24 pain stemming from her work accident, you would have  
25 expected those symptoms to show up reasonably soon

1 after the fall, correct?

2 A Yes.

3 Q Within what time frame would you have  
4 expected low back symptoms to appear after the work  
5 accident if, in fact, they were caused by the work  
6 accident?

7 A Same time frame, fairly acutely, within  
8 a few weeks at the most.

9 Q And, Dr. Rush, it looks like, based upon  
10 your last note, you were basically recommending to  
11 her some -- or for her some conservative treatment.

12 A Oh, that's correct.

13 Q Okay. Looks like some physical therapy,  
14 maybe some injections?

15 A Injections, yes, physical therapy. I  
16 did recommend that she have an MRI of her cervical  
17 spine, which I don't think was done, at least I  
18 don't have a record of it.

19 Q And was that just to check and make sure  
20 that there was nothing coming from a -- in a  
21 radicular-type pattern?

22 A Exactly. Yeah, and that was concern  
23 also for ongoing symptoms in her upper extremity.

24 Q Well, she did not report any kind of neck  
25 pain to you, did she?

1           A     Let me refer back to my initial note,  
2     the initial time I saw her. She had been referred  
3     to a neurologist for her lower back. She had been  
4     to physical therapy for her shoulder with minimal  
5     help.

6                     She was having burning -- I  
7     think the key point, she complained of burning pain  
8     and numbness in her left arm, which was, I thought,  
9     consistent with possibly a cervical radiculitis or  
10    radiculopathy, and that was the reason for wanting  
11    to further evaluate her cervical spine.

12          Q     And was it still necessary to get that  
13    cervical MRI even though the EMG nerve conduction  
14    study didn't show any radicular symptoms?

15          A     It can still be very helpful, yes, in  
16    showing compressive pathology that may be causing  
17    her symptoms and would explain them despite a  
18    normal electrodiagnostic study.

19          Q     Okay. If there's no compressive pathology  
20    at a level that would correlate with her symptoms,  
21    that's something you could rule out fairly quickly?

22          A     Yes.

23          Q     And with a 79-year-old lady, you would not  
24    expect to see a cervical MRI that was clean, I'm  
25    assuming?

1           A     I wouldn't expect it to be normal, no.  
2     She had normal -- she had cervical spine X-rays  
3     that showed degenerative changes with disc space  
4     narrowing at multiple levels, but no acute  
5     injuries such as fracture or subluxation.

6           Q     All right. And since you have not had an  
7     opportunity to see her since the 11th of November,  
8     I'm assuming you don't really have an opinion as to  
9     her current status?

10          A     I don't.

11          Q     Okay. All right. Dr. Rush, have the  
12     answers to your questions today been to a reasonable  
13     degree of medical certainty?

14          A     Yes.

15          Q     And have your answers today been to the  
16     standard of more probable than not or more likely  
17     than not?

18          A     Yes.

19          Q     All right. Thank you, sir. That's all  
20     the questions I have for you. I'm going to turn you  
21     over to Mr. Taylor.

22                                 EXAMINATION

23     BY MR. TAYLOR:

24          Q     Thank you, Dr. Rush, I'll be pretty brief,  
25     I think.

1                   To clarify, the cervical spine  
2 MRI that you recommended back in April 13, 2020, is  
3 it still your recommendation that she have that MRI?

4           A     Yes.

5           Q     And if the carrier authorizes that MRI,  
6 would you be willing to see Miss Brown back to go  
7 over that with her and make any treatment  
8 recommendations?

9           A     Sure. Yes.

10          Q     With respect to the right shoulder MRI --

11          A     Left shoulder.

12          Q     Excuse me, left shoulder MRI. Let me pull  
13 it up. You were -- you noted in your November note  
14 that most of the problems were likely chronic but  
15 certainly could have been aggravated by Miss Brown's  
16 fall at work, is that right?

17          A     That's correct. That was my comment.

18          Q     And you were asked about symptoms  
19 manifesting from a shoulder injury and the timeline  
20 that you would reasonably expect those to manifest.  
21 And I guess what I'm trying to figure out is, we  
22 have a number of notes including the day of the  
23 accident and the day after the accident where  
24 Miss Brown is complaining about upper arm and lower  
25 arm pain.



1                   Isn't it possible for her left  
2 shoulder problems to be manifesting in her arm?

3           A     Not below the elbow, but certainly upper  
4 arm, above the elbow.

5           Q     So the suggestion that she didn't have any  
6 manifestations of symptoms for six or seven months  
7 would be inaccurate if she was demonstrating  
8 symptoms in her upper arm immediately after the  
9 accident?

10          A     Well, that's why I wanted to pursue the  
11 cervical spine, because that could manifest either  
12 in upper or lower arm. But most shoulder problems  
13 cause pain just below the shoulder level, or at  
14 the shoulder level down to the elbow but not  
15 below. Cervical spine problems can do both. I  
16 don't know if I answered your question, but...

17          Q     Yeah, I think so. And maybe I should  
18 frame this as a hypothetical. Bear with me.

19          A     I thought I'd lost you. Sorry.

20          Q     Yeah. Candidly, I'm trying to figure out  
21 what I want to ask here. But Miss Brown clearly had  
22 problems in her upper arm following her accident and  
23 continuously complained about those problems.

24                   And it seems to me that those  
25 upper arm problems are best explained, at this point

1 at least, as being a manifestation of her shoulder  
2 problems. Would you agree with that, having not yet  
3 seen any MRI of the cervical spine?

4 A Well, given that caveat, I wouldn't have  
5 any -- other than her plain X-rays and her  
6 complaints, to have any reason to suspect other  
7 than the shoulder.

8 The timeline that was previously  
9 brought up, you know, is concerning in that, you  
10 know -- or her complaints, at least documented  
11 complaints, were that her shoulder didn't hurt. It  
12 was below the shoulder level. But again, that could  
13 be manifested -- a manifestation of cervical spine  
14 or shoulder.

15 Q If the cervical spine MRI does not  
16 indicate anything that would have an impact on her  
17 upper arm, at that point, would it be reasonable to  
18 conclude that her upper arm symptoms that presented  
19 immediately after her accident were from the left  
20 shoulder injury or aggravation?

21 A One could surmise that, yes.

22 Q I guess, really, the bottom line at this  
23 point is we need to get that cervical MRI to  
24 properly diagnose what's going on in that left arm.  
25 Would you agree with that?

1           A     That was my initial thoughts. I'll hold  
2 to those thoughts. 79-year-old people are pretty  
3 fragile, so you really have to look at all  
4 potential sources of injury, and that's really  
5 what I was trying to do.

6           Q     And I don't know if you have an opinion to  
7 this effect at this point or not, but can you say to  
8 a reasonable degree of medical certainty that  
9 Miss Brown's left shoulder problems were aggravated  
10 by her injury at work on May 30th, 2019?

11          A     Well, I think I've clearly said that I  
12 thought that was a possibility, yes. Not a  
13 causation, but an aggravation was a possibility.

14          Q     And you did say that. I guess what I'm  
15 trying to thin down is -- that opinion that her  
16 injury aggravated her left shoulder, is that to a  
17 reasonable degree of medical certainty?

18          A     Yeah, I think it would be reasonable to  
19 say that it could have aggravated that preexisting  
20 condition. Again, the timeline of her complaints  
21 as documented are -- puts some question in -- puts  
22 that into some question. But we've already seen  
23 documentation can be faulty.

24          Q     And you certainly haven't been presented  
25 with any evidence to suggest that she injured her

1 left shoulder some way other than her fall at work  
2 on May 30th, 2019, have you?

3 A I have no knowledge of any other injury.

4 Q Well, Dr. Rush, that's all I've got for  
5 you. I think -- appreciate you being with us this  
6 afternoon.

7 A Thank you-all.

8 EXAMINATION

9 BY MR. BAXLEY:

10 Q Dr. Rush, let me just ask you a couple  
11 questions in follow-up. I have certainly seen a  
12 number of shoulder injuries in the past that involve  
13 pain in the shoulder and then down into the upper  
14 arm.

15 But at least based upon the  
16 notes that I read you earlier, it would seem as  
17 though Miss Brown after this accident was having no  
18 pain in the shoulder and pain in the upper arm.

19 MR. TAYLOR: Object to the form.

20 BY MR. BAXLEY:

21 Q Have you ever seen someone with tendinosis  
22 that's reported on the MRI have zero pain in the  
23 shoulder and then pain only into the upper arm?

24 A We generally see people with some  
25 discomfort in the shoulder girdle. Most pain is

1 usually in the upper arm.

2 Q But it normally --

3 A It has to do with the innervation of the  
4 muscle and tendon units that function to move the  
5 shoulder.

6 The terminal point of those  
7 nerves ends down at the deltoid insertion in the  
8 upper arm, which is, if you would just put your hand  
9 on your shoulder, five finger breadths below, that's  
10 the upper arm. That's usually where people have the  
11 majority of their complaints.

12 But we also, you know, usually  
13 have -- people usually complain of tenderness in  
14 the -- higher in the shoulder girdle but not  
15 100 percent.

16 Q Okay. And so with a 79-year-old lady with  
17 the problems that you saw on MRI, you would normally  
18 have expected to see some level of discomfort in the  
19 shoulder if those problems had been aggravated in a  
20 work accident?

21 A Wouldn't be unusual. I would -- I would  
22 be surprised if she didn't have some discomfort in  
23 that area. But again, it's not totally unheard  
24 of. I'd be surprised if she -- based on the MRI,  
25 I was a bit surprised that she stated that she'd

1 never had any shoulder pain before the fall. And  
2 I think that was documented.

3 So I think that timeline, if  
4 it's accurate, is important as well. I didn't hurt  
5 before I fell, now I hurt. So that's kind of what  
6 we had to go with.

7 Q Sure. And frankly, had she fallen and  
8 within a couple of days said, My shoulder and my  
9 upper arm hurt, that there wouldn't be any question  
10 about causation in this case, right?

11 MR. TAYLOR: Object to the form.

12 A I don't know that I can speak toward  
13 causation other than what I've already said.

14 BY MR. BAXLEY:

15 Q Well, it would make it a lot easier for  
16 you to say that this is coming from the accident had  
17 she been complaining of shoulder pain from the very  
18 beginning?

19 A I gotcha. I gotcha. Yeah, I think that  
20 would -- that would have clarified it a little  
21 bit, sure.

22 Q Yeah. But if what I told you earlier is  
23 true and that she essentially goes six or seven  
24 months without any complaints of shoulder pain, that  
25 therefore leads you to some question about whether

1 or not this is really coming from the work accident?

2 A It does put that in question. I would  
3 have to agree with that.

4 Q All right. Dr. Rush, I think that's all  
5 I've got for you.

6 EXAMINATION

7 BY MR. TAYLOR:

8 Q I hate to do this to you, but I --

9 A I knew it was coming. I knew it was  
10 coming. That's all right. I'm used to this.  
11 After 33 years of dealing with these, I'm not --  
12 it's all right. Go ahead.

13 Q Thank you.

14 So you mentioned a moment ago  
15 about, you know, the cording problems and that sort  
16 of thing, that happened in the medical notes. The  
17 other thing that occurs to me, particularly with  
18 shoulders, I guess I see it a lot with the hip as  
19 well where my clients sort of described hip pain as  
20 leg pain and you're not really knowing how far the  
21 hip extends.

22 You know, isn't that also true  
23 for the shoulder where, you know, some folks refer  
24 to their shoulder more as what I would consider the,  
25 you know, shoulder blade. Some people refer to it,

1 you know, as, sort of the lower part of the shoulder  
2 as their arm. And it very well could be that  
3 Miss Brown was complaining about shoulder pain, she  
4 was just reporting it as upper arm pain. Wouldn't  
5 that be fair?

6 A Well, that certainly is a possibility.  
7 I mean, you don't expect a layman to be  
8 knowledgeable about anatomy to the extent that  
9 they can accurately describe what they think is  
10 their shoulder or their hip or their lower back.

11 I see people all the time that  
12 complain, they come in, they say their hip's killing  
13 them. Well, it's actually their lower back, 'cause  
14 they put their hand on their buttock. That's not  
15 hip pain, that's lower back problems.

16 And so, yeah, you don't expect a  
17 layman to have that kind of underlying knowledge, so  
18 you have to take that, you know, for what it's worth  
19 when they complain to try to be as accurate as  
20 possible in documenting their complaints.

21 Q I appreciate your time. Thank you.

22 A Both of you, all of you, all three of  
23 you, thank you.

24 MS. HAYWARD: Read and sign?

25 MR. BAXLEY: Doctor, do you want to



1 read and sign your deposition?

2 THE WITNESS: I usually don't.

3 MR. BAXLEY: Okay. Perfect. Thank  
4 you, sir.

5 MS. HAYWARD: Copy, George?

6 MR. TAYLOR: Yes, please, e-tran is  
7 fine.

8 MS. HAYWARD: And Johnnie, normal  
9 time -- or both of you, normal time?

10 MR. BAXLEY: Yes, ma'am, that will be  
11 fine.

12 (Signature waived, and the deposition  
13 concluded at 2:05 PM.)  
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1 STATE OF SOUTH CAROLINA )  
2 COUNTY OF DORCHESTER )

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CERTIFICATE

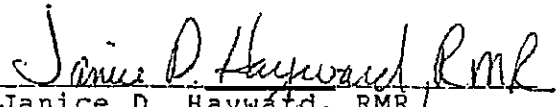
3 I, Janice D. Hayward, Registered Merit  
4 Reporter and Notary Public, certify that I was  
5 authorized to and did stenographically report the  
6 foregoing deposition via Zoom, and that the  
7 transcript is a true record of the testimony given  
8 by the witness.

9 I further certify that the witness was  
10 duly sworn/affirmed and cautioned by me via Zoom to  
11 tell the truth, the whole truth, and nothing but the  
12 truth. I certify that the same was reduced to  
13 typewritten form from my original stenograph notes  
14 by computer-aided transcription.

15 I further certify that I am not of  
16 counsel or kin to any of the parties to this cause  
17 of action nor am I interested in any manner in  
18 its outcome.

19 IN WITNESS WHEREOF I have hereunto set  
20 my hand and seal this the 6th day of April 2021.

21  
22  
23  
24  
25

  
Janice D. Hayward, RMR  
Notary Public, South Carolina  
My Comm. Expires 10-10-22

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BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION  
W.C.C. FILE NO. 1906764

- - -

Helen Brown, :  
Employee/Claimant, :  
vs. :  
Walmart, Inc., : DEPOSITION OF:  
Employer, : GREGORY PALUTSIS, MD  
and : MAY 7, 2021  
New Hampshire Insurance :  
Company, :  
Carrier/Defendants. :

The remote Zoom deposition of GREGORY PALUTSIS,  
MD, taken before Deirdre J. Weyer, Registered  
Professional Reporter and Notary Public, at 1580  
Freedom Boulevard, Unit 100, Florence, South  
Carolina, on Friday, May 7, 2021, commencing  
at 11:56 a.m.

Job No. CS4551880

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(None)

1 (GREGORY PALUTSIS, MD, having been first  
2 duly sworn, testified as follows:)

3 EXAMINATION BY MR. BAXLEY:

4 Q Doctor, if you would pronounce your last  
5 name for me so that I don't butcher it.

6 A Palutsis.

7 Q Palutsis. Dr. Palutsis, my name is  
8 Johnnie Baxley. I represent Walmart on the workers'  
9 compensation claim that's been filed by  
10 Ms. Helen Brown. It's a pleasure meeting you, and  
11 really what we're doing today is just going to ask  
12 you some questions and get some opinions from you  
13 about some medical treatment issues. As I've not had  
14 an opportunity to meet you or depose you before, if  
15 you could please state your full name for the record  
16 and your -- the name of the facility where you are  
17 currently employed.

18 A Gregory Palutsis. I am currently working  
19 at MUSC Florence.

20 Q Great. And if you would, just go through  
21 a quick background for me starting with undergraduate  
22 education and then board certification, that sort of  
23 thing.

24 A I graduated from Loyola University in  
25 1978. Loyola Stritch School of Medicine in 1981. I

1 completed a residency at Northwestern Memorial  
2 Hospital in 1986 in orthopedic surgery, I did a year  
3 of sports medicine fellowship at the University of  
4 Iowa finishing in 1987, and then I was employed in  
5 private practice in Chicago until three years ago  
6 when I moved down here and joined this group of  
7 physicians. I am currently board certified.

8 Q Great. And do you specialize in a certain  
9 part of the body or are you just general orthopedics?

10 A My fellowship training is orthopedic  
11 sports medicine, which is what I used to do mostly.  
12 Here in the last three years it's mostly been in a  
13 general medicine -- a general orthopedic practice.

14 Q And I'm looking through my notes. I only  
15 see one medical record from one visit that you had  
16 with Ms. Helen Brown. Is that accurate?

17 A I think I have two visits in my records,  
18 one from September 4th of 2018 and the other one from  
19 early 2020.

20 Q Okay.

21 A January 16th of 2020.

22 Q Yes, sir. I have the January 16, 2020.  
23 Tell me about the visit in September of 2018. What  
24 was she seen for?

25 A She was referred by a Dr. Ritchie, her

1 internist, because of left shoulder pain, and I  
2 thought she had arthritis at the acromioclavicular  
3 joint.

4 Q Okay. And what kind of specific  
5 complaints was she reporting with -- it just pain?

6 A Pain localized over the joints. She had  
7 some pain with movement of the joint. She reported  
8 swelling at the joint as well.

9 Q Did she give a history as to where those  
10 problems or where that pain came from?

11 A Yeah. This is the right shoulder joint.  
12 I just want to make that clear --

13 Q Okay.

14 A -- if I don't make that clear. She told  
15 me that about eight years prior to that she had a  
16 rotator cuff repair in that same right shoulder; but  
17 other than that, she didn't report any injury to the  
18 shoulder. She was noticing a bump on the shoulder.

19 Q Okay. So when you saw her in 2018, she  
20 was complaining about problems with her right  
21 shoulder. She gave no history of an acute trauma but  
22 indicated that about eight years previously she had  
23 undergone a right rotator cuff repair?

24 A Yes.

25 Q Okay. And you diagnosed her as having

1 some arthritis in the shoulder?

2 A Well, in the acromioclavicular joint.

3 Q Okay. Did you give her any other  
4 diagnosis other than AC joint arthritis?

5 A She had a very little bit of arthritis  
6 noted on X-ray in the main joint, in the glenohumeral  
7 joint; but I did not think that was symptomatic for  
8 her.

9 Q Okay. Is was the AC joint arthritis that  
10 you thought was symptomatic for her?

11 A Yes.

12 Q And did you have any diagnostics that you  
13 were relying on at that time other than simple  
14 X-rays?

15 A I think all I had was an X-ray.

16 Q Okay. Did you outline a treatment plan  
17 for those right shoulder complaints for her?

18 A It was just conservative management.  
19 Icing. We put her onto some Motrin. And then I did  
20 inject the joint with some steroid, with Kenalog.

21 Q Okay. And since you did not see her again  
22 until January of 2020, can I assume that she was lost  
23 to follow up?

24 A Yes.

25 Q Okay. You did not have another



1 opportunity to see her back for any of the right  
2 shoulder issues?

3 A No.

4 Q And when you saw her on January 16, 2020,  
5 according to your report, it looks like she was there  
6 complaining about the opposite shoulder, her left  
7 shoulder?

8 A Yes.

9 Q Okay. I'm looking at your History of  
10 Present Illness, and it indicates that you saw  
11 Ms. Brown, who is a 79-year-old female with  
12 complaints of left shoulder pain. The next sentence  
13 says, "There was no injury to the left shoulder."  
14 Where did that history come from?

15 A That would have come from the patient that  
16 there was no specific injury to the shoulder.

17 Q Okay. And I'm looking at this note and it  
18 looks like you were the provider. Would you have  
19 been the one that took the history or would there  
20 have been a physician's assistant or a nurse  
21 involved?

22 A I would have been the one to take the  
23 history, yes.

24 Q Okay. And it looks like you went through  
25 with her a fairly comprehensive exam of the left

1 shoulder and it looks like you also had some X-rays?

2 A Yes.

3 Q And it doesn't look like you gave a  
4 definitive diagnosis, but what were your concerns?

5 A The exam indicated that she had evidence  
6 for a rotator cuff-based pain and without a clear  
7 history of injury and with some fairly good -- we  
8 think it's most likely a tendonitis or inflammation.  
9 Again, you can't always be certain about that; but  
10 that's our initial diagnosis, and we started  
11 treatment based on that.

12 Q Okay. Did you ever see her again after  
13 that initial visit?

14 A No.

15 Q And did she come to you upon referral from  
16 another physician or did she just randomly show up at  
17 the -- at the practice?

18 A Well, when I initially saw her, she was  
19 referred by her primary care physician, and that was  
20 at the prior visit in 2018. I don't know why -- how  
21 she came to me on this most recent visit.

22 Q Okay. All right, Doctor, I'm looking at a  
23 typed statement that you signed on January 24, 2020.  
24 Do you have a copy of that statement?

25 A I do not have that in front of me, no.

1           Q       Okay. I'm going to email you a copy of  
2 that so you can have it in front of you. It looks  
3 like it was a document prepared by Mr. Taylor's  
4 office.

5           MR. TAYLOR: I can share the screen if he  
6 can look at the screen, if that makes it easier.

7           THE WITNESS: Whatever you want.

8           MR. BAXLEY: Sure, that would be fine.

9           MR. TAYLOR: Give me just a second to  
10 figure out how to do this.

11          MR. BAXLEY: If you've got it up on your  
12 screen, it's just the middle button down at the  
13 bottom, the share screen button.

14          MR. TAYLOR: Yeah, I've got to find the  
15 document first.

16          MR. BAXLEY: Oh, I gotcha. Okay. Yep.

17          MR. TAYLOR: Hopefully, y'all will be able  
18 to see my screen in a moment.

19          MR. BAXLEY: Yeah, there you go.

20          THE WITNESS: Yes, I see it.

21 BY MR. BAXLEY:

22          Q       I'll give you a chance to read it and  
23 review it. Let me know when you're ready.

24          A       Yes, I see that.

25          Q       Okay. And have you had a chance to read

1 over it?

2 A Yes.

3 Q Okay. Perfect. That note seems to  
4 indicate that there was history of an accident given  
5 at that visit. How is it that you remembered that or  
6 recollected that in between the dictation of the note  
7 and signing this report?

8 A I'm not sure that I remembered. It may  
9 have been pointed out by the patient themselves.  
10 They have the records available to them. So, again,  
11 I don't remember the exact circumstances here, but it  
12 would have been an error on my part. That's what I  
13 was admitting to here by -- by preparing -- signing  
14 this, that there was something that I forgot to  
15 include in the chart; but I probably wouldn't have  
16 remembered it unless somebody pointed it out to me.

17 Q Okay.

18 A So it goes back to the patient saying,  
19 well, this was actually an injury and you didn't put  
20 it in my chart.

21 Q Okay. So just to be clear, you don't have  
22 any specific recollection of what she did or did not  
23 say on the January the 16th, 2020?

24 A Correct.

25 Q It looks like you obviously reported a

1 history on here and then at some point fairly soon  
2 thereafter you were contacted either by the patient  
3 or by the patient's attorney and an error, I guess,  
4 was brought to your attention?

5 A Yes.

6 Q And either the patient or the patient's  
7 attorney relayed to you that, in fact, there had been  
8 an accident and they described it and that's what's  
9 in this note?

10 A Yes.

11 Q Okay. And what she has described to you  
12 is an accident from May 30, 2019, correct?

13 A Yes.

14 Q Did she describe to you what kind of an  
15 accident it was?

16 A That note indicates that it was a fall  
17 where she landed onto her knee.

18 Q If she fell onto her knee and I guess onto  
19 her arm on May 30, 2019, when -- during what time  
20 period would you have anticipated that an injury to  
21 the shoulder would have manifested itself?

22 A Well, if there's a traumatic injury to the  
23 shoulder, there would have been pain reasonably soon.  
24 It can take sometimes a few days for inflammation to  
25 accumulate enough to be causing pain, but usually

1 within a few days.

2 Q Okay. And so you would have certainly  
3 anticipated some symptoms or complaints of -- you  
4 said within a few days. Are we talking about within  
5 a week or two?

6 A Yes. You could give it that long, yes.

7 Q Okay. Would you have anticipated -- if  
8 she fell onto her arm on May 30, 2019, and sustained  
9 some sort of traumatic injury to the shoulder, would  
10 you have anticipated that there were no symptoms for  
11 one month after the accident?

12 MR. TAYLOR: Object to the form.

13 THE WITNESS: I've seen things take that  
14 long to show up. It depends on activity level and  
15 things like that. It's possible an injury can take  
16 that long for a patient to perhaps really appreciate  
17 it.

18 BY MR. BAXLEY:

19 Q How about two months?

20 A That would be pushing it. Kind of too  
21 long.

22 Q How about three months?

23 MR. TAYLOR: Same objection.

24 THE WITNESS: That would be longer and  
25 less likely to be related to the trauma.

1 BY MR. BAXLEY:

2 Q Okay. And I'm assuming if I were to  
3 continue to go through that line of questioning and  
4 increase the number of months, as I increased the  
5 number of months, it becomes less and less likely  
6 that those things would be related?

7 A Yes.

8 Q The opinion that you've given in the note  
9 that you looked at earlier that the complaints  
10 regarding the left shoulder were from the fall that  
11 she sustained, I'm assuming that opinion is based  
12 upon her reporting to you that she had a fall, that  
13 she had symptoms thereafter, and that she's continued  
14 to have problems with the left shoulder?

15 A Yes. That's all a part of the patient's  
16 history.

17 Q And it's your job as her treating  
18 physician to sort of take that at face value?

19 A Yes.

20 Q You haven't done any independent research  
21 as to whether or not there was actually an accident,  
22 whether or not she actually hurt her left shoulder  
23 when those symptoms manifested themselves, anything  
24 like that? You're just taking her at face value?

25 A Yes.

1           Q       And if, in fact, any of those factors are  
2 inaccurate, it could very well affect your opinion on  
3 causation?

4           A       Yes.

5           Q       So, for example, if she got -- if she fell  
6 on May 30, 2019, and the first record of shoulder  
7 pain is December of 2019, that may very well affect  
8 your opinion as to whether or not those shoulder  
9 symptoms are related to the work accident?

10           MR. TAYLOR: Object to the form.

11           THE WITNESS: Yes.

12 BY MR. BAXLEY:

13           Q       Okay. If, in fact, it is true that the  
14 first time she complained to a physician about her  
15 shoulder was December 26, 2019, from an accident on  
16 May 30, 2019, which is about seven months, if that is  
17 true and that's accurate, would you think that her  
18 left shoulder complaints are related to that work  
19 accident?

20           A       No.

21           Q       If on the other hand she had symptoms in  
22 her left shoulder within a week or two of the fall,  
23 it would be your opinion that that very well could be  
24 related?

25           A       Yes.



1 Q Okay. Doctor, have your answers to my  
2 questions today been stated to a reasonable degree of  
3 medical certainty?

4 A Yes.

5 Q And have your answers been to a standard  
6 of more likely than not or more probable than not?

7 A Yes.

8 Q Thank you, sir.

9 A (Inaudible.)

10 Q I'm sorry?

11 A More likely than not.

12 Q Perfect. Thank you, sir.

13 EXAMINATION BY MR. TAYLOR:

14 Q Thank you, Doctor. If Ms. Brown had been  
15 complaining of right upper arm pain immediately after  
16 her accident and consistently after her accident on  
17 May 30, 2019, could those upper arm complaints likely  
18 be related her right shoulder in addition to just her  
19 right upper arm?

20 A So just so we're not confused, is this  
21 right shoulder, right arm, or left arm?

22 Q This is all for the right -- right arm.

23 A Well, I was treating her for her left arm,  
24 so I'm not sure why we're discussing --

25 Q Excuse me. I'm getting them confused

1 again. You're absolutely right. You're absolutely  
2 right. Forgive me. I did this in the last  
3 deposition in this case. If Ms. Brown had been  
4 reporting right -- excuse me -- left upper arm pain  
5 immediately after her accident, same day, and then  
6 regularly thereafter, would that change your opinion  
7 as to the causation of her right shoulder problems?

8 A Yes, it would. Again, we take the  
9 patient's history as -- as the cause of things and  
10 arm pain -- upper arm pain certainly can be shoulder  
11 pain -- can be related to shoulder injury. So they  
12 don't have to complain of shoulder pain for a  
13 shoulder injury. It's usually upper arm pain that  
14 they complain of. So that would be compatible with  
15 an injury.

16 Q I'm going to try to share my screen again  
17 in just a minute. Let me find the record. Excuse  
18 me.

19 I hope that I'm sharing my screen now.  
20 Can you see it?

21 THE WITNESS: No, I do not see it. There  
22 you go.

23 MR. BAXLEY: You've got it right now,  
24 George.

25 THE WITNESS: I've got it right now, yes.

1 BY MR. TAYLOR:

2 Q All right. Doctor, this is a medical  
3 record dated May 31, 2019. Can you see the date of  
4 this note?

5 A Yes.

6 Q All right. And this would have been one  
7 day after Ms. Brown fell. I'll give you just a  
8 minute to look over that note. I'll just scroll down  
9 so you can that there is a second page.

10 A Okay.

11 Q Have you had a chance to look at that?

12 A Can you scroll up a little bit?

13 Q Sure.

14 A Good. That's good.

15 Q On examination there, do you see where it  
16 says "left arm and upper arm with some tenderness but  
17 no swelling. Denies any pain in shoulder"?

18 A Yes. Looks like left -- left forearm, is  
19 that what it says? Left forearm and upper arm.

20 Q That's correct, "with some tenderness and  
21 no swelling. Denies any pain in shoulder." Do you  
22 see that?

23 A I do, yes.

24 Q It looks like she was denying the pain was  
25 in her shoulder at the time but clearly was having

1 upper arm problems the day after her fall at work; is  
2 that --

3 A Yes. I'm a little confused about in the  
4 beginning it says "she fell last night and hit her  
5 right knee and right arm," but then everything else  
6 says left.

7 Q Yeah. I'll represent to you that that  
8 we -- I believe -- and Mr. Baxley can correct me if  
9 I'm wrong -- that that is -- that portion at least of  
10 this record is -- is an administrative or  
11 typographical error and that's the only occasion --

12 A Okay.

13 Q -- where it appears to be the right knee  
14 and right arm.

15 A Yes. Was this an emergency room report?

16 Q This was not. I think this was --

17 MR. BAXLEY: Palmetto Family Medicine.

18 MR. TAYLOR: Yeah.

19 THE WITNESS: Okay. All right.

20 MR. BAXLEY: Urgent care-type clinic.

21 THE WITNESS: Okay.

22 BY MR. TAYLOR:

23 Q Is it reasonable to conclude that the  
24 upper arm complaints that Ms. Brown had on May 31st,  
25 2019, were related to her left shoulder?

1           A       Well, I would be just making a judgment  
2       that they did not seem to think so. They said this  
3       was a -- a contusion, something to the left arm.  
4       They were -- I think they specifically said in here  
5       it wasn't her shoulder. Again, typically when I see  
6       a patient and they complain of arm pain, I'm always  
7       worried about their shoulder; but it doesn't always  
8       match up one-to-one. And so, again, these  
9       were -- these are family practice doctors. I  
10      interpret a little differently. Our exam might be a  
11      little different. But they weren't impugning (ph)  
12      shoulder in this exam but certainly in my world it  
13      could be.

14           Q       Doctor, is it fairly common for patients  
15      with shoulder problems to experience symptoms in  
16      their arm and not in their shoulder?

17           A       Yes, that is not uncommon.

18           Q       And when that happens, does it ever evolve  
19      to where the shoulder problems do begin manifesting  
20      in the shoulder even though initially the symptoms  
21      were present only in the arm?

22           A       Yes.

23           Q       And in Ms. Brown's case, if her left arm  
24      symptoms began to dissipate and her left shoulder  
25      complaints increased, would it be reasonable to

1 conclude that the injury she suffered on May 30th,  
2 2019, was, in fact, to her left shoulder and not to  
3 her left arm?

4 A Well, I have a hard time saying that  
5 because I wasn't the one examining her and not seeing  
6 the evolution of this. Plus, I'm not even sure what  
7 the injury to her shoulder is. I was suspicious for  
8 a tendonitis, possibly a tear; but I don't have  
9 confirmation there actually was an injury to the  
10 shoulder. So you're asking me to interpret other  
11 people's exams and I'm not in a good place to do  
12 that.

13 Q That's fair enough.

14 A My battery looks like it's dying here. If  
15 I could just take a minute and get this plugged in --

16 Q Sure.

17 A -- that would help, okay?

18 MR. BAXLEY: Sure.

19 THE WITNESS: Okay. So give me one  
20 second.

21 (There was a pause in the proceedings.)

22 THE WITNESS: All right. We are good to  
23 go. Sorry.

24 BY MR. TAYLOR:

25 Q And you've not seen Ms. Brown back at all

1 since January 16, 2020?

2 A No.

3 Q That's all the questions I've got,  
4 Dr. Palutsis. I appreciate you being with us this  
5 morning -- this afternoon. Thank you.

6 A Nobody else?

7 MR. BAXLEY: No further questions from me,  
8 Doctor. Thank you.

9 (Court reporter requested transcript  
10 orders.)

11 MR. TAYLOR: Etran.

12 MR. BAXLEY: Same.

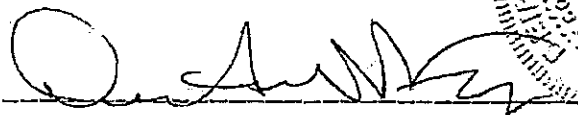
13 (Deposition was concluded at 12:26 p.m.)  
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CERTIFICATE OF REPORTER

I do hereby certify that the testimony contained in said deposition was, by me, reduced to writing in the presence of said witness by means of a computerized transcription. The said deposition is a true and accurate transcript of the whole of the testimony given by said witness, as aforesaid.

I do further certify that I am not connected by blood or marriage with any of the parties or their attorneys or agents, and I am not an employee of either of them, nor interested directly or indirectly in the matter of controversy either as counsel, attorney, agent or otherwise.

Signed this the 14th day of May 2021

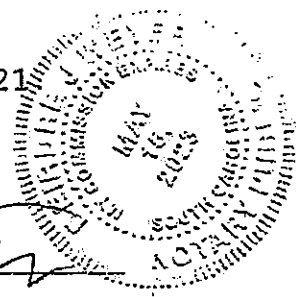


Deirdre J. Weyer

Registered Professional Reporter

Notary Public

My Commission Expires: May 15, 2023





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September 14, 2021

Via eCase

The Honorable R. Michael Campbell, II  
South Carolina Workers' Compensation Commission  
P.O. Box 1715  
Columbia, SC 29202-1715

Re: Helen Brown vs. Walmart Inc.  
WCC File No.: 1906764 DOI: 5/30/2019  
Carrier: New Hampshire Insurance Company - Claim No.: 8832166  
WJC&B File No.: 0170.03587

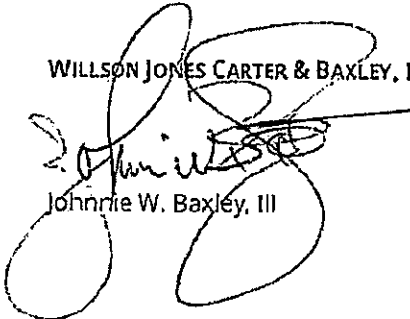
Dear Commissioner Campbell:

Enclosed herein please find the defendants' Pre-Hearing Brief as well as the Notice of Witnesses and Written Medical Reports which lists the documents I intend to submit at the hearing of the above-referenced matter pursuant to the South Carolina Administrative Procedures Act.

By copy of this letter, I am providing a copy of these forms and reports to George A. Taylor, claimant's counsel.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.

  
Johnnie W. Baxley, III

JWB/adh

Enclosures

cc (w/enclosures): George A. Taylor, Esquire (via e-mail)  
Ms. Lynette Olson (via e-mail)

South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
(803) 737-5675 www.wcc.sc.gov



**PRE-HEARING BRIEF**  
**WCC File No: 1906764**

Claimant's Name: Helen Brown Employer's Name: Walmart Inc.  
Address: [REDACTED] Address: 1040 Chesterfield Highway  
City: [REDACTED] State: [REDACTED] Zip: 29520 City: Cheraw State: SC Zip: 29520  
Home Phone: [REDACTED] Work Phone: [REDACTED] Carrier: New Hampshire Insurance Company  
Preparer's Name: Johnnie W. Baxley, III Preparer's Phone #: (843) 264-1082

**A claim for workers' compensation benefits is made based on the following grounds:**

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$223.10 2. AWW: \$ 334.63 Date of Injury: 5/30/2019
3. Type of injury and body part(s): ADMITTED: left knee DENIED: left shoulder and neck
4. Facts in controversy: This is an admitted accident. Medical treatment was provided for the left knee and Claimant was released at MMI on 11/16/20 after extensive knee treatment. Defendants have denied the left shoulder and neck as being causally related to the work accident. Issues are extent of PPD per 42-9-30 to the left knee and compensability of the left shoulder and neck.
5. Legal issues involved: See #4 above.
6. Unusual aspects: Defendants reserve the right to and may move to either postpone or adjourn the scheduled hearing to exercise due process rights afforded by law to cross examine, respond to, and otherwise oppose evidence presented by the claimant.
7. Witnesses (designate if expert):\* Employer Representative
8. Exhibits: Claimant's Employment/Personnel File; Payroll Records; Deposition of Claimant; Deposition of Dr. Paul Rush; Deposition of Dr. Gregory Palutsis.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION
10. Name, address, and specialty, if any, of the treating physician: Dr. John Smid, OrthoCarolina.
11. Impairment rating(s); body part(s); physician and date of opinion: 2% left lower extremity by Dr. Smid on 11/16/20.
12. I am amending my Form 50/51 in the following manner: none

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov).

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to George A. Taylor, Esquire Address [gtaylor@csa-law.com](mailto:gtaylor@csa-law.com) on the 14th day of September 2021, by:

☐ first class postage ☒ certified mail ☐ personal service ☒ electronic service

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: [Signature]  
Johnnie W. Baxley, III, Willson Jones Carter & Baxley, P.A.

Email: jwbaxley@wjclaw.com

Date of hearing: 09/24/2021

Time needed for hearing: 30 minutes

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. \* Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58  
Revised 7/15

**58**

**PRE-HEARING BRIEF**



South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
(803) 737-5723



WCC File #: 1906764  
Carrier File #: 8832166  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: Helen Brown SSN: [REDACTED] Employer's Name: Walmart Inc.  
Address: [REDACTED] Address: 1040 Chesterfield Highway  
City: [REDACTED] State: [REDACTED] Zip: [REDACTED] City: Cheraw State: SC Zip: 29520  
Home Phone: [REDACTED] Work Phone: \_\_\_\_\_ Insurance Carrier: New Hampshire Insurance Company  
Johnnie W. Baxley, III 4922 O'Hear Ave., Suite 301, North Charleston, SC 29405 (843) 284-1082  
Preparer's Name Address Phone #

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
AND GEORGE A. TAYLOR, ESQUIRE, ATTORNEY FOR CLAIMANT

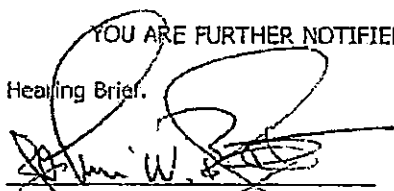
YOU ARE HEREBY NOTIFIED THAT DEFENDANTS, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the defendants, to wit:

| <u>NAME OF PHYSICIAN/OTHER</u> | <u>DATE OF REPORT</u> | <u>PAGE</u> |
|--------------------------------|-----------------------|-------------|
| APA (11) McLeod Health Cheraw  | 7/1/2015 – 5/31/2019  | 170-178     |
| APA (12) Dr. Harry Rudolph     | 2/14/2013 – 2/28/2014 | 179-202     |
| APA (13) Dr. F. H. Qureshi     | 11/12/2014            | 203-204     |
| APA (14) MUSC ER               | 6/12/2019             | 205-220     |
| APA (15) Cheraw PT             | 3/9/2020 – 3/26/2020  | 221-222     |
| APA (16) MUSC Health           | 6/28/2018 – 1/21/2020 | 223-235     |
| APA (17) Dr. Gregory Palutsis  | 9/4/2018              | 236-238     |

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into the evidence on behalf of the employer-defendant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the defendants: See Pre-Hearing Brief.

  
Johnnie W. Baxley, III  
Willson Jones Carter & Baxley, P.A.  
4922 O'Hear Ave., Suite 301  
North Charleston, SC 29405

September 14, 2021

September 24, 2021  
(hearing date)

South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
(803) 737-5723



WCC File #: 1906764  
Carrier File #: 8832166  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: Helen Brown SSN: 105-34-9155 Employer's Name: Walmart Inc.  
Address: [REDACTED] Address: 1040 Chesterfield Highway  
City: [REDACTED] State: [REDACTED] Zip: [REDACTED] City: Cheraw State: SC Zip: 29520  
Home Phone: [REDACTED] Work Phone: \_\_\_\_\_ Insurance Carrier: New Hampshire Insurance Company  
Johnnie W. Baxley, III 4922 O'Hear Ave., Suite 301, North Charleston, SC 29405 (843) 284-1082  
Preparer's Name Address Phone #

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
AND GEORGE A. TAYLOR, ESQUIRE, ATTORNEY FOR CLAIMANT

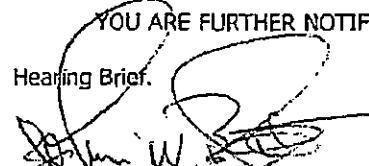
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Johnnie W. Baxley, III  
Willson Jones Carter & Baxley, P.A.  
4922 O'Hear Ave., Suite 301  
North Charleston, SC 29405

September 14, 2021

September 24, 2021  
(hearing date)

**MCLEOD HEALTH CHERAW**

711 Chesterfield Hwy.  
Cheraw SC 29520

PATIENT NAME: BROWN HELEN  
MRN#: 000000489832  
BILLING#: 2000013306  
DATE OF BIRTH: [REDACTED]  
ROOM#: CM2001  
ADMIT DATE: 07/01/2015  
DISCHARGE DATE: 07/02/2015  
DR. DICTATING: Margaret Campbell MD

**DISCHARGE SUMMARY**

**DISCHARGE DISPOSES:**

1. Atypical chest pain felt to be most likely musculoskeletal.
2. Hypertension.
3. History of lumbar spine fracture pain from numerous low back surgeries.
4. Hypokalemia, corrected.

**HOSPITAL COURSE:**

Please refer to history and physical for details of patient's presenting symptoms, and recent history. Helen Brown is a 78-year-old, African American female, who was passenger in the car when she suddenly felt very severe substernal chest pain that was sharp in nature. It expanded and as she put it, "exploded" into her jaw and neck and ears and down into arms. This intense pain that seemed to radiate everywhere lasted for 10 minutes and then subsided to a constant pain that was still severe as she described it, but only located in her chest area. She describes it as a tightness, but also very sharp and not achy or dull at all. She did not have nausea or vomiting or dysphoria. On arrival in the emergency department, she did not have any abnormal findings on EKG and her 1st troponin was negative and she was admitted as an observation patient to rule out myocardial infarction. Some of her symptoms were typical and some were atypical and because of her history of hypertension and her age, there was a concern about the possibility of myocardial infarction or at least angina. Additionally, the patient gives a history that a workup was attempted for her complaint of palpitations which is intermittent. She did not believe feel palpitations this time till she had complained of this in the past to her primary care physician and she was sent to a cardiologist in Florence, but she went to that appointment and she did not learn anything. Apparently she had some type of monitoring test that was technically not done well reportedly. The patient says that there was something wrong and there was

**DISCHARGE SUMMARY**

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## MCLEOD HEALTH CHERAW

BROWN, HELEN

MRN#: 00000489932

PAGE 2

absolutely no data they could gather for it. She was somewhat disappointed and then did not return for follow up with that cardiologist. She essentially dropped the issue with her primary care provider.

Patient's primary care provider is Dr. Teresa Brown in Florence, South Carolina. Patient would, however, prefer to obtain primary care and also cardiology care locally in Cheraw, South Carolina if that can be arranged.

The patient has resolution of her pain at the time of arrival into hospital on 08/08/08. She did receive some morphine and that seemed to resolve the pain, but the patient is not sure whether that helped or it just went away on its own.

A phone call was placed to Hoffmeister, cardiologist in Cheraw, South Carolina. She felt like the patient might benefit from a Holter monitor test. An appointment was made for the patient on Monday at 12:30 p.m., and the patient will be keeping that appointment after her discharge.

### LABORATORY DATA:

The patient's potassium was low at 3.1 at admission and this was felt to be related to Maxzide. A lot of elderly people do not tolerate Maxzide or HCTZ and will develop a low potassium instead of holding onto potassium. She was given Norvasc while hospitalized instead of Maxzide and she is to stop the Maxzide and continue Norvasc. Patient's symptoms were not obviously associated with reflux but esophageal spasm can create pain that is described by some this same way this patient described it. For this reason, she was given empiric Prolonix 40 mg to take daily for least a month after this hospitalization. Due to the fact that she does have some risk factors, she was also given aspirin 81 mg p.o. daily and nitroglycerin sublingual to be taken on a p.r.n. basis should she have similar pain again.

Dr. Hoffmeister may wish to perform an outpatient stress test on the patient, but of course, obtaining records related to what has been done and not been done would be important. The patient does report having had a prior stress test. She cannot recall when that was done.

Final exam showed the patient having normal heart and lung exam. She was ambulatory without any difficulty breathing or any pain. She had

## DISCHARGE SUMMARY

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**MCLEOD HEALTH CENTER**

**BROWN, HELEN**

**MRN# 000000489932**

**PAGE 3**

labs that showed a D-dimer that was less than 10, so she was not told to have any test of pulmonary embolism. Her potassium is being corrected. Her magnesium was 1.8. Her troponins were negative. Her creatinine was normal. The liver function tests were normal. Albumin was 3.6. Lipase was 22. The patient was felt to have had musculoskeletal chest pain, and she was appropriately discharged. Followup will be with her primary care physician, Dr. Theresa Brown in Florence South Carolina and also at just a few days with Dr. Hoffmeister as mentioned above.

Electronically Signed by Margaret Campbell, MD  
on 07/07/2015 00:16:57  
Margaret Campbell, MD

MC/MOHL  
J#: 701374  
D: 07/07/2015 19:14:33  
T: 07/08/2015 07:53:30

CC: Jana Hoffmeister, MD

**DISCHARGE SUMMARY**

172

WILEY Health Services  
111 CHURCHFIELD HWY, CHEROKEE, SC 29512  
PHONE (843) 420-3116

PATIENT NAME: BROWN, REIK  
PT ACCOUNT#: 00200140332  
ACCESSION#: 9300932

DISCHARGE DATE:  
MR/RAD#: 485932  
CIN#: 485932

DOB: [REDACTED] AGE: 75Y  
PHONE: [REDACTED]  
ADDRESS: [REDACTED]

SEX: F RACE: B  
PT CLASS: C PTN CLASS: M  
PT TYPE: R PT NR/ROOM: -

DATE OF SERVICE: May 31 2019 12:56PM

ORDER DR: ALISON HUGGINS FNP  
ATTEND DR: ALISON HUGGINS FNP  
COPY TO:  
DIAGNOSIS:

M79.662

ORDER DR: ALISON HUGGINS FNP  
ATTEND DR: ALISON HUGGINS FNP  
TRANSCRIBED ON: May 31 2019 1:45PM  
PROCEDURE: TTPA/FIBULA-UT/2 VIEW / ORD #: 9300932 Accession#: 9300932  
CPT: 73590  
ORDERED FOR: May 31 2019 12:56PM COMPLETED: May 31 2019 12:56PM  
INDICATIONS/COMMENTS: Pain

RESULT: INDICATION: History of fall yesterday and left lower leg pain

COMPARISON: None

FINDINGS:  
No fracture or malalignment. No soft tissue swelling. Vascular  
calcifications.

IMPRESSION:  
No fracture

READING DR: ANDREW SMITH MD  
READING DATE: May 31 2019 1:45PM

\*\*\*Final Result\*\*\*

Printed: May 31, 2019 (1:45PM)

Page 1

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McLEOD Health Services  
711 CHESTERFIELD HWY, CHICAGO, IL 60620  
PHONE (646) 360-0800

PATIENT NAME: SPORN, HELEN  
PT ACCOUNT#: 00400100420  
ADMISSION#: 920592

DISCHARGE DATE:  
MR/ADR#: 489932  
CISE: 489932

ELECTRONICALLY SIGNED BY:

ANDREW SMITH MD

On: May 31 2018 1:46PM

Printed: May 31, 2018 (1:49PM)

Page 2

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MOLESD Health Center  
711 CHESTERFIELD HWY. CHESTNUT, SC 29520  
PHONE (843) 320-7316

PATIENT NAME: BROWN, HELEN  
PT ACCOUNT#: 000001012155  
ACCESSION#: 9333327

DISCHARGE DATE:  
MR/RAD#: 489932  
CID#: 489932

DOB: [REDACTED] AGE: 79Y  
PHONE: [REDACTED]  
ADDRESS: [REDACTED]

SEX: F RACE: B  
PT CLASS: C PT CLASS: M  
PT TYPE: K PT NS/ROOM: -

DATE OF SERVICE: Jun 20 2019 11:17AM

ORDER DR: ALISON HUGGINS FNP  
ATTEND DR: ALISON HUGGINS FNP  
COPY TO:  
DIAGNOSIS:

M25.562

ORDER DR: ALISON HUGGINS FNP  
ATTEND IR: ALISON HUGGINS FNP  
TRANSCRIBED R/T: Jun 20 2019 1:53PM  
PROCEDURE: MRI:LOWER EXT JOINT WO CON-IT / ORD #: 90605 Accession#: 9333327 CIT: 93321  
ORDERED FOR: Jun 20 2019 11:17AM COMPLETED: Jun 20 2019 11:49AM  
INDICATIONS/COMMENTS: (L) KNEE PAIN (M25.562)

RESULT: 9333327

6/20/2019 11:48 AM  
MRI:LOWER EXT JOINT WO CON-IT

ORDERING CLINICAL INFORMATION: (L) KNEE PAIN (M25.562)  
ADDITIONAL CLINICAL INFORMATION: Fall. Trauma. Anterior left knee pain with swelling.

COMPARISON: None

PROCEDURE: Multiphasic multiplanar MR of the right knee was obtained submitted for evaluation without intravenous contrast.

FINDINGS:

Anterior Cruciate Ligament: Intact.  
Posterior Cruciate Ligament: Intact.  
Medial Collateral Ligament: Intact.  
Lateral Collateral Ligament: Intact.  
Popliteus Tendon: Intact.  
Printed: June 20, 2019 (2:14PM)

Page 1

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WILSON Health Center  
111 CHESTERFIELD HWY, ABERNATHY, SC 29520  
PHONE 4243-0200 FAX 4243-0201

PATIENT NAME: BROWN, BRIAN  
PT ACCOUNT#: 002001612209  
ACCESSION#: 0000027  
DISCHARGE DATE:  
EXAM#: 429933  
CIN#: 000032  
Distal Quadriceps Tendon: Intact.  
Patellar Tendon: Intact.  
Medial and lateral Patellar: Anteriorly Intact.  
Medial Meniscus: No tear.  
Lateral Meniscus: No tear.  
Medial Compartment Articular Cartilage: Preserved.  
Lateral Compartment Articular Cartilage: Chondral loss noted overlying the anterior aspect of the lateral femoral condyle (series 5 image 12).  
Patellofemoral Articular Cartilage: Preserved.  
Bones: Mild reactive edema and subchondral cysts underlying cartilage loss lateral femoral condyle.  
Fluid: No joint effusion. Small septal Baker cyst.

IMPRESSION:

1. Chondromalacia involving the anterior aspect of the lateral femoral condyle with adjacent underlying subchondral cysts and reactive edema.

2. Small septal Baker cyst.

END REPORT

READING DR: JASON LEE HOWARD M.D.  
READING DATE: Jun 20 2019 3:52PM

\*\*\*Final Result\*\*\*  
ELECTRONICALLY SIGNED BY:  
JASON LEE HOWARD M.D.  
On: Jun 20 2019 2:11PM

Printed: June 20, 2019 12:14PM

Page 2

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## Humerus 2 View Minimum - Left Results Report

Pt Name: BROWN, HELEN MRN: 468932  
PLID: 100789817 Acct No: 2001603675  
DOB: [REDACTED] Age/Sex: 78Y/F  
Adm DTime: 05/30/2019 20:19 Attn Dr: Holdredge, Timothy MD  
Nurse Sta: Rm/Bed:  
Dx:

Allrg: aspirin, codeine, iodinated Contrast- Oral and IV Dye

\*\*\* Stat Result \*\*\*

Order Name: DIA: Humerus 2 View Minimum - Left Observation DTime: 05/30/2019 21:55  
Result Name: Humerus 2 View Minimum - Left

9299712ORDER DR: TIMOTHY S HOLDREDGE M.D.  
ATTEND DR: TIMOTHY S HOLDREDGE M.D.  
TRANSCRIBED D/T: May 30 2019 10:17PM  
PROCEDURE: HUMERUS-LT/2 VIEW MINIMUM / ORD #: 90002 Accession#:  
9299712 CPT: 73060  
ORDERED FOR: May 30 2019 9:37PM COMPLETED: May 30 2019 9:55PM  
INDICATIONS/COMMENTS: Trauma

RESULT: COMPARISON: Contemporaneous left forearm

FINDINGS: Two views of the left humerus show no acute bony, joint space or soft tissue abnormality. Osteopenia is noted as are mild shoulder osteoarthritic changes.

IMPRESSION: No acute bony abnormality seen.

READING DR: SAMUEL C HILL M.D.  
READING DATE: May 30 2019 10:17PM

\*\*\*Final Result\*\*\*  
ELECTRONICALLY SIGNED BY:  
SAMUEL C HILL M.D.  
On: May 30 2019 10:19PM

## Comments

Result Comments:

Requisition Comments:

Ordering Dr: Holdredge Timothy S Order Date/Time: 05/30/2019 21:37  
Ord#/Occurrences#: 67254145 / 147908385

PL Name: BROWN, HELEN

MRN: 468932

Rm/Bed:

Page 1 of 2

Humerus 2 View Minimum - Left Results Report

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ORE\_012B.rpt/Version 1.00  
Printed By: Novinger, Travis MD  
Printed On: 31-May-19 11:41

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Jun 1, 2019 1:02PM Palmetto Family Medicine  
5/31/2019 1:42:57 PM -0000

No. 9165 4. 15/18



## McLeod Health Cheraw

711 CHESTERFIELD HWY, CHERAW, SC 29520  
PHONE (843) 320-3326

PATIENT NAME: BROWN, HELEN  
PT ACCOUNT#: 002001604327  
ACCESSION#: 9300932

DISCHARGE DATE:

MR/RAD#: 489932

CID#: 489932

DOB: [REDACTED] AGE: 79Y  
PHONE: [REDACTED]  
ADDRESS: [REDACTED]

SEX: F RACE: B

PT CLASS: O FIN CLASS: M

PT TYPE: R PT NS/ROOM: -

DATE OF SERVICE: May 31 2019 12:56PM

ORDER DR: ALISON HUGGINS FNP  
ATTEND DR: ALISON HUGGINS FNP  
COPY TO:  
DIAGNOSIS: M79.662

ORDER DR: ALISON HUGGINS FNP

ATTEND DR: ALISON HUGGINS FNP

TRANSCRIBED D/T: May 31 2019 1:45PM

PROCEDURE: TIBIA/FIBULA-LT/2 VIEW / ORD #: 90004 Accession#: 9300932 CPT: 73590

ORDERED FOR: May 31 2019 12:56PM COMPLETED: May 31 2019 12:56PM

INDICATIONS/COMMENTS: Pain

RESULT: INDICATION: History of fall yesterday and left lower leg pain

COMPARISON: None

### FINDINGS:

No fracture or malalignment. No soft tissue swelling. Vascular calcifications.

### IMPRESSION:

No fracture

READING DR: ANDREW SMITH MD  
READING DATE: May 31 2019 1:45PM

\*\*\*Final Result\*\*\*  
ELECTRONICALLY SIGNED BY:  
ANDREW SMITH MD  
On: May 31 2019 1:46PM

Page 1

Printed: May 31, 2019 (1:49PM)

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PCP: Pickens K Moyd, MD Referring: Pickens K Moyd, MD

Appointment Facility: Chas Bone And Joint Ashley Crossing

**BROWN, HELEN**

72 Y old Female, DOB: [REDACTED]  
Account Number: 00004236394

Guarantor: BROWN, HELEN  
Insurance: MEDICARE Payer ID: PAPER

02/14/2013

Progress Notes: HARRY P RUDOLPH, MD

**Current Medications**

Dionna  
Medication List reviewed and reconciled with the patient

**Past Medical History**

No Medical History.

**Surgical History**

No Surgical History documented.

**Family History**

No Family History Documented.

**Social History**

Tobacco Use:  
Tobacco Use/Smokeless: Denies .  
Drugs/Alcohol:  
Alcohol Screen: Denies .

**Allergies**

Aspirin

**Hospitalization/Major**

**Diagnostic Procedure**

No Hospitalization History.

**Review of Systems**

General/Constitutional:

Night sweats denies. Night sweats denies. Sleep disturbance denies. Weight gain denies. Weight loss denies.

Endocrine:

Take insulin? No. Thyroid problem No. Diabetes No.

Respiratory:

Asthma No. TB or exposure to TB No. Coughing up blood No. Emphysema No.

Cardiovascular:

Stroke No. Cardiac pacemaker or defibrillator No. Heart problems No. Circulatory problems No. Edema denies.

Gastrointestinal:

Jaundice No. Stomach ulcers No.

**Reason for Appointment**

1. Left knee Saphenous nerve neuropathy

**History of Present Illness**

Symptom(s):

Patient is a very interesting 72-year-old female who fell on her left knee about a year ago. She developed a significant hematoma over the knee that never completely cleared. Since that time she has had significant nerve irritation over the area of the saphenous nerve extending down her tibia and across the knee following the path of the saphenous nerve and the infrapatellar branch of the saphenous nerve. It will awaken her at night if she bumps her knees together. She has had 2 corticosteroid injections by an orthopedist in Columbia and he gave her temporary relief for a week or 2 and then the pain recurred. She is no longer able to do her yard work or her typical activities of daily living that she enjoys secondary to the significant pain. I could reproduce the tingling numbness in the office today. She has a positive Tinel's directly in the area of the area that would be a junction.

**Examination**

General Examination:

GENERAL APPEARANCE: well developed, well nourished, Patient is alert and oriented X 3. No acute distress. Appropriate affect.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK: neck supple, full range of motion, no cervical lymphadenopathy.

LYMPH NODES: no axillary, supraclavicular or inguinal adenopathy.

HEART: no murmurs, normal rate and regular rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: no hepatosplenomegaly, no masses palpable, soft, nontender, nondistended.

RECTAL EXAM: not examined.

BACK: normal, no scoliosis, spine nontender to palpation, no signs

Patient: BROWN, HELEN [REDACTED] Progress Note: HARRY P RUDOLPH, MD 02/14/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

<http://rsnapp.ecw.earealliance.com/mobile/doc/jsp/catalog/xen/printMultipleChartOptions.j...> 7/2/2019

07/11/2019

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Women Only:

Regular menses No. Pregnant No.

Hematology:

AIDS/HIV No. Anemia No.

Musculoskeletal:

Joint stiffness denies. Pain at night denies. Pain at rest denies.

Arthritis No. Weakness denies. Gout No.

Genitourinary:

Kidney problems No.

Neurologic:

Radiating pain denies. Seizures No.

Tingling/Numbness denies.

Psychiatric:

Depression No.

Cancer Self-Management:

Cancer No.

General:

Hearing problems No.

of pilonidal disease.

SKIN: no suspicious lesions, warm and dry.

MUSCULOSKELETAL: full range of motion.

EXTREMITIES: no edema, clubbing or cyanosis.

PERIPHERAL PULSES: palpable in all 4 extremities.

NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

PSYCH: alert, oriented, cognitive function intact, judgment and insight good, mood/affect appropriate.

CARDIOVASCULAR no pedal edema or varicosities, good peripheral pulsations.

LUMBAR PARASPINAL MUSCLES tenderness to palpation, bilateral.

The patient has tingling over the anteromedial aspect of the tibia with a positive Tinel's over the area of the anatomic area where I would suspect the infrapatellar branch of the saphenous nerve splits off of the saphenous nerve. This appears to be in the area of the old hematoma. There is still some fluctuance and tenderness in this area. There is no increased warmth. There is no signs of infection. There is a buildup of scar tissue underneath the skin that is palpable. She is slightly tender along the path of the saphenous nerve above this up to about a couple of centimeters above the knee. There is some decrease in sensation on the lateral aspect of the tibia also.

**Assessments**

1. Saphenous nerve neuropathy - 355.79 (Primary)

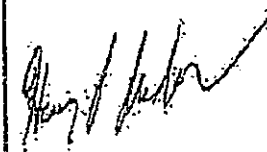
**Treatment**

1. Saphenous nerve neuropathy

By her history and by her exam it seems as though the patient has developed either a neuroma or significant scar tissue around the saphenous nerve status post a direct blow in that area. Plan is for debridement on laceral lysis of the saphenous nerve from about 3 cm above the knee in the area of the adductor hiatus to approximately 4 cm distal to the medial knee along the tibial plateau.

**Follow Up**

14 days after sx



Electronically signed by HARRY RUDOLPH MD, MD on 02/18/2013 at 07:56 PM EST

Patient: BROWN, HELEN

Progress Note: HARRY P RUDOLPH, MD 02/14/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Sign off status: Completed

Chas Bone And Joint/Ashley Crossing  
2270 ASHLEY CROSSING DR  
CHARLESTON, SC 29414-5749  
Tel: 843-853-3474  
Fax: 843-606-8056

Patient: BROWN, HELEN [REDACTED] Progress Note: HARRY P RUDOLPH, MD 02/14/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**Primary Physician:**

**Patient:** BROWN, HELEN [REDACTED] **Sex:** female **Tel:** 843-921-4898

**Report Name:** OPERATIVE REPORT

**Accession ID:** 214779

**REPORT**

James Island

Harry P. Rudolph, MD

Service Date: 03/05/2013

**PREOPERATIVE DIAGNOSIS:** Left lower extremity saphenous nerve neuropathy.

**POSTOPERATIVE DIAGNOSIS:** Left lower extremity saphenous nerve neuropathy.

**PROCEDURE:** Neurolysis of the saphenous nerve from the adductor canal to past the knee.

**HISTORY OF ILLNESS:** The patient is a very nice 72-year-old female who took a fall about a year ago and fell directly on to her left knee. Since that time, she has had very significant and painful saphenous nerve pain that extends down her leg following the path of the saphenous nerve and across her inferior patella following the path of the infrapatellar branch of the saphenous nerve. She has a positive Tinel's over the area of what I would suspect is the intersection of the two nerves. Secondary to her continued pain, we did opt to consider release of the scar tissue over the top of this nerve. She was taken to the surgical suite. She was placed under general anesthesia. The left leg was sterilely prepped and draped and an incision was made over the area of the medial knee following the path of the saphenous nerve about 5 cm proximal to the medial femoral condyle and about 5 cm distal. The incision was carried down through the subcutaneous tissue and we dissected down to the sartorius proximal to the knee and then followed the pass of the sartorius down to its insertion onto the tibia. The saphenous nerve was identified actually first through the infrapatellar branch across the knee then we followed this back to the larger saphenous nerve as it came out between the gracilis and sartorius. Using finger dissection, we actually opened this connection up secondary to a small bridge across this area trying to free up any possible structures that may be impeding the sensation of the nerve. We then followed the path of the infrapatellar branch all the way across to pass the patellar tendon and there were some areas of scar tissue, most especially where her positive Tinel's was and dense subcutaneous fat. This was debrided and the nerve was freed distally also. At that point in time, we copiously irrigated the area. I did not see one area where the nerve had been "hourglassed" nor did I see any area where the nerve was damaged or had an obvious neuroma. Therefore, at that point in time, we copiously irrigated the area, the knee skin edges were injected using 0.5% Marcaine. The subcutaneous tissue was closed with 2-0 Vicryl and the skin was closed with staples. The patient tolerated procedure well. She was transported to recovery room in stable condition. She will be discharged to home. She can weight bear as tolerated to this knee. She will follow up in our office in two weeks for re-evaluation.

Harry P Rudolph, MD

TR: cm DD: 03/05/2013 11:19 TD: 03/05/2013 12:32 Job#: 113350

DOC#: 214779

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07/11/2019

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PATIENT: BROWN, HELEN  
DOB: [REDACTED]  
EXAM: MR-Lumbar Spine Without Contrast  
EXAM DATE: 06/13/2013

level has biforaminal annular tears and a shallow central disc osteophyte complex.

2. Mid to upper lumbar shallow protrusions and milder neural effects as discussed above. No severe stenosis.

3. Fibroid uterus, largest 3.3 cm contacting endometrial stripe.

Troy Marlow, MD

TM/EL

DD: 06/14/2013 10:01 A

DT: 06/14/2013 10:26 A

Accession#: 08-1547987 VS#: 11393714 CS#: 359659

cc:

Electronically Signed and Reviewed by Troy Marlow, MD 06/14/2013 11:01 A





PCP: Pickens K Moyd, MD Referring: Pickens K Moyd, MD

Appointment Facility: Chas Bone And Joint Ashley Crossing

**BROWN, HELEN**

72 Y old Female, DOB: [REDACTED]

Account Number: 00004236394

Guarantor: BROWN, HELEN

Insurance: MEDICARE Payer ID: PAPER

03/18/2013

HARRY P RUDOLPH, MD

**Current Medications**

Diovan  
Medications reported as directed by the ordering provider  
Medication List reviewed and reconciled with the patient

**Past Medical History**

No Medical History.

**Surgical History**

No Surgical History documented.

**Family History**

Brother(s): Diabetes, Rheumatism, Gout  
Sister(s): Diabetes, Rheumatism, Gout  
Daughter(s): Diabetes, Rheumatism, Gout  
Son(s): Diabetes, Rheumatism, Gout

**Social History**

Tobacco Use:  
Tobacco Use/Smokeless: Denies  
Drugs/Alcohol:  
Alcohol Screen: Denies

**Allergies**

Aspirin

**Hospitalization/Major**

**Diagnostic Procedure**

No Hospitalization History.

**Reason for Appointment**

1. Left knee Saphenous nerve neuropathy s/ P DOS 02/28/13

**History of Present Illness**

Symptom(s):

Patient returns today status post neurolysis of the saphenous nerve. There is no sign of infection. The wound looks great. Swelling is as expected. Pain is as expected. We removed her stitches today. Steri-Strips were placed over the incision. She has some numbness at the bottom of the incision. She tells me that the pain is much better than before her surgery. The infrapatellar pain that she was having is completely gone. She has a little bit of numbness around the area just distal to the branch of the saphenous nerve and the infrapatellar nerve branch. She is pleased with her pain relief thus far. She still has Steri-Strips on her wound. She has absorbable stitches otherwise. All in all I think she is doing very well. We'll see the patient back in 2 weeks.

**Assessments**

1. Saphenous nerve neuropathy - 355.79 (Primary)

**Treatment**

**1. Others**

Continue Medications reported as directed by the ordering provider

**Follow Up**

2 Weeks

Patient: BROWN, HELEN DOB: [REDACTED] Progress Note: HARRY P RUDOLPH, MD 03/18/2013

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07/11/2019

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Electronically signed by HARRY RUDOLPH MD, MD on  
03/21/2013 at 09:30 AM EDT

Sign off status: Completed

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Chas Bone And Joint Ashley Crossing  
2270 ASHLEY CROSSING DR  
CHARLESTON, SC 29414-5749  
Tel: 843-853-3474  
Fax: 843-606-8056

Patient: BROWN, HELEN DOB: [REDACTED] Progress Note: HARRY P RUDOLPH, MD 03/18/2013

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PCP: Pickens K Moyd, MD Referring: Pickens K Moyd, MD

Appointment Facility: Chas Bone And Joint Ashley Crossing

**BROWN, HELEN**

72 Y old Female, DOB: [REDACTED]

Account Number: 00004236394

Guarantor: BROWN, HELEN

Insurer: MEDICARE Payer ID: PAPER

04/15/2013

HARRY P RUDOLPH, MD

**Current Medications**

Oiovan  
Medications reported as directed by the  
ordering provider  
Medication list reviewed and reconciled with  
the patient

**Past Medical History**

No Medical History.

**Surgical History**

No Surgical History documented.

**Family History**

Brother(s): Diabetes, Rheumatism, Gout  
Sister(s): Diabetes, Rheumatism, Gout  
Daughter(s): Diabetes, Rheumatism, Gout  
Son(s): Diabetes, Rheumatism, Gout

**Social History**

Tobacco Use:  
Tobacco Use/Smokless: Denies

**Allergies**

Aspirin

**Hospitalization/Major**

**Diagnostic Procedure**

No Hospitalization History.

**Review of Systems**

General/Constitutional:

Night sweats denies. Night  
sweats denies. Sleep disturbance denies.  
Weight gain denies. Weight loss denies.

Cardiovascular:

Edema admits.

Musculoskeletal:

Joint stiffness denies. Pain at  
night denies. Pain at rest denies.  
Weakness denies.

Neurologic:

Radiating pain denies.

**Reason for Appointment**

1. Left knee Saphenous nerve neuropathy s/ P DOS 02/28/13

**History of Present Illness**

Symptom(s):

Patient returns today status post left knee Saphenous nerve  
neuropathy. She is 6 weeks out from her surgery. She is doing well.  
Her saphenous nerve symptoms have not recurred. She has had an  
occasional burning pain down her leg. There is no sign of infection. She  
has mild swelling today. Her biggest problem now is the swelling that  
she has in her leg. There are times when the foot will be very swollen.  
She has most of the pain in her foot proper and may be in the ankle but  
very little pain in the knee from her preoperative status. She tells me  
that when she is on her feet more her leg will swell.

Per her history it sounds as if she has some dependent edema in her  
lower extremities. It is worse on the right side.

I have ordered her some compression hose to wear. Hopefully this  
will control her symptoms. She has worn these in the past. But it has  
been many years. She will occasionally have the shooting pain down  
her leg. But all in all she tells me that she is doing much better. We will  
see her back in 3 weeks to check her progress.

**Examination**

General Examination:

Patient has 1+ pitting edema. She has adequate pulses distally.  
There is no significant discoloration of the lower extremity.

**Assessments**

1. Saphenous nerve neuropathy - 355.79 (Primary)

**Treatment**

1. Saphenous nerve neuropathy

Start Compression Stockings (20-30 mmHg) Thigh High, 20-30  
mm/Hg, as directed, as directed, 1 Box

**Follow Up**

3 Weeks

Patient: BROWN, HELEN Progress Note: HARRY P RUDOLPH, MD 04/15/2013

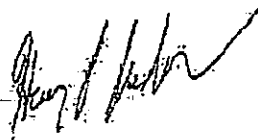
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07/11/2019

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Tingling/Numbness denies.



Electronically signed by HARRY RUDOLPH MD, MD on  
04/16/2013 at 10:23 AM EDT  
Sign off status: Completed

Chas Bone And Joint Ashley Crossing  
2270 ASHLEY CROSSING DR  
CHARLESTON, SC 29414-5749  
Tel: 843-853-3474  
Fax: 843-606-8056

Patient: BROWN, HELEN [REDACTED] Progress Note: HARRY P RUDOLPH, MD 04/15/2013

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07/11/2019

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PCP: Pickens K Moyd, MD Referring: Pickens K Moyd, MD

Appointment Facility: Chas Bone And Joint Ashley Crossing

**BROWN, HELEN**

73 Y old Female, DOB: [REDACTED]  
Account Number: 00001236207

Guarantor: BROWN, HELEN  
Insurance: MEDICARE Payer ID: PAPER

05/13/2013

HARRY P RUDOLPH, MD

#### Current Medications

Diovan  
Medications reported as directed by the ordering provider  
Compression Stockings (20-30 mm Hg) 20-30 mm Hg Thigh High as directed  
Medication List reviewed and reconciled with the patient

#### Past Medical History

No Medical History.

#### Surgical History

No Surgical History documented.

#### Family History

Brother(s): Diabetes, Rheumatism, Gout  
Sister(s): Diabetes, Rheumatism, Gout  
Daughter(s): Diabetes, Rheumatism, Gout  
Son(s): Diabetes, Rheumatism, Gout

#### Social History

Tobacco Use:  
Tobacco Use/Smokeless: Denies .

#### Allergies

Aspirin

#### Hospitalization/Major

#### Diagnostic Procedure

No Hospitalization History.

#### Review of Systems

##### General/Constitutional:

Night sweats denies. Night sweats denies. Sleep disturbance denies. Weight gain denies. Weight loss denies.

##### Cardiovascular:

Edema denies.

##### Musculoskeletal:

Joint stiffness denies. Pain at night denies. Pain at rest denies. Weakness denies.

##### Neurologic:

#### Reason for Appointment

1. Left knee Saphenous nerve neuropathy s/ P DOS 02/28/13
2. Right great toe arthritis

#### History of Present Illness

##### Symptom(s):

Patient returns today for left saphenous nerve neuropathy. She is 9 weeks out from her surgery. She is doing well. She still has some numbness at the distal end of her incision. She also has some puffiness in that same area. She tells me the numbness is improving. Her swelling has significantly decreased since we saw her a month ago and order her some compression stockings. She feels like her quads are weak. We did give her some quad strengthening exercises. I did tell her that walking is a good exercise for strengthening her quads.

She is also having pain in her right foot great toe. She has pain to move her great toe up and down. She has about 30 degrees of dorsal flexion. The pain will radiate to right above her ankle.

#### Examination

##### General Examination:

On examination of the foot at the MTP joint. She has dorsiflexion of the great toe to about 35 degrees. She has a very small hallux valgus malformation. There is tenderness to palpation at the MTP joint. There is no increased warmth or induration. She has some decreased sensation over the dorsal lateral aspect of the great toe.

#### Assessments

1. Saphenous nerve neuropathy - 355-79 (Primary)
2. Hallux rigidus of right foot - 735.2

#### Treatment

##### 1. Saphenous nerve neuropathy

Diagnostic Imaging: XR FOOT 3 VIEWS Three-view x-rays of the great toe MTP joint shows significant arthritic changes with spurring at the dorsum of the MTP joint both at the proximal and distal aspects of the joint.

Patient has obvious osteoarthritic changes to the great toe. There appears to be some signs of hallux rigidus clinically and per x-ray. She would like to consider a corticosteroid injection for pain. 40 mg of

Patient: BROWN, HELEN [REDACTED] Progress Note: HARRY P RUDOLPH, MD 05/13/2013  
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07/11/2019

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Radiating pain denies.  
Tingling/Numbness denies.

Depo-Medrol injected into the joint today. We also suggested that she may want to consider a firm shanked shoe to prevent increased stresses on the MTP joint. We reviewed the x-rays with Dr. Ralph today then he did feel that a trial of a cheilectomy may be something worth while but looking at the amount of disease it's more likely that she will probably come to some type of arthroplasty of the great toe. If she fails the injection into her foot were for her to his office for repeat evaluation.

**2. Hallux rigidus of right foot**

Diagnostic Imaging:XR FOOT 3 VIEWS Three-view x-rays of the great toe MTP joint shows significant arthritic changes with spurring at the dorsum of the MTP joint both at the proximal and distal aspects of the joint.

Procedure:DEPO MEDROL 40 MG (SUBSEQUENT INJECTION),  
INJ / ASPIRATION SMALL JOINT / BURSA (20600)

Patient Educated with: CBJ Rudolph Osteoarthritis.pdf (CBJ Rudolph Osteoarthritis.pdf).

**3. Others**

Continue Medications reported as directed by the ordering provider  
Patient Educated with: Patellofemoral Pain Syndrome Exercises - Print Version.pdf (Patellofemoral Pain Syndrome Exercises - Print Version.pdf).

**Procedure Codes**

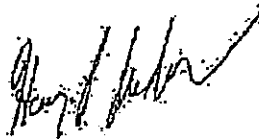
73630 X-RAY EXAM OF FOOT

J1030 INJ METHYLPRDNISOLONE ACTAT 40 MG

20600 DRAIN/INJECT, JOINT/BURSA

**Follow Up**

3 Weeks w/ Dr. Ralph



Electronically signed by HARRY RUDOLPH MD, MD on  
05/14/2013 at 01:43 PM EDT

Sign off status: Completed

Patient: BROWN, HELEN DOB: [REDACTED] Progress Notes: HARRY P RUDOLPH, MD 05/13/2013  
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07/11/2019

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PCP: Pickens K Mnyd, MD Referring: Pickens K Mnyd, MD

Appointment Facility: Chas Bone And Joint Ashley Crossing

**BROWN, HELEN**

73 Y old Female, DOB: [REDACTED]

Account Number: 00004236394

Guarantor: BROWN, HELEN

Insurance: MEDICARE Payer ID: PAPER

06/13/2013

**HARRY P RUDOLPH, MD**

#### Current Medications

Diovan  
Compression Stockings (20-30 mmHg) 20-30 mmHg Thigh High as directed by the ordering provider  
Medication List reviewed and reconciled with the patient

#### Past Medical History

No Medical History.

#### Surgical History

No Surgical History documented.

#### Family History

Brother(s): Diabetes, Rheumatism, Gout  
Sister(s): Diabetes, Rheumatism, Gout  
Daughter(s): Diabetes, Rheumatism, Gout  
Son(s): Diabetes, Rheumatism, Gout

#### Social History

Tobacco Use:  
Tobacco Use/Smokeless: Denies

#### Allergies

Aspirin

#### Hospitalization/Major

#### Diagnostic Procedure

No Hospitalization History.

#### Review of Systems

##### General/Constitutional:

Night sweats denies. Night sweats denies. Sleep disturbance denies. Weight gain denies. Weight loss denies.

##### Cardiovascular:

Edema denies.

##### Musculoskeletal:

Joint stiffness denies. Pain at night denies. Pain at rest denies. Weakness denies.

##### Neurologic:

#### Reason for Appointment

1. Left knee Saphenous nerve neuropathy s/ P DOS 02/28/13

#### History of Present Illness

##### Symptom(s):

Patient returns today for her left knee saphenous nerve decompression in about the area of the middle of the old incision. She has developed a small scar ball of the knot underneath her skin is mobile it is somewhat tender. It almost feels as if it has the consistency of a lymph node. There is no increased warmth to this area. She does have a little bit of keloid formation across the scar. She is having some pain and soreness following her saphenous nerve more proximally. It extends up through the abductor canal and into the area of the femoral nerve. She also complains of weakness in her quadriceps muscles. She can flex and extend her leg/knee actively. She doesn't seem to have some weakness in the quadriceps mechanism. She continues to work on strengthening of her quads. She tells me that her leg feels weak and tired. We did discuss the few possibility of what would cause her to have the decrease stamina and weakness in her leg. We will order an MRI of her lumbar spine. If she continues to have weakness in her legs and her MRI does not explain the decreased stamina we will obtain an EMG. We will see her back after her MRI.

She also complains of a knot along the incision. She tells me that it keeps getting larger and larger. We have written her a prescription for some Hydrogel sheets to see if that will help with the scar. If the lesion continues to get bigger we will remove it in the office.

#### Physical Examination

Patient has tenderness along the path of the femoral nerve. She has a positive straight leg raise and a positive reverse straight leg raise on the left. She has decreased sensation across the area of the saphenous nerve and weakness in the quadriceps on extension against resistance.

#### Assessments

1. Saphenous nerve neuropathy - 355.79 (Primary)
2. Lumbar Radiculopathy - 724.4

Patient has lumbar radiculitis following the path of the femoral nerve. I am concerned that there may be a nerve compression in the back. I expressed to the patient this is the most common area and have nerve

Patient: BROWN, HELEN DOB: [REDACTED] Progress Note: HARRY P RUDOLPH, MD 06/13/2013

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07/11/2019

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Radiating pain denies.  
Tingling/Numbness denies.

compression and therefore an MRI of her lumbar spine would be my next study. We'll see her back after the MRI.

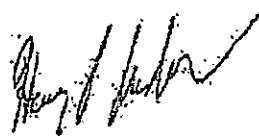
**Treatment**

1. Saphenous nerve neuropathy  
Start Hydrogel strips, --, Hydrogel sheets, Externally, as directed, 14 days, 2 Box, Refills 01

2. Lumbar Radiculopathy  
Diagnostic Imaging: MR SPINE LUMBAR W/O CONTRAST MRI

3. Others  
Continue Medications reported as directed by the ordering provider

**Follow Up**  
after MRI



Electronically signed by HARRY RUDOLPH MD, MD on  
06/17/2013 at 10:00 AM EDT

Sign off status: Completed

Chns Bone And Joint Ashley Crossing  
2270 ASHLEY CROSSING DR  
CHARLESTON, SC 29414-5749  
Tel: 843-853-3474  
Fax: 843-606-8056

Patient: BROWN, HELEN DOB: [REDACTED] Progress Note: HARRY P RUDOLPH, MD 06/13/2013

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SOUTH CAROLINA DIAGNOSTIC IMAGING

Tri-County Radiology West Ashley  
1975 H Magwood Drive Charleston, SC 29414  
p: (843) 529-0600 f: (843) 769-5450

PATIENT: BROWN, HELEN  
DOB: [REDACTED]  
MRN: 921057  
PHYSICIAN: HARRY RUDOLPH, MD  
EXAM DATE: 06/13/2013

EXAM: MR-Lumbar Spine Without Contrast

REASON FOR EXAM: 724.4 Lumbar Radiculopathy

TECHNIQUE: Multiplanar multisequence images lumbar spine without contrast.

FINDINGS: Alignment and bony structures: Status post L4/5 and L5/S1 wide laminectomies with L4 and S1 bilateral transpedicular screw and rod fixations. L5/S1 is fused in moderate anterolisthesis of 15 mm. L4/5 and L5/S1 lateral mass fusions of the facets. L5/S1 horizontal in orientation of neuroforaminal. L3/4 mild degenerative anterolisthesis. L2/3 mild degenerative retrolisthesis. Diffuse mild disc desiccation. Mild lumbar mild type I Modic changes and periaxial edema. Conus medullaris: Normal signal and caliber. Mild clumping of nerve roots at L5/S1. Paraspinal soft tissues: Several uterine fibroids suggested, largest 3.3 cm in the anterior fundus with broad contact and posterior deflection of the endometrial stripe. Findings by level:

T12/L1: Minimal disc bulge. No stenosis.

L1/2: Mild disc bulge converts to shallow protrusion right intraforaminally. Mild facet hypertrophy. Mild right exit narrowing.

L2/3: Shallow protrusion extends biforaminally. Facet hypertrophy and ligamentum flavum thickening. Mild exit narrowing with slight deflection L2s. Mild central narrowing.

L3/4: Shallow protrusion extends biforaminally. Facet hypertrophy. Mild exit narrowing. Mild deflection and flattening L3s. Mild central narrowing.

L4/5: Wide laminectomy. Moderate midline disc bulge and associated partial ossification. Biforaminial to extraforaminial linear annular tears. Moderate facet hypertrophy. Patent central canal and neural foramina. No significant smudging of fat in the recesses.

L5/S1: Wide laminectomy. Level is fused in moderate anterolisthesis. Horizontal orientation of neural foramina. Moderate bilateral exit stenosis more evident on the right, with long segment contact exiting L5 nerve roots. Patent central canal. Mild smudging of fat in the recesses partially surrounding transiting S1s.

## IMPRESSION:

1. Status post L4/5 and L5/S1 wide laminectomies. While no recurrent/residual protrusion is suggested, L5/S1 is fused in moderate anterolisthesis, with right greater than left moderate exit crowding of L5s and evidence of recess scar partially surrounding transiting S1s. The L4/5



PCP: Pickens K Moyd, MD Referring: Pickens K Moyd, MD

Appointment Facility: Chns Bone And Joint Ashley Crossing

**BROWN, HELEN**

73 Y old Female, DOB: [REDACTED]  
Account Number: 00004236304

Guarantor: BROWN, HELEN  
Insurance: MEDICARE Payer ID: PAPER

06/24/2013

**HARRY P RUDOLPH, MD**

#### Current Medications

Diovan  
Compression Stockings (20-30 mmHg) 20-30 mmHg Thigh High as directed  
Medications reported as directed by the ordering provider  
Hydrogel -- strips Hydrogel sheets as directed, stop date 07/11/2013  
Medication List reviewed and reconciled with the patient

#### Past Medical History

No Medical History.

#### Surgical History

No Surgical History documented.

#### Family History

Brother(s): Diabetes, Rheumatism, Gout  
Sister(s): Diabetes, Rheumatism, Gout  
Daughter(s): Diabetes, Rheumatism, Gout  
Son(s): Diabetes, Rheumatism, Gout

#### Social History

Tobacco Use:  
Tobacco Use/Smokeless: Denies.

#### Allergies

Aspirin

#### Hospitalization/Major

#### Diagnostic Procedure

No Hospitalization History.

#### Review of Systems

##### General/Constitutional:

Night sweats denies. Sleep disturbance denies.  
Weight gain denies. Weight loss denies.

##### Cardiovascular:

Edema denies.

##### Musculoskeletal:

Joint stiffness denies. Pain at night denies. Pain at rest denies.

#### Reason for Appointment

1. Spinal stenosis of lumbar region (Lspine MRI results)

#### History of Present Illness

##### Symptom(s):

Patient returns today to review his MRI results. The patient MRI shows status post L4/5 and L5/S1 wide laminectomies. While no recurrent/residual protrusion is suggested, L5/S1 is fused in moderate anterolisthesis, with right greater than left moderate exit crowding of L5 and evidence of recess scar partially surrounding transiting S1. The L4/5 level has biforaminal annular tears and a shallow central disc osteophyte complex. Mid to upper lumbar shallow protrusions and milder neural effects as discussed above. No severe stenosis. Fibroid uterus, largest 3.3 cm contacting endometrial stripe. She has had 4 lumbar spine surgeries within 4 months of each other. I have suggested for her to try an epidural steroid injection into her lumbar spine. Her left leg feels weaker. It feels like it wants to give out on her.

Patient returns today to review MRI results of her lumbar spine. It shows the patient has spinal stenosis. We talked about ESI's and the reasoning behind them. I explained to the patient what could cause the spinal stenosis. We discussed the pathophysiology of this. We also told the patient that the ESI is not sure but should help control the radicular pain for quite a while. He is going to consider an injection secondary to the significant symptoms.

#### Examination

##### General Examination:

The patient has a negative straight leg raise. Patient is vascularly intact to the foot. The patient has diminished reflexes in both the Achilles tendon and the patellar tendon bilaterally but equal. There is mild but equal atrophy of both legs. Patient has a negative clonus. Patient is grossly neurovascularly intact in the foot. There is no varus or valgus instability to the knee. There is good range of motion to the hips without pain. There are no vascular changes to the skin. Patient has a slightly kyphotic gait with externally rotated hips. Patient does not favor one leg over the other.

#### Assessments

1. Spinal stenosis of lumbar region - 724.02 (Primary)

Patient: BROWN, HELEN DOB: [REDACTED] Progress Note: HARRY P RUDOLPH, MD 06/24/2013  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

<http://rsfhapp.ecw.carealliance.com/mobiledocfjsp/catalog/xml/printMultipleChartOptions.j...> 7/2/2019

07/11/2019

220

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Weakness denies.  
Neurologic:  
Radiating pain denies.  
Tingling/Numbness denies.

Lumbar spinal stenosis with radicular leg pain.

**Treatment**

**1. Spinal stenosis of lumbar region**

Patient will return 1 week or 2 after the injection to assure that this is efficacious for the patient. If better the patient can cancel the appointment until the pain recurs. If no better we did explain that there may be a neurosurgical referral for further treatment of the pain is significant enough.

Referral To: Thomas Wooten Anesthesiology

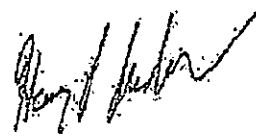
Reason: LESI injection series of 3

**2. Others**

Continue Medications reported as directed by the ordering provider

**Follow Up**

pm



Electronically signed by HARRY RUDOLPH MD, MD on  
06/25/2013 at 09:53 AM EDT

Sign off status: Completed

Chas Bone And Joint Ashley Crossing  
2270 ASHLEY CROSSING DR  
CHARLESTON, SC 29414-5749  
Tel: 843-853-3474  
Fax: 843-606-8056

Patient: BROWN, HELEN DOB: [REDACTED] Progress Note: HARRY P RUDOLPH, MD 06/24/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



PCP: Pickens K Moyd, MD Referring: Pickens K Moyd, MD

**BROWN, HELEN**

73Y old Female, DOB: [REDACTED]  
Account Number: 00001220204

Guarantor: BROWN, HELEN  
Insurance: MEDICARE Payer ID: PAPER

Appointment Facility: Chas Bone And Joint Ashley Crossing

07/15/2013

Progress Notes: HARRY P RUDOLPH, MD

**Current Medications**

Diovan  
Compression Stockings (20-30 mmHg) 20-30  
mm/Hg Thigh High as directed  
Medications reported as directed by the  
ordering provider

**Allergies**

Aspirin

**Reason for Appointment**

1. OTHER

**Assessments**

1. Saphenous nerve neuropathy - 355.79 (Primary)

**Follow Up**

pm

Electronically signed by HARRY RUDOLPH MD, MD on  
07/17/2013 at 11:36 AM EDT

Sign off status: Completed

Chas Bone And Joint Ashley Crossing  
2270 ASHLEY CROSSING DR  
CHARLESTON, SC 29414-5749  
Tel: 843-853-3474  
Fax: 843-606-8056

Patient: BROWN, HELEN DOB: [REDACTED] Progress Note: HARRY P RUDOLPH, MD 07/15/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



PCP: Pickens K Moyd, MD Referring: Pickens K Moyd, MD

Appointment Facility: Chas Bone And Joint Ashley Crossing

**BROWN, HELEN**

73 Y old Female, DOB: [REDACTED]

Account Number: 00004720204

Guarantor: BROWN, HELEN

Insurance: MEDICARE Payer ID: PAPER

09/16/2013

HARRY P RUDOLPH, MD

#### Current Medications

Diovan  
Compression Stockings (20-30 mmHg) 20-30 mmHg/High as directed  
Medications reported as directed by the ordering provider  
Medication List reviewed and reconciled with the patient

#### Past Medical History

No Medical History.

#### Surgical History

No Surgical History documented.

#### Family History

Brother(s): Diabetes, Rheumatism, Gout  
Sister(s): Diabetes, Rheumatism, Gout  
Daughter(s): Diabetes, Rheumatism, Gout  
Son(s): Diabetes, Rheumatism, Gout

#### Social History

Tobacco Use:  
Tobacco Use/Smoking: Denies.  
Tobacco Use/Smoking:  
Are you a nonsmoker

#### Allergies

Aspirin

#### Hospitalization/Major Diagnostic Procedure

No Hospitalization History.

#### Reason for Appointment

1. Spinal stenosis of lumbar region

#### History of Present Illness

##### Symptom(s):

Patient returns today for her radicular leg pain. The epidural injection helped very well for about a week. She did get a severe headache after her injection. She is schedule to get another epidural injection. Hopefully this will give her the longer term pain management. She also has tenderness right along the area of the saphenous nerve more proximal than original. She has some firm scar tissue in that area. She probably still has a little pressure on the nerve in that area. I told her we can consider corticosteroid shot around the area of the stiffness scar tissue and that may help. I offered today but she would like to consider doing this after the next injection.

She continues to have pain and soreness around her incision. She continues to do therapy at home and soak her leg. She has difficulty to put weight on around her saphenous nerve. We did discuss getting a corticosteroid injection into her scar to help break down the.

#### Vital Signs

Ht 64 in, Wt 170 lbs, BMI 29.18.

#### Examination

##### General Examination:

**\*\*NOTE\*\*** This document was created using voice recognition software. Inadvertent typographical errors, word omissions, and/or word substitutions may exist. Occasionally, this may alter the intended meaning of the document.

#### Assessments

1. Spinal stenosis of lumbar region - 724.02 (Primary)

#### Treatment

1. Spinal stenosis of lumbar region

Treatment Notes:

2. Others

Patient: BROWN, HELEN DOB: [REDACTED] Progress Note: HARRY P RUDOLPH, MD 09/16/2013  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

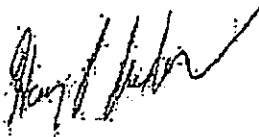
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07/11/2019

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Start Tramadol HCl Tablet, 50 mg, 1 to 2 tablets, Orally, every 6 hrs, 30 days, 50, Refills 1  
Treatment Notes:

Follow Up  
3 Weeks



Electronically signed by HARRY RUDOLPH MD, MD on  
09/18/2013 at 09:32 AM EDT

Sign off status: Completed

Chris Bone And Joint Ashley Crossing  
2270 ASHLEY CROSSING DR  
CHARLESTON, SC 29414-5749  
Tel: 843-853-3474  
Fax: 843-606-8056

Patient: BROWN, HELEN DOB: [REDACTED] Progress Note: HARRY P RUDOLPH, MD 09/16/2013  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



PCP: Pickens K Moyd, MD Referring: Pickens K Moyd, MD

Appointment Facility: Chas Bone And Joint Ashley Crossing

**BROWN, HELEN**

73 Y old Female, DOB: [REDACTED]

Account Number: [REDACTED]

Guarantor: BROWN, HELEN

Insurance: MEDICARE Payer ID: PAPER

10/17/2013

HARRY P RUDOLPH, MD

#### Current Medications

Diotan  
Compression Stockings (20-30 mmHg) 20-30 mmHg Thigh High as directed  
Medications reported as directed by the ordering provider  
Timbralol HCl 50 mg Tablet 1 to 2 tablets every 6 hrs, stop date 11/15/2013  
Medication List reviewed and reconciled with the patient

#### Past Medical History

No Medical History.

#### Surgical History

No Surgical History documented.

#### Family History

Brother(s): Diabetes, Rheumatism, Gout  
Sister(s): Diabetes, Rheumatism, Gout  
Daughter(s): Diabetes, Rheumatism, Gout  
Son(s): Diabetes, Rheumatism, Gout

#### Social History

Tobacco Use:  
Tobacco Use/Smoking  
Are you a nonsmoker  
Tobacco Use/Smoking: Denies .

#### Allergies

Aspirin

#### Hospitalization/Major

#### Diagnostic Procedure

No Hospitalization History.

#### Review of Systems

##### General/Constitutional:

Night sweats denies. Night sweats denies. Sleep disturbance denies. Weight gain denies. Weight loss denies. Cardiovascular:

Edema denies.  
Musculoskeletal:

#### Reason for Appointment

1. Left knee Saphenous nerve neuropathy

#### History of Present Illness

##### Symptom(s):

Patient returns today for her left leg scar pain. Her scar is very sensitive to the touch. She would like to consider an injection into the scar to see if it will help break up some of the scar tissue. She has had 2 epidural injections that have help with her radicular leg pain. She is going to have her 3rd epidural injection today. We will see her back i will n 3 weeks to check her progress.

#### Examination

##### General Examination:

The patient has a positive Tinel's over the area of the saphenous nerve. Little more irritated today than typical. She has excellent range of motion to the knee. There is no change in the neurologic function of the cutaneous nerves around the knee and tibia. There is no increased swelling.

#### Assessments

1. Saphenous nerve neuropathy - 355.79 (Primary)

Patient continues to have some saphenous nerve irritation in the area of the skin and medial muscle base.

#### Treatment

1. Saphenous nerve neuropathy

PROCEDURE: DEPO MEDROL 40 MG (SUBSEQUENT INJECTION)

PROCEDURE: INJ / ASPIRATION MAJOR JOINT / BURSA (20610)

PT Instructions: Dense scar tissue over the saphenous nerve just above the knee was palpated and injected using Depo-Medrol to break down the scar tissue. She tolerated the injection well.

Treatment Notes:

2. Others

Patient: BROWN, HELEN DOB: [REDACTED] Progress Note: HARRY P RUDOLPH, MD 10/17/2013  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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07/11/2019

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Joint stiffness denies. Pain at  
night denies. Pain at rest denies.  
Weakness denies.  
Neurologic:  
Radiating pain denies.  
Tingling/Numbness denies.

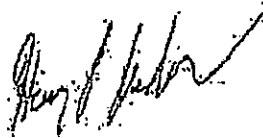
Treatment Notes: \*\*NOTE\*\* This document was created using voice  
recognition software. Inadvertent typographical errors, word  
omissions, and/or word substitutions may exist. Occasionally, this may  
alter the intended meaning of the document.

**Procedure Codes**

J1030 INJ METHYLPRDNISOLONE ACTAT 40 MG  
20610 DRAIN/INJECT, JOINT/BURSA

**Follow Up**

3 Weeks



Electronically signed by HARRY RUDOLPH MD, MD on  
10/18/2013 at 09:52 PM EDT

Sign off status: Completed

Chas Bone And Joint Ashley Crossing  
2270 ASHLEY CROSSING DR  
CHARLESTON, SC 29414-5749  
Tel: 843-853-3474  
Fax: 843-606-8056

Patient: BROWN, HELEN DOB: [REDACTED] Progress Note: HARRY P RUDOLPH, MD 10/17/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)





PCP: Pickens K Moyd, MD Referring: Pickens K Moyd, MD

Appointment Facility: Chas Bone And Joint Ashley Crossing

**BROWN, HELEN**

73 Y old Female, DOB: [REDACTED]

Account Number: 00004235204

Guarantor: BROWN, HELEN

Insurance: MEDICARE Payer ID: PAPER

11/14/2013

HARRY P RUDOLPH, MD

#### Current Medications

Diovan  
Compression Stockings (20-30 mmHg) 20-30 mm/Hg Thigh High as directed  
Medications reported as directed by the ordering provider  
Tramadol HCl 50 mg Tablet 1 to 2 tablets every 6 hrs, stop date 11/15/2013  
Medication List reviewed and reconciled with the patient

#### Past Medical History

No Medical History.

#### Surgical History

No Surgical History documented.

#### Family History

Brother(s): Diabetes, Rheumatism, Gout  
Sister(s): Diabetes, Rheumatism, Gout  
Daughter(s): Diabetes, Rheumatism, Gout  
Son(s): Diabetes, Rheumatism, Gout

#### Social History

Tobacco Use:  
Tobacco Use/Smoking: Are you a:  
nonsmoker.  
Tobacco Use/Smokless: Denies.

#### Allergies

Aspirin

#### Hospitalization/Major

#### Diagnostic Procedure

No Hospitalization History.

#### Review of Systems

##### General/Constitutional:

Night sweats Denies. Night  
sweats Denies. Sleep disturbance Denies.  
Weight gain Denies. Weight loss Denies.

##### Cardiovascular:

Edema Denies.

##### Musculoskeletal:

#### Reason for Appointment

1. Left knee Saphenous nerve neuropathy

#### History of Present Illness

##### Symptom(s):

Ms. Brown returns today with some improvement after the corticosteroid injection around her knee but she still complains of the scar tissue and the thickness of the scar tissue around the previous surgical area. All in all she feels as if she is better since the surgery but still far from well and she still has irritated nerve symptoms around the area of the saphenous nerve. There is no significant swelling. She has sensitivity around the scar. She no longer has a positive Tinel's at this time. I'm not sure what we can do beyond this point. I think she has reached maximal improvement as a result of the surgery. Her pain symptoms may improve some but I have not seen a great deal of improvement since the surgery.

#### Assessments

1. Saphenous nerve neuropathy - 355.79 (Primary)

#### Treatment

1. Saphenous nerve neuropathy

Start Neurontin Tablet, 300 MG, 1 tablet, Orally, Twice a day, 30 day (s), 60, Refills 02

#### Follow Up

prn

Patient: BROWN, HELEN DOB: [REDACTED] Progress Note: HARRY P RUDOLPH, MD 11/14/2013  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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07/11/2019

200

Joint stiffness denies. Pain at  
night denies. Pain at rest denies.  
Weakness denies.  
Neurologic:  
Radiating pain denies.  
Tingling/Numbness denies.

Electronically signed by HARRY RUDOLPH MD, MD on  
11/18/2013 at 01:13 PM EST  
Sign off status: Completed

Chas Bone And Joint Ashley Crossing  
2270 ASHLEY CROSSING DR  
CHARLESTON, SC 29414-5749  
Tel: 843-853-3474  
Fax: 843-606-8056

Patient: BROWN, HELEN DOB: [REDACTED] Progress Note: HARRY PRUDOLPH, MD 11/14/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

<http://rsfhapp.ecw.carealliance.com/mobiledoc/jsp/catalog/xml/printMultipleChartOptions.j...> 7/2/2019

07/11/2019

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South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500 • Post Office Box 1715  
Columbia, South Carolina 29202-1715  
(803) 737-5723  
www.wcc.sc.gov



## Physician's Statement

Claimant's Name: Helen Brown

Employer's Name: Alco Store # 23 Division of Albemarle Oil Company

Physician's Name: Harry P. Rudolph, MD

Insurance Carrier: Employers Mutual Casualty Company

Practice/Clinic: Charleston Bone & Joint

SCWCC File No: 1706290

Preparer's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her Injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 5-18-2012  
2/11/13

Date of first office visit: 2/14/13 Date of last visit: 11/14/13

Diagnosis or nature of injury or illness: Left Knee Saphenous Nerve

Body part(s) Injured: Left Knee Body part(s) affected: Left Knee

Date of Maximum Medical Improvement: \_\_\_\_\_

Based on the AMA Guidelines, the claimant has sustained a 7 % medical impairment to Left Knee and a \_\_\_\_\_ % medical impairment to Leg Pain other affected body part(s).

☒ The claimant is able to return to work without restriction.

☐ The claimant is able to return to work with the following restrictions:

☒ The claimant is unable to return to work at his or her current employment.

☐ Claimant possesses retained hardware casually related to this injury.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

☒ will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

☐ will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

[Signature]  
Treating Physician

7/28/14  
Date

207

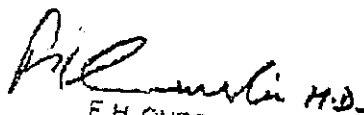
**RE:** Heien Brown **DOS:** 11/12/2014 **Age:** 74-year-old lady. **Height:** 5'4".  
**Height:** 170 lb.

**CHIEF COMPLAINT:** Pain in right shoulder of approximately a month's duration. Patient states that she was involved in a motor vehicle accident as a passenger in the front seat when their car hit a tree. Since that time she has pain in the left shoulder. She was initially examined in the emergency room and was referred here for evaluation.

**PHYSICAL EXAMINATION:** Examination today revealed the patient does not appear to be in any acute apparent distress. Examination of the left shoulder revealed no obvious swelling or deformity. Patient has moderate tenderness on palpation over the left acromioclavicular joint. Range of motion of the shoulder. She complains of moderate discomfort and pain only at extremes. Neurovascular status of the right upper extremity is within normal range. See PFSH sheet which was reviewed by me, Dr. F.H. Qureshi, prior to examination of this patient.

X-ray of the right shoulder done in the office today revealed no acute fractures or dislocation. Patient has advanced osteoarthritic changes of the right acromioclavicular joint as well as moderate osteoarthritic changes of the glenohumeral joint.

**IMPRESSION:** Patient was advised that she has probably contusion and sprain of the shoulder at the time of accident with some exacerbation of osteoarthritis. Advised to use warm compresses, continue anti-inflammatory medication, and exercise program. This should resolve in the next two to three weeks. If she continues to have problem, she should return for reevaluation and advice.

  
F. H. QURESHI, M.D.

Acc<sup>4</sup>

Referring Physician

Primary Physician Dr. M. J. Jones

## NEW PATIENT HISTORY

This form needs to be completed with the patient's information by the parent and/or guardian.

Patient Name: Helen Brown DOB: [REDACTED] AGE: 74 Date: 11-12-14  
 Wt: 170 Ht: 5'4 BP: 128/84 Temp: 97.6 Resp: 20 Pulse: 61  
 Allergies: Codine / Aspirin  
 Reactions: \_\_\_\_\_

What is your chief complaint and location? Shoulder  
 How long have you had this problem? 10-20-14  
 When does your problem bother you the most? when moving arm or twisting neck  
 Did you have an injury? If so what happened? 10-20-14 Car Accident

List previous Hospitalizations/Surgeries/Serious Injuries

Lumbar Surgery

When

1997

## Social History

Marital Status: Single Married SeparatedUse of Alcohol: Never Rarely ModerateUse of Tobacco: Never Previously but quit

Divorced

Widowed

Daily

Current packs per day \_\_\_\_\_

## Family Medical History

|          | Age               | Cause of Death      |
|----------|-------------------|---------------------|
| Father   | <u>74</u>         | <u>Heart Attack</u> |
| Mother   | <u>76</u>         | <u>Cancer</u>       |
| Siblings | <u>2 Brothers</u> | <u>Cancer</u>       |
| Spouse   | _____             | _____               |
| Children | _____             | _____               |

## Diseases

Have you ever had the following?

|                           |           |
|---------------------------|-----------|
| Diabetes.....yes          | <u>no</u> |
| Hypertension.....yes      | <u>no</u> |
| Cancer.....yes            | <u>no</u> |
| Stroke.....yes            | <u>no</u> |
| Heart trouble.....yes     | <u>no</u> |
| Arthritis/Gout.....yes    | <u>no</u> |
| Convulsions.....yes       | <u>no</u> |
| Bleeding tendency.....yes | <u>no</u> |
| Acute infections.....yes  | <u>no</u> |

PRN

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Patient: BROWN, HELEN K  
MRN: 370417  
Account #: 5046916  
Service Code: EOP ER OUTPATIENT  
Room #: Bed #:

Adm Date: 6/12/2019  
Attending: Summerfield, Gary Nurse Practitioner Clinic  
Primary Care: DONATO JR, EDUARDO A MD  
DOB/Sex: Female

### Emergency Documentation

Result Type: ED Documents Physician  
Result Date: 6/12/2019 17:22 EDT  
Result Status: Auth (Verified)  
Result Title: Lower Extremity Pain-Swelling \*ED  
Performed By: RUSSELL, BRADLEY STOKES MD (6/13/2019 05:30 EDT);  
Summerfield, Gary Nurse Practitioner Clinic (6/12/2019 18:12 EDT)  
Verified By: Summerfield, Gary Nurse Practitioner Clinic (6/12/2019 18:12 EDT);  
Summerfield, Gary Nurse Practitioner Clinic (6/12/2019 18:12 EDT)

#### Lower Extremity Pain-Swelling \*ED

Patient: BROWN, HELEN K MRN: 370417 FIN: 5046916  
Age: 79 years Sex: Female DOB:   
Associated Diagnoses: Osteoarthritis of left knee  
Author: Summerfield, Gary Nurse Practitioner Clinic

#### Basic Information

Time seen: Initial Time Seen  
Time Initially Seen: 06/12/2019 16:27 by Summerfield, Gary Nurse Practitioner Clinic

Arrival mode: Walking.

Additional Information: Chief Complaint from Nursing Triage Note : Chief Complaint  
6/12/2019 15:29 EDT Chief Complaint C/O LEFT KNEE PAIN SINCE FALL 2 WEEKS AGO .

#### History of Present Illness

The patient presents with knee pain and Patient presents to the emergency department today with chief complaint of left knee pain. She states that she fell 2 weeks ago and has been having this discomfort ever since. She states that she has been taking Tylenol as needed for the discomfort however it does not appear to help her. She is allergic to aspirin does not take any type of NSAIDs. She is also been using Lidoderm patches to help alleviate her pain as well. She states that these do help. In addition has let town and she was able to see the new doctor that was assigned her today. She was advised him to the emergency room for further evaluation. The onset was 2 weeks ago. The course/duration of symptoms is fluctuating in intensity. Type of Injury: fall. Location: Left knee. The character of symptoms is pain. The degree at present is none. There are exacerbating factors including movement, weight bearing and walking. The relieving factor is analgesics. Risk factors consist of hypertension. Prior episodes: none. Therapy today: none. Associated symptoms: none.

#### Review of Systems

Constitutional symptoms: No fever, no chills, no sweats, no weakness, no fatigue, no decreased activity.  
Skin symptoms: No jaundice, no rash, no pruritus, no abrasions.  
Eye symptoms: Vision unchanged.  
ENT symptoms: No sore throat.  
Respiratory symptoms: No shortness of breath, no cough.  
Cardiovascular symptoms: No chest pain, no palpitations.  
Gastrointestinal symptoms: No abdominal pain, no nausea.  
Genitourinary symptoms: No dysuria.  
Musculoskeletal symptoms: Muscle pain, joint pain, No back pain.  
Neurologic symptoms: No headache, no altered level of consciousness.  
Psychiatric symptoms: No anxiety, no sleeping problems.  
Endocrine symptoms: No polyuria.  
Hematologic/Lymphatic symptoms: Bleeding tendency negative.  
Additional review of systems information: All other systems reviewed and otherwise negative.

#### Health Status

Allergies:  
Allergic Reactions (Selected)

Print Date/Time: 7/22/2019 08:55 EDT

Page 5 of 20

Report Request ID: 272855803

Patient: BROWN, HELEN K  
MRN: 370417  
Account #: 5046916  
Service Code: EOP ER OUTPATIENT  
Room #: Bed #:

Adm Date: 6/12/2019  
Attending: Summerfield, Gary Nurse Practitioner Clinic  
Primary Care: DONATO JR, EDUARDO A MD  
DOB/Sex: [REDACTED] Female

### Emergency Documentation

#### Ssvera

Aspirin- Hives.  
Codeine- Vomiting.  
Contrast Dye- No reactions were documented..

#### Past Medical/Family/Social History

##### Procedure history: Include procedure history

Colonoscopy on 3/26/2019 at 78 Years.

##### Comments:

3/28/2019 10:36 AM - Ferrara, Debra O Rn  
auto-populated from documented surgical case

Colonoscopy on 12/11/2014 at 74 Years.

##### Comments:

12/11/2014 7:35 AM - Sansbury, Jeanne B Rn  
auto-populated from documented surgical case

EGD With Biopsy on 12/11/2014 at 74 Years.

##### Comments:

12/11/2014 7:35 AM - Sansbury, Jeanne B Rn  
auto-populated from documented surgical case

low back surgery x 4 in 1997.

left knee surgery.

right great toe surgery.

appendectomy.

RIGHT SHOULDER SURGERY.

Tubal ligation (128720016)..

##### Family history:

Diabetes mellitus

Mother

Brother

Pancreatic cancer

Mother

Brother

Heart attack

Father

Aneurysm

Sister

##### Social history:

##### Social & Psychosocial Habits

##### Alcohol

12/11/2014 Use: Never

##### Employment/School

03/25/2019 Status: Retired

##### Exercise

Comment: YARD WORK - 03/25/2019 14:07 - Jaffords, Christy Rn

##### Home/Environment/Abuse

03/25/2019 Lives with: Children, Spouse

Living situation: Home/Independent

Injuries/Abuse/Neglect In household: No

Alcohol abuse in household: No

Substance abuse in household: No

Smoker in household: No

Abuse Concerns: No Signs or Symptoms

Neglect Concerns: No Signs or Symptoms

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Patient: BROWN, HELEN K  
MRN: 370417  
Account #: 5046916  
Service Code: EOP ER OUTPATIENT  
Room #: Bed #:

Adm Date: 6/12/2019  
Attending: Summerfield, Gary Nurse Practitioner Clinic  
Primary Care: DONATO JR, EDUARDO A MD  
DOB/Sex: [REDACTED] Female

### Emergency Documentation

Feels unsafe at home: No

Nutrition/Health  
03/25/2019 Type of diet: Regular

Substance Abuse  
12/11/2014 Use: Never

Tobacco  
12/11/2014 Tobacco Use: Never smoker

03/25/2019 Tobacco use status 30 days prior to admission No tobacco use of any for  
Tobacco Use: Never (less than 100 in)

Marijuana Recreational Use  
03/25/2019 Marijuana Use Never smoker

Problem list:  
Medical  
Anemia / 405638013 / Confirmed  
Hypertension / 64176011 / Confirmed.

#### Physical Examination

##### Vital Signs

Vital Signs

6/12/2019 15:29 EDT

ED Temperature 98.3 DegF  
Temperature Method Oral  
Respiratory Rate 16 br/min  
ED Pulse Rate 51 bpm LOW  
Systolic Blood Pressure 144 mmHg HI  
Diastolic Blood Pressure 94 mmHg HI  
Mean Arterial Pressure, Cuff 111 mmHg

##### Measurements

6/12/2019 15:29 EDT

Patient Weight 72.574 kg  
Ideal Body Weight Calculated 54.7 kg  
Patient Height 162.56 cm  
Height Method Stated Height  
Weight Method Stated Weight

##### Basic Oxygen Information

6/12/2019 15:29 EDT SpO2

99 %

General: Alert, no acute distress.

Skin: Warm, pink, intact, moist, no pallor, no rash, normal for ethnicity.

Head: Nonoccephalic, atraumatic.

Neck: Supple, trachea midline, no tenderness, no JVD.

Eye: Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva, vision unchanged.

Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal.

Cardiovascular: Regular rate and rhythm, Normal peripheral perfusion.

Chest wall: No tenderness, No deformity.

Back: Nontender, Normal range of motion, Normal alignment.

Musculoskeletal: Normal ROM, normal strength, Lower extremity: Left, knee, patella, patellar tendon, tenderness.

Gastrointestinal: Soft, Nontender, Non distended, Normal bowel sounds.

Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, normal sensory observed, normal motor observed, normal speech observed, normal coordination observed.

Lymphatics: No lymphadenopathy.

Print Date/Time: 7/22/2019 08:55 EDT

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Patient: BROWN, HELEN K  
MRN: 370417  
Account #: 5046916  
Service Code: EOP ER OUTPATIENT  
Room #: Bed #:

Adm Date: 6/12/2019  
Attending: Summerfield, Gary Nurse Practitioner Clinic  
Primary Care: DONATO JR, EDUARDO A MD  
DOB/Sex: Female

### Emergency Documentation

Psychiatric: Cooperative, appropriate mood & affect, normal judgment.

#### Medical Decision Making

Differential Diagnosis: Contusion, sprain, strain.  
Knee x-ray findings Degenerative disease.

Notes: Patient's knee x-ray demonstrates that she has some arthritic changes and degenerative joint disease. I have recommended patient that she follow-up with orthopedics.

#### Reexamination/ Reevaluation

##### Vital signs

Basic Oxygen Information  
6/12/2019 15:29 EDT SpO2 99 %

#### Impression and Plan

##### Diagnosis

Osteoarthritis of left knee (ICD10-CM M17.12, Discharge, Emergency medicine, Medical)

##### Plan

Condition: Stable.

Disposition: Medically cleared, Discharged: to home.

Prescriptions: Prescriptions

Pharmacy:

HYDROcodone-acetaminophen 5 mg-325 mg oral tablet (Prescribe): 1 tab(s), Oral, q4H-int, for 5 day(s), PRN: for pain, 18 tab(s), 0 Refill(s).

Patient was given the following educational materials: What You Need to Know About Osteoarthritis, How to Use a Knee Brace,

Follow up with: ; WILLIAM REEVEM Within 1 to 2 weeks Call for followup appointment.

Counseled: Patient, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

Electronically Signed on 06/12/2019 18:12 EDT

Summerfield, Gary Nurse Practitioner Clinic

Electronically Signed on 06/13/2019 05:30 EDT

RUSSELL, BRADLEY STOKES MD

Modified by: Summerfield, Gary Nurse Practitioner Clinic on 06/12/2019 18:12 EDT

#### Result Type:

Result Date:

Result Status:

Result Title:

Performed By:

Verified By:

ED Triage Note

6/12/2019 15:29 EDT

Auth (Verified)

ED Triage Adult

Wilson, Felicia A Rn (6/12/2019 15:29 EDT)

Wilson, Felicia A Rn (6/12/2019 15:29 EDT)

ED Triage Adult Entered On: 06/12/2019 15:30 EDT

Performed On: 06/12/2019 15:29 EDT by Wilson, Felicia A Rn

Print Date/Time: 7/22/2019 08:55 EDT

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Patient: BROWN, HELEN K  
MRN: 370417  
Account #: 5046916  
Service Code: EOP ER OUTPATIENT  
Room #: Bed #:

Adm Date: 6/12/2019  
Attending: Summerfield, Gary Nurse Practitioner Clinic  
Primary Care: DONATO JR, EDUARDO A MD  
DOB/Sex: Female

### Emergency Documentation

#### Quick Triage 1.1A

Chief Complaint: C/O LEFT KNEE PAIN SINCE FALL 2 WEEKS AGO

Triage Note: Walking

Preferred Languages: English

Suicidal Ideation: N/A

ED Allergies/Home Medications: Document

#### DCP GENERIC CODE

Wilson, Felicia A Rn - 06/12/2019 15:29 EDT

Tracking Acuity: 4

Tracking Group: SCC ED Tracking Group

Wilson, Felicia A Rn - 06/12/2019 15:29 EDT

Pain Present: Yes actual or suspected pain  
Preferred Pain Tool: Numeric rating scale  
Numeric Rating at Rest: 10 = Worst possible pain  
Measuring System: Imperial System (lb/in)  
Patient Weight Pounds: 160 lb  
Patient Height In: 64 in  
Weight Method: Stated Weight  
Patient Weight: 72.574 kg  
Patient Height: 162.56 cm  
Height Method: Stated Height  
Body Mass Index Dosing: 27 kg/m<sup>2</sup>  
Ideal Body Weight Calculated: 54.7 kg  
ED Able to Obtain Vitals?: Yes  
ED Temperature: 98.3 DegF  
ED Pulse Rate: 51 bpm (LOW)  
Respiratory Rate: 16 br/min  
SpO<sub>2</sub>: 99 %  
Systolic Blood Pressure: 144 mmHg (HI)  
Diastolic Blood Pressure: 94 mmHg (HI)  
Mean Arterial Pressure, Cuff: 111 mmHg  
Temperature Method: Oral  
ED Sepsis Criteria met: No  
Recent Travel History: No recent travel

Wilson, Felicia A Rn - 06/12/2019 15:29 EDT  
(As Of: 06/12/2019 15:30:57 EDT)

#### Problems(Active)

Anemia (SNOMED CT  
:406636013)

Name of Problem: Anemia; Recorder: Parrott, Melissa G Rn;  
Confirmation: Confirmed; Classification: Medical; Code:  
406636013; Contributor System: PowerChart; Last Updated:  
12/11/2014 08:43 EST; Life Cycle Date: 12/11/2014; Life  
Cycle Status: Active; Vocabulary: SNOMED CT

Hypertension (SNOMED CT  
:64176011)

Name of Problem: Hypertension; Recorder: Parrott, Melissa  
G Rn; Confirmation: Confirmed; Classification: Medical;

Print Date/Time: 7/22/2019 08:55 EDT

Report Request ID: 272655803

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Patient: BROWN, HELEN K  
MRN: 370417  
Account #: 5046916  
Service Code: EOP ER OUTPATIENT  
Room #: Bed #:

Adm Date: 6/12/2019  
Attending: Summerfield, Gary Nurse Practitioner Clinic  
Primary Care: DONATO JR, EDUARDO A MD  
DOB/Sex: Female

### Emergency Documentation

Code: 64176011; Contributor System: PowerChart; Last  
Updated: 12/11/2014 06:43 EST; Life Cycle Date:  
12/11/2014; Life Cycle Status: Active; Vocabulary: SNOMED  
CT

Pain (SNOMED CT  
:37361011)

Name of Problem: Pain; Recorder: Jeffords, Christy Rn;  
Confirmation: Confirmed; Classification: Clinical and Nursing  
; Code: 37361011; Contributor System: PowerChart; Last  
Updated: 3/25/2019 14:00 EDT; Life Cycle Date: 3/25/2019;  
Life Cycle Status: Active; Vocabulary: SNOMED CT

Sinusitis (SNOMED CT  
:61668014)

Name of Problem: Sinusitis; Recorder: Jeffords, Christy Rn;  
Confirmation: Confirmed; Classification: Clinical and Nursing  
; Code: 61668014; Contributor System: PowerChart; Last  
Updated: 3/25/2019 14:01 EDT; Life Cycle Date: 3/25/2019;  
Life Cycle Status: Active; Vocabulary: SNOMED CT

#### Diagnoses (Active)

Knee pain-swelling

Date: 6/12/2019; Diagnosis Type: Reason For Visit;  
Confirmation: Complaint of; Clinical Dx: Knee pain-swelling;  
Classification: Medical; Clinical Service: Emergency  
medicine; Code: PNED; Probability: 0; Diagnosis Code:  
3ED9C4E2-1F24-4D40-84E5-A92AABA82AE8

#### Columbia Suicide C-SSRS

Columbia Suicide C-SSRS Total: 0  
Wished you were dead or not wake up: No  
Actual thoughts of killing yourself: No  
Ever done/started/prepared to end life: No  
Low Risk for Suicide: Low risk

Wilson, Felicia A Rn - 06/12/2019 15:29 EDT

#### Allergies

Allergies Reviewed: Yes

Wilson, Felicia A Rn - 06/12/2019 15:29 EDT  
(As Of: 06/12/2019 15:30:57 EDT)

#### Allergies (Active)

aspirin

Estimated Onset Date: Unspecified; Reactions: Hives;  
Created By: Parrott, Melissa G Rn; Reaction Status: Active;  
Category: Drug; Substance: aspirin; Type: Allergy;  
Severity: Severe; Updated By: Parrott, Melissa G Rn;  
Reviewed Date: 06/12/2019 15:29 EDT

codeine

Estimated Onset Date: Unspecified; Reactions: Vomiting;  
Created By: Parrott, Melissa G Rn; Reaction Status: Active;  
Category: Drug; Substance: codeine; Type: Allergy;  
Severity: Severe; Updated By: Parrott, Melissa G Rn;

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Patient: BROWN, HELEN K  
MRN: 370417  
Account #: 5046916  
Service Code: EOP ER OUTPATIENT  
Room #: Bed #:

Adm Date: 6/12/2019  
Attending: Summerfield, Gary Nurse Practitioner Clinic  
Primary Care: DONATO JR, EDUARDO A MD  
DOB/Sex: [REDACTED] Female

### Emergency Documentation

**Contrast Dye**

*Reviewed Date:* 06/12/2019 15:29 EDT  
*Estimated Onset Date:* Unspecified ; *Created By:* Swetnam,  
Antoinette RN; *Reaction Status:* Active ; *Category:* Drug ;  
*Substance:* Contrast Dye ; *Type:* Allergy ; *Severity:* Severe ;  
*Updated By:* Swetnam, Antoinette RN; *Reviewed Date:*  
06/12/2019 15:29 EDT

**Domestic Violence Screen**

*Partner Emotional/Physical Abuse Hx :* No  
*Other Physical Abuse :* No  
*Sexual Abuse :* No

Wilson, Felicia A Rn - 06/12/2019 15:29 EDT

**Assess/Tx**

*Level of Consciousness :* Alert  
*Orientation :* Oriented x 4  
*Affect/Behavior :* Appropriate  
*Skin Color :* Normal for ethnicity  
*Skin Description :* Dry  
*Skin Temperature :* Warm  
*Respiratory Symptoms :* None  
*Respirations :* Unlabored  
*Cardiovascular Symptoms :* None  
*Gastrointestinal Symptoms :* None  
*Genitourinary Symptoms :* None

Wilson, Felicia A Rn - 06/12/2019 15:29 EDT

**Glasgow Coma**

*Eye Opening :* Spontaneously  
*Best Verbal Response :* Oriented  
*Best Motor Response :* Obeys commands  
*Glasgow Coma Score :* 15

Wilson, Felicia A Rn - 06/12/2019 15:29 EDT

**Fall Risk Assessment**

*Fall Assessment Type :* Initial  
*History of Fall in Last 3 Months :* Yes, Single Mechanical fall  
*Mobility Assist Device Used :* No  
*Impaired Gait :* No  
*Confusion or Disorientation :* No  
*Intoxicated or Sedated :* No  
*Altered Elimination :* No  
*Fall Risk Score :* 1  
*Moderate Fall Risk (3-4 pts) :* Fall Risk Arm Band on Patient  
*Fall Risk Score Calc :* 2

Wilson, Felicia A Rn - 06/12/2019 15:29 EDT

Patient: BROWN, HELEN K  
MRN: 370417  
Account #: 5046916  
Service Code: EOP ER OUTPATIENT  
Room #: Bed #:

Adm Date: 6/12/2019  
Attending: Summerfield, Gary Nurse Practitioner Clinic  
Primary Care: DONATO JR, EDUARDO A MD  
DOB/Sex: Female

### Emergency Documentation

Result Type: ED Clinical Summary  
Result Date: 6/12/2019 18:18 EDT  
Result Status: Auth (Verified)  
Result Title: ED Clinical Summary  
Performed By: Barefoot, Cynthia Gainey Lpn (6/12/2019 18:18 EDT)  
Verified By: Barefoot, Cynthia Gainey Lpn (6/12/2019 18:18 EDT)

ED Clinical Summary

Carolinas Hospital System  
805 Pamlico Highway  
Florence, SC 29505  
(843) 674-5000

### Emergency Department Discharge Instructions (Clinical)

#### PERSON INFORMATION

Name: BROWN, HELEN K DOB: Age: 79 Years  
MRN: 370417 FIN: 5046916  
Address and Phone:

#### DISCHARGE INFORMATION

ED Arrival Time: 06/12/2019 15:16:00  
ED Departure Time: 06/12/2019 18:18:00  
Date of Discharge: 06/12/2019 18:18:00  
Discharge Diagnosis: Osteoarthritis of left knee  
Discharge Disposition: D/C - Home

#### PROVIDERS

Primary Care Provider:  
Name: DONATO JR, EDUARDO A MD  
Phone: (843) 679-4221

Emergency Department Providers:

Primary Physician:

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Patient: BROWN, HELEN K  
MRN: 370417  
Account #: 5046916  
Service Code: EOP ER OUTPATIENT  
Room #: Bed #:

Adm Date: 6/12/2019  
Attending: Summerfield, Gary Nurse Practitioner Clinic  
Primary Care: DONATO JR, EDUARDO A MD  
DOB/Sex: Female

**Emergency Documentation**

**Nurse Practitioner:**  
Summerfield, Gary Nurse Practitioner Clinic

**Comment:**

Admitting Physician: Summerfield, Gary Nurse Practitioner Clinic  
Attending Physician: Summerfield, Gary Nurse Practitioner Clinic

**MEDICAL INFORMATION**

**Vitals Information:**

| Vital Sign            | Triage             | Latest             |
|-----------------------|--------------------|--------------------|
| Temp Oral             | 98.3 DegF          |                    |
| Temp Axillary         |                    |                    |
| Temp Rectal           |                    |                    |
| O2 Sat                | 99 %               | 99 %               |
| Respiratory Rate      | 16 br/min          | 16 br/min          |
| Peripheral Pulse Rate | 51 bpm             |                    |
| Blood Pressure        | 144 mmHg / 94 mmHg | 144 mmHg / 94 mmHg |

**Major Tests and Procedures:**

The following procedures and tests were performed during your ED visit.

**Procedures**

No Procedures Documented

**Laboratory Orders**

No laboratory orders were placed.

**Radiology Orders**

| Name         | Status    | Details                                                          |
|--------------|-----------|------------------------------------------------------------------|
| XR Knee      |           | 06/12/19 15:31:00 EDT, STAT, 06/12/19 15:31:00 EDT, Reason: Pain |
| Complete 4 V | Completed | in joint, knee, Transport Mode: Stretcher, Rad Type, 70.3        |
| Left CR      |           |                                                                  |

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Patient: BROWN, HELEN K  
MRN: 370417  
Account #: 5046916  
Service Code: EOP ER OUTPATIENT  
Room #: Bed #:

Adm Date: 6/12/2019  
Attending: Summerfield, Gary Nurse Practitioner Clinic  
Primary Care: DONATO JR, EDUARDO A MD  
DOB/Sex: Female

**Emergency Documentation**

**Patient Care Orders**

Name Status Details

ED

Histories/Screeni Ordered 06/12/19 15:17:22 EDT, 06/12/19 15:17:22 EDT  
ngs

**Allergy Information:**

Contrast Dye; aspirin; codeine

**Medication List:**

**Printed Prescriptions**

HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) 1 Tab(s)  
Oral every 4 hours (interval) as needed for pain for 5 Days. Refills: 0.

**Other Medications**

acetaminophen (Tylenol 8 Hour Caplet 650 mg oral tablet, extended release) Oral every 8 hours  
(Interval).

cholecalciferol (Vitamin D3)

folic acid (folic acid 0.4 mg oral tablet) 1 Tab(s) Oral every day.

montelukast (montelukast 10 mg oral tablet) 1 Tab(s) Oral once a day (in the evening). AS NEEDED.

multivitamin (Super B Complex oral tablet) 1 Tab(s) Oral every day.

potassium chloride (Klor-Con) Oral twice a day. 1 TIME A WEEK.

tramadol 50 Milligram(s) Oral three times a day. PRN PAIN.

triamterene-hydrochlorothiazide (triamterene-hydrochlorothiazide 75 mg-50 mg oral tablet) 1 Tab(s)  
Oral every day.

vitamin E Oral every day.

**Medication Orders:**

Order Name Order Details

HYDROcodone- 1 tab(s), Oral, q4H-int, PRN for pain, 5 day(s), 18 tab(s), 0, 0, 06/12/19 18:10:00 EDT, Acute,  
acetaminophen 06/17/19 18:10:00 EDT, Print DEA Number, Print Requisition, p1595ed13bx, Tab

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Patient: BROWN, HELEN K  
MRN: 370417  
Account #: 5046916  
Service Code: EOP ER OUTPATIENT  
Room #: Bed #:

Adm Date: 6/12/2019  
Attending: Summerfield, Gary Nurse Practitioner Clinic  
Primary Care: DONATO JR, EDUARDO A MD  
DOB/Sex: Female

**Emergency Documentation**

**Medication Leaflets:**

**Comment:**

**PATIENT EDUCATION INFORMATION**

**Instructions:**

How to Use a Knee Brace; What You Need to Know About Osteoarthritis

**Follow Up:**

|                |                                                                         |                        |
|----------------|-------------------------------------------------------------------------|------------------------|
| <b>With:</b>   | <b>Address:</b>                                                         | <b>When:</b>           |
| WILLIAM REFVEM | 1580 Freedom Boulevard<br>Florence, SC 29501<br>8434136835 Business (1) | Within 1 to 2<br>weeks |

**Comments:**

Call for followup appointment

**Comment:**

**ED EVENTS INFORMATION**

| Event Name          | Event Status | Request Date/Time   | Start Date/Time     | Complete Date/Time  |
|---------------------|--------------|---------------------|---------------------|---------------------|
| Arrive              | Complete     | 06/12/2019 15:16:00 | 06/12/2019 15:16:00 | 06/12/2019 15:16:00 |
| Document Home Meds  | Request      | 06/12/2019 15:16:00 |                     |                     |
| Isolation Screening | Request      | 06/12/2019 15:16:00 |                     |                     |
| Preferred Pharmacy  | Request      | 06/12/2019 15:16:00 |                     |                     |
| Triage              | Complete     | 06/12/2019 15:16:00 | 06/12/2019 15:29:00 | 06/12/2019 15:29:00 |
| X-Ray               | Not Reviewed | 06/12/2019 15:31:31 | 06/12/2019 17:02:13 |                     |
| Bed Assign          | Complete     | 06/12/2019 15:44:54 | 06/12/2019 15:44:54 | 06/12/2019 15:44:54 |

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Patient: BROWN, HELEN K  
MRN: 370417  
Account #: 5046916  
Service Code: EOP ER OUTPATIENT  
Room #: Bed #:

Adm Date: 6/12/2019  
Attending: Summerfield, Gary Nurse Practitioner Clinic  
Primary Care: DONATO JR, EDUARDO A MD  
DOB/Sex: Female

### Emergency Documentation

|                     |          |                     |                     |                     |
|---------------------|----------|---------------------|---------------------|---------------------|
| Dr Exam             | Complete | 06/12/2019 15:44:54 | 06/12/2019 16:24:42 | 06/12/2019 16:24:42 |
| RN Exam             | Request  | 06/12/2019 15:44:54 |                     |                     |
| Registration        | Request  | 06/12/2019 16:24:42 |                     |                     |
| X-Ray               | Cancel   | 06/12/2019 16:52:18 |                     | 06/12/2019 16:52:41 |
| PowerNote ED        | Complete | 06/12/2019 17:30:18 | 06/12/2019 17:30:18 | 06/12/2019 18:12:31 |
| Discharge           | Complete | 06/12/2019 18:12:49 | 06/12/2019 18:18:26 | 06/12/2019 18:18:26 |
| Transfer            | Complete | 06/12/2019 18:18:26 | 06/12/2019 18:18:26 | 06/12/2019 18:18:26 |
| Discharge Complete  | Request  | 06/12/2019 18:18:26 |                     |                     |
| Discharge Callback  | Request  | 06/12/2019 18:18:26 |                     |                     |
| Professional Coding | Request  | 06/12/2019 18:18:26 |                     |                     |

### PHYSICIAN DOCUMENTATION/NOTES

Patient: BROWN, HELEN K MRN: 370417 FIN: 5046916  
Age: 78 years Sex: Female DOB:   
Associated Diagnoses: Osteoarthritis of left knee  
Author: Summerfield, Gary Nurse Practitioner Clinic

#### Basic Information

Time seen: Initial Time Seen  
Time Initially Seen: 06/12/2019 16:27 by Summerfield, Gary Nurse Practitioner Clinic

Arrival mode: Walking.

Additional Information: Chief Complaint from Nursing Triage Note : Chief Complaint  
6/12/2019 15:29 EDT Chief Complaint C/O LEFT KNEE PAIN SINCE FALL 2 WEEKS AGO .

#### History of Present Illness

The patient presents with knee pain and Patient presents to the emergency department today with chief complaint of left knee pain. She states that she fell 2 weeks ago and has been having this discomfort ever since. She states that she has been taking Tylenol as needed for the discomfort however it does not appear to help her. She is allergic to aspirin does not take any type of NSAIDs. She is also been using Lidoderm patches to help alleviate her pain as well. She states that these do help. In addition has left town and she was able to see the new doctor that was assigned her today. She was advised him to the emergency room for further evaluation. The onset was 2 weeks ago. The course/duration of symptoms is fluctuating in intensity. Type of injury: fall. Location: Left knee. The character of symptoms is pain. The degree at present is none. There are exacerbating factors including movement, weight bearing and walking. The relieving factor is analgesics. Risk factors consist of hypertension. Prior episodes: none. Therapy today: none. Associated symptoms: none.

#### Review of Systems

Constitutional symptoms: No fever, no chills, no sweats, no weakness, no fatigue, no decreased activity.  
Skin symptoms: No jaundice, no rash, no pruritus, no abrasions.

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Patient: BROWN, HELEN K  
MRN: 370417  
Account #: 5046916  
Service Code: EOP ER OUTPATIENT  
Room #: Bed #:

Adm Date: 6/12/2019  
Attending: Summerfield, Gary Nurse Practitioner Clinic  
Primary Care: DONATO JR, EDUARDO A MD  
DOB/Sex: Female

### Emergency Documentation

Eye symptoms: Vision unchanged.  
ENT symptoms: No sore throat,  
Respiratory symptoms: No shortness of breath, no cough.  
Cardiovascular symptoms: No chest pain, no palpitations.  
Gastrointestinal symptoms: No abdominal pain, no nausea.  
Genitourinary symptoms: No dysuria.  
Musculoskeletal symptoms: Muscle pain, Joint pain, No back pain.  
Neurologic symptoms: No headache, no altered level of consciousness.  
Psychiatric symptoms: No anxiety, no sleeping problems.  
Endocrine symptoms: No polyuria.  
Hematologic/Lymphatic symptoms: Bleeding tendency negative.  
Additional review of systems information: All other systems reviewed and otherwise negative.

#### Health Status

##### Allergies:

##### Allergic Reactions (Selected)

##### Severe

Aspirin- Hives.  
Codeine- Vomiting.  
Contrast Dye- No reactions were documented..

#### Past Medical/ Family/ Social History

##### Procedure history: include procedure history

Colonoscopy on 3/26/2019 at 78 Years.

##### Comments:

3/26/2019 10:36 AM - Ferrara, Debra O Rn  
auto-populated from documented surgical case

Colonoscopy on 12/11/2014 at 74 Years.

##### Comments:

12/11/2014 7:35 AM - Sansbury, Jeanne B Rn  
auto-populated from documented surgical case

EGD With Biopsy on 12/11/2014 at 74 Years.

##### Comments:

12/11/2014 7:35 AM - Sansbury, Jeanne B Rn  
auto-populated from documented surgical case

low back surgery x 4 in 1997.

left knee surgery.

right great toe surgery.

appendectomy.

RIGHT SHOULDER SURGERY.

Tubal ligation (128720016)..

##### Family history:

Diabetes mellitus

Mother

Brother

Pancreatic cancer

Mother

Brother

Heart attack

Father

Aneurysm

Sister

##### Social history:

##### Social & Psychosocial Habits

##### Alcohol

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Patient: BROWN, HELEN K  
MRN: 370417  
Account #: 5046916  
Service Code: EOP ER OUTPATIENT  
Room #: Bed #:

Adm Date: 6/12/2019  
Attending: Summerfield, Gary Nurse Practitioner Clinic  
Primary Care: DONATO JR, EDUARDO A MD  
DOB/Sex: Female

### Emergency Documentation

12/11/2014 Use: Never

Employment/School  
03/25/2019 Status: Retired

Exercise  
Comment: YARD WORK - 03/25/2019 14:07 - Jeffords, Christy RN

Home/Environment/Abuse  
03/25/2019 Lives with: Children, Spouse  
Living situation: Home/Independent  
Injuries/Abuse/Neglect in household: No  
Alcohol abuse in household: No  
Substance abuse in household: No  
Smoker in household: No  
Abuse Concerns: No Signs or Symptoms  
Neglect Concerns: No Signs or Symptoms  
Feels unsafe at home: No

Nutrition/Health  
03/25/2019 Type of diet: Regular

Substance Abuse  
12/11/2014 Use: Never

Tobacco  
12/11/2014 Tobacco Use: Never smoker

03/25/2019 Tobacco use status 30 days prior to admission No tobacco use of any for  
Tobacco Use: Never (less than 100 in l

Marijuana Recreational Use  
03/25/2019 Marijuana Use Never smoker

Problem list:  
Medical  
Anemia / 406636013 / Confirmed  
Hypertension / 64176011 / Confirmed.

#### Physical Examination

Vital Signs  
Vital Signs

6/12/2019 15:29 EDT

|                              |             |
|------------------------------|-------------|
| ED Temperature               | 98.3 DegF   |
| Temperature Method           | Oral        |
| Respiratory Rate             | 16 br/min   |
| ED Pulse Rate                | 51 bpm LOW  |
| Systolic Blood Pressure      | 144 mmHg HI |
| Diastolic Blood Pressure     | 94 mmHg HI  |
| Mean Arterial Pressure, Cuff | 111 mmHg .  |

Measurements

6/12/2019 15:29 EDT

|                              |               |
|------------------------------|---------------|
| Patient Weight               | 72.574 kg     |
| Ideal Body Weight Calculated | 54.7 kg       |
| Patient Height               | 162.56 cm     |
| Height Method                | Stated Height |

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Patient: BROWN, HELEN K  
MRN: 370417  
Account #: 5046916  
Service Code: EOP ER OUTPATIENT  
Room #: Bed #:

Adm Date: 6/12/2019  
Attending: Summerfield, Gary Nurse Practitioner Clinic  
Primary Care: DONATO JR, EDUARDO A MD  
DOB/Sex: Female

### Emergency Documentation

Basic Oxygen Information      Weight Method      Stated Weight  
5/12/2019 15:29 EDT      SpO2      99 %

General: Alert, no acute distress.  
Skin: Warm, pink, intact, moist, no pallor, no rash, normal for ethnicity.  
Head: Normocephalic, atraumatic.  
Neck: Supple, trachea midline, no tenderness, no JVD.  
Eyes: Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva, vision unchanged.  
Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal.  
Cardiovascular: Regular rate and rhythm, Normal peripheral perfusion.  
Chest wall: No tenderness, No deformity.  
Back: Non tender, Normal range of motion, Normal alignment.  
Musculoskeletal: Normal ROM, normal strength, Lower extremity: Left, knee, patella, patellar tendon, tenderness.  
Gastrointestinal: Soft, Non tender, Non distended, Normal bowel sounds.  
Neurological: Alert and oriented to person, place, time, and situation. No focal neurological deficit observed, normal sensory observed, normal motor observed, normal speech observed, normal coordination observed.  
Lymphatics: No lymphadenopathy.  
Psychiatric: Cooperative, appropriate mood & affect, normal judgment.

#### Medical Decision Making

Differential Diagnosis: Contusion, sprain, strain.  
Knee x-ray findings: Degenerative disease..

Notes: Patient's knee x-ray demonstrates that she has some arthritic changes and degenerative joint disease. I have recommended patient that she follow-up with orthopedics.

#### Reexamination/ Reevaluation

##### Vital signs

Basic Oxygen Information  
6/12/2018 15:29 EDT      SpO2      99 %

#### Impression and Plan

##### Diagnosis

Osteoarthritis of left knee (ICD10-CM M17.12, Discharge, Emergency medicine, Medical)

##### Plan

Condition: Stable.

Disposition: Medically cleared, Discharged: to home.

Prescriptions: Prescriptions

##### Pharmacy:

HYDROcodone-acetaminophen 5 mg-325 mg oral tablet (Prescribe): 1 tab(s), Oral, q4H-PRN, for 5 day(s), PRN: for pain, 16 tab(s), 0 Refill(s).

Patient was given the following educational materials: What You Need to Know About Osteoarthritis, How to Use a Knee Brace.

Follow up with: : WILLIAM REVEEM Within 1 to 2 weeks Call for followup appointment.

Counseled: Patient, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

### Diagnostic Radiology

| Accession        | Exam Date/Time      | Exam                         | Ordering Physician | Patient Age at Exam |
|------------------|---------------------|------------------------------|--------------------|---------------------|
| 380-19-163-01286 | 6/12/2019 17:02 EDT | XR Knee Complete 4 V Left CR | DUBOSE, KRISTIN NP | 79 years            |

#### Reason for Exam

(XR Knee Complete 4 V Left CR) Pain in joint, knee

Print Date/Time: 7/22/2019 08:55 EDT

Page 19 of 20

Report Request ID: 272855803

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Patient: BROWN, HELEN K  
MRN: 370417  
Account #: 5046916  
Service Code: EOP ER OUTPATIENT  
Room #: Bed #:

Adm Date: 6/12/2019  
Attending: Summerfield, Gary Nurse Practitioner Clinic  
Primary Care: DONATO JR, EDUARDO A MD  
DOB/Sex: Female

**Diagnostic Radiology**

| Accession        | Exam Date/Time      | Exam                         | Ordering Physician | Patient Age at Exam |
|------------------|---------------------|------------------------------|--------------------|---------------------|
| 380-19-163-01286 | 6/12/2019 17:02 EDT | XR Knee Complete 4 V Left CR | DUBOSE, KRISTIN NP | 79 years            |

**Report**

INDICATION: 79-year-old female complaining of left knee pain persistent after falling 2 weeks ago

FINDINGS: PA, oblique and lateral views left knee demonstrate no fracture, joint effusion or malalignment for this patient with osteopenia commensurate with age and mild degenerative patellofemoral and tibiofemoral joint space narrowing and marginal osteophyte formation. Well-corticated 2 cm heterotopic ossification is seen in the subcutaneous fat medial to the knee which is of doubtful current clinical significance.

IMPRESSION: Mild tricompartmental osteophytosis left knee without evident fracture, joint effusion or malalignment left knee

Approved by Noel Phipps 6/12/2019 5:44 PM

\*\*\*\*\* Final \*\*\*\*\*

Dictated by: PHIPPS, NOEL MD  
Dictated DT/TH: 06/12/2019 05:43 pm EDT  
Signed by: PHIPPS, NOEL MD  
Signed (Electronic Signature): 06/12/2019 05:44 pm EDT

Cheraw Physical Therapy And Rehabilitation Center, LLC  
309 Chesterfield Hwy Ste 1

Cheraw SC 29520-3052

PH: (843) 320-8000 Fax: (843) 320-8002

Assoc. With Brown  
Referrals by John Smith

Exam Date: 04/15/2022

PERFORMANCE EVALUATION

Diagnosis:

RL knee pain

TREATMENT INTERVENTIONS:

Pain modalities, manual therapy, NMES, ROM (at range), strengthening, stability, balance exercises, conditioning exercises, postural (proper) and, mechanical education, joint conservation techniques, gait training, joint motion release, nerve mobilization, RSI

STATUS:

Pain: Patient reported that her RL knee pain is still constant and mostly located along the medial aspect. No change with her pain. Claimed it swells all the time, girth measurement around the knee: 1 knee: 16 inches compared to the (L) knee: 16 inches at this time.

ROM: RL knee extension/flexion: 0-140 degrees at this time.

Function: Increased. Gait is steady transfers, independent without difficulty. Gait, with slow pace still pattern at this time but appeared stable. No reports of recent falls. She claimed that she is not walking and standing much at this time when she is still recovering from the still. Weight loss, coughing some. Still dependent. She is supposed to be back to work yesterday but patient claimed she did not return to work.

Strength: Increased. (L) knee: properly graded: 0-10 at this time but claimed still "feels weak" on her (L) knee.

RECOMMENDATIONS:

Patient not responding well at this time from skilled PT in terms of pain management on her (L) knee and her function (especially in standing and walking). Recommending discharging from skilled PT and referring back to Dr. Smith for further medical evaluation. Will wait for further orders from Dr. Smith.

PHYSICIAN: Please sign and return to the address indicated above.

Thank you for referring your patient to us. God bless you and your family!

Therapist Signature: [Signature]  
Katie Smith, DPT

Date: 3/9/22

Physician Signature: [Signature]  
Dr. John Smith

Date: \_\_\_\_\_

Comments if any: \_\_\_\_\_

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Cheraw Physical Therapy And Rehabilitation Center, LLC  
309 Chesterfield Hwy Ste 1  
Cheraw SC 29520-3052

PH: (843) 320-8000 Fax: (843) 320-8002

Name: Helen Brown  
Referral: Dr. Kinzie Barton

Exam Date: 3/26/2020

DISCHARGE NOTE

Diagnosis:

(L) Shoulder pain

TREATMENT INTERVENTIONS:

Pain modalities, manual therapy, ROM, sport & strengthening, functional exercises, conditioning exercises, postural/spacer tape, neuromuscular education, joint conservation techniques, MEP

STATUS:

Pain: Patient reported that her (L) shoulder pain is still constant any it remained "the same". She described her pain coming from her (L) shoulder joint down to her (L) wrist. Note: "The past 30 days patient fell at home while walking on her hallway, claimed her (L) knee "gave way". Denied seeing a doctor."

ROM: Increased. (L) Shoulder: flexion: 115 degrees, abduction: 114 degrees, adduction: 35 degrees, extension: 40 degrees. ER: 11 degrees, IR: 60 degrees (note: ER/IR done in 0 degree abduction).

Function: Increased. Claimed that she is able to use her (L) UE with chores on shoulder level (very light tasks). Claimed anything she tries using her (L) UE above shoulder level or tasks requiring (L) shoulder extension with anterior rotation, pain still severely increased.

Strength: Increased. (L) Shoulder: grossly graded: 4/5 except for (L) shoulder adductors/IR/ER grossly graded: 4-5 at this time.

RECOMMENDATIONS:

Patient not responding well at this time from skilled PT. May benefit to return to Dr. Barton for further medical evaluation and intervention. If approved by Dr. Barton, may benefit from ortho. consult. Recommending discharging from skilled PT at this time.

PHYSICIAN: Please sign and return to the address indicated above.

Thank you for referring your patient to us. God bless you and your family!

Therapist Signature: [Signature]  
Mychal Ste Boudage, PT

Date: 3/26/20

Physician Signature: [Signature]  
Dr. Kinzie Barton

Date: \_\_\_\_\_

Comments if any: \_\_\_\_\_

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BROWN, HELEN D (id #654028, dob: [REDACTED])

UNKNOWN, HELEN D (ID #054028, dob: [REDACTED])  
 0 21 2001 ENYEN AMGR 71894/1467  
Civilian Service Center - [REDACTED] - [REDACTED]  
 15 2 OF

## Encounters and Procedures

[illegible]

283



3 of 4

ਗੁਰੂ, ਗਿਆਨ, ਅਤੇ ਮਾਨਵਤਾ

સરનામું નંબર-3

## Family History

referred to as "History"

## Social history

222:2224'541.

## Surýkai Kralúing

2006-07-07 14:11:11

DATE RECEIVED BY:                     

செய்தியை

ತೆಲೆ : ೬:೫೫ರವರೆಗೆ

## Ontario's History

### Varied Victim History

## Past Medical History

Reviewed Post Medical History  
BACK/NECK PROBLEMS: Y - states had 4 back surgery  
SF-45 PROBLEMS: Y - left breast  
TENDONITIS: Y  
HEART/EAR/N: REF: Y  
TYPE: EX: Y  
SKIN PROBLEMS: Y - three blisters to mouth

**សិល្បករ**

Very much obliged:

**HP**

Let's start to characterize John as very naive  
and I think we can go back to what he said about the  
of great like many things in life.  
check up on it





INT MED FLORENCE MED  
1594 Freedom Blvd  
STE 102  
Florence SC 29505-6046  
Amb Encounter Report

Brown, Helen D  
MRN: 005936377, DOB: [REDACTED] Sex: F  
Acct #: 522263481  
Visit date: 7/9/2019

#### Medications (continued)

##### Ordered Medications

|                                                                              | Disp      | Refills | Start    | End        |
|------------------------------------------------------------------------------|-----------|---------|----------|------------|
| triamterene-hydrochlorothiazide (MAXZIDE) 75-50 mg per tablet (Discontinued) | 90 tablet | 1       | 7/9/2019 | 10/19/2019 |
| Sig - Route: Take 1 tablet by mouth daily. - Oral                            |           |         |          |            |
| Reason for Discontinue Reorder                                               |           |         |          |            |

#### Telephone Encounter

##### Call Information

|                   | Provider                      | Department           | Center       |
|-------------------|-------------------------------|----------------------|--------------|
| 7/9/2019 11:00 AM | Eduardo Albana Donato Jr., MD | Int Med Florence Med | FLO MED PRAC |

##### Reason for Call

Hypertension Patient comes in today to get established

##### Call Documentation

No notes of this type exist for this encounter.

##### Care Advice Given

No Care Advice given for this encounter.

#### Orders

##### All Orders and Results Except Lab and Imaging

No orders and results found

#### Result Summary

##### All Lab and Imaging Orders and Results

No orders and results found

#### Progress Notes - Progress Notes

##### Progress Notes by Eduardo Albana Donato Jr., MD at 7/9/2019 11:00 AM

|                                                   |                          |                        |
|---------------------------------------------------|--------------------------|------------------------|
| Author: Eduardo Albana Donato Jr., MD             | Service: ---             | Author Type: Physician |
| Filed: 7/9/2019 12:07 PM                          | Encounter Date: 7/9/2019 | Status: Signed         |
| Editor: Eduardo Albana Donato Jr., MD (Physician) |                          |                        |

##### Subjective:

Patient ID: Helen D Brown is a 79 y.o. female.

Pt comes today for the first time to establish care with us. She has no hx of smoking and no drinking. She has no drugs use. She has hx of HTN but no DM. She is not on any statin as well. No hx of CAD or stroke. But he had multiple back surgeries following an MVA. She is taking OTC prn ibuprofen or tylenol as well. She

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INT MED FLORENCE MED  
1594 Freedom Blvd  
STE 102  
Florence SC 29505-6046  
Amb Encounter Report

Brown, Helen D  
MRN: 005936377, DOB: [REDACTED] Sex: F  
Accl #: 522283481  
Visit date: 7/9/2019

**Progress Notes - Progress Notes (continued)**

**Progress Notes by Eduardo Albana Donato Jr., MD at 7/9/2019 11:00 AM (continued)**

has hx of GERD for which she was following with GI as well. She is taking only prn OTC zantac or PPI. No cp or SOB and no cough. No leg swelling. No urinary issues. She is taking all her meds and she bp is controlled. She does have allergy issues for which she is taking OTC ceterizine

**Review of Systems**

Constitutional: Negative for appetite change, fatigue and fever.  
HENT: Positive for postnasal drip and rhinorrhea. Negative for congestion, sinus pressure and voice change.  
Eyes: Negative for pain and visual disturbance.  
Respiratory: Negative for cough and chest tightness.  
Cardiovascular: Negative for chest pain and leg swelling.  
Gastrointestinal: Negative for abdominal pain, constipation, diarrhea, nausea and vomiting.  
Endocrine: Negative for cold intolerance and polydipsia.  
Genitourinary: Negative for difficulty urinating, flank pain and hematuria.  
Musculoskeletal: Positive for back pain and gait problem. Negative for joint swelling.  
Skin: Negative for rash.  
Neurological: Positive for numbness. Negative for dizziness, syncope and light-headedness.  
Hematological: Negative for adenopathy.  
Psychiatric/Behavioral: Negative for behavioral problems, decreased concentration and sleep disturbance. The patient is not nervous/anxious.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

**Objective:**

**Physical Exam**

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.  
HENT:  
Head: Normocephalic and atraumatic.  
Eyes: EOM are normal. Pupils are equal, round, and reactive to light. Right eye exhibits no discharge. Left eye exhibits no discharge.  
Neck: Normal range of motion. Neck supple. No thyromegaly present.  
Cardiovascular: Normal rate and regular rhythm.  
No murmur heard.  
Pulmonary/Chest: Effort normal and breath sounds normal. She has no wheezes. She has no rales.  
Abdominal: Soft. Bowel sounds are normal. There is no tenderness.  
Musculoskeletal: Normal range of motion. She exhibits no edema.  
Lymphadenopathy:  
She has no cervical adenopathy.  
Neurological: She is alert and oriented to person, place, and time.  
Skin: Skin is warm. No rash noted.  
Psychiatric: She has a normal mood and affect. Her behavior is normal.  
Nursing note and vitals reviewed.

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INT MED FLORENCE MED  
1594 Freedom Blvd  
STE 102  
Florence SC 29505-6046  
Amb Encounter Report

Brown, Helen D  
MRN: 005936377, DOB: [REDACTED] Sex: F  
Acct #: 522283481  
Visit date: 7/9/2019

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**Progress Notes - Progress Notes (continued)**

**Progress Notes by Eduardo Albana Donato Jr., MD at 7/9/2019 11:00 AM (continued)**

**Assessment / Plan:**

**Benign essential hypertension**

Her bp is controlled.

**Gastroesophageal reflux disease without esophagitis**

She is on prn PPI or zantac OTC. No melena or hematochezia

**Idiopathic peripheral neuropathy**

She is on neurontin for this. She has had multiple back surgeries and this could have something to do with this. Yet she claims the neurontin is "enough for now". She is on prn OTC tylenol or ibuprofen as well

**Chronic midline low back pain without sciatica**

She has had multiple (total of 4) back surgeries but she is doing well for now. She is taking OTC prn ibuprofen.

**Seasonal allergic rhinitis due to pollen**

She is on prn montelukast. She claims the nasal spray irritates her nose when she is using this.

Electronically Signed by Eduardo Albana Donato Jr, MD on 7/9/2019 12:07 PM

---

**History & Physicals**

No notes of this type exist for this encounter.

---

**Follow-up and Disposition History**

07/09/2019 1206 - Eduardo Albana Donato Jr, MD

Dispositions: Return in about 3 months (around 10/9/2019) for follow up with wellness and labs.

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INT MED FLORENCE MED  
1594 Freedom Blvd  
STE 102  
Florence SC 29505-6046  
Amb Encounter Report

Brown, Helen D  
MRN: 005936377, DOB: [REDACTED] Sex: F  
Acct #: S22427163  
Visit date: 10/10/2019

## All Lab and Imaging Orders and Results

### Mam Screening

Electronically signed by Eduardo Albana Donato Jr., MD on 10/10/19 0850 Status: Completed  
Ordering user: Eduardo Albana Donato Jr., MD 10/10/19 Ordering provider: Eduardo Albana Donato Jr., MD  
0850

Authorized by: Eduardo Albana Donato Jr., MD

Frequency: 10/10/19

Diagnoses

Screening mammogram, encounter for [Z12.31]

#### Questionnaire

| Question                                               | Answer                  |
|--------------------------------------------------------|-------------------------|
| Reason for exam.                                       | Breast Cancer Screening |
| Please indicate relevant clinical history.             | for screening mammogram |
| For Abnormal results, Please order Diagnostic Testing. | Yes                     |
| Yes (Will Cosign Diagnostic Testing Order) or No       |                         |

## Progress Notes - Progress Notes

### Progress Notes by Eduardo Albana Donato Jr., MD at 10/10/2019 9:00 AM

|                                                   |                            |                        |
|---------------------------------------------------|----------------------------|------------------------|
| Author: Eduardo Albana Donato Jr., MD             | Service: —                 | Author Type: Physician |
| Filed: 10/10/2019 8:55 AM                         | Encounter Date: 10/10/2019 | Status: Signed         |
| Editor: Eduardo Albana Donato Jr., MD (Physician) |                            |                        |

#### Subjective:

Patient ID: Helen D Brown is a 79 y.o. female.

#### HPI

Pt comes today for her discussion with her labs. She is doing well with no cp or SOB. No leg swelling. Still with occ back pain for which she has had lumbar decompression x4 in the past and she is doing well with either prn ibuprofen and tylenol. She is quite thankful on this as she claims she has "a time on her back in the past". She is doing exercise with walking "all the time". Her labs showed pretty good serum glucose at 102. No p/p/p and no personal hx of DM. Her lipid panel is pretty good for now. She refused to take statin but she is on co-q10. No previous hx of CAD or stroke. Her LFT and crea are ok. No anemia. She is happy with her labs and so am I. No vit d done though

#### Review of patient's allergies indicates:

| Allergen                   | Reactions            |
|----------------------------|----------------------|
| • Ace inhibitors           | Angioedema and Hives |
| • Aspirin                  | Hives                |
| • Codeine                  | Hives                |
| • Iodinated contrast media | Anaphylaxis          |

#### Past Medical History:

Printed on 2/3/21 10:15 AM

HIM ROI AMB Encounter Report

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INT MED FLORENCE MED  
1594 Freedom Blvd  
STE 102  
Florence SC 29505-6045  
Amb Encounter Report

Brown, Helen D  
MRN: 005936377, DOB: [REDACTED] Sex: F  
Acct #: 522427163  
Visit date: 10/10/2019

**Progress Notes - Progress Notes (continued)**

**Progress Notes by Eduardo Albana Donato Jr., MD at 10/10/2019 9:00 AM (continued)**

**Diagnosis**

- Arthritis
- Herpes labialis
- Hyperlipidemia
- Hypertension
- Neuralgia

Date

**Social History**

**Tobacco Use**

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

**Substance Use Topics**

- Alcohol use: No
- Frequency: Never
- Drug use: No

**Family History**

**Problem**

- Cancer
- Heart disease
- Cancer

Relation  
Mother  
Father  
Brother

Age of Onset

**Review of Systems**

Constitutional: Negative for appetite change, fatigue and fever.

HENT: Negative for congestion, sinus pressure and voice change.

Eyes: Negative for pain and visual disturbance.

Respiratory: Negative for cough and chest tightness.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Negative for abdominal pain, nausea and vomiting.

Endocrine: Negative for cold intolerance and polydipsia.

Genitourinary: Negative for difficulty urinating and flank pain.

Musculoskeletal: Positive for back pain. Negative for gait problem and joint swelling.

Skin: Negative for rash.

Neurological: Negative for dizziness and syncope.

Hematological: Negative for adenopathy.

Psychiatric/Behavioral: Negative for behavioral problems. The patient is not nervous/anxious.

**Objective:**

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INT MED FLORENCE MED  
1594 Freedom Blvd  
STE 102  
Florence SC 29505-6046  
AMB Encounter Report

Brown, Helen D  
MRN: 005536377, DOB: [REDACTED] Sex: F  
Acc#: 522427163  
Visit date: 10/10/2019

**Progress Notes - Progress Notes (continued)**

**Progress Notes by Eduardo Albana Donato Jr., MD at 10/10/2019 9:00 AM (continued)**

**Physical Exam**

**Constitutional:** She is oriented to person, place, and time. She appears well-developed and well-nourished.  
**HENT:**  
**Head:** Normocephalic and atraumatic.  
**Eyes:** EOM are normal. Pupils are equal, round, and reactive to light. Right eye exhibits no discharge. Left eye exhibits no discharge.  
**Neck:** Normal range of motion. Neck supple. No thyromegaly present.  
**Cardiovascular:** Normal rate and regular rhythm.  
No murmur heard.  
**Pulmonary/Chest:** Effort normal and breath sounds normal. She has no wheezes. She has no rales.  
**Abdominal:** Soft. Bowel sounds are normal. There is no tenderness.  
**Musculoskeletal:** Normal range of motion. She exhibits no edema.  
**Lymphadenopathy:**  
She has no cervical adenopathy.  
**Neurological:** She is alert and oriented to person, place, and time.  
**Skin:** Skin is warm. No rash noted.  
**Psychiatric:** She has a normal mood and affect. Her behavior is normal.  
Nursing note and vitals reviewed.

**Assessment / Plan:**

**Benign essential hypertension**  
Her bp is well controlled

**Chronic midline low back pain without sciatica**

S/p lumbar decompression and she claims she has been doing well on this. She is on pm OTC ibuprofen or tylenol for her pain and it is "enough".

**Hypercholesterolemia**

She is not on statin but she is taking co-Q 10 regularly. She is also doing much of diet and exercise for now

**Screening mammogram, encounter for**

Will send her to the hospital. Will do wellness exam next visit

Electronically Signed by Eduardo Albana Donato Jr., MD on 10/10/2019 8:55 AM

**History & Physicals**

No notes of this type exist for this encounter.

**Follow-up and Disposition History**

10/10/2019 0955 - Eduardo Albana Donato Jr., MD

Dispositions.

Return in about 3 months (around 1/10/2020) for follow up for wellness

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HIM ROI AMB Encounter Report

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INT MED FLORENCE MED  
1594 Freedom Blvd  
STE 102  
Florence SC 29505-6048  
Amb Encounter Report

Brown, Helen D  
MRN: 005936377, [REDACTED] Sex: F  
Acct #: 522427163  
Visit date: 10/10/2019

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Follow-up and Disposition History (continued)

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INT MED FLORENCE MED  
4384 Freedom Blvd  
STE 102  
Florence SC 29505-6046  
Amb Encounter Report

Brown, Helen D  
MRN: 005036377, DOB: [REDACTED] Sex: F  
Acct #: 100334933  
Visit date: 1/21/2020

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**Progress Notes - Progress Notes (continued)**

**Progress Notes by Eduardo Albana Donato Jr., MD at 1/21/2020 9:30 AM (continued)**

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Electronically Signed by Eduardo Albana Donato Jr., MD on 1/21/2020 10:54 AM

**Progress Notes by Eduardo Albana Donato Jr., MD at 1/21/2020 9:30 AM**

|                                                   |                           |                        |
|---------------------------------------------------|---------------------------|------------------------|
| Author: Eduardo Albana Donato Jr., MD             | Service: —                | Author Type: Physician |
| Filed: 1/21/2020 10:44 AM                         | Encounter Date: 1/21/2020 | Status: Signed         |
| Editor: Eduardo Albana Donato Jr., MD (Physician) |                           |                        |

**Subjective:**

Patient ID: Helen D Brown is a 79 y.o. female.

**HPI**

Pt comes today for her subsequent wellness but she has also complaint of prominence and at times pain on her scapula with L > R. She is also a right handed person. She has no cp or SOB. No cough. No labs for this visit. No fever or chills. No wt loss.

**Review of patient's allergies indicates:**

| Allergen                   | Reactions            |
|----------------------------|----------------------|
| • Ace inhibitors           | Angioedema and Hives |
| • Aspirin                  | Hives                |
| • Codeine                  | Hives                |
| • Iodinated contrast media | Anaphylaxis          |

**Past Medical History:**

| Diagnosis         | Date |
|-------------------|------|
| • Arthritis       |      |
| • Herpes labialis |      |
| • Hyperlipidemia  |      |
| • Hypertension    |      |
| • Neuralgia       |      |

**Social History**

**Tobacco Use**

|                      |              |
|----------------------|--------------|
| • Smoking status:    | Never Smoker |
| • Smokeless tobacco: | Never Used   |

**Substance Use Topics**

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HIM ROI AMB Encounter Report

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INT MED FLORENCE MED  
1594 Freedom Blvd  
STE 102  
Florence SC 29505-6046  
Amb Encounter Report

Brown, Helen D  
MRN: 005936377, DOB: [REDACTED] Sex: F  
Acc#: 100334333  
Visit date: 1/21/2020

---

**Progress Notes - Progress Notes (continued)**

**Progress Notes by Eduardo Albana Donato Jr., MD at 1/21/2020 9:30 AM (continued)**

---

- Alcohol use: No
- Frequency: Never
- Drug use: No

**Family History**

| Problem         | Relation | Age of Onset |
|-----------------|----------|--------------|
| • Cancer        | Mother   |              |
| • Heart disease | Father   |              |
| • Cancer        | Brother  |              |

**Review of Systems**

Constitutional: Negative for fatigue and fever.  
Respiratory: Negative for chest tightness, shortness of breath and wheezing.  
Cardiovascular: Negative for chest pain and leg swelling.  
Gastrointestinal: Negative for abdominal pain, nausea and vomiting.  
Endocrine: Negative for polydipsia.  
Musculoskeletal: Positive for arthralgias.  
Neurological: Negative for dizziness and syncope.

**Objective:**

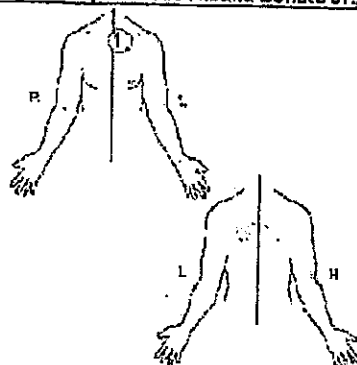
**Physical Exam**

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.  
HEENT:  
Head: Normocephalic and atraumatic.  
Eyes: EOM are normal. Pupils are equal, round, and reactive to light.  
Neck: Normal range of motion. Neck supple. No thyromegaly present.  
Cardiovascular: Normal rate and regular rhythm.  
No murmur heard.  
Pulmonary/Chest: Effort normal and breath sounds normal. She has no wheezes. She has no rales.  
Abdominal: Soft. Bowel sounds are normal. There is no tenderness.  
Musculoskeletal: Normal range of motion. She exhibits no edema.

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Progress Notes - Progress Notes (continued)

Progress Notes by Eduardo Albana Donato Jr., MD at 1/21/2020 9:30 AM (continued)



↑ Prominent but with no tenderness with both

Arms: scapula with L+R.

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm. No rash noted.

Psychiatric: She has a normal mood and affect. Her behavior is normal.

Nursing note and vitals reviewed.

No visits with results within 4 Week(s) from this visit.

Latest known visit with results is:

Orders Only on 10/03/2019

| Component                    | Date       | Value | Ref Range            | Status |
|------------------------------|------------|-------|----------------------|--------|
| • GLUCOSE                    | 10/03/2019 | 102*  | 65 - 89<br>mg/dL     | Final  |
| • UREA NITROGEN, BLOOD (BUN) | 10/03/2019 | 23    | 8 - 27 mg/dL         | Final  |
| • CREATININE, SER            | 10/03/2019 | 1.04* | 0.57 - 1.00<br>mg/dL | Final  |
| • GLOM FILT RATE, EST        | 10/03/2019 | 51*   | >59<br>mL/min/1.73   | Final  |
| • EGFR AFR-AMERICAN          | 10/03/2019 | 59*   | >59<br>mL/min/1.73   | Final  |
| • BUN/CREATININE RATIO       | 10/03/2019 | 22    | 12 - 28              | Final  |
| • SODIUM                     | 10/03/2019 | 144   | 134 - 144<br>mmol/L  | Final  |
| • POTASSIUM, SERUM           | 10/03/2019 | 4.3   | 3.5 - 5.2<br>mmol/L  | Final  |
| • CHLORIDE                   | 10/03/2019 | 104   | 96 - 106<br>mmol/L   | Final  |
| • CO2                        | 10/03/2019 | 29    | 20 - 29              | Final  |

Printed on 2/3/21 10:15 AM

HIM ROI AMB Encounter Report

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BROWN, HELEN D (id #645080, dob: [REDACTED])

**Patient**

Name BROWN, HELEN (78yo, F) ID# 645080 Appt. Date/Time 09/04/2018 09:30AM  
DOB [REDACTED] Service Dept. CMAO\_CMA ORTHOPAEDICS  
Provider GREGORY PALUTSIS, MD  
Insurance Med Primary: MEDICARE-SC (MEDICARE)  
Insurance #: 5MG9CN2KC25  
Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information.

**Chief Complaint**

Right shoulder problem

**Patient's Care Team**

Primary Care Provider: ROBERT M RICHEY MD: 805 PAMPLICO HWY STE 310-A, FLORENCE, SC 29505, Ph (843) 413-6890, Fax (843) 661-6164 NPI: 1073571543

**Patient's Pharmacies**

WALMART PHARMACY 642 (ERX): 1040 CHESTERFIELD HWY, CHERAW SC 29520, Ph (843) 537-2741, Fax (843) 537-6980

**Vitals**

BP: 154/84 sitting  
09/04/2018 09:12 am

Pulse: 61 bpm  
09/04/2018 09:13 am

**Allergies**

Reviewed Allergies

CODEINE

EASPRIN

**Medications**

No medications reported  
did not bring meds

**Problems**

Reviewed Problems

- Localized, primary osteoarthritis of the shoulder region - Onset: 09/04/2018
- Osteoarthritis of acromioclavicular joint - Onset: 09/04/2018

**Family History**

Reviewed Family History

Father - Heart disease

Mother - Pancreatitis

**Social History**

Reviewed Social History

General Surgery

Alcohol intake: None

Non-smoker

Religious Preference that dictates a specific type of care?: N

**Surgical History**

Reviewed Surgical History

No surgeries in past 10 years

**GYN History**

(not configured)

**Past Medical History**

Reviewed Past Medical History

BACK / NECK PROBLEMS: Y

HYPERTENSION: Y

**Screening**

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BROWN, HELEN D (id #645080, dob: [REDACTED])

None recorded.

#### HPI

Mrs. Brown is a 78-year-old female referred by Dr. Ritchie because of right acromioclavicular joint pain. She reports about 6-8 years ago she had a mini open rotator cuff repair of her right shoulder. She's done well with that. She now reports swelling at the acromioclavicular joint. It is intermittent. When it happens however it is quite painful. She also notices a bump at the acromioclavicular joint.

#### ROS

Patient reports no fever, no significant weight loss, no significant weight gain, and no tired feeling. She reports no blurred vision, no eye pain, and no discharge. She reports no hearing loss and no earache. She reports no nasal congestion, no frequent nosebleeds, and no nasal drip. She reports no dry mouth. She reports no chronic cough, no wheezing, no shortness of breath, and no coughing up blood. She reports no chest pain, no fainting, and no palpitations. She reports no nausea, no vomiting, no diarrhea, no constipation, no bloody/black stools, and no yellow skin. She reports no painful urination, no frequent urination, and no bloody urine. She reports no excessive bleeding, no excessive bruising, no swollen glands in neck, no swollen glands in armpits, and no swollen glands in groin. She reports no joint pain, no muscle pain, no cramps, no joint stiffness, no swelling, and no joint swelling. She reports no rashes, no excessive itching, and no suspicious moles. She reports no unusual headaches, no numbness, no tingling, no seizures, no tremors / hand shaking, no dizziness, and no vertigo. She reports no cold intolerance, no heat intolerance, no excessive appetite, and no excessive thirst. Additionally reports: ROS completed by me. Gpalutsis md

#### Physical Exam

Patient is a 78-year-old female.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Cardiovascular System: Arterial Pulses Right: subclavian normal and compression test negative and carotid normal, radial normal, brachial normal, and halstead maneuver negative. Arterial Pulses Left: carotid normal, radial normal, brachial normal, subclavian normal, and halstead maneuver negative. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

Lymph Nodes: Inspection/Palpation Right: no cervical LAD, supraclavicular LAD, or axillary LAD. Inspection/Palpation Left: no cervical LAD, supraclavicular LAD, or axillary LAD.

C-Spine/Neck: Active Range of Motion: no crepitus or pain elicited on motion and flexion normal, extension normal, rotation normal, and lateral flexion normal. Passive Range of Motion: flexion normal, extension normal, rotation normal, and lateral flexion normal.

Shoulders: Strength Right: physical examination of the left shoulder shows some mild swelling at the sternoclavicular joint. This is without pain. The shoulder exam is normal.

Physical examination of the right shoulder shows prominence of the acromioclavicular joint. She has pain with palpation of the joint. She also has what appears to be a pedunculated cyst coming off of the acromioclavicular joint. It is movable within a small range. It is tender to palpation. Her shoulder joint shows full range of motion without significant pain. Rotator cuff strengths are 5 over 5 without significant pain. She does have a positive crossover arm test.

Skin: Right Upper Extremity: normal. Left Upper Extremity: normal.

Neurological System: Coordination: finger-to-nose movement normal. Biceps Reflex Right: normal (2). Biceps Reflex Left: normal (2). Brachioradialis Reflex Right: normal (2). Brachioradialis Reflex Left: normal (2). Triceps Reflex Right: normal (2). Triceps Reflex Left: normal (2). Sensation on the Right: C5 normal, C6 normal, C7 normal, C8 normal, T1 normal, and T2 normal. Sensation on the Left: C5 normal, C6 normal, C7 normal, C8 normal, T1 normal, and T2 normal.

#### Procedure Documentation

Cortisone Injection (Dequervains/ Greater Trochantric/ Lateral Epicondylitis/ Shoulder/ Subacromial Space/ Knee or Trigger Finger):

After discussion of the risks and benefits and obtaining verbal consent, the patient elected to proceed with a cortisone injection into right acromioclavicular joint. It was confirmed that the patient does not have history of prior adverse reactions, active infections, or relevant allergies. There was no effusion, erythema, or warmth, and the skin was clear.

Utilizing sterile technique, the skin was prepped. Topical anesthesia was achieved with ethyl chloride. A 25 gauge needle was inserted into the acromio-clavicular joint through a superior approach. The site was injected with a mixture of 1cc of 40 mg of Kenalog and 1% lidocaine (1cc of marcaine). The injection was completed without complication, and a sterile bandage was applied. The patient tolerated the injection well. The patient was provided

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BROWN, HELEN D (id #645080, dob: [REDACTED])

written post-injection instruction sheet. The patient will call immediately with any signs of infection or allergic reaction.

#### Assessment / Plan

1. Osteoarthritis of acromioclavicular joint - on x-ray the patient has degenerative disease at the acromioclavicular joint and mild degenerative changes at the glenohumeral joint. I do believe her pain is emanating from the acromioclavicular joint. She might had a discussion today about treatment options. I elected to inject the joint with 1 cc of Kenalog and 1 cc of Marcaine. She will ice. She has an allergy to aspirin but is able to use small doses of Motrin. I'm encouraging her to use Tylenol as well. She will then follow-up as necessary. We have talked about the potential for excision of the distal clavicle as a permanent solution for her problem.

M19.019: Primary osteoarthritis, unspecified shoulder

- Kenalog 40 mg/mL suspension for injection - Take 40 mg by Injection route. Administer Route: Injection Administer Qty: 40 mg

- XR, SHOULDER

Side:  
RIGHT

2. Localized, primary osteoarthritis of the shoulder region - I believe she is also suffering from sternoclavicular joint osteoarthritis. This is nonpainful for her. There is a palpable bump. I've told her this can just be ignored as long as it is not painful. She will follow up at any time.

M19.019: Primary osteoarthritis, unspecified shoulder

- XR, SHOULDER

Side:  
LEFT

XR, SHOULDER

- Side: RIGHT

x-rays 3 views right shoulder show moderate degenerative changes of glenohumeral joint. She has arthritic changes at the acromioclavicular joint as well. There is no high riding of the humeral head.

XR, SHOULDER

- Side: LEFT

x-rays 3 views left shoulder show no significant glenohumeral joint disease. The sternoclavicular joint is difficult to visualize but there is some evidence of arthritic change and no displacement.

Return to Office

None recorded.

#### Encounter Sign-Off

Encounter signed-off by GREGORY PALUTSIS, MD, 09/04/2018.

Encounter performed and documented by GREGORY PALUTSIS, MD

Encounter reviewed & signed by GREGORY PALUTSIS, MD on 09/04/2018 at 9:52am

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STATE OF SOUTH CAROLINA  
BEFORE THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
WCC No. 1906764

Helen Brown, )  
 )  
Claimant, )  
 )  
v. )  
 )  
Walmart Associates, )  
Incorporated, )  
 )  
Employer, )  
 )  
and )  
 )  
New Hampshire Insurance )  
Company, )  
 )  
Carrier/Defendants. )  
----- )

**COMMISSION HEARING**

\*\*\*\*\*

**Thursday, November 17, 2021**  
11:53 a.m. - 1:22 p.m.

The Commission Hearing was heard before Commissioner R. Michael Campbell, II, at the Rock Hill Vocational Rehabilitation, Conference Room, 1020 Heckle Boulevard, Rock Hill, South Carolina on the 17th day of November, 2021, before Amber Scarborough, Court Reporter and Notary Public in and for the State of South Carolina.



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### APPEARANCES

**George A. Taylor, Esquire**  
 Chappell, Smith & Arden, P.A.  
 2801 Devine Street  
 Suite 300  
 Columbia, South Carolina 29205  
 Attorney for the Claimant

**Johnnie W. Baxley, III, Esquire**  
 Willson, Jones, Carter & Baxley, P.A.  
 4922 O'hear Avenue  
 Suite 301  
 North Charleston, South Carolina 29405  
 Attorney for the Carrier/Defendant

**Also present:**  
 Helen Brown

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### EXHIBITS

Defendant's Exhibit Number 1. . . . . 5

(Deposition Transcript of Paul Rush, MD)

Defendant's Exhibit Number 2. . . . . 5

(Deposition Transcript of Gregory Palutsis, MD)

(Defendant's Exhibit Numbers 1 and 2 were retained  
 by the Commissioner.)



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**STIPULATIONS**

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.



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1 CALL TO ORDER:

2 COMMISSIONER CAMPBELL: Today's hearing date is  
3 November 17th, 2021. This is Workers'  
4 Compensation Case File Number 1906764. The  
5 Claimant is Helen Brown, represented by George  
6 A. Taylor. The Employer is Walmart Associates,  
7 Incorporated. The Carrier is New Hampshire  
8 Insurance Company, represented by Johnnie W.  
9 Baxley, III. The date of accident was May  
10 30th, 2019. There was an average weekly wage  
11 of \$334.63 with a corresponding compensation  
12 rate of \$223.10. APAs have been submitted.  
13 Are there any objections to APAs, jurisdiction,  
14 venue, or any other items?

15 MR. TAYLOR: None from Claimant.

16 MR. BAXLEY: None from the Defense. I did note in  
17 when we were doing our pre-trial that George  
18 had submitted the two depositions. If you're  
19 good with having those in the APAs I'm good  
20 with that as well, but I've got the originals  
21 if you'd prefer the originals.

22 COMMISSIONER CAMPBELL: If you don't mind handing  
23 those up, just it's easier for me to read and  
24 I'll -- I mean, and I'll mark them as exhibits  
25 for you, 1 and 2, but I just -- I prefer that.



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1 Thank you.

2 MR. BAXLEY: So I guess we can mark the ---

3 COMMISSIONER CAMPBELL: Rush's as 1 ---

4 MR. BAXLEY: Rush is 1 and Palutsis' is 2.

5 COMMISSIONER CAMPBELL: Yes, that sounds perfect.

6 MR. BAXLEY: Okay.

7 (Defendant's Exhibit Numbers 1 and 2 are marked for  
8 identification.)

9 COMMISSIONER CAMPBELL: Without objection the  
10 Commission file becomes a part of the record  
11 with exception of self-serving declarations and  
12 un-stipulated medical reports. We are here,  
13 Mr. Taylor; on the Form 50 that you have filed  
14 with the Commission, so if you would please put  
15 your position on the record and let us know  
16 what you're seeking here today, sir.

17 CLAIMANT'S POSITION:

18 MR. TAYLOR: Thank you, Commissioner. We're seeking  
19 an order of causation and treatment for Ms.  
20 Brown's left shoulder and arm. We're seeking  
21 a cervical MRI that was recommended by Dr. Rush  
22 and Ortho Carolina. We're also seeking a  
23 second opinion as it relates to Ms. Brown's  
24 admitted left knee injury and back, temporary  
25 total benefits from April 13th, 2020 to



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1 present, when she was initially written out of  
2 work by Dr. Rush. Ms. Brown was injured on May  
3 30th of 2019. She worked in the deli at  
4 Walmart. She fell while she was cleaning a  
5 fryer. She fell hard on a concrete floor  
6 primarily landing on her left side. She  
7 injured her left knee most significantly. She  
8 did see the -- a doctor at McLeod ER on the day  
9 of the accident and complained of left knee  
10 pain and left upper and lower arm pain. She  
11 had a CT done of her left leg. At that visit  
12 she also had x-rays performed of her forearm  
13 and her humerus. Thereafter, she treated at  
14 Palmetto Family Medicine when Dr. Kinzie Barton  
15 for left knee pain and left arm pain. I do  
16 want to highlight here that there's two notes  
17 from Palmetto Family Medicine that reflect that  
18 Ms. Brown denies shoulder pain, but she's  
19 complaining of upper arm pain. And Ms. Brown  
20 may not have used the noun shoulder, but she  
21 certainly didn't intend to deny that she was  
22 having pain in her shoulder at the time. And  
23 she'll testify in this case a lot of what she  
24 did was use her right hand to sort of go up and  
25 down her arm to show where she was having pain.



1 I'll address the left knee first. The left  
2 knee is admitted in this case. Ultimately, Ms.  
3 Brown, was referred to Dr. Smid at  
4 OrthoCarolina who has treated her left knee  
5 since the accident. At the first visit, which  
6 was on July 25th of 2019, that's at page 79 in  
7 my APAs, she got a left knee injection at that  
8 visit. She followed up about a month later and  
9 was referred for an MRI. On November 5th, 2019  
10 Dr. Smid recommended surgery and Ms. Brown had  
11 that surgery on November 12th, 2019, and that's  
12 at page 71 in my APAs. She had a left knee  
13 orthroscopy with partial lateral meniscectomy  
14 and chondroplasty of the medial tibial plateau,  
15 lateral tibial plateau and major synovectomy.  
16 She didn't -- she didn't improve after surgery  
17 and the notes reflect that. When she presented  
18 after that visit she was using a cane to walk.  
19 Dr. Smid notes on November 30th, 2019, that she  
20 should continue physical therapy, that her knee  
21 is still warm and swelling. That's at page 64  
22 in my APAs. At the following visit in January,  
23 on January 30th of 2020, Dr. Smid believed that  
24 maybe some of her problems in her knee may be  
25 radicular in nature and referred Ms. Brown to



1 neurology where she saw Dr. Stickler and had a  
2 nerve conduction test done. I think that's at  
3 page 93 in my APAs. It was negative. So what  
4 we're left with here is a knee injury. She  
5 injured her left knee. She had a surgery, did  
6 not improve. As we sit here today she's no  
7 better than she was when she was released by  
8 Dr. Smid. There's a long break in the case, I  
9 think from March 11th, 2020 to the last visit  
10 with Dr. Smid, which was on November 16th of  
11 2020. And at that visit Ms. Brown was released  
12 at MMI. She was given a two percent impairment  
13 rating and was not given any restrictions. At  
14 this point, with respect to the left knee, Ms.  
15 Brown is still hurting. She's still very  
16 limited in her mobility. We want a second  
17 opinion and if that opinion recommends  
18 treatment we would like the treatment  
19 recommended to the order so we can get her back  
20 mobile again. Ms. Brown wants to go back to  
21 work and right now the way she ambulates it's  
22 just not possible. With respect to the left  
23 shoulder, Ms. Brown really hasn't had much  
24 treatment as we sit here today. The left  
25 shoulder I understand is now denied. Ms. Brown



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1        tried to get treatment for her left shoulder  
2        with Dr. Smid. She actually was told by Dr.  
3        Barton at the family practice to have Dr. Smid  
4        address this. He wouldn't. He was authorized  
5        to treat the knee and not the shoulder so she  
6        didn't get any treatment with Dr. Smid.  
7        Ultimately in January of 2020, she went to see  
8        Dr. Palutsis on her own at Florence Ortho. His  
9        note is at page 88 in my APAs. Dr. Palutsis  
10       has opined to a reasonable degree of medical  
11       certainty that Ms. Brown injured or aggravated  
12       her left shoulder as a result of her fall on  
13       May 30th of 2019. I'll point out that at the  
14       time that he's given his opinion, well at any  
15       point he's -- he never seen the results of Ms.  
16       Brown's MRI, but he has opined that she's  
17       injured or aggravated her shoulder as a result  
18       of that fall. On April the 13th of 2020, Ms.  
19       Brown was seen by a second doctor for her left  
20       shoulder, that was Dr. Rush at OrthoCarolina.  
21       At that visit Dr. Rush recommended MRI of the  
22       shoulder, a cervical spine MRI. At that visit  
23       he also injected Ms. Brown's left shoulder and  
24       referred her to physical therapy. That's at  
25       page 54 of my APAs. He saw her back -- Dr.





1 Rush has seen Ms. Brown twice. He saw her back  
2 on November the 11th of 2020, that's at page 48  
3 in my APAs. At that visit the cervical spine  
4 MRI still had not been performed, which Dr.  
5 Rush needed I think mostly for diagnostic  
6 purposes to determine maybe some of the pain  
7 she's got in her upper arm and into her  
8 shoulder is a result of some radicular  
9 symptomology. As we sit here that MRI still  
10 not been done. We're asking for that as part  
11 of this hearing. But his note reflects that  
12 Ms. Brown has persistent left shoulder pain  
13 with abnormal MRI. Most of the findings, and  
14 I'm quoting here, most of the findings probably  
15 chronic which certainly could have been  
16 aggravated by her injury. She has not -- Ms.  
17 Brown has not had any treatment since that last  
18 visit with Dr. Rush. Dr. Rush was deposed in  
19 this case and I know you got an original  
20 transcript but in my APAs, which I've included  
21 without objection, his deposition starts at  
22 page 114. He testified that she still needs a  
23 cervical MRI for diagnostic purposes. With  
24 respect to causation his opinion really doesn't  
25 change. And in my view he gets really close to



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1 the finish line on saying to a reasonable  
2 degree of medical certainty that she injured or  
3 aggravated her shoulder in her accident.  
4 Certainly doesn't offer any medical evidence  
5 contrary to the fact that her fall at work  
6 injured or aggravated her left shoulder  
7 problems. He also testified that presentation  
8 of arm problems often can be a result of a  
9 shoulder injury. To that point, Dr. Palutsis,  
10 so I told you initially saw Ms. Brown for  
11 shoulder complaints, testified very clearly,  
12 and this again his deposition starts in my APAs  
13 at page 149, but on page 17 of his deposition  
14 transcript when asked whether Ms. Brown's  
15 complaints close in time to her fall, day of  
16 and weeks following, about upper arm pain, if  
17 that could be from a shoulder injury. And he  
18 testified, so they don't have to complain of  
19 shoulder pain for a shoulder injury. It's  
20 usually upper arm pain that they complain of.  
21 So that would be compatible with an injury.  
22 That's Dr. Palutsis' testimony. There's no  
23 medical opinion, as I think I've already said,  
24 to a reasonable degree of medical certainty  
25 that Ms. Brown did not injure her shoulder as



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1 a result of her accident. Palutsis says to a  
2 reasonable degree of medical certainty she did,  
3 albeit before an MRI. Dr. Rush gets as close  
4 to that finish line as you possibly can  
5 without, you know, crossing it. Ms. Brown was  
6 also evaluated by Dr. David Geier, who is a  
7 certified orthopedic surgeon. His report is at  
8 page 104 of my APAs. It's a rather lengthy  
9 report but on the ninth page of his report,  
10 page 112 of my APAs, he states causation based  
11 on the available information to a reasonable  
12 degree of medical certainty there's a causal  
13 relationship between the examinee's ongoing  
14 left knee and left shoulder pain secondary to  
15 work-related injury on May 30th, 2019. The  
16 diagnosis and need for treatment are the direct  
17 result of the work accident as a direct injury  
18 and/or aggravation of a pre-existing condition.  
19 In respect to medical treatment, he recommends  
20 that the left knee -- Ms. Brown have an MRI to  
21 determine the source of her medial left knee  
22 pain and follow up with a knee specialist to  
23 plan surgical treatment which could include a  
24 total knee replacement. With respect to the  
25 left shoulder, he recommends continued physical



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1 therapy and follow up with a shoulder  
2 specialist to determine other treatment  
3 including shoulder orthroscopy and possible  
4 rotator cuff repair. So we're seeking a second  
5 opinion on the knee. We want an order of  
6 causation on the left shoulder and arm.  
7 Treatment for the left shoulder and arm, a  
8 cervical MRI that's still not been performed  
9 that was recommended by Dr. Rush. And, the  
10 fact that temporary total, as I said from April  
11 13th, 2020. At my APA page 57 there's a signed  
12 out of work note from Dr. Rush or actually it  
13 was signed by his PA on April 13th, says should  
14 not return to work, out of work until follow up  
15 -- til follow up -- til seen in follow up. She  
16 did have a follow up and we have the out of  
17 work note for that visit as well, that's at  
18 page 51 in my APAs, and it says should not  
19 return to work, anticipated length of time out  
20 of work unknown because I think this was based  
21 on her getting some treatment, being released  
22 after treatment. She has not had that  
23 treatment. And that out of work note is signed  
24 by Dr. Rush at the bottom. So that -- that's  
25 what we're looking for.



1 COMMISSIONER CAMPBELL: Okay. All right. Mr.  
2 Baxley?

3 CARRIER/DEFENDANT'S POSITION:

4 MR. BAXLEY: Thank you, Commissioner. The left  
5 shoulder is denied. We do not believe that Ms.  
6 Brown can carry her burden of proof with regard  
7 to the left shoulder. Dr. Rush does not  
8 establish any report or his deposition that  
9 most probable or more likely denied that her  
10 shoulder injury is related to an accident at  
11 work. He uses words like could, possible,  
12 those sorts of things that were insufficient.  
13 So they do not have medical causation from Dr.  
14 Rush. I should also point out that Dr. Rush,  
15 on page 12 of his deposition, was specifically  
16 asked in a deposition where both parties were  
17 present and could ask questions, could she work  
18 and his testimony was yes, from a shoulder  
19 standpoint she could work. Let me see if I can  
20 find the exact line for you. Yeah, it's  
21 actually at the very bottom on 12 and into 13,  
22 starting at line 19 on page 12. The question  
23 is, I mean, obviously, I understand that Dr.  
24 Smid would have to speak to the knee and that  
25 sort of thing, but just for the stuff you were



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1       seeing her for, could she have gone back to  
2       work in some capacity? His answer was yes, she  
3       could.     Question: What type of restrictions  
4       would you have put her at the time in order to  
5       make sure she had a safe return to work?  
6       Answer:   Anything strenuous using the upper  
7       extremities such as pushing, pulling, lifting,  
8       overhead work.   Those would be the primary  
9       limitations that I would expect. And then he  
10      said he hasn't seen her since then. Now, he  
11      was clarifying in that deposition on March  
12      23rd, 2021, the notes from April and November  
13      of 2020 taking her out of work. So he  
14      clarified it in his deposition and said from a  
15      shoulder standpoint I did not have her out or  
16      she certainly could have worked with  
17      restrictions. So I don't think that there --  
18      they have presented enough evidence to present  
19      a case for temporary total disability  
20      compensation.     Certainly not a case for  
21      temporary total disability compensation going  
22      all the way back to April of 2020 which at this  
23      point is 19-20 months ago. I'm not even sure  
24      that's a timely request, but nonetheless I  
25      don't think the burden of proof has been met to



1 prove it. Dr. Palutsis has also testified and  
2 on page 15 of his deposition is where he  
3 addresses causation specifically. Starting on  
4 line 13. Question: Okay, if in fact it is  
5 true that the first time she complained to a  
6 physician about her shoulder was December 26th,  
7 2019, from an accident on May 30th, 2019, which  
8 is about seven months, if that's true and  
9 that's accurate would you think that her left  
10 shoulder complaints are related to the work  
11 accident? Answer: No. She goes on or he goes  
12 on, and pages 20 and 21, to address the issues  
13 about the upper arm versus shoulder dichotomy.  
14 But specifically the question at the bottom of  
15 page 20 and into 21 is, and this is Mr. Taylor  
16 asking her this, and in Ms. Brown's case, if  
17 her left arm symptoms began to dissipate and  
18 her left shoulder complaints increased would it  
19 be reasonable to conclude that the injury she  
20 suffered on May 30th, 2019, was in fact to her  
21 left shoulder and not to her left arm? Answer:  
22 Well, I have a hard time saying that because I  
23 wasn't the one examining her and -- and then he  
24 goes on with his explanation. Again, what we  
25 don't have in this deposition is a statement to



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1 a reasonable degree of medical certainty that  
2 the work accident caused or aggravated the  
3 shoulder problem. Frankly, with Geier we don't  
4 think the report is worth much weight because  
5 of his general reputation, but also in that  
6 report he says based upon the information  
7 that's available to me. The information that  
8 was presented to him was that she had had  
9 shoulder complaints from the accident forward.  
10 That's not true. They didn't go through that  
11 in the testimony. And so I'm not sure if the  
12 opinion is only as good as the facts that it's  
13 based upon and if the facts are wrong then the  
14 opinion is wrong. And so that would be our  
15 position in regard to that as well. So we do  
16 not believe the left shoulder is compensable.  
17 We do not believe that she has presented a  
18 viable case for temporary total disability  
19 compensation. The cervical MRI is to rule out  
20 something going on with the shoulder. Again,  
21 the left shoulder is denied. And frankly, the  
22 second opinion on the knee, I mean to be  
23 completely honest with you, Commissioner, she  
24 hasn't had any treatment on the knee since  
25 March of 2020. She did go back to Dr. Smid for





1 a final evaluation November of 2020. So final  
2 evaluation was a year ago. Last treatment was  
3 a year and a half ago if not more than that.  
4 I don't believe that she needs any additional  
5 medical treatment on the knee, but if you want  
6 us to send her for a second opinion on the knee  
7 with the doctor of our choosing I -- I'm not  
8 sure that my folks would be completely  
9 heartbroken about that. But frankly, I'm not  
10 sure there's much to do with that knee at this  
11 point.

12 COMMISSIONER CAMPBELL: Okay. All right. Mr.  
13 Taylor?

14 CLAIMANT'S REPLY:

15 MR. TAYLOR: Yeah, I'm going to, if I may, address a  
16 couple things, particularly and with respect to  
17 Dr. Palutsis' testimony. That deposition has  
18 to be reviewed in totality. And I would direct  
19 you to my examination at page 67 and again he  
20 answered no to a question that was really  
21 hypothetical. And you've got to remember Dr.  
22 Palutsis hadn't seen any of the -- when he was  
23 deposed and of course at his deposition had not  
24 seen those Family Practice records, but when we  
25 followed up with him on the arm complaints --



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1 again, I recognize that the noun shoulder isn't  
2 used and those are really medical records, but  
3 when pressed about the upper arm complaints he  
4 says, I asked at line 14, this is page 20 of  
5 Dr. Palutsis' testimony: Doctor, is it fairly  
6 common for patients with shoulder problems to  
7 experience symptoms in their arm and not in  
8 their shoulder. And he answered: Yes, that is  
9 not uncommon. With respect to Dr. Geier, you  
10 know, Dr. Geier -- I'm not going to address his  
11 the attempt in his capabilities as a doctor,  
12 but I will note he was given every medical  
13 record from the date of accident up to the day  
14 he evaluated her. That's all he had. So if  
15 this is as good as the evidence he's got, he's  
16 got all the same evidence you've got and  
17 nothing else. The shoulder, there's no --  
18 there's no medical opinion that the shoulder is  
19 not related. The only medical evidence gets  
20 Ms. Brown very close to being related or it  
21 says unequivocal that it's related. And, with  
22 respect to the out of work notice and the  
23 testimony of Dr. Rush, man, you can't unwind  
24 that clock. He wrote her out of work. It's  
25 not like she can go back in time and now work



1 from April 13th, 2020 to present. She was  
2 written out of work and she'd been written out  
3 of work I think it's 83 weeks at this point.  
4 You can't undo that out of work note by him  
5 saying, well, maybe I wouldn't have completely  
6 written her out of work if it was just a  
7 shoulder injury. Cause that's what he, in  
8 fact, did. And that is what Ms. Brown, in  
9 fact, relied on when he wrote her out of work.  
10 If the tables were turned and she had worked  
11 she would be accused in this room today of not  
12 following the doctor's orders, you know. So,  
13 she was written out of work, she followed the  
14 doctor's instructions and as it relates to the  
15 back and temporary total. I really believe  
16 it's as simple as that.

17 COMMISSIONER CAMPBELL: Okay. All right. Mr.  
18 Baxley?

19 MR. BAXLEY: Nothing further.

20 COMMISSIONER CAMPBELL: Okay. And, of course, I  
21 will -- I will certainly review the depositions  
22 in their entirety.

23 Ms. Brown, before we -- before we get started  
24 I have a couple quick things to run through  
25 with you. First and foremost, please speak up,



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1 speak clearly for us. It's important that we  
2 all hear your responses to the question but  
3 most importantly that this nice lady seated to  
4 my right get them for the record. If you are  
5 asked a yes or no question, please give us a  
6 verbal yes or no answer. You can shake your  
7 head yes or no like I do all the time just make  
8 sure you accompany that with a verbal yes or no  
9 answer. And try and stay away from things like  
10 uh-huh and huh-huh just because that's easily  
11 misinterpreted on the record. So if you could  
12 help me out with that I'd appreciate it, okay?

13 MS. BROWN: Yes.

14 COMMISSIONER CAMPBELL: Okay. Please raise your  
15 right hand.

16 MS. BROWN: (Witness complies.)

17 COMMISSIONER CAMPBELL: Do you swear or affirm the  
18 testimony you are about to give is the truth,  
19 the whole truth, and nothing but the truth?

20 MS. BROWN: Yes.

21 COMMISSIONER CAMPBELL: Okay. You can put your hand  
22 down. Mr. Taylor your witness.

23 HELEN BROWN, having been duly sworn, testifies as  
24 follows:

25 MS. BROWN - DIRECT-EXAMINATION BY MR. TAYLOR:



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1 Q: Ms. Brown, if you would start by telling us  
2 your birth date and your age, please.

3 A: [REDACTED] and I'm 81 years old.

4 Q: All right. Are you married, Ms. Brown?

5 A: Yes, I am.

6 Q: How long have you been married?

7 A: 58 years.

8 Q: Do you have children?

9 A: Yes.

10 Q: How many?

11 A: Five.

12 Q: Grandchildren?

13 A: Yes.

14 Q: How many?

15 A: Six.

16 Q: Okay. Ms. Brown will you tell us your general  
17 state of health before May 30th of 2019?

18 A: I was in very good health. I had no problems.

19 Q: Okay. Had you ever had any problems health-  
20 wise or physically before May 30th 2019?

21 A: Yes, I had surgery, a few surgeries.

22 Q: What was the first surgery that you had?

23 A: I had back surgery.

24 Q: And what part of your back was that surgery?

25 A: The lower part of the back, the fifth lumbar.



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- 1 Q: Okay. And when was that surgery?
- 2 A: In I think it was '98. I think it was '98.
- 3 Q: All right. And you said you had surgeries so
- 4 what was the -- what was the next surgery you
- 5 had?
- 6 A: I had a tubal ligation. I don't remember
- 7 actually what year but it was in the '90s. And
- 8 I had knee surgery that was in the late '90s.
- 9 I'm not sure what year.
- 10 Q: Was that your left knee or your right knee?
- 11 A: My left knee.
- 12 Q: Okay.
- 13 A: Yes. I'm trying to think -- back surgery, knee
- 14 surgery.
- 15 Q: Had you ever had right shoulder surgery?
- 16 A: I'm sorry, yes, I had a rotor [sic] cuff
- 17 replacement on my right shoulder.
- 18 Q: Okay. And when was that?
- 19 A: That was in, I don't know if it was 20 some --
- 20 I don't remember exact year.
- 21 Q: Had you ever had prior left shoulder problems
- 22 before May 30th of 2019?
- 23 A: No. No.
- 24 Q: How far did you go in school?
- 25 A: I graduated 12 grade and I went to culinary



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1 school.

2 Q: You went to culinary school, what was that for?

3 A: For cooking and cakes and decorating cakes and  
4 so forth.

5 Q: Have you ever done college? Did you ever  
6 attend college anywhere?

7 A: No.

8 Q: And I understand you're 81 years old, so I  
9 don't want you to go through all of your work  
10 history, but can you give us a sense of your  
11 work history in your adulthood?

12 A: I graduated in 1957. I worked at Doctors  
13 Hospital, excuse me, in New York for about  
14 three years and then I worked in the post  
15 office from 1962 until 1973 when we relocated  
16 here. I worked in the post office.

17 Q: Where were you living before you relocated to  
18 South Carolina?

19 A: In Brooklyn, New York.

20 Q: All right. And when you moved to South  
21 Carolina what kind of work have you done?

22 A: Well, my husband was always self-employed so I  
23 worked with him in auto body repair. I worked  
24 with him and I worked at IGA as a cake  
25 decorator. I worked at Sam's Club as cake



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1 decorator. I worked at Food Lion and I also  
2 had a little catering business of my own.

3 Q: When did you start working for Walmart?

4 A: In 19 -- in 2016 I think it was. I started at  
5 Sam's and transferred from Sam's to Walmart.

6 Q: Okay. And what did you do when you worked for  
7 Sam's and Walmart?

8 A: I was -- at Sam's I was strictly a cake  
9 decorator and I transferred to Darlington as  
10 strictly a cake decorator, and from there to  
11 Hartsville 'cause I was trying to get closer to  
12 home and the manager at Hartsville asked me  
13 would I come there because they needed a cake  
14 decorator over there. But I got to -- I worked  
15 also a cake decorator and in the deli.

16 Q: And so what was your job for Walmart? What  
17 were you doing, where were you working on May  
18 30th of 2019?

19 A: Well, I was in the deli. At the date that I  
20 got hurt I was working in the deli.

21 Q: Tell us generally what working in the deli and  
22 cake decorating entails?

23 A: What does it entail?

24 Q: Yeah.

25 A: Oh, a cake decorator entails icing the cakes





1 and decorating them, whether we have to write  
2 on them, whether you have to decorate it, but  
3 in the deli it entails cooking the food,  
4 putting it on the -- serving the customers and  
5 at the end of the work day we have to clean  
6 everything and it was at the end of the work  
7 day that I was cleaning that I had my accident.

8 Q: Physically, how demanding is the job in the  
9 deli?

10 A: I didn't understand you.

11 Q: Physically, how demanding is the job in the  
12 deli? What kind of things, I mean, you have to  
13 do a lot of heavy lifting ---

14 A: Oh, every single day there is demanding because  
15 it's a work that you have to cook, keep the --  
16 wait on the customers and do everything else  
17 that needs to be done. And everything has to  
18 be done at the closing of the shift so you have  
19 to like work in between doing everything. And  
20 that particular day that I fell I had worked by  
21 myself for -- I think over four hours because  
22 the girl that was supposed to come in that day  
23 didn't come in 'til late and I was really  
24 rushing trying to get everything done.

25 Q: What's the heaviest thing you have to lift



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1 working in the deli?

2 A: The fryer.

3 Q: And how much does that weigh? How much does  
4 that weigh?

5 A: With grease in it and everything it probably  
6 about 50-75 pounds. It's heavy.

7 Q: And before your accident at Walmart were you  
8 able to do all of requirements of the job as a  
9 deli ---

10 A: Oh, yes, I had no problem doing my work.

11 Q: And what shift did you work?

12 A: I was on second shift.

13 Q: What are those hours?

14 A: I think it was from -- that day I worked  
15 because I was filling in for someone. I worked  
16 from I think I went in at before two o'clock.

17 Q: Two o'clock p.m.?

18 A: Yes. And I was getting off at 10.

19 Q: And your injury was May 30th, 2019, is that  
20 right?

21 A: Yes.

22 Q: Tell us how you got hurt?

23 A: Well, I was in the process of cleaning so I  
24 could go to lunch because I was having a late  
25 lunch because I was by myself and I couldn't



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1 stop. And, I had cleaned the rotisserie and I  
2 went to clean the fryer and I had already  
3 emptied the fryer and I put the water and was  
4 cleaning it. And I went to step over the drain  
5 because the drain was open. I went to step  
6 over the drain and I found myself going down  
7 and I had a cloth in my right hand and when I  
8 realized I was falling I tried to reach for the  
9 rotisserie to grab it to try to break my fall  
10 and missed it, and I went down on my left side  
11 but my arm went out right behind me and when I  
12 went down my knee hit the cement because it was  
13 a cement floor back there. And for a while  
14 that was it. That was all I remember for --  
15 for a few minutes then.

16 Q: Were you able to get up immediately?

17 A: No, I couldn't. The girl that was there, she  
18 had been there about an hour, she did come  
19 over. She heard me when I hit the floor and  
20 she said Ms. Helen, she said what happened and  
21 I said -- she said -- she came over she tried  
22 but I said I couldn't move and I asked her, I  
23 said don't move me because I can't move right  
24 now. 'Cause when I hit the floor I just felt  
25 like all the life had left me. And she tried



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1 and then she called the manager and he came  
2 back and he tried to help me. I said I can't  
3 move right now, don't move me cause I feel like  
4 if you move me I'm going to take my last  
5 breath. So he just stood there for a while.  
6 Meanwhile, he just took a picture of me laying  
7 on the floor and finally I was able to turn  
8 over because my arm was still behind me and I  
9 was able to get up.

10 Q: What arm was still behind you?

11 A: My left arm. I was able to turn over and he  
12 helped me up and helped me get out to the deli  
13 -- out the deli that was outside and sit down  
14 at the table. And -- but my -- all I could  
15 feel with this leg that I ---

16 Q: What leg?

17 A: --- it was like the knee had no life in it, you  
18 know, we were just dealing with the knee.

19 Q: What leg -- what knee?

20 A: My left knee. And he asked me do you want me  
21 to call the ambulance but I felt at that point  
22 that if I could just get it together cause I  
23 just saw some blood and it wasn't like running,  
24 running, running, so I ---

25 Q: And you're indicating on your left knee?



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1 A: Yes, which was along here(indicating). So I  
2 felt like if I could just get home I would be  
3 okay. So I said let me call my sister. He  
4 called her for me, she came out, and she was  
5 there in about 15 minutes cause I was like  
6 seven miles from Walmart. And she said -- he  
7 helped me get to -- get to the -- and get into  
8 the car and that's when I realized that I can't  
9 walk on this leg. So the hospital is only two  
10 blocks from Walmart and started home and she  
11 said Helen, she said do you want me to take you  
12 to home or do you want to go the emergency  
13 room. I said you got to take me to the  
14 emergency room.

15 Q: All right. And so you went to the emergency  
16 room?

17 A: Got to the emergency room.

18 Q: Do you remember which emergency room that was?

19 A: It was McLeod.

20 Q: Okay. And what was hurting you when you  
21 arrived at McLeod?

22 A: Well, when I arrived at McLeod I felt mainly  
23 the knee was hurting so bad. The knee was  
24 hurting so bad I didn't realize how bad I felt  
25 the arm hurt but the knee was hurting so bad.



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1 And when they rolled the wheel chair out there  
2 for me because I couldn't walk in to get inside  
3 and they wanted to x-ray me and everything,  
4 that's when I realized how bad this arm and  
5 shoulder was hurting cause I had to take my  
6 blouse off. I had to undress but I couldn't  
7 get the arm up so that's when I really realized  
8 how bad this was hurting.

9 Q: Okay. And you're using your right arm for the  
10 record. Can you show us where your arm was  
11 hurting when you presented to McLeod or  
12 describe to us where it is?

13 A: Yeah. When she asked me -- she had to help me  
14 take my blouse off, the nurse there cause I  
15 couldn't, you know. She said exactly where you  
16 hurting at.

17 Q: Why couldn't you take your blouse off?

18 A: Because I couldn't maneuver it off. I couldn't  
19 raise it. And then she asked me where was I  
20 hurting. At that point they were going to x-  
21 ray the knee so she said where's your arm  
22 hurting and so I showed her. It's just hurting  
23 from here on down (indicating).

24 Q: Okay. And let the record reflect Ms. Brown's  
25 taken her right arm and started ---



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1 A: Like I did ---

2 Q: --- at her shoulder and moved all the way down  
3 to your wrist?

4 A: Yes. All the way down and it was -- it mainly  
5 stopped along in here (indicating).

6 Q: And when you say along in here, can you tell us  
7 where you're indicating from?

8 A: From I -- this is where I showed her. She says  
9 where is it hurting, I showed her from here on  
10 down and when she said raise your arm that's  
11 when I realized I could not raise the arm. I  
12 could not raise it.

13 Q: What part of your arm was hurting the worst?

14 A: It starts along here.

15 Q: I'm not asking where it started, I'm asking  
16 what part hurt the worst?

17 A: It hurts right in here, down in here, going  
18 down to here it hurts the worst (indicating).

19 Q: Let the record reflect that Ms. Brown has  
20 started at just below the shoulder and moved  
21 down to her elbow along the humerus.

22 MR. BAXLEY: I don't think that's an accurate  
23 assessment of where she's pointing.

24 MR. TAYLOR: Okay. I ---

25 MR. BAXLEY: She's pointing at her shoulder down to



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1 her elbow.

2 MR. TAYLOR: Fair. I agree.

3 COMMISSIONER CAMPBELL: Okay. That's fine.

4 A: And this is why I can't lay on it at night. I  
5 have to ---

6 Q: I'm going to get to that. Right now I want to  
7 know about this visit with the doctor on the  
8 day of your accident. What did they do for you  
9 at that visit?

10 A: Well, they x-rayed the arm, shoulder, and then  
11 the knee.

12 Q: They x-rayed your arm, your shoulder, and then  
13 the knee?

14 A: Yes.

15 Q: Okay. Who did you tell at Walmart that you got  
16 hurt?

17 A: Who did I tell?

18 Q: That's right.

19 A: My supervisor and the next day I went out to  
20 Walmart and I talked to the person -- the  
21 manager and my supervisor.

22 Q: Okay. Did Walmart send you to McLeod the day  
23 of your accident?

24 A: No.

25 Q: Okay. Who was the first doctor that Walmart



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1 sent you to after your accident?

2 A: Dr. Novinger. The very next day when I went  
3 out there they told me to go Dr. Novinger.

4 Q: And is that Palmetto Family Medicine, is that  
5 the practice?

6 A: Yes, it is.

7 Q: What did the doctors at that practice do for  
8 you?

9 A: Dr. McKenzie, I think that's her name, it's a  
10 female doctor. I think her name was McKenzie.

11 Q: Is that Dr. Kinzie Barton?

12 A: Yes, at Dr. Novinger's office. Well, she -- I  
13 don't know if she put a shot in at that day.

14 Q: A shot in what?

15 A: In my knee. I know she sent me for a brace to  
16 go on the knee. I had a brace on the knee, and  
17 she ordered a pain patch and the brace.

18 Q: Did the brace and pain patch help at all?

19 A: The pain patch would help somewhat, but I  
20 couldn't use the brace because the knee was  
21 swollen so big and it was hurting so bad and  
22 when I loosen the brace it was still too tight  
23 on my knee so. But, the first time I went to  
24 her it was the knee, but I went back to her  
25 again, that's when she addressed the knee and



1 the arm and the shoulder.

2 Q: Okay.

3 A: And she referred me to Dr. Penn [sic].

4 Q: Do you have any idea why their records from  
5 Palmetto Family Medicine in May and June that  
6 indicate that you denied shoulder pain?

7 A: Denied shoulder pain? No. I couldn't have  
8 denied shoulder pain as bad as my shoulder was  
9 hurting.

10 Q: How did you describe to Dr. Barton or anyone  
11 else at Palmetto Family Medicine how your arm  
12 and shoulder was hurting? You told me about  
13 the first visit at McLeod but how did you  
14 describe it to Dr. Barton?

15 A: When she asked me where was it hurting at I  
16 showed her from here on down.

17 Q: You showed her just as you testified a moment  
18 ago ---

19 A: Yes.

20 Q: --- and you just showed us?

21 A: From here on down. I showed it where it was  
22 hurting at.

23 Q: Ultimately, who took over care for your left  
24 knee?

25 A: I'm sorry, I didn't hear.



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1 Q: Who provided you care after Palmetto Family  
2 Medicine?

3 A: Dr. Smid.

4 Q: Okay. And what -- what treatment did Dr. Smid  
5 provide you first?

6 A: He just checked it out and explained to me that  
7 -- I went to his office, it was in  
8 Bennettsville, and he said I need to see you in  
9 Laurinburg 'cause you need surgery after he  
10 looked at it. So I was wobbling and  
11 everything. He says you need a knee  
12 replacement.

13 MR. BAXLEY: Object to what he said.

14 COMMISSIONER CAMPBELL: Yes, ma'am. You can't you  
15 can't tell me what the doctor said because he's  
16 not here to testify to it. You can tell me  
17 what he did for you, what his recommendations  
18 were or what treatment he provided as long as  
19 it's reflected in the medical records. Just  
20 don't tell me what he said, okay.

21 A: Okay. He examined the knee. He examined the  
22 knee.

23 Q: All right. Did he ever give you an injection?

24 A: Not at that office.

25 Q: Okay. At a later date did you ever ---



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1 A: Yes.

2 Q: --- get any injections?

3 A: In Laurinburg.

4 Q: Okay. And did the injections help?

5 A: Not -- for a couple days but then it was back  
6 to -- I'm sorry about that.

7 COMMISSIONER CAMPBELL: No, that's okay. That's all  
8 right.

9 Q: And ultimately did you have a surgery with Dr.  
10 Smid?

11 A: Yes, I did.

12 Q: Do you remember when that was?

13 A: I think it was in November. I think it was  
14 November.

15 Q: Of last year?

16 A: No, in 2019.

17 Q: November 2019.

18 A: Yes.

19 Q: Okay. And did the surgery help?

20 A: No.

21 Q: What treatment have you had for your left knee  
22 since your surgery?

23 A: I haven't. I mean, I've been back to him on  
24 regular follow up visits but he just check it  
25 out and I really haven't had no treatments. I



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1 mean -- I'm sorry, I did. I went to physical  
2 therapy. I'm sorry.

3 Q: Okay.

4 A: I went to the physical therapy after surgery.

5 Q: Did the physical therapy after surgery help you  
6 at all?

7 A: It helped a little but he really stopped the  
8 therapy on it because while he was doing  
9 therapy on the knee it helped some but it was  
10 still swelling.

11 Q: Can you repeat that for me? I'm sorry I missed  
12 that.

13 A: He -- the therapy that he was giving me, just  
14 like you see, it's swollen now. It was  
15 swelling and he felt that I needed further  
16 evaluation of the knee.

17 Q: Okay. Did you ever see any other knee doctors  
18 after Dr. Smid?

19 A: I tried but nobody see me, but everybody say  
20 it's a workman comp case so no doctor will see  
21 me.

22 Q: Okay. All right. Let me -- did Dr. Smid ever  
23 evaluate your left arm and left shoulder?

24 A: Each time I mentioned my shoulder and arm to  
25 Dr. Smid he made a statement to me that I'm



1           treating your knee not your arm.

2       Q:     All right.   And do you recall how many times  
3           you tried to bring up your left shoulder and  
4           arm?

5       A:     Each time I saw him.

6       Q:     Okay.   Did you eventually get to see a doctor  
7           for your left shoulder?

8       A:     Yes, I went to a doctor in Florence because I  
9           mean it was just at the point where I just  
10          couldn't deal with it no more.

11      Q:     Okay.   And was that Dr. Palutsis?

12      A:     Yes.

13      Q:     Did he provide you any treatment for your left  
14          shoulder?

15      A:     He put a shot in it.

16      Q:     How many times did you see Dr. Palutsis?

17      A:     Once.

18      Q:     Did you ever see anyone else for your left  
19          shoulder?

20      A:     I saw a doctor, I don't know his name but he  
21          was in Monroe.

22      Q:     Is that Dr. Rush?

23      A:     Yes.

24      Q:     And did workers' comp send you to Dr. Rush?

25      A:     Yes.



1 Q: How many times did you see Dr. Rush?

2 A: I think I saw him in Monroe and I think  
3 Laurinburg. I think I saw him twice. I think.

4 Q: And did Dr. Rush give you an injection in your  
5 left shoulder as well?

6 A: He didn't put it in the shoulder, he put it in  
7 my wrist.

8 Q: Did the injection that you got from Dr. Rush  
9 help with the problems you were having in your  
10 shoulder and arm?

11 A: No, it didn't.

12 Q: Have you missed from work as a result of your  
13 accident on May 30th, 2019?

14 A: I -- Mr. Taylor, I can't work. When Dr. Smid  
15 did the surgery and when he gave me a note to  
16 go back to work I went back to work, but I  
17 could not work. He gave me oxycodone. Can you  
18 imagine what you will go through in trying to  
19 take a oxycodone, and you feel like a zombie.  
20 Number one, I can't take strong drugs.  
21 Oxycodone would knock a horse out. And the  
22 chair that I had to sit in was much, much lower  
23 than this one. I have the shoulder to deal  
24 with and arm that need -- that still have  
25 stitches, swollen, hurting. There's a dressing



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1 room with three rooms and every time somebody  
2 walk in there to go to the dressing room to try  
3 on something I got to get up unlock the  
4 dressing room and all I could do is sit there  
5 and cry all day up and down in this chair  
6 because my neck is hurting so bad.

7 Q: All right. So after your surgery in November  
8 2019, you went back to work for a period of  
9 time. Do you recall how long that was?

10 A: I'm not sure.

11 Q: Okay. So there was some period of time you  
12 returned to work on limited duty, correct?

13 A: I did go back to work because they told me I  
14 had to go back to work, but I just couldn't  
15 take it. I just couldn't take it.

16 Q: And so at that point you stopped going back to  
17 work at Walmart?

18 A: Yeah, when the doctor -- the last doctor gave  
19 me a note that says I was not to go back until  
20 I was further evaluated, that's when I didn't  
21 -- I haven't been back since.

22 Q: Okay. Was that Dr. Rush that gave you the  
23 note?

24 A: Yes.

25 Q: Okay. So you've not worked at all since that





1 time?

2 A: I have not worked at all.

3 Q: And that would have been on April 13th of 2020?

4 A: Yes.

5 Q: Could you have worked at any point from April  
6 13th, 2020 to present?

7 A: I really don't see how for what I had to do.  
8 I don't see how because if only someone could  
9 understand the pain that I'm having in this  
10 knee I couldn't have worked. I couldn't have  
11 worked.

12 Q: Did anyone at Walmart reach out to you to come  
13 back to work after April 13th, 2020?

14 A: I haven't heard from anyone from Walmart.

15 Q: Have you been fired from Walmart to your  
16 knowledge?

17 A: I haven't heard from them.

18 Q: Have you worked anywhere else since April 13th,  
19 2020?

20 A: (Shakes head.)

21 Q: Is that a no?

22 A: No, I haven't worked.

23 Q: All right. I'm going to ask about the problems  
24 that your having now and I want to start with  
25 your left knee. Could you tell us what



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1 problems you have as we sit here today with  
2 your left knee?

3 A: It hurts. It hurts. It stays swollen all the  
4 time. The pain starts here (indicating) it goes  
5 down and it comes up.

6 Q: All right. And can you describe the location.  
7 I see you're pointing at your knee and I was  
8 looking away. Can you tell us where on your  
9 knee the pain starts and which direction it  
10 goes?

11 A: Everything starts right here (indicating).

12 Q: Okay. Tell me where that is?

13 A: Where it is?

14 Q: Yes.

15 A: It's right here on my knee.

16 Q: Okay.

17 COMMISSIONER CAMPBELL: Are you indicating the top  
18 of your knee, is that what you're ...

19 A: It's like -- can I show you?

20 COMMISSIONER CAMPBELL: Sure.

21 Q: While she does that, let the record reflect  
22 that Ms. Brown is using her right hand to rub  
23 towards the top ---

24 A: You see right here. All this in the knee, all  
25 this and this never goes down. The pain right



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1 in here, it feel like electricity is going down  
2 my leg as I do this.

3 COMMISSIONER CAMPBELL: So you're -- for the record  
4 you're indicating the top of your knee going  
5 down into your calf, is that ---

6 A: It going right down here.

7 Q: On the inside of your knee, the lateral side of  
8 your knee?

9 A: Well, when I -- if you -- see all this is  
10 swollen, all of this hurts, but this area right  
11 here hurts worse. When I lay down at night  
12 this can't touch -- these two can't touch. I  
13 have to sleep with a Styrofoam between here so  
14 this don't touch.

15 COMMISSIONER CAMPBELL: So you're saying the inside  
16 of your knee -- your both knees -- you can't  
17 touch the inside of your knees because the pain  
18 ---

19 A: I can't let this part touch. You know when you  
20 lay down ---

21 COMMISSIONER CAMPBELL: Okay.

22 A: --- your knees touch.

23 COMMISSIONER CAMPBELL: Yes, ma'am.

24 A: I -- this here -- I have to sleep with  
25 something between my knees so this don't touch



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1 anything else.

2 COMMISSIONER CAMPBELL: I understand.

3 A: But the whole ---

4 Q: So your left -- so the inside of your left knee  
5 doesn't touch anything else.

6 A: Right. Cause it hurts but the whole knee hurts  
7 now. I'm sitting here -- I can sit here like  
8 this all day but I can't do it over here. If  
9 then -- if I prop it on this the thigh hurts.

10 COMMISSIONER CAMPBELL: Okay. And you were just  
11 resting your head on your arm ---

12 A: If I sit here like this ---

13 COMMISSIONER CAMPBELL: --- on your right knee.

14 A: Yes.

15 COMMISSIONER CAMPBELL: Yes, ma'am.

16 A: Nothing hurts. I can't do it on this side. I  
17 can't let any pressure go on my thigh on this  
18 side.

19 COMMISSIONER CAMPBELL: On your left side.

20 A: Cause the pain just shoots up and down.

21 Q: Is the pain constant?

22 A: Yes.

23 Q: And can you describe the pain. I mean, what  
24 can of pain is it? Is it achy, steady ---

25 A: It's a sharp, burning pain. It's a sharp,



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1 burning pain. It feels like it's heat going up  
2 and down my leg and thigh.

3 Q: And you find and asked and used this scale  
4 before, but on a scale of one to ten where one  
5 is no pain and ten is excruciating, unbearable  
6 pain, right now what's the pain level in your  
7 left knee?

8 A: I would say right now it's about a five or six  
9 because I took two Tylenol before I walked in  
10 here.

11 Q: Does it ever get less than a five or six?

12 A: No.

13 Q: Does it ever get worse than a five or six?

14 A: Yes. Yes. Yes.

15 Q: And when the pain is the worst what would you  
16 rate it at?

17 A: To me it's worse than a ten because it just --  
18 let me put it this way I'm trying to not become  
19 -- I'm trying not to stop altogether so I still  
20 walk. I have a walker at home that I use to  
21 walk with. I don't even walk, try to walk with  
22 that cane because twice this knee has gotten so  
23 weak it gave out on me. So I don't -- I use my  
24 walker at the house when I'm in the yard. So  
25 it has been worse than a ten. This is



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1           excruciating pain. But when it gets worse than  
2           that there's something right here, I don't know  
3           what it is but something ---

4       Q:   And again for the record Ms. Brown is  
5           indicating the inside portion of her left knee.

6       A:   It's something right here where it's so swollen  
7           so big that -- that pain is like a stabbing.

8       Q:   Are there things that make that pain worse,  
9           that aggravate the pain in your knee?

10      A:   Yes, if I do a lot of moving around. If I do  
11           -- and this, if I do this now this is when it  
12           hurts so bad back here in the very back when I  
13           do this (indicating). But I have to try to  
14           keep it from getting stiff altogether.

15      COMMISSIONER CAMPBELL: So and what you're doing  
16           there is you're flexing your leg back and  
17           forth. So your ---

18      A:   Yes, so it don't get stiff.

19      COMMISSIONER CAMPBELL: Okay.

20      A:   But -- and you see the way I'm sitting when I  
21           go back, when I move back on this chair and  
22           this part hit this part right here it starts to  
23           ache (indicating).

24      Q:   So do you have to sit on sort of a front part  
25           of the chair?



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1 A: Yes.

2 Q: Okay.

3 A: Cause I have a lift recliner at home just for  
4 this leg. But anything that this -- that this  
5 back here touch hard or anything firm it just  
6 aches. It throbs and aches.

7 Q: And you mentioned taking some Tylenol today, do  
8 you do that on a daily basis?

9 A: Mr. Taylor, I been living on Tylenols since ---

10 Q: How many times a day do you take Tylenol?

11 A: In the mornings when I get up I take two. I  
12 say about ten or eleven I'm taking Tylenols,  
13 three or four I'm taking Tylenols and the last  
14 thing I do before I go to bed is putting --  
15 swallow two Tylenols.

16 Q: Are you taking any other medications other than  
17 the Tylenol?

18 A: High blood pressure medicine.

19 Q: No, I mean for your left knee?

20 A: No.

21 Q: Is there anything else that you're doing for  
22 your left knee ---

23 A: I put a -- I have a pain patch on it right now  
24 but the only thing -- a pain patch and this  
25 knee brace. And I've used cold compresses,



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1 warm compresses, alcohol, and rubbing,  
2 everything and anything I could find to put on  
3 it that will help it out.

4 Q: And when's the last time you've seen anybody  
5 for your left knee problems?

6 A: The last time I saw Dr. Smid in Laurinburg.

7 Q: Have you tried on your own to get some  
8 additional treatment for your left knee?

9 A: I talked to my doctor and he can't do anything  
10 for me because he said it's a workman comp case  
11 and I have Medicare and they're not going to  
12 pay for it.

13 Q: You think your knee is getting any better or  
14 worse?

15 A: No, it's not getting better, it's getting  
16 worse. Cause I -- I mean, I can't do nothing.  
17 I can't do yard work, I can't do -- I mean, I  
18 can't -- and I got to pay somebody to do  
19 everything. My husband is legally blind and I  
20 have to pay somebody to do things for my  
21 husband because I have good days and bad days.  
22 There are days when it don't hurt as bad, but  
23 the days that -- I have to pay people to take  
24 him to doctor and do things that I need to be  
25 doing. I mean, it ...



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1 Q: Do you feel like you need some more treatment  
2 for your left knee?

3 A: All I want, Mr. Taylor, all I want is someone  
4 to get me some help for my knee, arm and  
5 shoulder, that's all I ask for.

6 Q: All right. Do you need a minute, Ms. Brown?  
7 Be happy to accommodate you if you do.

8 COMMISSIONER CAMPBELL: Take your time.

9 Q: When you're ready we're going to change  
10 subjects. I'm going to ask you about your left  
11 arm.

12 A: Excuse me.

13 Q: I said when you're ready I'm -- if you need a  
14 break we're happy to give you a minute, but  
15 when you're ready I'm going to ask you about  
16 your left arm.

17 A: I'm okay.

18 Q: Okay.

19 COMMISSIONER CAMPBELL: And, ma'am, there's tissues  
20 if you need it.

21 Q: As we sit here today what problems are you  
22 having with your left arm and shoulder?

23 A: It hurts.

24 Q: And where does it hurt?

25 A: From here on down (indicating).



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1 Q: Okay. And let the record reflect that Ms.  
2 Brown indicated with her right hand on top of  
3 her left shoulder and has rubbed downward to  
4 just below the elbow level, is that fair?

5 A: Yes, it hurts.

6 Q: How often does your left arm and shoulder  
7 bother you?

8 A: How often does it hurt?

9 Q: Yes, is it constant or is it ---

10 A: It's every single day but it's worse at night  
11 because I cannot lay on it. If I lay on it  
12 every single day it goes numb from here down to  
13 the tip of my finger.

14 Q: What's the pain level like, using that same  
15 scale like I gave you a moment ago, in your  
16 left shoulder and arm?

17 A: Because of the medicine that I took before I  
18 came when I got here it's a -- now it's about  
19 a four or five, but I -- it's like a throbbing  
20 ache right in here, right there -- right in  
21 here a throbbing ache (indicating).

22 Q: Okay.

23 A: It feel like it's to the bone.

24 Q: When it's at its worse where would you put the  
25 pain level in your shoulder and your upper arm?



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1 A: I say about ten or a twelve because it's worse  
2 if I try to lift something heavy and sometime  
3 I forget and I try to pick up and it just gives  
4 out.

5 Q: Okay.

6 A: I can't lift anything heavy with this arm.

7 Q: Does anything other than lifting with the left  
8 arm make it worse?

9 A: Say what?

10 Q: Does anything other than trying to lift stuff  
11 make your left arm and shoulder pain worse?

12 A: Yeah, I still can't get them up behind my back.  
13 I'm trying to -- I'm still trying to get my arm  
14 behind my back, that hurts.

15 Q: Okay. Are you taking anything for your left  
16 shoulder and arm that we haven't already talked  
17 about?

18 A: No, I'm still with the Tylenols and warm and  
19 hot compresses and so forth.

20 Q: How often do you do the warm and hot compresses  
21 for your shoulder and arm?

22 A: In the mornings and sometime if it gets bad  
23 during the day I'll do a little bit then. I  
24 have a heating pad that I sleep on at night,  
25 lay the shoulder on it. It fits right across



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1 the shoulder. But if I should go to sleep and  
2 fall -- lay on it everything goes numb that's  
3 when I have to get up and get in the recliner.  
4 I do a lot of sleeping in my recliner because  
5 I can't lay on this shoulder.

6 Q: When's the last time you saw a doctor for your  
7 left shoulder and arm?

8 A: When I saw Dr. -- I think it was Palutsis.

9 Q: Was it Dr. Palutsis or Dr. Rush?

10 A: Dr. Rush was the last one I saw. He was the  
11 one who put a shot in my wrist.

12 Q: And are you trying to see someone on your own  
13 for your left shoulder and arm? Have you tried  
14 on your own to see someone?

15 A: Nobody will see me.

16 Q: Okay. Why won't they see you?

17 A: Because they say it's a workman comp case and  
18 they can't -- they won't see me.

19 Q: Okay. Is your shoulder getting any better?

20 A: No, it's not.

21 Q: Is it getting worse or staying the same?

22 A: It's getting worse.

23 Q: Do you think you need some treatment for your  
24 left shoulder and arm?

25 A: If I -- if only -- yes.



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1 Q: Is anything else bothering you that you relate  
2 to your fall at work?

3 A: Nothing.

4 Q: Okay. What do you on an average day, Ms.  
5 Brown?

6 A: What do I do?

7 Q: Yes.

8 A: Walk from room to room try to get some relief,  
9 but I can't. Mr. Taylor, I be honest with you,  
10 I can't do it. Very little I can do, very  
11 little.

12 Q: Do you spend most of the time sitting ---

13 A: In the recliner.

14 Q: Okay. Who lives with you?

15 A: My husband.

16 Q: All right. And you mentioned a moment ago he's  
17 blind. Do you ---

18 A: Yeah, my husband's legally blind so, you know,  
19 I have to move around try to do what I can for  
20 him or get someone to come and help me with him  
21 doing things that I normally do. I have to get  
22 other people to do it most of the time.

23 Q: Who do you have to get to come and help you and  
24 your husband?

25 A: I have a sister that lives in Cheraw and on her



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1 days off work she'll try to help me out. I  
2 have two daughters that live all the way in  
3 Columbia a hundred miles from me. They have to  
4 come down and help me do things for him.

5 Q: What kind of things does your daughters and you  
6 sister have to help you do?

7 A: Well, they have -- they come they help with the  
8 housework. If he have appointments he have to  
9 go to -- it's quite a few help coming down,  
10 like today, pick up for an appointment in  
11 Myrtle Beach, my daughter had to come and drive  
12 him to his appointment. Regular doctors  
13 appointments, do laundry, cook. I mean, they  
14 have to help me do everything. There's some  
15 days when I can maneuver, you know, but lots of  
16 times they have to come down.

17 Q: Are you able to drive?

18 A: I can but short distances. I'll put it this  
19 way, where the post office is seven miles from  
20 me, but anything I put this hand on that  
21 steering wheel I know it. Anytime I put this  
22 hand on that steering wheel and I try to ---

23 Q: And you're showing your left hand.

24 A: Yes. I try to train myself to try to remember  
25 not to bring it at the top of the steering



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1 wheel, just hold the bottom but sometimes that  
2 don't work so I have learned a lot to driving  
3 with just my right hand.

4 Q: So as we sit here you testified about your left  
5 knee, your left arm and left shoulder. You  
6 would like more treatment for each of those  
7 body parts, correct?

8 A: I didn't understand you.

9 Q: I said you testified about problems with your  
10 left knee, your left arm, and your left  
11 shoulder, and you would like to get treatment  
12 for each of those body parts?

13 A: Mr. Taylor, I need treatment. I need something  
14 done for my arm, shoulder, and leg -- knee. I  
15 need something.

16 Q: Okay.

17 A: I can't keep going on like this.

18 Q: All right. Thank you, Ms. Brown. That's all  
19 the questions I've got. Attorney Baxley may  
20 have some questions for you as well, okay.

21 COMMISSIONER CAMPBELL: Okay. Thank you. Mr.  
22 Baxley.

23 MS. BROWN - CROSS-EXAMINATION BY MR. BAXLEY:

24 Q: Thank you, Commissioner. Ms. Brown, you've  
25 described for us earlier the pain that you're



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1           having in your shoulder and you kind of touched  
2           the top part of your shoulder and go down to  
3           about your elbow.

4    A:    Yes.

5    Q:    All right. I just want to make sure that we're  
6           using similar terms so that we understand each  
7           other. Can you point to me or touch with your  
8           hand where your shoulder hurts?

9    A:    (Indicating).

10   Q:    Can you touch for me where your elbow is?

11   A:    (Indicating)

12   Q:    All right. And can you touch for me where your  
13           forearm is?

14   A:    (Indicating)

15   Q:    Okay. So let the record reflect she's grabbed  
16           her biceps with her right hand. I'm getting to  
17           it. So when I ask you about your shoulder you  
18           grabbed your shoulder. When I asked you about  
19           your elbow you grabbed your elbow. When I  
20           asked you about your forearm you actually  
21           grabbed your biceps. What about your wrist?

22   A:    (Indicating)

23   Q:    Okay. And when I asked you about your wrist  
24           you grabbed your wrist. Okay. I just want to  
25           make sure that we're using the same terms. And



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1           your testimony is that you're having pain in  
2           your shoulder, and again you're touching the  
3           top of your shoulder all the way down past your  
4           elbow, and has that pain been there since the  
5           day you fell?

6       A:     Since the day I fell.

7       Q:     Has the nature of that pain changed or moved  
8           around or has it been from the top of the  
9           shoulder down through the elbow the whole time?

10      A:     The whole time.

11      Q:     Okay. So the nature of it hasn't changed. Has  
12           the severity changed?

13      A:     Yes.

14      Q:     Has it gotten worse or better?

15      A:     It's gotten worse.

16      Q:     Okay. Was it bad when it first happened?

17      A:     When it first happened I -- like I said before,  
18           my knee was hurting so bad. I knew something  
19           was hurting. I could feel something but I  
20           didn't feel the severity of it until I got the  
21           hospital and had to take my blouse off and I  
22           had to raise my arm. That's when I realized  
23           the severity of this arm and shoulder.

24      Q:     Okay. And at least since the time you got to  
25           the hospital to today it's -- the shoulder and



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1 the arm has been bad?

2 A: Yes.

3 Q: Okay. When you went to Palmetto Family  
4 Medicine for the first time and this would have  
5 been the day after you got hurt ---

6 A: Yes.

7 Q: --- that report says that you denied any pain  
8 in your shoulder. Is that report just wrong?

9 A: That report is wrong.

10 Q: Okay. You specifically told them that you were  
11 having pain in your shoulder?

12 A: Shoulder, arm, knee.

13 Q: Okay. And typically when you go to the doctor  
14 they ask you why you're there and what kind of  
15 problems you're having, correct?

16 A: Yes.

17 Q: When you would describe to them where you were  
18 having pain would you use the words or would  
19 you do what you've done for us, here today,  
20 which is take your hand and demonstrate and  
21 show them where you were having pain?

22 A: Due to the fact that she asked me where was I  
23 hurting, that's why I showed her where I was  
24 hurting when she asked me.

25 Q: Sure. And when you showed her on that day



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1 would you have touched from the top of your  
2 shoulder all the way down to your elbow?

3 A: That's exactly what I did.

4 Q: Okay. Four days later on June 3rd, 2019, you  
5 show Kinzie in that same office?

6 A: Yes.

7 Q: That office said you had two complaints.  
8 Commissioner, this is APA 26.

9 COMMISSIONER CAMPBELL: Thank you.

10 Q: You were complaining about your knee hurting  
11 right in the middle of the knee and you were  
12 complaining about your right wrist hurting.

13 A: Never.

14 Q: Okay. That report doesn't contain a mention of  
15 your left shoulder. Were you still complaining  
16 about your left shoulder?

17 A: Yes. I never mentioned a wrist because I never  
18 had problems with the wrist.

19 Q: Okay. Did you show Kinzie the same thing that  
20 you showed us here today the pain was from the  
21 top of the shoulder all the way down?

22 A: If she asked where are you hurting then I  
23 specifically showed her where I was hurting.

24 Q: Okay. And again that's -- you're basically  
25 touching all the -- up where your trap muscle



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1 is on the top of your shoulder all the way to  
2 your ---

3 A: I used my hand to show her where I was hurting.

4 Q: All the way down and at your elbow or to your  
5 elbow?

6 A: Right here (indicating).

7 Q: Okay. Gotcha.

8 A: Cause she asked me which hurts the worst.

9 Q: Yes, ma'am.

10 A: And I pointed out to her the pain seems to  
11 start right in here ---

12 Q: Okay. And you're circling your shoulder, yes,  
13 ma'am.

14 A: And then it shoots down and when it gets in  
15 here it just feels like something is separating  
16 or pulling them apart. This is the way I  
17 explained it to her.

18 Q: Okay. And when you're saying, here, you're  
19 pointing right to your biceps area?

20 A: Yes. The pain starts here (indicating). When  
21 it gets down to along here it feel like  
22 something is just pulling it apart.

23 Q: Okay. So it starts right up here in your  
24 shoulder, it goes down your biceps to your  
25 elbow and that's when it feels like it's



1 pulling apart?

2 A: Yes. And that's what you -- you used your hand  
3 to describe all that to Kinzie?

4 Q: Okay.

5 A: Yes. Yes.

6 Q: On June 10th, 2019, this would have been 11  
7 days after your accident. It looks like you  
8 saw Kinzie for the second time at Palmetto  
9 Family Practice. That report says the only  
10 complaint you had was your knee, is that  
11 accurate?

12 A: That's not true.

13 Q: Okay. Commissioner, this is APA page 205 ---

14 COMMISSIONER CAMPBELL: Thank you.

15 Q: --- in mine. Then it looks like you went to  
16 the emergency room on June 12th of 2019, so 13  
17 days after your accident. Do you remember  
18 going to the emergency room about two weeks  
19 after your accident?

20 A: I think that was in Florence.

21 Q: Yes, ma'am, that's right. That report says,  
22 patient presents with knee pain and patient  
23 presents to the emergency department today with  
24 chief complaint of left knee pain. She states  
25 that she fell two weeks ago and has been having



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1           this discomfort ever since. Is that part of it  
2           accurate, that you had hurt your knee and you  
3           were having discomfort?

4       A:    Yes. Uh-huh (affirmative response).

5       Q:    That report doesn't contain any mention of your  
6           left arm or your left shoulder.

7       A:    But I went there for an x-ray of the knee.

8       Q:    Okay.

9       A:    I went for them to -- I didn't mention the  
10           shoulder or the arm to them. I only mentioned  
11           my knee.

12      Q:    Okay. So when you went and saw the emergency  
13           room you did not say anything about the  
14           shoulder or the arm?

15      A:    Yes, that was in Florence but I mentioned the  
16           arm and shoulder when I had -- when I went to  
17           McLeod in Cheraw.

18      Q:    On the day of the accident?

19      A:    The day of the accident.

20      Q:    Okay. But the one two weeks later, I just want  
21           to make sure we're right, two weeks after the  
22           accident you did not mention to them your  
23           shoulder or your arm?

24      A:    Right.

25      Q:    And why is that?



1 A: Because I went at that appointment I only  
2 wanted some help for my knee at that point --  
3 at that point because at that point had swollen  
4 so big where I could not, I could not even walk  
5 really. I was trying to get help for the knee.

6 Q: Okay. At that point were you still having the  
7 pain that started in your shoulder and went  
8 down into your biceps to your elbow and felt  
9 like it was pulling it apart?

10 A: Yes, I was still having trouble with it.

11 Q: Okay. All right. Five days after that on June  
12 17th of 2019 you went back to Palmetto Family  
13 Practice, right?

14 A: Yes.

15 Q: That report says, again, denies any pain in  
16 shoulder, is that accurate?

17 A: I have never denied a shoulder pain with  
18 Palmetto Family. In fact, the doctor there is  
19 the one that told me ---

20 Q: Ma'am, I'll have to object to anything the  
21 doctor told you.

22 A: Okay. I'm sorry. Sorry about that. No, I  
23 never denied a shoulder pain.

24 Q: Okay. All right. June 24th, 2019, Palmetto  
25 Family Practice again, that report says still



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1           having pain in the left knee and mentioned that  
2           you had had a MRI of the right knee and gave  
3           you an assessment of acute pain in the left  
4           knee but no mention of shoulder or arm at that  
5           time. Did you complain to them again about  
6           your shoulder and your arm?

7       A:    Yes, I did. Each time that I went there I  
8           explained to them what was hurting me.

9       Q:    Okay.

10      A:    Including the arm and the shoulder.

11      Q:    Okay. At some point you went to a Dr. Donato  
12           at MUSC I think to establish primary care maybe  
13           with him.

14      A:    That's my primary care doctor.

15      Q:    Okay. Commissioner, this is page 226.

16      **COMMISSIONER CAMPBELL:** Thank you.

17      Q:    It looks like you went to him on July 9th,  
18           2019, so this would have been about five, maybe  
19           six weeks after your accident. And it looks  
20           like you were there just to establish a care  
21           with a primary care doctor.

22      A:    No, he is my primary care doctor.

23      Q:    Okay. Well, this report says -- remember this  
24           is in July of 2019 -- it says patient comes  
25           today for first time to establish care with us.



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1 A: Okay. Okay. All right. Okay.

2 Q: Okay.

3 A: The doctor that I -- my primary care doctor  
4 left the practice and he turned my records over  
5 to Dr. Donato.

6 Q: Okay.

7 A: So that was my first time seeing him.

8 Q: Gotcha. This report, complaint -- has some  
9 complaints about back pain, has some reflux  
10 issues, some high blood pressure, some  
11 neuropathy going down into your legs, seasonal  
12 allergies. I don't see anything in here about  
13 your shoulder or your arm. Did you mention  
14 that to your primary care doctor?

15 A: Well, he was my primary care doctor and I was  
16 just getting established with him so I really  
17 didn't have any reason to mention a workman  
18 comp situation with him.

19 Q: He wouldn't have asked you about all the  
20 problems you were having in life?

21 A: No.

22 Q: Okay. So you did not say anything to Dr.  
23 Donato about having a shoulder or arm problem

24 ---

25 A: No, knee.



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1 Q: --- or knee. Okay. And then I got a report  
2 here from October of 2019 again to Dr. Donato.  
3 It looks like you were there complaining about  
4 your back. Again, no complaints of left  
5 shoulder or left arm.

6 A: Cause I was being treated by Dr. Smid so I  
7 didn't have any reason to take this to Dr.  
8 Donato he's my primary care doctor.

9 Q: I thought Dr. Smid wasn't treating your  
10 shoulder.

11 A: Dr. Smid is the one that sent me to was it --  
12 sent me -- he sent me to therapy. I had  
13 therapy on my shoulder.

14 Q: Okay. This is page 235, Commissioner.

15 COMMISSIONER CAMPBELL: Thank you.

16 Q: Ma'am, it looks like you went to Dr. Donato on  
17 January 21st of 2020?

18 A: Uh-huh (affirmative response). I go to him  
19 every three months.

20 Q: Okay. Yep, and it looks like you saw him -- so  
21 this is about eight months after your accident.  
22 On that visit it looks like you did complain  
23 about your shoulder to him.

24 A: Cause I let him know, you know, I was seeing,  
25 you know, being treated for the knee and my



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1 shoulder.

2 Q: If you were having problems with your shoulder  
3 all that time why did you wait until the third  
4 visit with him to say anything about it?

5 A: Dr. -- my visit with Dr. Donato, my primary  
6 care doctor, you go every three months for a  
7 three month evaluation -- three month visit.  
8 A well care visit I'll put it that way. So I  
9 had no reason to take my knee and my shoulder  
10 to him because he wasn't going to treat it  
11 anyway.

12 Q: Well, then what was the reason for taking it to  
13 him in January of 2020?

14 A: I didn't -- I didn't really -- I didn't go to  
15 him for that. I was at my regular visit and I  
16 let him know what had happened and I had  
17 surgery on my knee.

18 Q: It's been -- his report doesn't actually  
19 contain the mention of the knee at all. It's  
20 all about your shoulder. So again, I'm trying  
21 to figure out why you wouldn't have mentioned  
22 it. If you were having these serious shoulder  
23 problems that started in your shoulder, went  
24 down to your upper arm that felt like it was  
25 separating, bad pain, why you don't mention it



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1 at the first visit, you don't mention it at the  
2 second visit and you do mention it on the third  
3 visit but that's eight months after the fact?

4 A: Because he's my primary care doctor and he does  
5 not treat workman comp cases.

6 Q: Okay.

7 A: And he wouldn't have done any -- when I did  
8 mention my knee to him and he explained to me,  
9 well, that's a workman comp case and I can't  
10 get involved with that. But I did mention it.  
11 That was the end of the conversation.

12 Q: I just read your January of 2020 report from  
13 Donato where you mention your shoulder. You  
14 actually saw Dr. Donato for the first time  
15 about your shoulder on December the 26th of  
16 2019, is that correct?

17 A: Dr. Donato never treated me for my shoulder.

18 Q: Okay. Well, let me read you his report. This  
19 is December 26th of 2019, this is about seven  
20 months after your accident. Patient comes  
21 today complaining of left shoulder pain which  
22 she claims has been on and off since May of  
23 this year when she had a fall. She claims she  
24 slipped at that time. No shortness of breath,  
25 no syncope at the time. She said it was okay



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1           then and she was taking Tylenol. No loss of  
2           consciousness and no seizures as well. She did  
3           not seek any medical help for this yet. She  
4           claims for the last two weeks she is not able  
5           to maintain her left shoulder up.

6       A:    He never treated me for my shoulder.

7       Q:    But you went to him with specific complaints  
8           about your shoulder, correct?

9       A:    I did not go to him complaining about my  
10           shoulder. I went to him on a wellness -- if  
11           you check it was the three month wellness visit  
12           that I went to him. I did not make a special  
13           trip with him about my shoulder. On a wellness  
14           visit I went to see him and when -- of course  
15           when he asked about any complaints is when I  
16           explained to him I was having trouble with this  
17           shoulder. That's why he didn't treat me. He  
18           never treated me for my shoulder.

19      Q:    Did you tell them about your shoulder?

20      A:    Yes, I told them about it.

21      Q:    Okay. So this information came from you?

22      A:    Yeah, I told them of my shoulder. I told them  
23           about my shoulder.

24      Q:    That information says, for the last two weeks  
25           you haven't been able to maintain your shoulder



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1 up. What does that mean?

2 A: I hadn't been able to raise my shoulder. I  
3 hadn't been able to raise my arm or put it  
4 behind me.

5 Q: But that was only for the last two weeks?

6 A: No, it wasn't for the last two weeks. I had  
7 that -- from the time I fell at Walmart I had  
8 not been able to maneuver this arm the way I  
9 did before.

10 Q: Okay. When you say Dr. Palutsis for the first  
11 time on January 16th, 2020 -- Commissioner,  
12 this is APA 88 from the history.

13 COMMISSIONER CAMPBELL: Thank you.

14 Q: His first report, first two sentences, Helen  
15 Brown is a 79 year old female with complaints  
16 of left shoulder pain. There was no injury to  
17 the left shoulder. Did you tell Dr. Palutsis  
18 that there was no injury to the left shoulder?

19 A: Why would I go to him for my shoulder and tell  
20 him there was no injury to it. No, I did not  
21 tell him that.

22 Q: Okay. Ma'am, you live in Cheraw, right?

23 A: I do live in Cheraw.

24 Q: This doctor that you went to see in Charleston,  
25 how long did it take you to get there?



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1 A: Two hours in Charleston.

2 Q: Okay. To get to Charleston you had to drive  
3 through Florence, right?

4 A: Yes.

5 Q: Is Columbia closer to you than Charleston?

6 A: Charleston is farther. Columbia is an hour and  
7 a half.

8 Q: Okay. Did the doctor that you saw in  
9 Charleston do any treatment for you or did he  
10 just look at you?

11 A: He gave me a nerve conduction on my shoulder.

12 Q: Oh, no, ma'am. You're talking about Dr.  
13 Stickler, That's the doctor that actually  
14 treated you. I'm talking about Dr. Geier, the  
15 doctor that your lawyer sent you to down in  
16 Charleston area. Do you remember seeing him?

17 A: I remember going there but I if I'm not  
18 mistaken he did the nerve conduction on my  
19 shoulder.

20 Q: Yes, ma'am. No, not with Dr. Stickler. You  
21 did have a nerve conduction with Dr. Stickler,  
22 yes, ma'am. No, I'm talking about Dr. Geier.  
23 Did you even see Dr. Geier?

24 A: I went down -- I went to Charleston twice and  
25 yes, I saw him but I don't remember what he did



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1 if he didn't give me the nerve conduction.

2 Q: Okay. You don't remember what he did for you?

3 A: No.

4 Q: Okay. Do you remember how long you spent with  
5 him or what y'all talked about or anything like  
6 that?

7 A: About -- I was there in the office for about 30  
8 minutes.

9 Q: Thirty minutes meeting with him or 30 minutes  
10 in the office waiting for him?

11 A: Well, sitting in the room and I got a nerve  
12 conduction from somebody in Charleston.

13 Q: Yes, ma'am, Dr. Stickler.

14 A: I don't know what the doctor did.

15 Q: Okay. That's fine. Let's talk real quick  
16 about your period of time out of work. I've  
17 got written down here that you were completely  
18 out of work from the day of your accident until  
19 August 18th, 2019 and that workers' comp paid  
20 you checks during that period of time. Does  
21 that sound about right to you? I don't expect  
22 you to remember the exact dates but it sounds  
23 like from the day you got hurt until the middle  
24 of August you were out of work and you were  
25 getting workers' comp checks, does that sound



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1 about right to you?

2 A: I went back to work and worked for a period of  
3 time after I had surgery.

4 Q: Yes, ma'am. I'm going to get there in just one  
5 second, but right after the accident you were  
6 out of work for about two and a half months,  
7 right?

8 A: Yes.

9 Q: And did you get workers' comp checks?

10 A: Yes.

11 Q: Okay. And then it looks like you went back on  
12 light duty to the job from August 19th of 2019  
13 until you had surgery with Dr. Smid for your  
14 knee. You were back working light duty?

15 A: Yes.

16 Q: Okay. And then after surgery you were out of  
17 work again and that period was November 12th,  
18 2019 through December 3rd of 2019, so right at  
19 about four weeks?

20 A: Yes.

21 Q: And you got paid checks during that period of  
22 time?

23 A: Yes.

24 Q: Okay. And then you would then go back to work  
25 light duty as a fitting room attendant,



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1           answering the telephone, and letting people in  
2           the fitting room?

3       A:     Yes.

4       Q:     Now according to the store the last time that  
5           you actually clocked in at the store was the  
6           third week of February 2020?

7       A:     Yes.

8       Q:     They had you on the schedule after that but you  
9           said that you just couldn't do the job any  
10          longer?

11      A:     The doctor gave a note ---

12      Q:     Yes, ma'am, that was in April.

13      A:     It was in April ---

14      Q:     Yes, ma'am.

15      A:     --- the last time I -- no, I worked until the  
16          doctor gave me the note not to report to work  
17          until I was further evaluated. ' I took that  
18          note and gave it to Trish.

19      Q:     Yes, ma'am.

20      A:     And that was it. I never got to go no note to  
21          return to work.

22      Q:     Before you got that note you were calling out  
23          for a lot of the shifts you were scheduled for,  
24          correct?

25      A:     No.



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1 Q: You never called out for any of the shifts you  
2 were scheduled for?

3 A: No. I -- that's one thing I don't do.

4 Q: So you were working that entire period of time  
5 until he took you out ---

6 A: Until the doctor gave me the note. Now, if you  
7 pull up my work record you won't find that I  
8 called out.

9 Q: Did you ask him to take you out of work?

10 A: No. In fact, I went to work on two occasions.  
11 The doctor gave me a note and when I took it to  
12 Trish -- and my name was on the schedule. I  
13 went to work, Trish came out and she said what  
14 are you doing here. I said I'm working. She  
15 said go home. Two times Trish sent me home.  
16 Two times.

17 Q: Okay. So that's interesting. So your attorney  
18 asked you earlier if you could have worked  
19 during that period of time, so the answer is  
20 you could have worked during that period of  
21 time?

22 A: But because of my situation since I'd been  
23 trying to -- but even when I was trying to work  
24 I was sending them -- notice this chair is too  
25 low, my knee is hurting me so bad. This



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1           dressing room -- I -- I can't do -- I tried.  
2           And that's why she told me, Helen, go home.  
3           Helen, go home. Twice Trish sent me home.

4       Q:    So could you have continued working after that  
5           or not?

6       A:    No.

7       Q:    Since that time period you collected  
8           unemployment?

9       A:    Yes.

10      Q:    Correct?

11      A:    Yes.

12      Q:    And you collected unemployment all the way  
13           through the end of December of 2020?

14      A:    Yes.

15      Q:    Okay. You got the stimulus money?

16      A:    Yes.

17      Q:    You get social security?

18      A:    Yes.

19      Q:    Is this just normal social security retirement  
20           I'm assuming?

21      A:    I get -- what did you say?

22      Q:    Social security retirement, just normal social  
23           security?

24      A:    No, I'm on social security.

25      Q:    Okay. And I'm assuming your husband also gets



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1 social security?

2 A: Yes.

3 Q: Okay. And have you applied anywhere or looked  
4 for any jobs since April of 2020?

5 A: I can't.

6 Q: Okay. I'm just asking. So I'm assuming the  
7 answer is no, you haven't looked for any jobs  
8 or applied anywhere?

9 A: No.

10 Q: Have you picked up the phone or reached out to  
11 anybody at Walmart about possibly coming back?

12 A: No.

13 Q: Were you aware that Dr. Rush had indicated in  
14 deposition testimony that he thought you could  
15 go back to work with restrictions?

16 A: Well, if that's the case why did he give me the  
17 information on -- why he gave me the  
18 information not to return to work until I was  
19 further evaluated.

20 Q: I was just asking if you knew about that or  
21 not?

22 A: No.

23 Q: Okay.

24 A: Why didn't I get the information?

25 Q: I don't have the answer to that, ma'am. You



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1 mentioned earlier that you got a shot in your  
2 wrist. Is that because Dr. Rush -- you had an  
3 EMG that showed you had some carpal tunnel, was  
4 he concerned that you might have carpal tunnel  
5 issues?

6 A: He told me that -- I showed him where my arm  
7 was hurting.

8 Q: Yes, ma'am.

9 A: And he told me that I thought it was hurting  
10 and he put the shot here. I don't have carpal  
11 tunnel. I never had carpal tunnel in my wrist.

12 Q: Okay. That's all the questions I have,  
13 Commissioner.

14 COMMISSIONER CAMPBELL: Okay. Mr. Taylor.

15 MR. TAYLOR: I don't have any follow up.

16 COMMISSIONER CAMPBELL: Okay. All right. And ma'am,  
17 thank you for being here and we really  
18 appreciate your testimony and you could step  
19 down. Thank you so much.

20 MS. BROWN: Thank you.

21 COMMISSIONER CAMPBELL: Absolutely. And that --  
22 there being nothing further then that concludes  
23 today's proceeding. And hope everybody has a  
24 meaningful Thanksgiving and be careful going  
25 home.



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1 MR. BAXLEY: Just want to clarify one thing  
2 procedural. I know we -- you want us to upload  
3 our APAs

4 COMMISSIONER CAMPBELL: Yes.

5 MR. BAXLEY: You do not want me to upload the  
6 transcripts or do you want me to upload those  
7 as well.

8 COMMISSIONER CAMPBELL: No. I -- we'll take --  
9 since we have the originals. So, no, we're  
10 good.

11 MR. BAXLEY: Just making sure.

12 COMMISSIONER CAMPBELL: I appreciate it.

13 (There being nothing further, the hearing concluded  
14 at 1:22 p.m.)  
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DECISION AND ORDER OF THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
WCC FILE NO. 1906764

|                                  |   |
|----------------------------------|---|
| Helen Brown,                     | ) |
| Employee,                        | ) |
| Claimant,                        | ) |
| vs.                              | ) |
| Walmart Inc.,                    | ) |
| Employer,                        | ) |
| and                              | ) |
| New Hampshire Insurance Company, | ) |
| Carrier,                         | ) |
| Defendants.                      | ) |

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|                            |                                                                                                                                                                                                                           |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HEARING:</b>            | Held in Rock Hill, South Carolina on November 17, 2021.                                                                                                                                                                   |
| <b>APPEARANCES:</b>        | Claimant represented by George A. Taylor, Esquire of Columbia, South Carolina.<br><br>Defendants represented by Johnnie W. Baxley, III, Esquire of Willson Jones Carter & Baxley, P.A., North Charleston, South Carolina. |
| <b>PURPOSE OF HEARING:</b> | To determine the issues as set forth on the Forms 50 and 51.                                                                                                                                                              |
| <b>DECISION AND ORDER:</b> | By R. Michael Campbell, II, Commissioner                                                                                                                                                                                  |
| <b>FILED:</b>              | February 7, 2022.                                                                                                                                                                                                         |



## **I. APA SUBMISSIONS**

Under the Administrative Procedures Act, the following records were submitted into evidence at the time of the hearing:

### **Claimant's APA Submissions**

- APA #1: Records of McLeod Health Cheraw, dated 5/30/19 to 6/20/19, consisting of pages 1-22.
- APA #2: Records of Palmetto Family Medicine, dated 5/31/19 to 2/05/20, consisting of pages 23-35.
- APA #3: Records of MUSC Florence Medical Center, dated 6/12/19, consisting of pages 36-43.
- APA #4: Records of OrthoCarolina - Dr. Rush & Dr. Smith, dated 7/25/19 to 11/16/20, consisting of pages 44-82.
- APA #5: Records of MUSC Health – Dr. Donato, Jr., dated 12/26/19, consisting of pages 83-87.
- APA #6: Records of MUSC Health- Dr. Palutsis, dated 1/16/20 to 1/24/20, consisting of pages 88-90.
- APA #7: Records of Florence MRI & Imaging, dated 8/26/20, consisting of pages 91-92.
- APA #8: Records of Dr. Stickler, dated 10/01/20, consisting of pages 93.
- APA #9: Records of Dr. Geier, dated 12/21/20 to 1/06/21, consisting of pages 94-113.
- APA #10: Records of Deposition transcript of Dr. Rush, dated 3/23/21, consisting of pages 114-148.
- APA #11: Records of Deposition transcript of Dr. Palutsis, dated 5/07/21, consisting of pages 149-177.

### **Defendants' APA Submissions**

- APA #11: Records of McLeod Health Cheraw, dated 7/1/15 to 5/31/19, consisting of pages 170-178.
- APA #12: Records of Dr. Rudolph, dated 2/14/13 to 2/28/14, consisting of pages 179-202.
- APA #13: Records of Dr. Qureshi, dated 11/12/14, consisting of pages 203-204.

- APA #14: Records of MUSC ER, dated 6/12/19, consisting of pages 205-220.
- APA #15: Records of Cheraw PT, dated 3/9/20 – 3/26/20, consisting of pages 221-222.
- APA #16: Records of MUSC Health, dated 6/28/18 – 1/21/20, consisting of pages 223-235.
- APA #17: Records of Dr. Palutis, dated 9/4/18, consisting of pages 236-238.

Defendants' Exhibits

- Exhibit 1: Deposition of Dr. Rush dated March 23, 2021.
- Exhibit 2: Deposition of Dr. Gregory Palutis dated May 7, 2021.

**II. STIPULATIONS**

Counsel for the respective parties stipulated at the time of the hearing to the following issues:

1. The purpose of the hearing is to determine the issues as set forth in the Forms 50 and 51 and any other issues which may timely come before the Commission;
2. That the Claimant's accident occurred on May 30, 2019;
3. The Claimant's average weekly wage was \$334.63 with a corresponding compensation rate of \$223.10;
4. Notices were timely and properly served upon all parties of interest;
5. Venue, set in York County, is proper as agreed by all parties;
6. That the South Carolina Workers' Compensation Commission has jurisdiction over the parties and issues involved;
7. The issues for determination are whether Claimant sustained a compensable injury to her left shoulder and left arm by accident arising out of and in the course of her employment, whether Claimant was entitled to any benefits under the SC Worker's Compensation Act for her left shoulder and left arm, whether Claimant is entitled to temporary total benefits from April 13, 2020 to present, and whether Claimant is entitled to a cervical MRI, whether Claimant is entitled to a second opinion for her left knee, and whether Claimant has sustained any permanent disability to the left knee.

Without objection, the Commission's file was made a part of the record in this matter with

the exception of any self-serving declaration or unstipulated medical reports.

### **III. STATEMENT OF THE CASE**

This case was heard by the undersigned Commissioner in Rock Hill, South Carolina, on November 17, 2021, to determine the issues as set forth on Claimant's Form 50. Specifically, Claimant sought an adjudication on whether Claimant sustained compensable injuries to her left shoulder and left arm and whether Claimant was entitled to benefits under the Act for the left shoulder and left arm, entitlement to temporary compensation from April 13, 2020, to present, a cervical MRI scan, and additional treatment for the left knee.

This is an admitted claim arising out of an accident on May 30, 2019, when Claimant was cleaning the fryer and slipped on some of the tools used to open the drain, resulting in an injury to her left knee. Defendants only admitted an injury to the left knee as a result of the work accident. It was the Defendants' position Claimant could not carry her burden of proof with regard to the left shoulder and left arm. Defendants asserted that medical causation could not be established by any medical report or deposition proffered. Additionally, Defendants asserted that Claimant was not entitled to temporary total disability since Dr. Rush wrote Claimant out of work for non-compensable body parts and clarified his position about being out of work in his deposition. Defendants asserted that Claimant was not entitled to a cervical MRI because that was recommended treatment for the shoulder which is not compensable. Lastly, Defendants asserted Claimant did not need additional medical treatment on her left knee because she hasn't had knee treatment since March 2020 and didn't attend the final knee evaluation in November 2020.

### **IV. EVIDENCE OF THE CASE**

Claimant suffered an injury by accident on May 30, 2019, when she was cleaning the fryer and slipped on some of the tools used to open the drain, resulting in an injury to her left knee. Initially,

Claimant treated with McLeod Health Cheraw where there “no injury except to her left knee”. (APA p. 1). Claimant then presented to Palmetto Family Medicine on May 31, 2019. (APA p. 2). Claimant had had tenderness over the area under the patella in the upper lower leg over the bone. (Id.) Additionally, Claimant had some tenderness in the left fore and upper arm but had no swelling and specifically denied any shoulder pain. (Id.) X-rays of the left leg were ordered, and Claimant was placed on work restrictions of no standing greater than five minutes and no lifting, pushing, or pulling until follow-up. (APA p. 2). In a follow-up appointment with Palmetto Family Medicine, on June 3, 2019, Claimant only reported pain in her left knee and right wrist. (Id.) Claimant was written out of work for nine days. (APA p. 2).

Claimant presented to MUSC Florence, on June 12, 2019, complaining only of left knee pain. X-rays of the left knee indicated arthritic changes and degenerative joint disease. Claimant was prescribed Hydrocodone and a knee brace. (APA p. 3). Claimant returned to Palmetto Family Medicine on June 10, 2019. Claimant reported pain in her left knee and mentioned she was unable to stand for long periods of time. Claimant did not mention her left shoulder or arm. Dr. Barton started Claimant on Naproxen and Lidocaine. (APA p. 2). In a follow-up appointment on June 17, 2019, Claimant denied shoulder pain but continued to complain about her left knee pain. (APA p. 2) An MRI of the left knee was ordered, and Claimant was ordered to remain out of work until follow-up. (APA p. 2) Claimant returned to McLeod Health Cheraw on June 20, 2019. (APA p. 1). An MRI of the left knee revealed chondromalacia involving the anterior aspect of the lateral femoral condyle with adjacent underlying subchondral cysts and reactive edema. (APA p. 1). On July 25, 2019, Claimant presented to OrthoCarolina for left knee pain. Dr. Smid recommended a left knee injection and ordered sedentary work duty. (APA p. 4). On a return visit to OrthoCarolina, on August 19, 2019, Dr. Smid indicated arthroscopic surgery would be necessary, which was performed on

November 12, 2019. (APA p. 4). Claimant was then referred to physical therapy. (Id).

On December 26, 2019, Claimant presented to MUSC Health complaining of left shoulder pain. (APA p. 5). Claimant reported she was not able to maintain her shoulder in the upwards position. Dr. Donato prescribed her solumedrol and referred her to Dr. Refvem. (APA p. 5). On a visit to MUSC Florence Orthopaedics on January 16, 2020, Claimant reported she was experiencing pain and weakness in her left shoulder pain but reported there was no injury to the left shoulder. (APA p. 6). Dr. Palutis diagnosed the Claimant with a possible rotator cuff tear, which he opined to a reasonable degree of medical certainty was related to the May 30, 2019 work-accident. (APA p. 6).

On a return visit to OrthoCarolina on January 30, 2020, Dr. Smid indicated Claimant may have some radicular symptoms in her left lower extremity. (APA p. 4). Claimant was ordered to continue physical therapy and sedentary work restrictions. (Id). Claimant returned to Palmetto Family Medicine on February 5, 2020, reporting left shoulder and left arm pain. (APA p. 2). X-rays of her shoulder came back unremarkable, and she was referred to physical therapy. (Id). On March 11, 2020, Claimant attended her follow-up appointment with Dr. Smid at OrthoCarolina. (APA p. 4). Dr. Smid noted Claimant had not been progressing in strengthening of the left lower extremity and had difficulty with extension. (Id). He indicated that he did believe her ulnar issues were associated with the knee and that she might have a lesion of some sort. (Id). He recommended an evaluation with a neurologist. (Id).

On April 13, 2020, Claimant presented to OrthoCarolina with left shoulder pain. (Id). X-rays of the left shoulder revealed degenerative changes over the AC joint. Dr. Rush referred Claimant for an MRI of her left shoulder and an EMG/NCS of the left upper extremity. (Id). The MRI of Claimant's left shoulder revealed moderate to severe supraspinatus and infraspinatus tendinosis with

partial articular surface tearing of the supraspinatus tendon, moderate degenerative changes of the AC joint, small joint effusion, synovitis, subacromial subdeltoid bursitis, and degeneration and fraying of the labrum and interarticular long head of the bicep tendinosis. (Id). Dr. Rush ordered Claimant out of work. (Id).

Claimant presented to Dr. Stickler for an IME on July 15, 2020. (APA p. 8). Dr. Stickler observed that Claimant was experiencing paresthesia, hyperesthesia, and weakness in the left lower extremity. (Id). He noted that Claimant's symptoms were not present initially after the injury or prior to the surgery, and that her complaints were greater than expected. (Id). He stated she may have had an exacerbation of a pre-existing condition, as she has extensive lumbar spine history. (Id). Dr. Stickler recommended an NCS/EMG study of the lower extremity to rule out lumbar radiculopathy and/or focal nerve compression. (Id).

Claimant underwent MRI of her left shoulder on August 26, 2020. The MRI revealed moderate to severe supraspinatus and infraspinatus tendinosis with partial articular surface tearing of the supraspinatus tendon as well as moderate degenerative changes of the AC joint and degeneration and fraying of the labrum and interarticular long head of the biceps tendinosis. (APA p. 7) In a follow-up appointment with Dr. Stickler on October 1, 2020, all nerve conduction studies were within normal limits. (APA p. 8). There was no evidence for focal neuropathy or lumbar radiculopathy in the left lower extremity. (Id). On October 27, 2020, Claimant presented to OrthoSC for an EMG/NCS study of her neck. (APA p. 4) The study appeared abnormal, but this was primarily due to neuropathy across the left wrist, consistent with carpal tunnel syndrome. (Id). There was no evidence of cervical radiculopathy or brachial plexopathy in the left upper limb. It was recommended she undergo an MRI of her cervical spine. (Id).

On November 16, 2020, Claimant reached maximum medical improvement for the left knee

and was released from treatment by Dr. Smid with a 2% impairment rating to the left lower extremity. (Id). Additionally, he indicated no future medicals and no work restrictions. (Id). On December 21, 2020, Claimant obtained an IME with Dr. Geier for her left knee and left shoulder. (APA p. 9). Regarding the left knee, Dr. Geier indicated Claimant would need an MRI and a follow-up with a knee specialist for surgery including a total knee replacement. Regarding the left shoulder, he opined that she would need physical therapy and a referral to a shoulder specialist for a shoulder arthroscopy and rotator cuff repair.

The deposition of Dr. Paul Rush was taken on March 23, 2021. Dr. Rush testified that the MRI findings showed degenerative changes that would not have been caused by an accident at work but could have been aggravated by an accident at work. Dr. Rush testified that if the fall at work aggravated those underlying conditions, he would have expected symptoms to occur maybe not immediately but certainly within a few weeks. He was then presented with the medical records immediately after Claimant's accident. When asked about the first report to mention shoulder pain dated December 26, 2019, Dr. Rush testified that he would have expected symptoms from an accident to appear much sooner. He further testified if her symptoms were related to the accident, they would have manifested sooner. Dr. Rush testified that the type of chronic findings that Claimant has in her shoulder most often do not present following an injury but occur as more of a gradual onset with symptoms that are progressive. Dr. Rush testified that these types of symptoms are not at all uncommon for a 79-year-old individual. Dr. Rush was also asked about why he wrote Claimant out of work. He testified that he was not sure the shoulder was the only reason she was out of work and specifically referred to the knee injury. Dr. Rush testified that solely for the shoulder issues, Claimant could have certainly gone back to work in some capacity and the only restrictions he would have put on her would have been pulling, pushing, lifting, and overhead work. Dr. Rush was

specifically asked about the cervical spine MRI and testified that the reason was to see if it explained any of her shoulder and arm symptoms. Dr. Rush also testified that with a 79-year-old lady and the problems that he saw on MRI, he would be surprised if she did not have discomfort in the shoulder (not just upper arm) if the work accident caused those problems. Dr. Rush admitted that if it was true that Claimant went six or seven months without any specific complaints of shoulder pain, it really put into question whether her complaints were coming from the work accident.

The deposition of Dr. Palutis was taken on May 7, 2021. He testified that he took a history from the patient and entered into his initial report that "there was no injury to the left shoulder" based upon what Claimant told him in the initial visit. Dr. Palutis was specifically questioned about his statement dated January 24, 2020. That statement indicated that Claimant gave a history of a work accident, and Dr. Palutis admitted that he had no recollection of that but was simply going along with Claimant telling him that she got hurt at work and that his note to the contrary was incorrect. He further testified that if she hurt her shoulder at work in a traumatic injury, there would have been pain reasonably soon, usually within a few days. He indicated that he would normally expect symptoms to appear within a week or two of the accident, that it was certainly possible for symptoms to appear within one month after the accident, but two months would be too long and any period longer would be less likely to be related to the trauma. Dr. Palutis testified that it is our opinion as to causation of the left shoulder was based solely on Claimant's statement that she had an injury at work and immediately had symptoms thereafter. He was then shown a number of medical notes, which are specifically detailed above, which do not mention left shoulder complaints until December 26, 2019. Dr. Palutis then gave the following testimony:

Q Okay. If, in fact, it is true that the first time she complained to a physician about her shoulder was December 26, 2019, from an accident on May 30, 2019, which is about seven months, if that is true and that's accurate, would you think that her left shoulder complaints related to the work accident?



A No.  
Q If on the other hand she had symptoms in her left shoulder within a week or two of the fall, it would be your opinion that that very well could be related?  
A Yes.  
Q Okay. Doctor, have your answers to my questions today been stated to a reasonable degree of medical certainty?  
A Yes.

### **Hearing Testimony**

#### **Direct Examination**

Claimant testified that prior to May 30, 2019, she had very good health and had no problems. (Hrg. Tr. P. 21). She testified she had back surgery in 1998. (Hrg. Tr. p. 22) She testified that she had a tubal ligation and a left knee surgery in the '90s. (Hrg. Tr. p. 23). Claimant testified that prior to May 30, 2019, she did not have left shoulder problems. (Id). Claimant testified that she graduated the 12<sup>th</sup> grade and then went to culinary school. (Id). Claimant testified that after she graduated culinary school, in 1957, she worked at a doctor hospital in New York for three years. (Hrg. Tr. p. 24). She testified she also worked in a post office from 1962 until 1973. (Id). She testified that when she moved to South Carolina she worked with her husband in an auto body repair shop and worked at IGA as a cake decorator. (Id). She testified that she also worked at Sam's club as a cake decorator. (Hrg. Tr. p. 25). Claimant testified she started working at Walmart in 2016. (Id). She testified she was working in the deli as a cake decorator at the time she got hurt. (Id). She testified that her job entails decorating cakes, cooking food, serving the customers, and cleaning up everything at the end of the workday. (Hrg. Tr. p. 26). Claimant testified that her job was demanding every single day. (Id). She testified that the heaviest thing she had to lift while working was the fryer, which weighed around 50 to 70 pounds. (Hrg. Tr. p. 27). She testified that before the accident she was able to do all the requirements of the job with no problems. (Id). Claimant testified that she worked the second shift, which was from 2 PM to 10 PM. (Id).

Claimant testified that she hurt herself when she tried to step over an open drain and tripped. (Hrg. Tr. p. 28). She testified she landed on her left side. (Id). She testified that a coworker heard her fall and called the manager. (Hrg. Tr. p. 29). Claimant testified that she laid on the floor for a while before she finally was able to stand back up. (Id). She testified that her left knee felt like it had no life in it. (Id). Claimant testified that she had her sister take her to the emergency room after the work-accident. (Hrg. Tr. p. 30). She testified that her knee was hurting her badly when she arrived at McLeod Hospital. (Id). Claimant testified she didn't realize her shoulder and arm was hurting until she tried to take her blouse off at the hospital. (Hrg. Tr. p. 31). She testified she needed help from the nurse to take off her blouse. (Id). She testified that she felt pain from her shoulder all the way down to her wrist. (Hrg. Tr. p. 32). Claimant testified that the pain is worse between the area from her shoulder to her elbow. (Id). He testified that the hospital took X-rays of her left arm, left shoulder, and left knee. (Hrg. Tr. p. 33). Claimant testified that she informed her supervisor that she was hurt. (Id). She testified that the first doctor Walmart sent her to was Dr. Novinger at Palmetto Family Medicine. (Hrg. Tr. p. 34). Claimant testified that she received a shot in her left knee and was given a brace and pain patch. (Id). Claimant testified she didn't deny shoulder pain during her visits at Palmetto Family Medicine because her shoulder was really hurting her. (Hrg. Tr. p. 35). She testified that she told Dr. Barton that she felt pain from her shoulder to her elbow. (Id). She testified that Dr. Smid took over care of her left knee after Palmetto Family Medicine. (Hrg. Tr. p. 36).

Claimant testified that Dr. Smid gave her injections in her left knee, but the relief didn't last long. (Hrg. Tr. p. 37). Claimant testified that she received surgery on her left knee in November 2019. (Id). She testified that the surgery did not help. (Id). She testified that physical therapy after the surgery did help her a little bit. (Hrg. Tr. p. 38). Claimant testified she did not see any other

doctor for her left knee after Dr. Smid. (Id). Claimant testified that every time she mentioned her left shoulder/arm pain to Dr. Smid he told her that he is treating her knee and not her shoulder/arm. (Hrg. Tr. p. 39). She testified that she tried to bring up her left shoulder pain every single time she visited Dr. Smid. (Id). She testified she went to Dr. Palutis for treatment of her left shoulder. (Id). She testified that he provided her with a shot. (Id). She testified that Worker's Comp sent her to Dr. Rush for left shoulder treatment. (Id). Claimant testified that she saw Dr. Rush two times and received an injection in her wrist, which did not help with her shoulder pain. (Hrg. Tr. p. 40). Claimant testified she can't work because Dr. Smid placed on her oxycodone, which makes her feel like a zombie. (Id). Claimant testified that she returned back to work on limited duty after her November 2019 surgery. (Hrg. Tr. p. 41). She testified that she stopped going to work once Dr. Rush gave her an "out-of-work" note. (Id). She testified that she has not worked anywhere since April 13, 2020. (Hrg. Tr. p. 42).

Claimant testified that her knee is always swollen, and the pain goes up and down. (Hrg. Tr. p. 43). She testified that the pain is located in the top of her knee. (Id). She testified that she can't touch the inside of her left knee without feeling pain. (Hrg. Tr. p. 45). She testified that the pain is constant and describes it as achy. (Id). She testified that the current pain level in her left knee is 5/10. (Hrg. Tr. p. 46). She testified that she uses her walker when she is at home and in the yard. (Id). She testified that the pain is worsen when she moves around a lot. (Hrg. Tr. p. 47). She testified that her left knee constantly becomes stiff. (Id). Claimant testified that she is taking Tylenol four times a day. (Hrg. Tr. p. 48). She testified that she is using a pain patch and a knee brace to deal with her left knee pain. (Id). Claimant testified that her left knee pain is getting worse. (Hrg. Tr. p. 49). She testified that she cannot do yard work or any house chores. (Id). She testified that she is having difficulty taking care of her legally blind husband. (Id). Claimant testified that

she wants more treatment for her left knee. (Hrg. Tr. p. 50).

Claimant testified that she feels pain from her shoulder down to her elbow. (Hrg. Tr. p. 51). She testified that her left arm and shoulder bothers her every single day and is worse at night. (Id). She testified that her shoulder pain is a 4/10. (Id). She testified that the pain level, at its' worst, is a 10-12/10. (Hrg. Tr. p. 52). She testified that she is unable to get her arm behind her back. (Id). Claimant testified that she warm and hot compresses her shoulder two to three times a day. (Id). She testified that Dr. Rush was the last provider she saw for her left shoulder. (Hrg. Tr. p. 53). She testified that nobody else will see her for her left shoulder pain. (Id). She testified that her left shoulder is getting worse and that she needs treatment. (Id). She testified that on average day, she walks room to room to try and get some relief from her knee pain. (Hrg. Tr. p. 54). She testified that she spends most of the day sitting in her recliner. (Id). She testified she is having trouble taking care of her husband. (Id). Claimant testified that her daughters and sister have to help her with taking care of her husband, going to doctor appointments, doing the laundry, and cooking. (Hrg. Tr. p. 55). Claimant testified she can drive short distances. (Id). She testified that she needs more treatment for her shoulder, arm, and knee. (Hrg. Tr. p. 56).

#### **Cross-Examination**

Claimant testified that she is having pain from the top of her shoulder down past her elbow. (Hrg. Tr. p. 57). She testified that she has been having this pain since the day she fell at work. (Hrg. Tr. p. 58). She testified that the nature of this pain hasn't changed since the work-accident, but the severity has increased. (Id). Claimant testified that the pain was bad in her knee when the accident first happened, but the severity increased when she arrived at the hospital. (Id). When asked whether the Palmetto Family Medicine report was wrong about her denying shoulder pain, Claimant testified the report was wrong. (Hrg. Tr. p. 59). Claimant testified when the doctor asked

her what was wrong, she pointed to the body parts that were affecting her. (Id). She testified that she touched the top of her shoulder and pointed all the way down to her elbow. (Hrg. Tr. p. 60).

Claimant testified that she saw Dr. Kinzie at Palmetto Family Medicine on June 3, 2019. (Id). When asked whether the medical report was wrong about Claimant only complaining of left knee and right wrist pain, Claimant testified that she never mentioned her wrist and she showed the doctor that she felt pain in her shoulder down to her elbow. (Hrg. Tr. p. 61). She testified the pain starts at the top of her shoulder and goes down to her elbow through her bicep. (Id). She testified that this is the way she described it to Dr. Kinzie. (Id). Claimant testified that the June 10, 2019 medical report was not accurate when it stated she only complained about her left knee. (Hrg. Tr. p. 62). Claimant testified that she remembers going to the emergency room in Florence two weeks after her accident. (Id). Claimant testified that the part of the medical report that states Claimant presented with chief complaint of left knee pain is accurate. (Id). Claimant admitted that she did not mention her left arm or shoulder to that doctor two weeks after the accident. (Id). However, she testified that she did mention her left arm and shoulder the day of the accident. (Hrg. Tr. p. 63). Claimant testified that she only mentioned her knee at the emergency room, two weeks after accident, because she only wanted help for her knee at that time. (Hrg. Tr. p. 64). She testified she was still experiencing pain in her shoulder at that time though. (Id). Claimant testified that on her June 17, 2019, visit to Palmetto Family Practice, she did not deny shoulder pain even though the medical report indicated she did. (Id). Claimant testified that she complained about her left shoulder pain at her June 24, 2019, visit to Palmetto Family Practice. (Hrg. Tr. p. 65). However, the medical report indicates she didn't. (Id).

Claimant testified that she went to Dr. Donato at MUSC to establish primary care on July 9, 2019. (Id). She admitted that she did not mention her left knee, left shoulder, or left arm pain to

Dr. Donato. (Hrg. Tr. p. 66). She testified that she saw Dr. Donato again in October 2019, and did not mention her left knee, left shoulder, or left arm problems because Dr. Smid was handling those issues. (Hrg. Tr. p. 67). However, she did testify that she had complaints about her left shoulder on her visit to Dr. Donato on January 21, 2020. (Id). When asked why she waited until the third visit with Dr. Donato to mention shoulder problems she was having since the work-accident, Claimant testified she had no reason to tell him of her shoulder because he wasn't going to treat it. (Hrg. Tr. p. 68).

Claimant testified that she did not inform Dr. Palutis, on her January 16, 2020 visit, that there was no injury to her left shoulder. (Hrg. Tr. p. 71). Claimant testified that to get from Cheraw to Charleston takes two hours, but to get to Columbia from Cheraw only takes an hour and a half. (Hrg. Tr. p. 72). She testified she saw Dr. Greier in Charleston twice, but she does not remember what he did for her. (Hrg. Tr. p. 73). Claimant testified that she was out of work for about two and half months after her work-accident. (Hrg. Tr. p. 74). She testified that she did receive workers' compensation checks during that time. (Id). She testified that after her knee surgery with Dr. Smid, she was out of work for another four weeks. (Id). Claimant testified that she returned to work on light duty as a fitting room attendant. (Id).

Claimant testified that the last time she clocked in at Walmart was doing the third week of February 2020. (Hrg. Tr. p. 75). She testified that she has collected unemployment from February 2020 to the end of December 2020. (Hrg. Tr. p. 77). She testified that she received stimulus money and Social Security. (Id). She testified that her husband also receives Social Security. (Hrg. Tr. p. 78). She testified that she has not applied for work anywhere since April 2020. (Id). She testified that she has not reached out to anybody at Walmart about possibly going back to work. (Id). Claimant testified that she did not know that Dr. Rush indicated in his deposition testimony that he

thought she could go back to work without restriction. (Id).

A record such as was necessary for a decision was made of the proceeding and after careful consideration and study of all the evidence, the following findings of fact are accordingly made.

## **V. FINDINGS OF FACT**

### **IT IS FOUND AS A FACT:**

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Helen Brown as Employee-Claimant and Walmart Inc. as Employer and New Hampshire Insurance Company as Carrier, Defendants.

2. That the average weekly wage of Employee at the time of the above-described accident was \$334.63, and his compensation rate was \$223.10.

3. Claimant sustained and admitted injury by accident to her left knee arising out of and in the course and scope of her employment on May 30, 2019.

4. Claimant alleges a causally related injury to her left shoulder.

5. Claimant underwent various evaluations and treatment for her admitted and alleged work-related injuries.

6. On 01/24/2020, in an addendum to his medical report, Dr. Gregory R. Palutis of MUSC Florence Orthopaedics opined: "I, Dr. Gregory R. Palutis, evaluated Ms. Helen Brown on January 16, 2020 for her left shoulder pain. At this visit, Ms. Brown related to me that she had fallen on her left arm and left knee at work and is having left shoulder complaints since that time. I did not include this in the original history of my report dated January 16, 2020, which was left out inadvertently. It is my opinion, to a reasonable degree of medical certainty, that Ms. Helen Brown's complaints regarding her left shoulder were from the fall she sustained at work on May 30, 2019 and

that she will require medical treatment for the same."

7. On 11/11/2020, in his medical notes, Dr. Paul F. Rush of OrthoCarolina opined: "Persistent left shoulder pain with abnormal MRI as noted above. Most of these findings probably chronic which certainly could be aggravated by her injury." In addition, Dr. Rush wrote Claimant out of work for her left shoulder pain for an unknown length of time.

8. On 11/16/2020, on a Form 14B, authorized treating physician Dr. John Smid of OrthoCarolina opined to a reasonable degree of medical certainty that Claimant was at MMI as of 11/16/2020, assigned a 2% medical impairment to the left knee, assigned no permanent physical limitations and did not recommend future medical treatment.

9. On 01/06/2021, in an amendment to his IME for the claimant, Dr. Carl D Geier, Jr. opined: "Based on the available information, to a reasonable degree of medical certainty, there is a causal relationship between the examinee's ongoing left knee and left shoulder pain secondary to the work-related injury on May 30, 2019. The diagnosis and need for treatment are the direct result of the work accident as a direct injury and/or an aggravation of a pre-existing condition. She has not reached maximum medical improvement as of the date of this examination regarding her left knee and left shoulder pain. Given her left knee difficulties, she is limited to desk duties only. Regarding the left knee, Ms. Brown needs an MRI to determine the source of her medical knee pain and follow-up with a knee specialist to plan surgical treatment, including total knee replacement. Regarding the left shoulder, she needs continued physical therapy and follow-up with a shoulder specialist to determine other treatment including shoulder arthroscopic and rotator cuff repair. The treatment recommendations as outlined are reasonable, medically necessary, and intended to lessen the period of disability to a reasonable degree of medical certainty."

10. On 03/23/2021, in deposition testimony, Dr. Rush testified Claimant's work related



injury could have possibly aggravated her pre-existing left shoulder problems, that he would have expected the symptoms for her left shoulder to have presented by the time of her June 17, 2019 appointment, that he would expect the symptoms of an aggravation of an underlying condition to manifest themselves much sooner than approximately seven months and that Claimant could have gone back to work for the issues he was seeing her for with restrictions for anything strenuous using the upper extremities such as pulling, pushing, lifting and overhead work.

11. On 05/07/2021, in deposition testimony, Dr. Palutis testified, with regard to the addendum to his medical report, that he didn't have any specific recollection of what the claimant did or did not say on January 16, 2020, and that would have been brought to his attention afterwards by the patient or patient's attorney. In addition, Dr. Palutis testified that he would not think that claimant's left shoulder complaints are related to her work accident if the first time she complained to a physician about her shoulder was about seven months later. Dr. Palutis also testified he had a hard time saying that Claimant's upper arm complaints were related to her left shoulder because he wasn't the one examining her and didn't have confirmation there actually was an injury to the shoulder.

12. On 11/17/2021, at the hearing before the undersigned Commissioner, Claimant testified regarding her work-related accident, the medical treatment and evaluations she has had for her admitted left knee, alleged left arm and alleged left shoulder injuries. In addition, Claimant testified regarding the reporting to medical providers about her alleged left arm and left shoulder issues, the issues she continues to have and her ability to work.

13. While I am certainly sympathetic to the issues that Claimant has had with her left shoulder and left arm, based on a preponderance of the evidence, I simply cannot find that Claimant has met her burden of proof that she sustained a compensable injury/aggravation to her left shoulder

or left arm, causally-related to her admitted May 30, 2019 work-related accident.

14. After reviewing the medical records, the deposition transcripts, and Claimant's testimony, I find that Claimant specifically denied shoulder pain or symptoms for months after her work accident. The first medical note to contain a specific mention of the shoulder was December 26, 2019. Based upon her testimony, Claimant stated that her shoulder and arm were injured from the date of accident forward, that she knew where those body parts were located, and that she reported to the medical providers through both words and indication that she was having problems specifically with her shoulder; however, the medical records simply do not support that testimony. This finding is based upon the greater weight of the evidence.

15. Both Dr. Rush and Dr. Palutis testified that it was unlikely that Claimant's problems with her left shoulder and left arm were related to the work accident if her symptoms did not surface for months after the accident. Neither doctor was able to state to a reasonable degree of medical certainty that Claimant's left shoulder or left arm problems were causally related to a work accident based upon the specific circumstances presented to them (namely that Claimant did not complain about shoulder complaints until December 2019). I therefore find that Claimant did not prove by a preponderance of the evidence that her left shoulder and left arm problems are causally related to her work accident.

16. Therefore, Claimant's request for benefits under the Act for the left shoulder and left arm is hereby denied.

17. Claimant's request for an MRI of the cervical spine, which was recommended solely to diagnose problems with the left shoulder and left arm, is hereby denied since those body parts are not compensable.

18. Furthermore, Claimant's request for temporary total disability compensation benefits

is hereby denied. First, Dr. Rush broke her out of work based upon his treatment for a body part that is not compensable. Second, Dr. Rush clarified in his deposition that he would have allowed Claimant to go back to work and the only reason he wrote her out of work was due to her myriad of problems, including problems that are not compensable.

19. Claimant's only compensable body part from this admitted accident is her left knee/left lower extremity.

20. I find Claimant is entitled to a second opinion for her admitted left knee injury, by a physician of the Defendants' choosing and who is a knee specialist.

21. Defendants' chosen specialist shall not be with a practice that has previously treated Claimant.

22. Therefore, I hereby find Claimant has not yet reached maximum medical improvement for her compensable left knee injury.

23. A determination of permanency to the left knee/left lower extremity is premature at this time.

## **VI. CONCLUSIONS OF LAW**

Accordingly, as provided in § 42-17-40, SC Code Ann. (1976), as amended, it is the determination of this Commission that:

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.

2. Under § 42-1-160, Claimant sustain a compensable injury to her left knee by accident arising out of and in the course and scope of her employment on May 30, 2019.

3. Under § 42-1-160, Claimant failed to prove by a preponderance of evidence in the record that her left shoulder and left arm injuries are causally related to her work accident of May 30,

2019.

4. Claimant's left shoulder and left arm claim for benefits under the South Carolina Workers' Compensation Act is hereby denied and dismissed with prejudice.

5. Under § 42-9-10, Claimant is not entitled to temporary total disability compensation.

6. Under § 42-15-60, Claimant has not yet reached maximum medical improvement with regard to her compensable left knee injury and is entitled to a second opinion on the left knee injury from a knee specialist chosen by Defendants.

#### **VII. ORDER/AWARD**

**IT IS HEREBY ORDERED** that Claimant failed to prove compensable injuries to her left shoulder and left arm by accident arising out of and in course and scope of her employment on May 30, 2019.

**IT IS FURTHER ORDERED** that Claimant's left shoulder and left arm claim for benefits under the South Carolina Workers' Compensation Act is hereby denied and dismissed with prejudice.

**IT IS FURTHER ORDERED** that Claimant's request for temporary total disability compensation benefits is hereby denied.

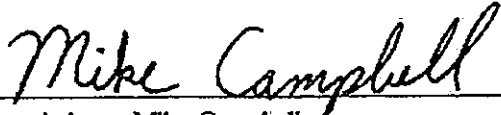
**IT IS FURTHER ORDERED** that Claimant is entitled to a second opinion for her admitted left knee injury, by a knee specialist of the Defendants choosing.

**IT IS FURTHER ORDERED** that Claimant has not yet reached maximum medical improvement with regard to her left knee and a determination of permanency for the left knee is premature at this time.

**IT IS SO ORDERED.**

No hearing costs are assessed in this instance.

SOUTH CAROLINA WORKERS'  
COMPENSATION COMMISSION

  
Commissioner Mike Campbell

**Parties served via Email:**

George Taylor, Esquire: [gtaylor@csa-law.com](mailto:gtaylor@csa-law.com)

Johnnie W. Baxley, Esquire: [jwbaxley@wjlaw.net](mailto:jwbaxley@wjlaw.net)

**CERTIFICATE OF SERVICE**

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.

February 7, 2022

By: Barbara Cheeseboro, Administrative Assistant to Commissioner Campbell



Licensed to practice  
in South Carolina,  
North Carolina,  
Georgia and the  
District of Columbia

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February 17, 2022

*Via Hand Delivery*

Ms. Amy Bracy Judicial Director  
South Carolina Workers' Compensation Commission  
Post Office Box 1715  
Columbia, SC 29202-1715

RE: Helen Brown v. Walmart - Cheraw  
SCWCC File No. 1906764

Dear Ms. Bracy:

Enclosed are the original and three copies of a Form 30 Request for Commission Review, Decision and Order from the Single Commissioner, and a \$150.00 check in the above-referenced matter. Additionally, enclosed is a certificate of service showing that we have served a copy of the Request for Commission Review upon Johnnie W. Baxley, III, counsel for the defendant with the same.

Thank you for your continuing cooperation in this and other matters.

Very truly yours,

George A. Taylor  
803-509-5836 Other  
[gtaylor@csa-law.com](mailto:gtaylor@csa-law.com)

GAT/kil

Enclosures

cc: Johnnie W. Baxley, III, Esquire

AIKEN | CHARLESTON | COLUMBIA | FLORENCE | ROCK HILL | SUMTER

South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
803-737-5675 [www.wcc.sc.gov](http://www.wcc.sc.gov)



WCC File #: 1906764  
Carrier File #: \_\_\_\_\_  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: Helen Brown SSN: [REDACTED] Employer's Name: Walmart - Cheraw  
Address: [REDACTED] Address: 1040 Chesterfield Hwy  
City: [REDACTED] State: SC Zip: 29520 City: Cheraw State: SC Zip: 29520  
Home Phone: [REDACTED] Work Phone: \_\_\_\_\_ Insurance Carrier: {wcc1.insurancecarrier.name}  
Preparer's Name: George A. Taylor Law Firm: Chappell, Smith & Arden Preparer's Phone #: ( 803 ) 929 - 3600

### REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: \_\_\_\_\_

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

SEE ATTACHMENT

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.  
I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SEE ATTACHED CERTIFICATE OF SERVICE

address \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

by ☐ first class postage ☐ certified mail ☐ personal service ☐ electronic service

[Signature]  
Preparer's Signature

Attorney for Claimant  
Title

gtaylor@csc-law.com  
Email

February 17, 2022  
Date

Check this box if you are not represented by an attorney ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or [appeals@wcc.sc.gov](mailto:appeals@wcc.sc.gov).

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

HELEN BROWN V. WALMART – CHERAW

WCC FILE NO. 1906767

ATTACHMENT TO FORM 30

1. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Finding of Fact. No. 11 **that Dr. Palutsis testified he did not think Claimant's left shoulder complaints were causally related to her work accident and that he had a "hard time saying" Claimant's upper left arm complaints were unrelated to her left shoulder** when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?
2. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Finding of Fact. No. 13 **that Claimant failed to meet her burden of proof that she sustained a compensable injury or aggravation of a preexisting condition as a result of her admitted work injury** when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?
3. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Finding of Fact. No. 14 **that Claimant specifically denied shoulder pain or symptoms for months after the accident** when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?
4. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Finding of Fact. No. 15 **that Claimant specifically denied shoulder pain or symptoms for months after her work accident and that the medical records failed support Claimant's testimony that her left shoulder and arm were injured from the date of the accident forward** when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?
5. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Finding of Fact. No. 16 **that Dr. Rush and Dr. Palutsis testified it was unlikely that Claimant's problems with her left shoulder were related to the work accident if her symptoms did not surface for months after the accident and that neither doctor was able to state to a reasonable degree of medical certainty that Claimant's left shoulder or**



**left arm problems are causally related to a work accident** when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?

6. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Finding of Fact. No. 17 **denying Claimant's request for an MRI of the cervical spine** when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?

7. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Finding of Fact. No. 18 **denying Claimant's request for TTD from April 13, 2020 ongoing based upon Dr. Rush's out of work note** when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?

8. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Finding of Fact. No. 19 **finding Claimant's only compensable body part from her admitted work accident is her left knee/lower extremity** when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?

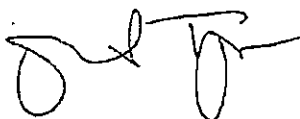
9. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Conclusion of Law No. 3 **that Claimant failed to prove by a preponderance of the evidence in the record that her left shoulder and left arm injuries were not causally related to her work accident of May 30, 2019**, when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?

10. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Conclusion of Law No. 4 **that Claimant's left shoulder and left arm claim for benefits under the South Carolina Workers' Compensation Act are denied and dismissed with prejudice** when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?

11. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Conclusion of Law No. 5 **that Claimant is not entitled to TTD from April 13, 2020 ongoing** when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?

12. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in **failing to find that Claimant did suffer a compensable aggravation of a pre-existing condition in her left shoulder and left arm** when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?

Respectfully Submitted,



---

George A. Taylor  
Attorney for the Claimant  
Chappell Smith & Arden  
PO Box 12330  
Columbia, SC 29211  
Direct Dial: (803) 509-5836

Dated: February 17, 2022

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION  
COMMISSION

Helen Brown,

Claimant,

vs.

Walmart - Cheraw,

Employer,

New Hampshire Insurance Co.,

Carrier/Defendants.

WCC FILE NO: 1906764

**CERTIFICATE OF SERVICE**

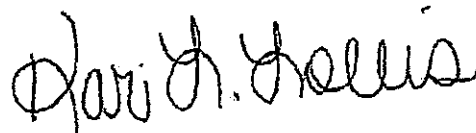
Kari L. Lollis, being first duly sworn, says that she is the paralegal for the Claimant's/Employee's attorney of Chappell, Smith & Arden located at 2801 Devine Street, Columbia, Suite 300, South Carolina, 29205 and, that on February 17, 2022, she forwarded a copy of the CLAIMANT'S FORM 30 REQUEST FOR COMMISSION REVIEW and attached certificate of service to:

**Via Email Only:**

[jwbaxley@wjcblaw.com](mailto:jwbaxley@wjcblaw.com)

[jwbaxley@wilaw.net](mailto:jwbaxley@wilaw.net)

Johnnie W. Baxley, III, Esquire  
Willson Jones Carter & Baxley  
4922 O'Hear Avenue, Suite 301  
North Charleston, SC 29405



Kari L. Lollis  
Paralegal to George A. Taylor, Esquire  
Chappell, Smith & Arden  
PO Box 12330, Columbia, SC, 29211  
803-929-3600

STATE OF SOUTH CAROLINA  
BEFORE THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
WCC No. 1906764

Helen Brown, )  
 )  
Claimant, )  
 )  
v. )  
 )  
Walmart Inc., )  
 )  
Employer, )  
 )  
and )  
 )  
New Hampshire Insurance, )  
 )  
Carrier/Defendants. )  
----- )

**FULL COMMISSION HEARING**

\*\*\*\*\*

**Tuesday, April 19, 2022**  
3:45 p.m. - 4:10 p.m.

The Full Commission Hearing was heard before Commissioners Susan S. Barden, Avery Wilkerson and Aisha Taylor virtually via ZOOM on the 19th day of April, 2022, before Amber Scarborough, Court Reporter and Notary Public in and for the State of South Carolina.



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1230 Richland Street / Columbia, SC 29201  
(803) 252-3445 / [contact@creelreporting.com](mailto:contact@creelreporting.com)

### APPEARANCES

**George A. Taylor, Esquire (virtually)**  
 Chappell, Smith & Arden, P.A.  
 2801 Devine Street  
 Suite 300  
 Columbia, South Carolina 29205  
 Attorney for the Appellant/Claimant

**Johnnie W. Baxley, Esquire (virtually)**  
 Willson, Jones, Carter & Baxley, P.A.  
 4922 O'hear Avenue  
 Suite 301  
 North Charleston, South Carolina 29405  
 Attorney for the Respondent/Defendant

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### EXHIBITS

(There were no exhibits marked during the hearing.)

### STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.



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1 CALL TO ORDER:

2 COURT REPORTER: Today is April the 19th, 2022.

3 This is South Carolina Workers' Compensation  
4 case Number 190764. This is the case of Helen  
5 Brown versus Walmart, Incorporated and New  
6 Hampshire Insurance. The appellant is the  
7 Claimant, represented by George A. Taylor. The  
8 Respondent is represented by Johnnie W. Baxley.  
9 Each side is allowed 10 minuets for or- -- oral  
10 argument and the Appellant 3 minutes in reply.  
11 You are requested to argue the grounds of  
12 exception and stay within the record.

13 COMMISSIONER TAYLOR: All right. Very good.

14 MR. TAYLOR: Thank you. May it please the  
15 Commission.

16 COMMISSIONER TAYLOR: Okay.

17 MR. TAYLOR: Yeah. Sorry.

18 COMMISSIONER TAYLOR: You can begin.

19 APPELLANT'S POSITION:

20 MR. TAYLOR: Okay. Thank you. Sorry about that.  
21 The issues on this appeal are factual in  
22 nature. I'm going to try not to summarize all  
23 of the facts because if I do that, I'm going to  
24 run out of time, but I'll try to sort of cover  
25 it in tandem. But as a bit of background, Ms.



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1 Brown was involved in an admitted work accident  
2 on May 30th of 2019. She fell hard on the  
3 floor, hitting on her left side. She was  
4 working in the Walmart deli. She actually  
5 tried to catch herself on the way down. She  
6 was unable to do so. Her left knee injury was  
7 admitted. She actually had surgery on the left  
8 knee on November 12th, 2019 with Dr. Smid at  
9 Ortho Carolina. I won't talk more about the  
10 knee because that's not really an issue in  
11 dispute today. But Ms. Brown's fall also  
12 caused her problems with her left shoulder and  
13 her left arm. The medical evidence is that she  
14 aggravated a pre-existing condition in her  
15 shoulder. She also needs an MRI to determined  
16 if she suffered a neck injury, which may be  
17 causing additional problems with her left arm  
18 and shoulder. At this point, Ms. Brown has  
19 been evaluated by four different doctors for  
20 her shoulder; Dr. Donato and Dr. Palutsis, both  
21 at MUSC; Dr. Rush and Dr. Geier. The only  
22 treatment she's had for the shoulder has been  
23 with Dr. Rush and that was an injection. The  
24 -- the issues before you are, one, did Ms.  
25 Brown injure or aggravate a pre-existing



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1 condition to her left shoulder and left arm;  
2 and two, is she entitled to an MRI of her  
3 cervical spine as recommended by Dr. Rush to  
4 appropriately diagnose her injuries and fully  
5 sort of delineate what's going on in her left  
6 arm and shoulder. Ultimately, the single  
7 Commissioner determined in this case that Ms.  
8 Brown did not injure her shoulder and arm and  
9 was not entitled to a cervical MRI because  
10 essentially, she didn't use the word shoulder  
11 and the word shoulder didn't appear in a  
12 medical record in this case until December  
13 16th, 2019, which is -- is accurate that the  
14 word shoulder did not appear. It ultimately  
15 did on that date, December 26th, 2019, that was  
16 a visit with Dr. Donato. That's in APA 5, Page  
17 83. There was also some records from Palmetto  
18 Family Medicine that indicated that Ms. Brown  
19 denied a shoulder injury on May 31st, which  
20 would have been the day after her accident.  
21 And then, essentially that same verbiage got  
22 carried over. But during that first visit and  
23 the visit on May 31st, 2019 at Palmetto, Ms.  
24 Brown was specifically complaining of upper and  
25 lower arm pain. When she testified in her



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1 deposition and -- and at hearing that she --  
2 she used her right hand to show along her arm  
3 where she was hurting and sort of, when she  
4 started at the top or bottom, but showed her --  
5 her full arm and up to her shoulder to the  
6 doctor. I think the critical thing here in my  
7 view is that even though she didn't say she had  
8 shoulder pain, she was in fact describing a  
9 shoulder problem. And this is supported, I  
10 think, by two doctors who were deposed in this  
11 case, who've testified it's not uncommon for  
12 patients to describe as what they would  
13 consider a shoulder problem as being upper arm  
14 pain. There was medical causation proffered by  
15 -- from two doctors in the case. The first was  
16 Dr. Palutsis, who saw Ms. Brown on January 16th  
17 of 2020. His records are APA 6, I think page  
18 87 through 90. There's a causation statement  
19 dated January 24th, 2020. And Dr. Palutsis is  
20 -- it was argued that he retracted his  
21 position. That didn't happen in his  
22 deposition. If -- if you read the -- from  
23 start to finish including the cross-  
24 examination, he did testify on direct that if  
25 the first time the complainant -- the Claimant



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1       complained about her shoulder was on December  
2       26th of 2019, he would not think her injury  
3       related to her work accident. But I think the  
4       important thing to remember he is that on  
5       December 26th really wasn't the first time Ms.  
6       Brown was complaining of shoulder problems.  
7       It's just the first time she used the word  
8       shoulder. And Dr. Palutsis went on to testify  
9       in his deposition that shoulder problems could  
10      manifest in the upper arm and if someone is  
11      complaining of upper arm problems, it could be  
12      related to the shoulder. When Dr. Palutsis  
13      said that if the first time she had complaints  
14      of her shoulder was on December 26th, 2019,  
15      that was -- that was without the benefit of  
16      seeing all the records where she was  
17      complaining of arm pain prior to December 26th.  
18      Dr. Palutsis also testified, I think this is a  
19      separate thing, but it wouldn't be uncommon for  
20      someone to complain about shoulder -- or excuse  
21      me -- arm pain when they're actually having  
22      shoulder pain. So, there's two different  
23      things here. One, you can have pain and you  
24      can have a problem in your shoulder that's  
25      really manifesting in the arm. And I'll get to



1           that a bit more when I talk about Rush's -- Dr.  
2           Rush's testimony.     But separately, someone  
3           could just say arm when really what they mean  
4           is shoulder.     I think that testimony from --  
5           from Dr. Palutsis is really at Page 17 of his  
6           deposition transcript, which would be at Page  
7           165 of the APAs.     And I also think it's  
8           important to remember than when Ms. Brown did  
9           first use the word shoulder, that was with Dr.  
10          Donato and she said that her shoulder had been  
11          hurting since her fall at work, had been  
12          intermittent and worsening.     So, this isn't  
13          really a case where on December 26th, Ms. Brown  
14          makes her first report of shoulder pain.     She's  
15          just -- the first time the word shoulder shows  
16          up in a record.     And I'd also think it's  
17          noteworthy, I -- I was retained in this case in  
18          October of 2019, a Form 50 -- a claim Form 50  
19          was filed and includes shoulder, so that  
20          would've been two and a half months or almost  
21          three months before -- before December 26th of  
22          2019.     Ms. Brown was also evaluated by Dr.  
23          David Geier on December 21st, 2020.     He had all  
24          the records that existed at that point in time  
25          at least, and opined that Ms. Brown had injured



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1 or aggravated her left shoulder and left arm in  
2 a work accident. There's two doctors providing  
3 medical causation. I -- I do want to talk a  
4 minute about Dr. Rush. I think his testimony  
5 was very important, especially as it relates to  
6 the cervical spine MRI. He saw Ms. Brown on  
7 April 13th of 2020. He ordered MRIs for the  
8 shoulder and of the neck. Both initially were  
9 not authorized. A Form 50 hearing request was  
10 made. We resolved that on consent order. As  
11 part of that, she did receive the shoulder MRI,  
12 which showed she had severe -- moderate to  
13 severe tendonosis in her shoulder and a -- a  
14 host of other issues that Dr. Rush said  
15 essentially were chronic in nature, but  
16 certainly could've been -- and I think his  
17 words were, certainly could have been  
18 aggravated by her fall at work. On -- on re-  
19 direct, and I had to just quote from the --  
20 from the transcript here, but I'm going to for  
21 a minute. I asked Dr. Re- -- Rush, "so the  
22 suggestion that she didn't have any  
23 manifestations of symptoms for six or seven  
24 months would be inaccurate if she was  
25 demonstrating symptoms in her upper arm



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1 immediately after the accident?" And his  
2 answer was, "that's why I wanted to pursue the  
3 cervical spine because that could manifest  
4 either in upper or lower arm. But most  
5 shoulder problems cause pain just below the  
6 shoulder level or at the shoulder level, down  
7 to the elbow, but not below. Cervical spine  
8 problems can do both." Then on re-direct,  
9 Attorney Baxley asked Dr. -- Dr. -- or asked  
10 Dr. Rush if he had ever seen someone with  
11 tendonosis that's reported on the MRI have zero  
12 pain in the shoulder and then pain only in the  
13 upper arm. And he testified -- and this is  
14 Page 135 of the APAs, I think Page 23 of his  
15 deposition testimony. His answer was, and I'll  
16 quote, "we generally see people with some  
17 discomfort in the shoulder girdle, but most  
18 pain is usually in the upper arm. It has to do  
19 with the innervation of muscle and tendon units  
20 that function to move the shoulder. The  
21 terminal point of those nerves end down at the  
22 deltoid insertion of the upper arm, which is,  
23 if you would put your hand on your shoulder,  
24 five finger breadths below, that's the upper  
25 arm. That's where people have the majority of



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1       their complaint."       So, that -- that's  
2       essentially what Ms. Brown was complaining of.  
3       What Dr. Rush ultimately testifies is what you  
4       would expect.   So, the greater weight of the  
5       evidence, we believe, is consistent with --  
6       with the -- the causation opinions give by Dr:  
7       Palutsis and Dr. Geier that Ms. Brown suffered  
8       an aggravation to pre- -- pre-existing  
9       conditions in her shoulder and medical  
10      treatment would tend to lessen her period of  
11      disability.   On the remaining issue, I think  
12      Dr. Rush was very clear.   He recommended a  
13      cervical MRI.   That was not authorized.   He  
14      recommended because the Claimant complained of  
15      pain and numbness in her left arm, which he  
16      thought was consistent with cervical  
17      radiculitis or radiculopathy.   And at the end  
18      of his -- his deposition testimony, I tried to  
19      sort of just boil it down and I asked him, "is  
20      -- is the bottom line at this point, we need to  
21      get the cervical MRI to fully delineate what's  
22      going on?"   And he said, "that was my initial  
23      thoughts."   I'll hold to those thoughts.   79-  
24      year-old people are pretty fragile, so you  
25      really have to look at all potential sources of



1 injury and that's really what I was trying to  
2 do. So, we believe that the -- the shoulder  
3 and arm are -- are causally related and the  
4 medical evidence supports that. We also  
5 believe that Ms. Brown is entitled to a  
6 cervical MRI recommended by an authorized  
7 doctor that saw her to determine if what she's  
8 experiencing in some degree in her shoulder and  
9 arm is radiculopathy and radiculitis from the  
10 cervical neck injury. So, we're asking this  
11 panel to order Ms. Brown is entitled to a  
12 cervical MRI and order Defendants to provide  
13 treatment for Ms. Brown's left and shoulder, as  
14 well as temporary total from April 13th of  
15 2020. Ms. Brown, I think I failed to mention  
16 this, was written out of work by Dr. Rush as it  
17 related to her upper body problems in her  
18 shoulder, arm and neck area. And as that was  
19 denied, temporary total was not started and it  
20 was -- it was not awarded obviously at the  
21 single -- single Commissioner level, so.

22 COMMISSIONER TAYLOR: Mr. -- Mr. Taylor, that's your

23 ---

24 MR. TAYLOR: That's all I have. Sorry.

25 COMMISSIONER TAYLOR: No problem. Thank you.



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1 You'll have three minutes on rebuttal. Okay.

2 All right. Mr. Baxley?

3 **RESPONDENT'S POSITION:**

4 **MR. BAXLEY:** Thank you, Commissioner. May it please  
5 the Commission. We've just heard a very  
6 eloquent argument about why we should believe  
7 that this lady injured her shoulder at work,  
8 despite no complaints about the shoulder for  
9 seven months. But to believe that argument, we  
10 have to believe two things. Number one, that  
11 the Claimant doesn't know what a shoulder is,  
12 which is not true. And number two, that all  
13 the doctors she saw in this case don't know  
14 what a shoulder is. And let me go into that  
15 for a second. I asked her on cross-  
16 examination, the first question I asked her,  
17 was, ma'am, point to your shoulder. And she  
18 pointed to her shoulder at the hearing. She  
19 knows what a shoulder is. She's a 79-year-old  
20 lady. She is not a medical expert, but she  
21 knows enough to know what her shoulder is. She  
22 also testified multiple times during the  
23 hearing that to every single doctor she showed  
24 them where her pain was when she told them  
25 where it was. And what she showed them, and



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1 she demonstrated to the Commissioner was pain  
2 from here, which is the top of the shoulder,  
3 down the arm to the elbow (indicating). She  
4 testified that she described that and touched  
5 those exact body parts to every single doctor.  
6 So, to buy the argument that there's no mention  
7 of the shoulder despite the fact that there was  
8 a shoulder injury, we have to believe that  
9 every doctor that she saw, and she touched up  
10 here and said this hurts, didn't realize that  
11 that was a shoulder. That's frankly just not  
12 logical. She went to the emergency room on --  
13 for the first visit and said no injury but the  
14 left knee. That's what the report says. She  
15 says at the hearing that she couldn't even take  
16 her blouse off because her shoulder hurt so bad  
17 and she explained that to the doctors, but it's  
18 not in the note. Second visit to Palmetto  
19 Family Medicine, a different provider, she says  
20 that she has pain in the knee and she had  
21 tenderness in the left forearm and upper arm,  
22 specifically denied any shoulder pain. She  
23 says, again, that she told them that her  
24 shoulder was hurting and that she touched that  
25 area, shoulder down the elbow. That's not



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1 supported by that medical report. Third visit  
2 to Palmetto Family Medicine, only reported pain  
3 in the left knee and right wrist. At that  
4 point, not even complaints about anything with  
5 the arm. Left knee, right wrist. Again,  
6 testified that she told the doctors about the  
7 pain that she was having and showed them, but  
8 that's not in any of the medical notes. Fourth  
9 visit on June 10th of 2019, pain in the left  
10 knee and unable to stand for long periods of  
11 time. No mention about the left shoulder or  
12 the arm. Fifth visit to MUSC Florence, so a  
13 different provider, complaining only of pain in  
14 the left knee. She actually testified at the  
15 hearing that she didn't tell those doctors  
16 about her shoulder. Wasn't real sure about why  
17 she didn't, but she didn't. On June 17th at  
18 Palmetto Family Medicine, back to primary care  
19 doctor, only left knee complaints and an MRI of  
20 the left knee was ordered. Sixth visit,  
21 Palmetto Family Medicine, only pain in the left  
22 knee, no mention of any shoulder problems.  
23 Seventh visit to Ortho Carolina, sees Dr. Smid,  
24 an orthopedist, only complains about the left  
25 knee. No mention of anything other than the



1 left knee. Now, the report mentions that when  
2 she landed, she landed on the anterior aspect  
3 of the left arm, but doesn't complain --  
4 contain any complaints about the arm. Only  
5 complaints about the knee. She actually goes  
6 eighth visit to Dr. Donato at MUSC and she --  
7 for some reason said that she didn't mention  
8 the shoulder to Dr. Donato, but nonetheless saw  
9 him. There's no mention of the shoulder in  
10 that report nor is there in the ninth visit in  
11 October of 2019. And then all of a sudden on  
12 visit number ten, seven months later, December  
13 26th, 2019, she reports complaining primarily  
14 of left shoulder pain. Every visit after that,  
15 complains specifically about shoulder pain.  
16 So, we went from a lady who didn't know what  
17 her shoulder was, isn't sophisticated enough to  
18 know what it is for seven months, but from  
19 months seven and forward is very specific about  
20 having shoulder pain. The fact of the matter  
21 is, there were never any complaints about the  
22 shoulder. There was probably a contusion to  
23 the arm when she fell on it. It resolved,  
24 hence the reason she never complained about it  
25 after the second visit. And that testimony was



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1 presented to Dr. Rush and Dr. Palutsis. Dr.  
2 Rush specifically testified that if it was true  
3 that the Claimant went six or seven months  
4 without any specific complaints of shoulder  
5 pain, it really put into question whether her  
6 complaints were coming from the work accident.  
7 He did say that she could have aggravated her  
8 shoulder. That's not sufficient to meet the  
9 burden. Dr. Rush testified that if -- again,  
10 if it's true, that she didn't have any  
11 complaints about the shoulder for that long of  
12 a period of time, he would have expected  
13 symptoms to show up much sooner. They would  
14 have manifested sooner and he would've expected  
15 to see at least some complaints or some mention  
16 of complaints about the shoulder girdle. Dr.  
17 Palutsis' deposition testimony frankly is even  
18 stronger. I'm going to quote for you Dr.  
19 Palutsis' deposition testimony that he gave,  
20 after mind you that he gave a statement of  
21 causation in this case to the Claimant.  
22 Question: "Okay. If in fact it is true that  
23 the first time she complained to a physician  
24 about her shoulder was December 26th, 2019 from  
25 an accident on May 30th, 2019, which is about



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1       seven months, if that's true and that's  
2       accurate, would you think that her left  
3       shoulder complaints are related to the work  
4       accident?" Answer: "No." Question: "If on the  
5       other hand she had symptoms in her left  
6       shoulder within a week or two of the fall, it  
7       would be your opinion that that very well could  
8       be related?" Answer: "Yes." Question: "Okay.  
9       Doctor, have your answers to my questions today  
10      been stated to a reasonable degree of medical  
11      certainty?" Answer: "Yes." Dr. Palutsis said  
12      when he filled out the opinion letter he was  
13      assuming that she had been complaining about  
14      her shoulder from the very beginning of the  
15      accident. In fact, he ad- -- had to issue a  
16      correction in his report because at some point  
17      Claimant went back to him and complained that  
18      he had not correctly listed her accident in the  
19      report much later on in the case when she was  
20      trying to prove the shoulder. I think it is  
21      quite clear from the doctor's testimony that  
22      when you take the facts as they are, and we  
23      don't have a shoulder complaint for seven  
24      months, there's no causation here. I think  
25      that the Commissioner in this case did a very



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1 good job of taking a hard look at this case.  
2 It's clear that he looked at the evidence very  
3 closely and read everything very closely. I  
4 mean, frankly this is a very nice 79-year-old  
5 lady and I think as he indicated in his order,  
6 he gave her every benefit of the doubt. But at  
7 the end of the day, there is simply no  
8 indication in the records of any shoulder  
9 complaints. And again, it's not that she  
10 doesn't know where her shoulder is because she  
11 does, but her testimony that is very important,  
12 is that she says to every single doctor, she  
13 would touch from the top of her shoulder and  
14 roll all the way down to her elbow. Clearly,  
15 when she's describing that, any reasonable  
16 physician would know that that's the shoulder  
17 area and would have listed that. She saw five  
18 different practitioners, who we have to believe  
19 all missed that in order to believe the  
20 Claimant's argument here today. And frankly,  
21 I just don't think that's what really happened  
22 here. I think -- well, Dr. Rush made it pretty  
23 clear, this is a 79-year-old and the complaints  
24 and the problems that she has on MRI are pretty  
25 typical of a 79-year-old lady. My best guess



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1 is that those have been there for quite some  
2 time. In fact, Dr. Rush says they've been  
3 there for quite some time. And frankly,  
4 there's no proof of causation between an  
5 accident at work and those conditions, which  
6 basically started occurring seven months after  
7 the fact. With regard to the neck, there's  
8 been no evidence produced showing that the  
9 cervical spine is causally related to the  
10 accident at work. Dr. Rush said that he  
11 recommended it just to see if showed something  
12 with regard to the arm. But frankly, in light  
13 of the fact that the arm complaints really  
14 didn't surface for a long period of time,  
15 that's the reason why the Commissioner denied  
16 the cervical spine injury along with the fact  
17 that there wasn't a -- a -- any mega -- medical  
18 evidence submitted showing that.

19 COMMISSIONER TAYLOR: Mr. Baxley -

20 MR. BAXLEY: So, it would be our request that the  
21 Full Commission affirm the decision of the  
22 hearing Commissioner and continue the denial of  
23 the left shoulder, left arm and cervical spine  
24 aspects of the case.

25 COMMISSIONER TAYLOR: All right. Thank you very



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1 much. All right. Mr. Taylor, you have three  
2 minutes in rebuttal.

3 APPELLANT'S REPLY:

4 MR. TAYLOR: Thank you. I think that the first  
5 thing I want to address is this idea that arm  
6 complaints didn't surface for a very long time.  
7 Arm complaints surfaced the very first medical  
8 appointment. There are a host of -- of medical  
9 records that are wrong in this case. There's a  
10 family -- a Palmetto Family Medicine note that  
11 reflects right knee and right arm problems.  
12 Obviously, they're talking about the left. And  
13 right at issue stumped me on a -- in a  
14 deposition at some point. But -- but at the  
15 very first visit to McLeod ER the note says  
16 left knee only, but they ordered an MRI for her  
17 upper and lower arm. I don't think that  
18 they're going to subject her to -- to radiation  
19 for those x-rays, two different views to both  
20 -- both parts of her arm, if she was not in  
21 fact complaining of arm symptoms the very first  
22 day. And after that, she's complaining of arm  
23 problems to Palmetto Health. I -- I think that  
24 those arm complaints, especially as was  
25 explained by Dr. Rush, and how with her



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1 condition and her shoulder, you -- you may  
2 would expect to see some tenderness in the  
3 shoulder girdle, but the pain is going to be  
4 five finger widths below the shoulder. That's  
5 consistent with what she had going on in -- in  
6 her arm. Let's see if I -- I have any notes  
7 here. I'm trying to make sense of my notes  
8 here. And again, the suggestion that -- that  
9 we would have to believe that Ms. Brown didn't  
10 know what a -- her shoulder was, you know, for  
11 -- for you to conclude that her shoulder injury  
12 is related. I think I explained that by and  
13 large. The pain was in her arm early on. It  
14 progressively got worse as time went on and --  
15 and eventually was in her shoulder more is what  
16 I think happened. And -- and Dr. Rush and Dr.  
17 Palutsis said that's -- that's common, that  
18 that can happen in a case like this. The --  
19 the cervical issue, we didn't even get to where  
20 we should be because the MRI was never  
21 authorized and her -- her complaints from day  
22 one would be consistent with radiculopathy and  
23 radiculitis. And so, we're not -- we're not  
24 asking for determination on causation on the  
25 cervical spine. We just want the evaluation



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1           that we never got. So, that -- that's all that  
2           I have. Thank you.

3   **COMMISSIONER TAYLOR:** All right. Thank you very  
4           much. That concludes this matter.

5   (There being nothing further, the hearing concluded  
6   at 4:10 p.m.)

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APPELLATE PANEL  
DECISION AND ORDER  
OF THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
WCC FILE NO. 1906764

|                                  |                                    |
|----------------------------------|------------------------------------|
| Helen Brown,                     | CLAIMANT/ APPELLANT,               |
| vs.                              |                                    |
| Walmart Inc.,                    | EMPLOYER,                          |
| AND                              |                                    |
| New Hampshire Insurance Company, | CARRIER,<br>DEFENDANTS/RESPONDENTS |

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Appellate Panel Review held via Videoconference  
on April 19, 2022 per notices timely and properly served  
upon all parties of interest.

Appellate Panel Decision and Order filed  
June 24, 2022 \_\_\_\_\_, 2022

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APPEARANCES:

|  |                                                                                                                                                   |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Claimant/Appellant, Helen Brown, represented by George A. Taylor, Esquire of Chappell Smith & Arden in Columbia, South Carolina.                  |
|  | Defendants/Respondents represented by Johnnie W. Baxley, III, Esquire of Willson Jones Carter & Baxley, P.A. in North Charleston, South Carolina. |

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### STATEMENT OF THE CASE

Claimant/Appellant (hereinafter "Claimant") sustained an admitted accident arising out of the course and scope of her employment on May 30, 2019, when she was cleaning the fryer and slipped on some of the tools used to open the drain. Defendants/Respondents (hereinafter "Defendants") admitted injury only to the left knee as a result of the work accident. Defendants denied all other alleged injuries. A hearing was set on the parties' Forms 50 and 51.

At the hearing, Claimant sought an adjudication on whether Claimant sustained compensable injuries to her left shoulder and left arm, whether Claimant was entitled to benefits under the Act for the left shoulder and left arm, whether Claimant was entitled to temporary compensation from April 13, 2020 to the present, and Claimant's entitlement to a cervical MRI scan and additional treatment for the left knee.

It was Defendants' position that Claimant could not satisfy her burden of proof with regard to the compensability of the left shoulder and left arm. Specifically, Defendants asserted that medical causation for the left shoulder and/or left arm could not be established by any medical report or deposition proffered. Consequently, Defendants contended that Claimant was not entitled to a cervical MRI because that was recommended treatment for the shoulder which is not compensable. Defendants further asserted that Claimant was not entitled to temporary total disability benefits as Dr. Rush wrote Claimant out of work for non-compensable body parts and clarified his position about being out of work in his deposition. Lastly, Defendants asserted Claimant did not need additional medical treatment as relates to her left knee given that she had not sought treatment for her knee since March 2020 and did not attend the final knee evaluation in November 2020.

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The parties were heard by Commissioner R. Michael Campbell, II, on November 17, 2021, in Rock Hill, South Carolina. On February 7, 2022, he issued the following Order:

#### FINDINGS OF FACT

##### **IT IS FOUND AS A FACT:**

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Helen Brown as Employee-Claimant and Walmart Inc. as Employer and New Hampshire Insurance Company as Carrier, Defendants.

2. That the average weekly wage of Employee at the time of the above-described accident was \$334.63, and his compensation rate was \$223.10.

3. Claimant sustained an admitted injury by accident to her left knee arising out of and in the course and scope of her employment on May 30, 2019.

4. Claimant alleges a causally related injury to her left shoulder.

5. Claimant underwent various evaluations and treatment for her admitted and alleged work-related injuries.

6. On 01/24/2020, in an addendum to his medical report, Dr. Gregory R. Palutsis of MUSC Florence Orthopaedics opined: "I, Dr. Gregory R. Palutsis, evaluated Ms. Helen Brown on January 16, 2020 for her left shoulder pain. At this visit, Ms. Brown related to me that she had fallen on her left arm and left knee at work and is having left shoulder complaints since that time. I did not include this in the original history of my report dated January 16, 2020, which was left out inadvertently. It is my opinion, to a reasonable degree of medical certainty, that Ms. Helen Brown's complaints regarding her left shoulder were from the fall she sustained at work on May 30, 2019 and that she will require medical treatment for the same."

7. On 11/11/2020, in his medical notes, Dr. Paul F. Rush of OrthoCarolina opined: "Persistent left shoulder pain with abnormal MRI as noted above. Most of these findings probably chronic which certainly could be aggravated by her injury." In addition, Dr. Rush wrote Claimant out of work for her left shoulder pain for an unknown length of time.

8. On 11/16/2020, on a Form 14B, authorized treating physician Dr. John Smid of OrthoCarolina opined to a reasonable degree of medical certainty that Claimant was at MMI as of 11/16/2020, assigned a 2% medical impairment to the left knee, assigned no permanent physical limitations and did not recommend future medical treatment.

9. On 01/06/2021, in an amendment to his IME for the claimant, Dr. Carl D Geier, Jr. opined: "Based on the available information, to a reasonable degree of medical certainty, there is a causal relationship between the examinee's ongoing left knee and left shoulder pain secondary to the work-related injury on May 30, 2019. The diagnosis and need for treatment are the direct result of the work accident as a direct injury and/or an aggravation of a pre-existing condition. She has not reached maximum medical improvement as of the date of this examination regarding her left knee and left shoulder pain. Given her left knee difficulties, she is limited to desk duties only. Regarding the left knee, Ms. Brown needs an MRI to determine the source of her medical knee pain and follow-up with a knee specialist to plan surgical treatment, including total knee replacement. Regarding the left shoulder, she needs continued physical therapy and follow-up with a shoulder specialist to determine other treatment including shoulder arthroscopic and rotator cuff repair. The treatment recommendations as

outlined are reasonable, medically necessary, and intended to lessen the period of disability to a reasonable degree of medical certainty."

10. On 03/23/2021, in deposition testimony, Dr. Rush testified Claimant's work related injury could have possibly aggravated her pre-existing left shoulder problems, that he would have expected the symptoms for her left shoulder to have presented by the time of her June 17, 2019 appointment, that he would expect the symptoms of an aggravation of an underlying condition to manifest themselves much sooner than approximately seven months and that Claimant could have gone back to work for the issues he was seeing her for with restrictions for anything strenuous using the upper extremities such as pulling, pushing, lifting and overhead work.

11. On 05/07/2021, in deposition testimony, Dr. Palutis testified, with regard to the addendum to his medical report, that he didn't have any specific recollection of what the claimant did or did not say on January 16, 2020, and that would have been brought to his attention afterwards by the patient or patient's attorney. In addition, Dr. Palutis testified that he would not think that claimant's left shoulder complaints are related to her work accident if the first time she complained to a physician about her shoulder was about seven months later. Dr. Palutis also testified he had a hard time saying that Claimant's upper arm complaints were related to her left shoulder because he wasn't the one examining her and didn't have confirmation there actually was an injury to the shoulder.

12. On 11/17/2021, at the hearing before the undersigned Commissioner, Claimant testified regarding her work-related accident, the medical treatment and evaluations she has had for her admitted left knee, alleged left arm and alleged left shoulder injuries. In addition, Claimant testified regarding the reporting to medical providers about her alleged left arm and left shoulder issues, the issues she continues to have and her ability to work.

13. While I am certainly sympathetic to the issues that Claimant has had with her left shoulder and left arm, based on a preponderance of the evidence, I simply cannot find that Claimant has met her burden of proof that she sustained a compensable injury/aggravation to her left shoulder or left arm, causally-related to her admitted May 30, 2019 work-related accident.

14. After reviewing the medical records, the deposition transcripts, and Claimant's testimony, I find that Claimant specifically denied shoulder pain or symptoms for months after her work accident. The first medical note to contain a specific mention of the shoulder was December 26, 2019. Based upon her testimony, Claimant stated that her shoulder and arm were injured from the date of accident forward, that she knew where those body parts were located, and that she reported to the medical providers through both words and indication that she was having problems specifically with her shoulder; however, the medical records simply do not support that testimony. This finding is based upon the greater weight of the evidence.

15. Both Dr. Rush and Dr. Palutis testified that it was unlikely that Claimant's problems with her left shoulder and left arm were related to the work accident if her symptoms did not surface for months after the accident. Neither doctor was able to state to a reasonable degree of medical certainty that Claimant's left shoulder or left arm problems were causally related to a work accident based upon the specific circumstances presented to them (namely that Claimant did not complain about shoulder complaints until December 2019). I therefore find that Claimant did not prove by a preponderance of the evidence that her left shoulder and left arm problems are causally related to her work accident

16. Therefore, Claimant's request for benefits under the Act for the left shoulder and left arm is hereby denied.

17. Claimant's request for an MRI of the cervical spine, which was recommended solely to diagnose problems with the left shoulder and left arm, is hereby denied since those body parts are not compensable.

18. Furthermore, Claimant's request for temporary total disability compensation benefits is hereby denied. First, Dr. Rush broke her out of work based upon his treatment for a body part that is not compensable. Second, Dr. Rush clarified in his deposition that he would have allowed Claimant to go back to work and the only reason he wrote her out of work was due to her myriad of problems, including problems that are not compensable.

19. Claimant's only compensable body part from this admitted accident is her left knee/left lower extremity.

20. I find Claimant is entitled to a second opinion for her admitted left knee injury, by a physician of the Defendants' choosing and who is a knee specialist.

21. Defendants' chosen specialist shall not be with a practice that has previously treated Claimant.

22. Therefore, I hereby find Claimant has not yet reached maximum medical improvement for her compensable left knee injury.

23. A determination of permanency to the left knee/left lower extremity is premature at this time.

#### CONCLUSIONS OF LAW

Accordingly, as provided in § 42-17-40, SC Code Ann. (1976), as amended, it is the determination of this Commission that:

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.

2. Under § 42-1-160, Claimant sustain a compensable injury to her left knee by accident arising out of and in the course and scope of her employment on May 30, 2019.

3. Under § 42-1-160, Claimant failed to prove by a preponderance of evidence in the record that her left shoulder and left arm injuries are causally related to her work accident of May 30, 2019.

4. Claimant's left shoulder and left arm claim for benefits under the South Carolina Workers' Compensation Act is hereby denied and dismissed with prejudice.

5. Under § 42-9-10, Claimant is not entitled to temporary total disability compensation.

6. Under § 42-15-60, Claimant has not yet reached maximum medical improvement with regard to her compensable left knee injury and is entitled to a second opinion on the left knee injury from a knee specialist chosen by Defendants.

#### ORDER/AWARD

IT IS HEREBY ORDERED that Claimant failed to prove compensable injuries to her left shoulder and left arm by accident arising out of and in course and scope of her employment on May 30, 2019.

IT IS FURTHER ORDERED that Claimant's left shoulder and left arm claim for benefits under the South Carolina Workers' Compensation Act is hereby denied and dismissed with prejudice.

**IT IS FURTHER ORDERED** that Claimant's request for temporary total disability compensation benefits is hereby denied.

**IT IS FURTHER ORDERED** that Claimant is entitled to a second opinion for her admitted left knee injury, by a knee specialist of the Defendants choosing.

**IT IS FURTHER ORDERED** that Claimant has not yet reached maximum medical improvement with regard to her left knee and a determination of permanency for the left knee is premature at this time.

**IT IS SO ORDERED.**

Within the statutory period, Claimant filed an Application for Review in this case, setting forth her reasons, copies of which were furnished to all interested parties. All parties appeared at oral arguments on April 19, 2022 and presented their case on appeal. All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Appellate Panel and has been under study and consideration.

By Form 30 Appeal, Claimant appealed the following particulars listed below:

1. *Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Finding of Fact No. 11 that Dr. Palutis testified he did not think Claimant's left shoulder complaints were causally related to her work accident and that he had a "hard time saying" Claimant's upper left arm complaints were unrelated to her left shoulder when such a finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?*
2. *Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Finding of Fact No. 13 that Claimant failed to meet her burden of proof that she sustained a compensable injury or aggravation of a preexisting condition as a result of her admitted work injury when such a finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?*
3. *Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Finding of Fact No. 14 that Claimant specifically denied shoulder pain or symptoms for months after the accident when such a finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?*
4. *Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Finding of Fact No. 15 that Claimant specifically denied shoulder pain or symptoms for months after her work accident and that the medical records failed to support Claimant's testimony that her left shoulder and arm were injured from the date of*



*accident forward when such a finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?*

5. *Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Finding of Fact. No. 16 that Dr. Rush and Dr. Palutis testified it was unlikely the Claimant's problems with her left shoulder were related to the work accident if her symptoms did not surface for months after the accident and that neither doctor was able to state to a reasonable degree of medical certainty that Claimant's left shoulder or left arm problems are causally related to a work accident when such a finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?*
6. *Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Finding of Fact. No. 17 denying Claimant's request for an MRI of the cervical spine when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?*
7. *Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Finding of Fact. No. 18 denying Claimant's request for TTD from April 13, 2020 ongoing based upon Dr. Rush's out of work note when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?*
8. *Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Finding of Fact. No. 19 finding Claimant's only compensable body part from her admitted work accident is her left knee/lower extremity when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?*
9. *Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Conclusion of Law No. 3 that Claimant failed to prove by a preponderance of the evidence in the records that her left shoulder and left arm injuries were not causally related to her work accident of May 30, 2019, when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?*
10. *Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Conclusion of Law No. 4 that Claimant's left shoulder and left arm claim for benefits under the South Carolina Workers' compensation Act are denied and dismissed with prejudice when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?*

- 11. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in Conclusion of Law No. 5 that Claimant is not entitled to TTD from April 13, 2020 ongoing when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?*
- 12. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law in failing to find that Claimant did suffer a compensable aggravation of a preexisting condition in her left shoulder and left arm when such finding was either arbitrary and capricious or clearly erroneous in light of the evidence presented; against the greater weight of the evidence or unsupported by the evidence in the record, and/or contrary to South Carolina law?*

In an Appellate Review, the Appellate Panel shall, pursuant to S.C. Code Ann. Section 42-17-50, review the award, weigh the evidence as presented at the initial hearing, and if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent or inconsistent with those of the Hearing Commissioner. The Full Commission is empowered to make its own findings of fact and to reach its own conclusions of law. McGuffin v. Schlumberger-Sangamo, 307 S.C. 184, 414 S.E.2d 162 (1992). In this case, the preponderance of the evidence supports an affirmation of the Hearing Commissioner's Decision and Order in full.

#### **DISCUSSIONS OF ISSUES ON APPEAL**

**I. The Hearing Commissioner correctly found that the left shoulder and left arm injuries are not compensable.**

**A. Claimant did not complain about a shoulder injury for almost seven months after her work accident.**

Claimant suffered an injury by accident on May 30, 2019, when she was cleaning the fryer and slipped on some of the tools used to open the drain, resulting in an injury to her left knee. Initially, Claimant treated with McLeod Health Cheraw on the day of the accident and the report ~~states that there "no injury except to her left knee" (APA, p. 1). Claimant testified she didn't~~ realize her shoulder and arm was hurting until she tried to take her blouse off at the hospital on the date of the accident. (Hrg. Tr. p. 31). She testified she needed help from the nurse to take off her

blouse. *Id.* She testified that she felt pain from her shoulder all the way down to her wrist. (Hrg. Tr. p. 32; 57). This testimony is not supported by the medical record.

Claimant then presented to Palmetto Family Medicine on May 31, 2019. (APA p. 23). Claimant had tenderness over the area under the patella in the upper lower leg over the bone. *Id.* Additionally, Claimant had some tenderness in the left forearm and upper arm but had no swelling and specifically denied any shoulder pain. *Id.* When asked whether the Palmetto Family Medicine report was wrong about her denying shoulder pain, Claimant testified the report was wrong. (Hrg. Tr. p. 59). Claimant testified when the doctor asked her what was wrong, she pointed to the body parts that were affecting her. *Id.* She testified that she touched the top of her shoulder and pointed all the way down to her elbow. (Hrg. Tr. p. 60). Again, this testimony is not supported by the medical records.

In a follow-up appointment with Palmetto Family Medicine on June 3, 2019, Claimant only reported pain in her left knee and right wrist according to the notes. (APA p. 25). Claimant testified that she saw Dr. Kinzie at Palmetto Family Medicine on June 3, 2019. *Id.* When asked whether the medical report was wrong about Claimant only complaining of left knee and right wrist pain, Claimant testified that she never mentioned her wrist and she showed the doctor that she felt pain in her shoulder down to her elbow. (Hrg. Tr. p. 61). She testified the pain starts at the top of her shoulder and goes down to her elbow through her bicep. *Id.* She testified that this is the way she described it to Dr. Kinzie. *Id.* Again, this testimony is not supported by the medical records.

Claimant returned to Palmetto Family Medicine on June 10, 2019. (APA p. 27). Claimant reported pain in her left knee and mentioned she was unable to stand for long periods of time.

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Claimant did not mention her left shoulder or arm according to the note. (APA p. 2). Claimant testified that the June 10, 2019 medical report was not accurate when it stated she only complained

about her left knee. (Hrg. Tr. p. 62). Again, this testimony is not supported by the medical records.

Claimant presented to MUSC Florence, on June 12, 2019, complaining only of left knee pain. X-rays of the left knee indicated arthritic changes and degenerative joint disease. Claimant was prescribed Hydrocodone and a knee brace. (APA p. 36). Claimant testified that she remembers going to the emergency room in Florence two weeks after her accident. *Id.* Claimant testified that the part of the medical report that states Claimant presented with chief complaint of left knee pain is accurate. *Id.* Claimant admitted that she did not mention her left arm or shoulder to that doctor two weeks after the accident. *Id.* However, she testified that she did mention her left arm and shoulder the day of the accident. (Hrg. Tr. p. 63). Claimant testified that she only mentioned her knee at the emergency room two weeks after accident because she only wanted help for her knee at that time. (Hrg. Tr. p. 64). She testified she was still experiencing pain in her shoulder at that time though. *Id.* Claimant could not offer an explanation as to why she went to an emergency room but did not report her alleged severe left shoulder symptoms that she was still having.

In a follow-up appointment on June 17, 2019 at Palmetto Family Medicine, Claimant denied shoulder pain but continued to complain about her left knee pain. (APA p. 29). An MRI of the left knee was ordered. Claimant testified that on her June 17, 2019, visit to Palmetto Family Practice, she did not deny shoulder pain even though the medical report indicated she did. (Hrg. Tr. p. 64). Again, this testimony is not supported by the medical records.

On June 24, 2019, the report of Palmetto Family Medicine indicates that Claimant was still having pain the knee but there is no mention in the report about any shoulder problems. (APA p. 31). Claimant testified that she complained about her left shoulder pain at her June 24, 2019, visit to Palmetto Family Practice. (Hrg. Tr. p. 65). Again, this testimony is not supported by the medical records.

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On July 25, 2019, Claimant presented to OrthoCarolina for left knee pain. The note mentions that she landed on the anterior aspect of the left arm, but the report contains no mention of arm/shoulder complaints or problems. Dr. Smid recommended treatment for the left knee which eventually culminated in a surgery on November 12, 2019. (APA p. 79).

Claimant testified that she went to Dr. Donato at MUSC to establish primary care on July 9, 2019. *Id.* She admitted that she did not mention her left knee, left shoulder, or left arm pain to Dr. Donato. (Hrg. Tr. p. 66). She testified that she saw Dr. Donato again in October 2019, and did not mention her left knee, left shoulder, or left arm problems because Dr. Smid was handling those issues. (Hrg. Tr. p. 67).

On December 26, 2019, for the very first time, Claimant presented to MUSC Health complaining of left shoulder pain. (APA p. 83). Claimant reported she was not able to maintain her shoulder in the upwards position. Dr. Donato prescribed her medications and referred her to Dr. Refvem. (APA p. 83). When asked why she waited until the third visit with Dr. Donato to mention the shoulder problems she was purportedly having since the work accident, Claimant testified she had no reason to tell him of her shoulder because he was not going to treat it. (Hrg. Tr. p. 68).

On a visit to MUSC Florence Orthopaedics on January 16, 2020, Claimant reported she was experiencing pain and weakness in her left shoulder pain but reported there was no injury to the left shoulder. (APA p. 88). Claimant denied telling Dr. Palutis on her January 16, 2020 visit that there was no injury to her left shoulder. (Hrg. Tr. p. 71). Again, her testimony is inconsistent with the medical records.

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Claimant returned to Palmetto Family Medicine on February 5, 2020, reporting left shoulder and left arm pain. (APA p. 33). X-rays of her shoulder came back unremarkable, and she

was referred to physical therapy. *Id.*

On April 13, 2020, Claimant presented to OrthoCarolina with left shoulder pain. *Id.* X-rays of the left shoulder revealed degenerative changes over the AC joint. Dr. Rush referred Claimant for an MRI of her left shoulder and an EMG/NCS of the left upper extremity. *Id.* The MRI of Claimant's left shoulder revealed moderate to severe supraspinatus and infraspinatus tendinosis with partial articular surface tearing of the supraspinatus tendon, moderate degenerative changes of the AC joint, small joint effusion, synovitis, subacromial subdeltoid bursitis, and degeneration and fraying of the labrum and interarticular long head of the bicep tendinosis. *Id.*

The record is absent of any shoulder complaints from the date of the accident until December 26, 2019. However, the shoulder is specifically mentioned at every visit after that date, although Claimant denied any injury to the shoulder when she saw the orthopedic. The preponderance of evidence supports the Commissioner's finding that Claimant specifically denied shoulder pain or symptoms for months after her work accident. The first medical note to contain a specific mention of the shoulder was December 26, 2019. Based upon her testimony, Claimant stated that her shoulder and arm were injured from the date of accident forward, that she knew where those body parts were located, and that she reported to the medical providers through both words and indication that she was having problems specifically with her shoulder; however, the medical records simply do not support that testimony.

**B. There is no evidence in the record to support Claimant's argument that she doesn't know where her shoulder is located.**

Claimant argues in her Brief that she does not know precise medical terms, that she is fragile, and that she is not a medical expert in order to justify the lack of shoulder complaints for seven months after this accident. In order to believe this argument, this Appellate Panel would have to suspend logical thought.

First, Claimant understands where her shoulder is located. When asked at the hearing about her shoulder and where it is located, she touched the top of her shoulder. (Hrg. Tr. pp. 57-58). Claimant may not understand medical anatomy, but she knows where her shoulder is located.

Second, Claimant testified that she showed every doctor where exactly her shoulder/arm was hurting. When asked to touch the area where she has purportedly been having pain since the day she fell, she touched and indicated the top of the shoulder down past her elbow. (Hrg. Tr. p. 58). She testified that the pain has been present since the fall, that the pain has not changed locations, and that she pointed to this area to her physicians. (Hrg. Tr. pp. 58-59). To believe Claimant's argument about imprecise anatomical terms, this Appellate Panel would also have to believe that all of her doctors could not correctly describe and record the location of her pain when she was pointing to the affected area.

The simple fact is that Claimant's testimony is not supported by the medical records of four medical practitioners over a period of almost seven months. The preponderance of the evidence shows that Claimant did not complain about her shoulder until seven months after the accident, and then complained about the shoulder at every single visit. Claimant stated that her shoulder and arm were injured from the date of accident forward, that she knew where those body parts were located, and that she reported to the medical providers through both words and physical indication that she was having problems specifically with her shoulder; however, the medical records simply do not support that testimony.

**C. The preponderance of medical evidence does not support that Claimant has a compensable left shoulder or left arm injury related to her accident at work.**

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The deposition of Dr. Paul Rush was taken on March 23, 2021. Dr. Rush testified Claimant's work-related injury could have possibly aggravated her pre-existing left shoulder

problems, that he would have expected the symptoms for her left shoulder to have presented by the time of her June 17, 2019 appointment, that he would expect the symptoms of an aggravation of an underlying condition to manifest themselves much sooner than approximately seven months.

Dr. Rush testified that the MRI findings showed degenerative changes that would not have been caused by an accident at work but could have been aggravated by an accident at work. Dr. Rush testified that if the fall at work aggravated those underlying conditions, he would have expected symptoms to occur maybe not immediately but certainly within a few weeks. He was then presented with the medical records immediately after Claimant's accident. When asked about the first report to mention shoulder pain dated December 26, 2019, Dr. Rush testified that he would have expected symptoms from an accident to appear much sooner. He further testified if her symptoms were related to the accident, they would have manifested sooner. Dr. Rush testified that the type of chronic findings that Claimant has in her shoulder most often do not present following an injury but occur as more of a gradual onset with symptoms that are progressive. Dr. Rush testified that these types of symptoms are not at all uncommon for a 79-year-old individual. Dr. Rush stated that if it was true that Claimant went six or seven months without any specific complaints of shoulder pain, it really put into question whether her complaints were coming from the work accident.

The deposition of Dr. Palutis was taken on May 7, 2021. Dr. Palutis testified that he would not think that Claimant's left shoulder complaints are related to her work accident if the first time she complained to a physician about her shoulder was about seven months later. Dr. Palutis also testified he had a hard time saying that Claimant's upper arm complaints were related to her left shoulder because he wasn't the one examining her and didn't have confirmation there actually was an injury to the shoulder.

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Dr. Palutis testified that he took a history from the patient and entered into his initial report that "there was no injury to the left shoulder" based upon what Claimant told him in the initial visit. Dr. Palutis then authored an amended statement dated January 24, 2020, which indicated that Claimant gave a history of a work accident, but Dr. Palutis admitted that he had no recollection of that but was simply going along with Claimant telling him that she got hurt at work and that his note to the contrary was incorrect. He simply did that report at Claimant's request after the fact. He further testified that if she hurt her shoulder at work in a traumatic injury, there would have been pain reasonably soon, usually within a few days. He indicated that he would normally expect symptoms to appear within a week or two of the accident, but that it was certainly possible for symptoms to appear within one month after the accident; however, two months would be too long, and any period longer would be less likely to be related to the trauma. Dr. Palutis testified that his opinion as to causation of the left shoulder was based solely on Claimant's statement that she had an injury at work and immediately had symptoms thereafter. He was then shown a number of medical notes, which are specifically detailed above, which do not mention left shoulder complaints until December 26, 2019. Dr. Palutis then gave the following testimony:

Q Okay. If, in fact, it is true that the first time she complained to a physician about her shoulder was December 26, 2019, from an accident on May 30, 2019, which is about seven months, if that is true and that's accurate, would you think that her left shoulder complaints related to the work accident?

A No.

Q If on the other hand she had symptoms in her left shoulder within a week or two of the fall, it would be your opinion that that very well could be related?

A Yes.

Q Okay. Doctor, have your answers to my questions today been stated to a reasonable degree of medical certainty?

A Yes.

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Both Dr. Rush and Dr. Palutis testified that it was unlikely that Claimant's problems with her left shoulder and left arm were related to the work accident if her symptoms did not surface for months

after the accident. Neither doctor was able to state to a reasonable degree of medical certainty that Claimant's left shoulder or left arm problems were causally related to a work accident based upon the specific circumstances presented to them (namely, that Claimant did not voice any shoulder complaints until December 2019). The preponderance of the medical evidence also supports that Claimant's left shoulder and left arm problems are not causally related to her work accident.

Therefore, because Claimant's left knee is the only compensable body part, she would not be entitled to benefits – temporary, medical, or otherwise – for, or related to, her left shoulder and/or left arm.

#### **FINDINGS OF FACT**

Based upon the documentary evidence submitted by the respective parties, pursuant to the Administrative Procedures Act, and the Commission's file relative to this claim, WE, THE APPELLATE PANEL, FIND THE FOLLOWING AS FACT:

1. Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Helen Brown as Employee-Claimant and Walmart Inc. as Employer and New Hampshire Insurance Company as Carrier, Defendants.

2. The average weekly wage of Employee at the time of the above-described accident was \$334.63, and his compensation rate was \$223.10.

3. Claimant sustained an admitted injury by accident to her left knee arising out of and in the course and scope of her employment on May 30, 2019.

4. Claimant alleges a causally related injury to her left shoulder and left arm.

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5. Claimant underwent various evaluations and treatment for her admitted and alleged work-related injuries.

6. On January 24, 2020, in an addendum to his medical report, Dr. Gregory R. Palutis of MUSC Florence Orthopaedics opined: "I, Dr. Gregory R. Palutis, evaluated Ms. Helen Brown on January 16, 2020 for her left shoulder pain. At this visit, Ms. Brown related to me that she had fallen on her left arm and left knee at work and is having left shoulder complaints since that time. I did not include this in the original history of my report dated January 16, 2020, which was left out inadvertently. It is my opinion, to a reasonable degree of medical certainty, that Ms. Helen Brown's complaints regarding her left shoulder were from the fall she sustained at work on May 30, 2019 and that she will require medical treatment for the same."

7. On November 11, 2020, in his medical notes, Dr. Paul F. Rush of OrthoCarolina opined: "Persistent left shoulder pain with abnormal MRI as noted above. Most of these findings probably chronic which certainly *could* have been aggravated by her injury" (emphasis added). Dr. Rush wrote Claimant out of work for her left shoulder pain for an unknown length of time.

8. On January 6, 2021, in an amendment to his IME for Claimant, Dr. Carl D Geier, Jr. opined: "Based on the available information, to a reasonable degree of medical certainty, there is a causal relationship between the examinee's ongoing left knee and left shoulder pain secondary to the work-related injury on May 30, 2019. The diagnosis and need for treatment are the direct result of the work accident as a direct injury and/or an aggravation of a pre-existing condition. She has not reached maximum medical improvement as of the date of this examination regarding her left knee and left shoulder pain . . . Regarding the left shoulder, she needs continued physical therapy and follow-up with a shoulder specialist to determine other treatment including shoulder arthroscopic and rotator cuff repair. The treatment recommendations as outlined are reasonable, medically necessary, and intended to lessen the period of disability to a reasonable degree of medical certainty."

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9. On March 23, 2021, Dr. Rush testified during his deposition that Claimant's work-

related injury could have possibly aggravated her pre-existing left shoulder problems, but that he would have expected the left shoulder symptoms to have presented by her June 17, 2019 appointment. Moreover, Dr. Rush testified that he would expect the symptoms of an aggravation of an underlying condition to manifest themselves much sooner than approximately seven months and that Claimant could have gone back to work for the issues he was seeing her for with restrictions for anything strenuous using the upper extremities such as pulling, pushing, lifting and overhead work.

10. On May 7, 2021, Dr. Palutis testified during his deposition with regard to the addendum to his medical report, that he didn't have any specific recollection of what Claimant did or did not say on January 16, 2020, and that those details would have been brought to his attention afterwards by Claimant or her attorney. In addition, Dr. Palutis testified that he would not think that Claimant's left shoulder complaints are related to her work accident if the first time she complained to a physician about her shoulder was approximately seven months later. Dr. Palutis also testified that he had a hard time saying that Claimant's upper arm complaints were related to her left shoulder because he was not the one examining her and did not have confirmation that there was actually an injury to the shoulder.

11. On November 17, 2021, Claimant testified before the Hearing Commissioner regarding her work-related accident and the medical treatment and evaluations she has had for her admitted left knee, alleged left arm, and alleged left shoulder injuries. In addition, Claimant testified regarding her purported reports medical providers regarding her alleged left arm and left shoulder issues, as well as the issues she continues to experience and her ability to work.

12. We find that Claimant specifically denied shoulder pain or symptoms for months after her work accident. The first medical note to contain a specific mention of the shoulder was December 26, 2019. During her hearing testimony, Claimant stated that her shoulder and arm were

injured from the date of accident forward, that she knew where those body parts were located, and that she reported to the medical providers through both words and physical indication that she was having problems specifically with her shoulder; however, the medical records simply do not support that testimony. This finding is based upon the greater weight of the evidence.

13. We find that Claimant failed to prove that she had a shoulder injury or shoulder complaints from the date of the accident until December 26, 2019. We do not find convincing or credible any of her excuses or arguments for the failure of these complaints to appear in any medical reports for that period of time. The preponderance of the evidence in the record establishes that Claimant did not have shoulder complaints from the date of her accident through December 26, 2019.

14. Both Drs. Rush and Palutis testified that it was unlikely that Claimant's left shoulder and left arm problems were related to the work accident if her symptoms did not surface for months after the accident. Neither doctor was able to state to a reasonable degree of medical certainty that Claimant's left shoulder or left arm problems were causally related to a work accident given that Claimant did not voice any shoulder complaints until December 2019. As such, we agree with the Hearing Commissioner that Claimant failed to prove by a preponderance of the evidence that her left shoulder and left arm problems are causally related to her work accident.

15. We afford greater weight to the opinions and testimony of Drs. Rush and Palutis, Claimant's treating physicians. We do not afford a great deal of weight to the opinions of Dr. Geier.

15. Based on a preponderance of the evidence, Claimant has not satisfied her burden of proving that she sustained a compensable injury or aggravation to her left shoulder or left arm, causally related to her admitted May 30, 2019 work-related accident.

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15. Therefore, we hereby deny Claimant's request for benefits under the Act as relates to

the left shoulder and left arm.

16. We agree with the Hearing Commissioner that Claimant is not entitled to an MRI of the cervical spine as it was recommended solely to diagnose problems with the left shoulder and left arm, which are not compensable body parts.

17. We agree with the Hearing Commissioner that Claimant is not entitled to temporary total disability benefits given that Dr. Rush wrote her out of work for a body part that is not compensable. Moreover, Dr. Rush clarified in his deposition that he would have allowed Claimant to go back to work and the only reason he wrote her out of work was due to her myriad of problems, including problems that are not compensable.

18. We agree with the Hearing Commissioner that Claimant's only compensable body part as relates to this admitted accident is her left knee/left lower extremity.

19. We find that Findings of Fact #19-23 of the Hearing Commissioner were not appealed and remain in full force and effect.

#### **CONCLUSIONS OF LAW**

In view of those Findings of Fact, and as provided in the South Carolina Code of Laws, WE, THE APPELLATE PANEL, CONCLUDE THE FOLLOWING AS MATTERS OF LAW:

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.

2. Per S.C. Code Ann. § 42-1-160, Claimant sustained a compensable injury to her left knee by accident that arose out of and in the course and scope of her employment on May 30, 2019.

3. Under § 42-1-160, Claimant failed to prove by a preponderance of the evidence in the record that her left shoulder and left arm injuries are causally related to her May 30, 2019 work accident, and as such, Claimant's claim for benefits under the South Carolina Workers' Compensation

Act as relates to the left shoulder and left arm is hereby denied and dismissed with prejudice.

4. Under 42-15-60, Claimant is not entitled to additional medical treatment for her left shoulder and/or left arm, including, but not limited to, the cervical MRI, as Claimant has failed to satisfy her burden of proving the compensability of her left shoulder and left arm injuries.

5. Under § 42-9-10, Claimant's request for temporary benefits is hereby denied, and Defendants are not liable for the same.

6. Hearing Commissioner's Conclusion of Law #6 was not appealed and remains in full force and effect.

#### **ORDER/AWARD**

Based upon the foregoing Findings of Fact and Conclusions of Law,

**IT IS HEREBY ORDERED** that Claimant failed to prove compensable injuries to her left shoulder and left arm by accident arising out of and in course and scope of her employment on May 30, 2019.

**IT IS FUTHER ORDERED** that Claimant's claim for benefits under the South Carolina Workers' Compensation Act as relates to her left shoulder and left arm is hereby denied and dismissed with prejudice.

**IT IS FUTHER ORDERED** that Claimant's request for temporary total disability benefits is hereby denied.

---

**IT IS FURTHER ORDERED** that Claimant is entitled to a second opinion for her admitted left knee injury, by a knee specialist of the Defendants' choosing.

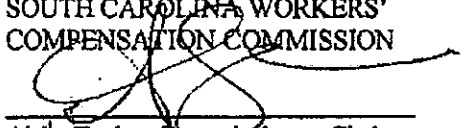
**IT IS FURTHER ORDERED** that Claimant has not yet reached maximum medical improvement with regard to her left knee and a determination of permanency for the left knee is premature at this time.

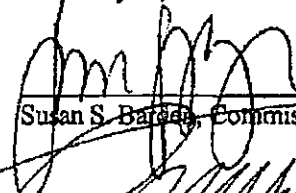
**IT IS SO ORDERED.**

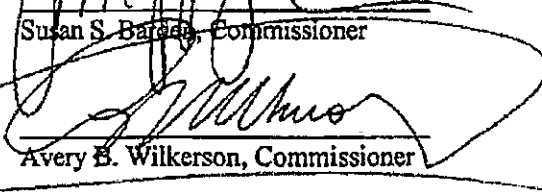
**AFFIRMED IN FULL**

**CONCUR:**

SOUTH CAROLINA WORKERS'  
COMPENSATION COMMISSION

  
Aisla Taylor, Commissioner, Chair

  
Susan S. Baraka, Commissioner

  
Avery B. Wilkerson, Commissioner



**Order Served via E-Mail:**

|                                                                                                                          |                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Johnnie W. Baxley, III<br>Wilson Jones Carter & Baxley<br><a href="mailto:jwbaxley@wicblaw.com">jwbaxley@wicblaw.com</a> | George A. Taylor<br>Chappell, Smith, & Arden<br><a href="mailto:gtaylor@csa-law.com">gtaylor@csa-law.com</a> |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

**CERTIFICATE OF SERVICE**

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

***By Eugenia Hollmon on June 24, 2022***

BEFORE THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
WCC FILE NO. 1906764

HELEN BROWN, )  
)  
Employee-Claimant, )  
)  
-versus- )  
)  
WALMART INC., )  
)  
Employer, )  
)  
-and- )  
)  
NEW HAMPSHIRE INSURANCE )  
COMPANY, )  
)  
Carrier-Defendants. )

-----  
DEPONENT: PAUL RUSH, MD (Via Telephone)  
DATE: Tuesday, March 23, 2021  
TIME: 1:30 pm  
LOCATION: Zoom Videoconference  
REPORTED BY: Janice D. Hayward, RMR  
NCRA Registered Merit Reporter

Job No. CS4448486

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8 APPEARANCES

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23  
24  
25

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| Examination By Mr. Baxley | 22 |
| Examination By Mr. Taylor | 25 |

INDEX TO EXHIBITS

No exhibits marked.

1 (The deposition began at 1:30 PM.) .

2 (PAUL RUSH, MD, after being sworn/affirmed  
3 via Zoom, testified as follows:)

4 EXAMINATION

5 BY MR. BAXLEY:

6 Q Dr. Rush, my name is Johnnie Baxley. I'm  
7 the lawyer who represents Walmart on the workers'  
8 compensation claim that's been filed against them by  
9 Miss Helen Brown. We know that you've had an  
10 opportunity to treat Miss Brown for some injuries,  
11 and so we're going to ask you some questions about  
12 that treatment.

13 Before we get started, if you  
14 would, give us your full name and the name of your  
15 current practice, please.

16 A Paul Fletcher Rush. OrthoCarolina  
17 Scotland.

18 Q And, Dr. Rush, am I correct in saying  
19 you're an orthopedic surgeon?

20 A Correct.

21 Q And you've been practicing orthopedics for  
22 how long?

23 A 33 years.

24 Q Okay. And is there a specific type of  
25 orthopedics that you sort of specialize in? Is

1       there a certain body part that you normally handle?

2           A       I'm a general orthopedist, which means I  
3       treat all types of orthopedic injuries, from  
4       spine, shoulder, hip, knee, upper extremity and  
5       general elbow, hand, wrist, foot, and ankle.

6           Q       Okay. All right. And it's my  
7       understanding that you've had an opportunity to  
8       examine Miss Helen Brown, is that correct?

9           A       That's correct.

10          Q       It looks like she came to you upon  
11       referral from your partner, Dr. Smith?

12          A       She was seen by Dr. Smith regarding a  
13       knee injury, and then I saw her regarding  
14       complaints of shoulder pain.

15          Q       Okay. I've got two notes from your  
16       office, and I just want to make sure that I'm not  
17       missing any. I see a visit from April 13, 2020.  
18       And I see a visit from November 11, 2020. Is that  
19       the only two times you've had to see her?

20          A       That's correct.

21          Q       And it looks like that first note,  
22       Miss Brown may have seen a physician's assistant but  
23       then saw you in follow-up or later on during that  
24       visit?

25          A       At the same time at the same visit, but,

1 yes, that's correct.

2 Q Okay.

3 A Then she was seen by Phyllis Wilson, my  
4 PA in the office, who then consulted me.

5 Q Okay. Gotcha. And when you first saw her  
6 on April 13, 2020, Miss Brown gave what kind of  
7 history with regard to her shoulder?

8 A A history of on-the-job injury  
9 reportedly at Walmart on May 30th, 2020. Said she  
10 was cleaning a fryer, slipped and fell landing on  
11 her left arm and left knee. That was the history.

12 Q Okay. And you said in there, May 30,  
13 2020. I'm assuming that really means May 30, 2019?

14 A Yeah, it must be a typo. It had to be  
15 before the time when I saw her, you're correct.

16 Q Sure. Okay.

17 A No, that's correct, that's correct,  
18 'cause he operated on her knee on 7-25-19.

19 Q Gotcha. Okay. And it looks like when you  
20 first saw her, you did an injection into the  
21 shoulder, is that correct?

22 A Yes. She had an injection of  
23 Depo-Medrol, which is a cortisone shot, with a  
24 local anesthetic, Lidocaine and Marcaine in the  
25 shoulder.

1 Q And then you wanted some MRI scans and an  
2 EMG nerve conduction study just to look and see what  
3 was going on within that shoulder, is that correct?

4 A That's correct. We recommended that she  
5 have nerve studies -- nerve conduction studies and  
6 recommended an MRI, and also recommended an MRI of  
7 the cervical spine --

8 Q Okay.

9 A -- as well as the shoulder.

10 Q And then it looks like when you saw her on  
11 November 11, 2020, she had had some of those  
12 diagnostic tests done.

13 A She had had an MRI of the left shoulder  
14 as well as -- let's see, let me just catch up with  
15 myself. She, I believe, did have nerve conduction  
16 studies, yes.

17 Q All right. And let's go through those  
18 real quick. It looks like the nerve conduction  
19 studies showed no evidence of cervical radiculopathy  
20 or brachial plexopathy, is that correct?

21 A That's correct. It showed evidence of  
22 carpal tunnel syndrome.

23 Q Okay. And MRI of the left shoulder showed  
24 what?

25 A Showed what's described as a tendinosis,



1 which is inflammation of the supraspinatus and  
2 infraspinatus portion of the rotator cuff, but  
3 no -- complete tear with no retraction, no atrophy  
4 of the muscle, along with degenerative changes in  
5 the acromioclavicular joint.

6 Q Okay. And I believe you indicated in that  
7 note that, frankly, the MRI findings would probably  
8 not have been caused by an accident but certainly  
9 could have been aggravated by an accident at work.

10 A That was my opinion, yes.

11 Q Okay. And had she aggravated those  
12 underlying conditions in her accident at work -- and  
13 you just described the fall that she had -- but had  
14 she aggravated that condition in the fall at work,  
15 how quickly would symptoms have appeared after that  
16 fall?

17 A We would expect them to occur, you know,  
18 reasonably soon, maybe not immediately but  
19 certainly within a few weeks. Or within a couple  
20 of weeks you would expect there to be an  
21 aggravated injury.

22 Q Okay. Right after the fall in this case,  
23 Miss Brown treated primarily at an occ-med-type  
24 place called Palmetto Family Medicine. She was  
25 actually seen the day after the accident on

1 May 31st.

2 And that report says, Patient  
3 presents after falling at work with left knee and  
4 left arm pain. Left knee tender in area under the  
5 patella in the upper lower leg over the bone. Knee  
6 exam has some pain. Left forearm and upper arm with  
7 some tenderness but no swelling. Denies any pain in  
8 the shoulder.

9 So that was one day after the  
10 accident. It's certainly possible that symptoms may  
11 not have manifested at that point, correct?

12 A That's correct.

13 Q Okay. And then on June 17th, which was  
14 about two and a half, almost three weeks after the  
15 accident, Palmetto Family Medicine note says,  
16 Follow-up of knee pain, and it goes through the knee  
17 exam. And then with regard to the arm, it says,  
18 Left forearm and upper arm with some tenderness but  
19 no swelling, denies pain in shoulder.

20 At that point, if she had  
21 aggravated this underlying condition in the  
22 accident, would you have expected her to have  
23 symptoms at that point?

24 MR. TAYLOR: Object to the form.

25 A I would expect the symptoms to have

1 presented by that period of time.

2 BY MR. BAXLEY:

3 Q Okay. The first note that I see in any of  
4 her medical records which even mention the shoulder  
5 is dated December 26th, 2019, when she was seen by a  
6 doctor at the Medical University of South Carolina.

7 A Okay.

8 Q If someone has an injury at work and  
9 aggravates an underlying condition, would you expect  
10 that it would take from May 30th until December 26th  
11 of that year, or approximately seven months, for  
12 those symptoms to manifest themselves?

13 MR. TAYLOR: Object to the form.

14 A No, I would expect it to happen much  
15 sooner.

16 BY MR. BAXLEY:

17 Q Okay. And if it did in fact take six or  
18 seven months to manifest itself, you would expect  
19 that there would be probably some other cause or  
20 reason for those symptoms?

21 A Repeat that question.

22 Q If it in fact took six or seven months for  
23 symptoms to manifest themselves, you would expect  
24 that it came from some reason other than the work  
25 injury?

1 MR. TAYLOR: Object to the form.

2 A Well, I would expect the symptoms, if it  
3 was related directly to the injury, to manifest  
4 sooner.

5 BY MR. BAXLEY:

6 Q Okay. The issues that she's got within  
7 her shoulder are not necessarily acute findings,  
8 correct, those are chronic findings?

9 A Certainly have chronicity, yes. It's  
10 not necessarily acute.

11 Q Okay.

12 A Tendinosis is a chronic term.  
13 Tendinitis is more of an acute term, inflammatory  
14 term.

15 Arthritis is a chronic term.  
16 Bursitis can be either chronic or acute, depending  
17 on the injury.

18 Q And the type of symptoms that she has in  
19 that shoulder are not necessarily caused by trauma.  
20 There's a number of reasons that people can present  
21 with those types of symptoms, correct?

22 A That's correct. Most of them don't  
23 present following an injury. They're more of a  
24 gradual onset, chronic symptoms that are  
25 progressive.

1 Q Okay.

2 A She is 79, if I'm not correct -- if I'm  
3 correct.

4 Q Yes, sir. And with someone at that age  
5 having these types of symptoms is not necessarily  
6 uncommon?

7 A Not at all.

8 Q It looks like when you last saw her on  
9 November 11, 2020, you had her completely out of  
10 work.

11 A I'm not sure that was the only reason  
12 she was out of work. But she had had issues with  
13 her knee. Obviously had had surgery. Part of the  
14 time out of work was due to that, if I'm not  
15 mistaken. But I didn't think she was capable of  
16 performing the job that she described that she was  
17 responsible for with ongoing symptoms in her  
18 shoulder and her neck and so forth.

19 Q Okay. With regard to when you last saw  
20 her in November of 2020 -- just strictly for the  
21 stuff you were seeing her for. I mean, obviously I  
22 understand that Dr. Smith would have to speak on the  
23 knee and that sort of thing. But just for the stuff  
24 that you were seeing her for, could she have gone  
25 back to work in some capacity?

1           A     Yes, she could.

2           Q     And what type of restrictions would you  
3 have put on her at that time in order to make sure  
4 that she had a safe return to work?

5                     MR. TAYLOR: Object to the form.

6           A     Anything strenuous using the upper  
7 extremities such as pulling, pushing, lifting,  
8 overhead work, those would be the primary  
9 limitations that I would expect.

10          BY MR. BAXLEY:

11          Q     Okay. And have you seen her at all since  
12 that time?

13          A     I don't think so, no. Not to my  
14 records, no, haven't seen her since 11-11-20.

15          Q     All right. There was some indication in  
16 your original note on April 13, 2020, that she was  
17 also complaining about some pain in the lumbar  
18 spine?

19          A     She did have a lumbar spine complaint,  
20 she did.

21          Q     Okay.

22          A     And I think we actually recommended that  
23 she have an MRI of the lumbar spine at some point.  
24 I think that was the same -- yeah, that was  
25 recommended at the same time.

1           Q     Did she give you any history of previous  
2 lumbar spine problems?

3           A     No, she didn't.

4           Q     According to her records from the Medical  
5 University of South Carolina, she's had four lumbar  
6 surgeries. Was any of that relayed to you?

7           A     It's probably in the intake form. Let  
8 me see. History of lumbar pain was mentioned in  
9 her past medical history. History of lower back  
10 surgery was mentioned in her previous surgical  
11 history. So that was documented, yes.

12          Q     Okay.

13          A     Not to the extent of the number of  
14 surgeries and exact nature of the surgeries, but  
15 the fact that she had lumbar pain and previous  
16 lumbar surgeries.

17          Q     And with a 79-year-old lady who's had  
18 multiple lumbar surgeries and, at least according to  
19 the records from the Medical University, chronic  
20 back pain, is it unusual to see somebody who's still  
21 having some back pain?

22          A     Not at all.

23          Q     And again, if she was having lumbar back  
24 pain stemming from her work accident, you would have  
25 expected those symptoms to show up reasonably soon

1 after the fall, correct?

2 A Yes.

3 Q Within what time frame would you have  
4 expected low back symptoms to appear after the work  
5 accident if, in fact, they were caused by the work  
6 accident?

7 A Same time frame, fairly acutely, within  
8 a few weeks at the most.

9 Q And, Dr. Rush, it looks like, based upon  
10 your last note, you were basically recommending to  
11 her some -- or for her some conservative treatment.

12 A Oh, that's correct.

13 Q Okay. Looks like some physical therapy,  
14 maybe some injections?

15 A Injections, yes, physical therapy. I  
16 did recommend that she have an MRI of her cervical  
17 spine, which I don't think was done, at least I  
18 don't have a record of it.

19 Q And was that just to check and make sure  
20 that there was nothing coming from a -- in a  
21 radicular-type pattern?

22 A Exactly. Yeah, and that was concern  
23 also for ongoing symptoms in her upper extremity.

24 Q Well, she did not report any kind of neck  
25 pain to you, did she?



1       A     Let me refer back to my initial note,  
2     the initial time I saw her. She had been referred  
3     to a neurologist for her lower back. She had been  
4     to physical therapy for her shoulder with minimal  
5     help.

6                     She was having burning -- I  
7     think the key point, she complained of burning pain  
8     and numbness in her left arm, which was, I thought,  
9     consistent with possibly a cervical radiculitis or  
10    radiculopathy, and that was the reason for wanting  
11    to further evaluate her cervical spine.

12       Q     And was it still necessary to get that  
13    cervical MRI even though the EMG nerve conduction  
14    study didn't show any radicular symptoms?

15       A     It can still be very helpful, yes, in  
16    showing compressive pathology that may be causing  
17    her symptoms and would explain them despite a  
18    normal electrodiagnostic study.

19       Q     Okay. If there's no compressive pathology  
20    at a level that would correlate with her symptoms,  
21    that's something you could rule out fairly quickly?

22       A     Yes.

23       Q     And with a 79-year-old lady, you would not  
24    expect to see a cervical MRI that was clean, I'm  
25    assuming?

1           A     I wouldn't expect it to be normal, no.  
2     She had normal -- she had cervical spine X-rays  
3     that showed degenerative changes with disc space  
4     narrowing at multiple levels, but no acute  
5     injuries such as fracture or subluxation.

6           Q     All right. And since you have not had an  
7     opportunity to see her since the 11th of November,  
8     I'm assuming you don't really have an opinion as to  
9     her current status?

10          A     I don't.

11          Q     Okay. All right. Dr. Rush, have the  
12     answers to your questions today been to a reasonable  
13     degree of medical certainty?

14          A     Yes.

15          Q     And have your answers today been to the  
16     standard of more probable than not or more likely  
17     than not?

18          A     Yes.

19          Q     All right. Thank you, sir. That's all  
20     the questions I have for you. I'm going to turn you  
21     over to Mr. Taylor.

22                                 EXAMINATION

23     BY MR. TAYLOR:

24          Q     Thank you, Dr. Rush, I'll be pretty brief,  
25     I think.

1                   To clarify, the cervical spine  
2 MRI that you recommended back in April 13, 2020, is  
3 it still your recommendation that she have that MRI?

4           A     Yes.

5           Q     And if the carrier authorizes that MRI,  
6 would you be willing to see Miss Brown back to go  
7 over that with her and make any treatment  
8 recommendations?

9           A     Sure. Yes.

10          Q     With respect to the right shoulder MRI --

11          A     Left shoulder.

12          Q     Excuse me, left shoulder MRI. Let me pull  
13 it up. You were -- you noted in your November note  
14 that most of the problems were likely chronic but  
15 certainly could have been aggravated by Miss Brown's  
16 fall at work, is that right?

17          A     That's correct. That was my comment.

18          Q     And you were asked about symptoms  
19 manifesting from a shoulder injury and the timeline  
20 that you would reasonably expect those to manifest.  
21 And I guess what I'm trying to figure out is, we  
22 have a number of notes including the day of the  
23 accident and the day after the accident where  
24 Miss Brown is complaining about upper arm and lower  
25 arm pain.

1                   Isn't it possible for her left  
2 shoulder problems to be manifesting in her arm?

3           A     Not below the elbow, but certainly upper  
4 arm, above the elbow.

5           Q     So the suggestion that she didn't have any  
6 manifestations of symptoms for six or seven months  
7 would be inaccurate if she was demonstrating  
8 symptoms in her upper arm immediately after the  
9 accident?

10          A     Well, that's why I wanted to pursue the  
11 cervical spine, because that could manifest either  
12 in upper or lower arm. But most shoulder problems  
13 cause pain just below the shoulder level, or at  
14 the shoulder level down to the elbow but not  
15 below. Cervical spine problems can do both. I  
16 don't know if I answered your question, but...

17          Q     Yeah, I think so. And maybe I should  
18 frame this as a hypothetical. Bear with me.

19          A     I thought I'd lost you. Sorry.

20          Q     Yeah. Candidly, I'm trying to figure out  
21 what I want to ask here. But Miss Brown clearly had  
22 problems in her upper arm following her accident and  
23 continuously complained about those problems.

24                             And it seems to me that those  
25 upper arm problems are best explained, at this point

1 at least, as being a manifestation of her shoulder  
2 problems. Would you agree with that, having not yet  
3 seen any MRI of the cervical spine?

4 A Well, given that caveat, I wouldn't have  
5 any -- other than her plain X-rays and her  
6 complaints, to have any reason to suspect other  
7 than the shoulder.

8 The timeline that was previously  
9 brought up, you know, is concerning in that, you  
10 know -- or her complaints, at least documented  
11 complaints, were that her shoulder didn't hurt. It  
12 was below the shoulder level. But again, that could  
13 be manifested -- a manifestation of cervical spine  
14 or shoulder.

15 Q If the cervical spine MRI does not  
16 indicate anything that would have an impact on her  
17 upper arm, at that point, would it be reasonable to  
18 conclude that her upper arm symptoms that presented  
19 immediately after her accident were from the left  
20 shoulder injury or aggravation?

21 A One could surmise that, yes.

22 Q I guess, really, the bottom line at this  
23 point is we need to get that cervical MRI to  
24 properly diagnose what's going on in that left arm.  
25 Would you agree with that?

1           A     That was my initial thoughts. I'll hold  
2 to those thoughts. 79-year-old people are pretty  
3 fragile, so you really have to look at all  
4 potential sources of injury, and that's really  
5 what I was trying to do.

6           Q     And I don't know if you have an opinion to  
7 this effect at this point or not, but can you say to  
8 a reasonable degree of medical certainty that  
9 Miss Brown's left shoulder problems were aggravated  
10 by her injury at work on May 30th, 2019?

11          A     Well, I think I've clearly said that I  
12 thought that was a possibility, yes. Not a  
13 causation, but an aggravation was a possibility.

14          Q     And you did say that. I guess what I'm  
15 trying to thin down is -- that opinion that her  
16 injury aggravated her left shoulder, is that to a  
17 reasonable degree of medical certainty?

18          A     Yeah, I think it would be reasonable to  
19 say that it could have aggravated that preexisting  
20 condition. Again, the timeline of her complaints  
21 as documented are -- puts some question in -- puts  
22 that into some question. But we've already seen  
23 documentation can be faulty.

24          Q     And you certainly haven't been presented  
25 with any evidence to suggest that she injured her

1 left shoulder some way other than her fall at work  
2 on May 30th, 2019, have you?

3 A I have no knowledge of any other injury.

4 Q Well, Dr. Rush, that's all I've got for  
5 you. I think -- appreciate you being with us this  
6 afternoon.

7 A Thank you-all.

8 EXAMINATION

9 BY MR. BAXLEY:

10 Q Dr. Rush, let me just ask you a couple  
11 questions in follow-up. I have certainly seen a  
12 number of shoulder injuries in the past that involve  
13 pain in the shoulder and then down into the upper  
14 arm.

15 But at least based upon the  
16 notes that I read you earlier, it would seem as  
17 though Miss Brown after this accident was having no  
18 pain in the shoulder and pain in the upper arm.

19 MR. TAYLOR: Object to the form.

20 BY MR. BAXLEY:

21 Q Have you ever seen someone with tendinosis  
22 that's reported on the MRI have zero pain in the  
23 shoulder and then pain only into the upper arm?

24 A We generally see people with some  
25 discomfort in the shoulder girdle. Most pain is

1 usually in the upper arm.

2 Q But it normally --

3 A It has to do with the innervation of the  
4 muscle and tendon units that function to move the  
5 shoulder.

6 The terminal point of those .  
7 nerves ends down at the deltoid insertion in the  
8 upper arm, which is, if you would just put your hand  
9 on your shoulder, five finger breadths below, that's  
10 the upper arm. That's usually where people have the  
11 majority of their complaints.

12 But we also, you know, usually  
13 have -- people usually complain of tenderness in  
14 the -- higher in the shoulder girdle but not  
15 100 percent.

16 Q Okay. And so with a 79-year-old lady with  
17 the problems that you saw on MRI, you would normally  
18 have expected to see some level of discomfort in the  
19 shoulder if those problems had been aggravated in a  
20 work accident?

21 A Wouldn't be unusual. I would -- I would  
22 be surprised if she didn't have some discomfort in  
23 that area. But again, it's not totally unheard  
24 of. I'd be surprised if she -- based on the MRI,  
25 I was a bit surprised that she stated that she'd



1 never had any shoulder pain before the fall. And  
2 I think that was documented.

3 So I think that timeline, if  
4 it's accurate, is important as well. I didn't hurt  
5 before I fell, now I hurt. So that's kind of what  
6 we had to go with.

7 Q Sure. And frankly, had she fallen and  
8 within a couple of days said, My shoulder and my  
9 upper arm hurt, that there wouldn't be any question  
10 about causation in this case, right?

11 MR. TAYLOR: Object to the form.

12 A I don't know that I can speak toward  
13 causation other than what I've already said.

14 BY MR. BAXLEY:

15 Q Well, it would make it a lot easier for  
16 you to say that this is coming from the accident had  
17 she been complaining of shoulder pain from the very  
18 beginning?

19 A I gotcha. I gotcha. Yeah, I think that  
20 would -- that would have clarified it a little  
21 bit, sure.

22 Q Yeah. But if what I told you earlier is  
23 true and that she essentially goes six or seven  
24 months without any complaints of shoulder pain, that  
25 therefore leads you to some question about whether

1 or not this is really coming from the work accident?

2 A It does put that in question. I would  
3 have to agree with that.

4 Q All right. Dr. Rush, I think that's all  
5 I've got for you.

6 EXAMINATION

7 BY MR. TAYLOR:

8 Q I hate to do this to you, but I --

9 A I knew it was coming. I knew it was  
10 coming. That's all right. I'm used to this.  
11 After 33 years of dealing with these, I'm not --  
12 it's all right. Go ahead.

13 Q Thank you.

14 So you mentioned a moment ago  
15 about, you know, the cording problems and that sort  
16 of thing, that happened in the medical notes. The  
17 other thing that occurs to me, particularly with  
18 shoulders, I guess I see it a lot with the hip as  
19 well where my clients sort of described hip pain as  
20 leg pain and you're not really knowing how far the  
21 hip extends.

22 You know, isn't that also true  
23 for the shoulder where, you know, some folks refer  
24 to their shoulder more as what I would consider the,  
25 you know, shoulder blade. Some people refer to it,

1 you know, as, sort of the lower part of the shoulder  
2 as their arm. And it very well could be that  
3 Miss Brown was complaining about shoulder pain, she  
4 was just reporting it as upper arm pain. Wouldn't  
5 that be fair?

6 A Well, that certainly is a possibility.  
7 I mean, you don't expect a layman to be  
8 knowledgeable about anatomy to the extent that  
9 they can accurately describe what they think is  
10 their shoulder or their hip or their lower back.

11 I see people all the time that  
12 complain, they come in, they say their hip's killing  
13 them. Well, it's actually their lower back, 'cause  
14 they put their hand on their buttock. That's not  
15 hip pain, that's lower back problems.

16 And so, yeah, you don't expect a  
17 layman to have that kind of underlying knowledge, so  
18 you have to take that, you know, for what it's worth  
19 when they complain to try to be as accurate as  
20 possible in documenting their complaints.

21 Q I appreciate your time. Thank you.

22 A Both of you, all of you, all three of  
23 you, thank you.

24 MS. HAYWARD: Read and sign?

25 MR. BAXLEY: Doctor, do you want to

1 read and sign your deposition?

2 THE WITNESS: I usually don't.

3 MR. BAXLEY: Okay. Perfect. Thank  
4 you, sir.

5 MS. HAYWARD: Copy, George?

6 MR. TAYLOR: Yes, please, e-tran is  
7 fine.

8 MS. HAYWARD: And Johnnie, normal  
9 time -- or both of you, normal time?

10 MR. BAXLEY: Yes, ma'am, that will be  
11 fine.

12 (Signature waived, and the deposition  
13 concluded at 2:05 PM.)  
14

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1 STATE OF SOUTH CAROLINA )  
2 COUNTY OF DORCHESTER )

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CERTIFICATE

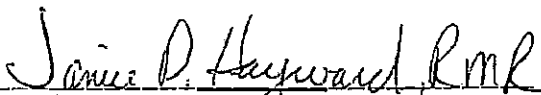
3 I, Janice D. Hayward, Registered Merit  
4 Reporter and Notary Public, certify that I was  
5 authorized to and did stenographically report the  
6 foregoing deposition via Zoom, and that the  
7 transcript is a true record of the testimony given  
8 by the witness.

9 I further certify that the witness was  
10 duly sworn/affirmed and cautioned by me via Zoom to  
11 tell the truth, the whole truth, and nothing but the  
12 truth. I certify that the same was reduced to  
13 typewritten form from my original stenograph notes  
14 by computer-aided transcription.

15 I further certify that I am not of  
16 counsel or kin to any of the parties to this cause  
17 of action nor am I interested in any manner in  
18 its outcome.

19 IN WITNESS WHEREOF I have hereunto set  
20 my hand and seal this the 6th day of April 2021.

21  
22  
23  
24  
25

  
Janice D. Hayward, RMR  
Notary Public, South Carolina  
My Comm. Expires 10-10-22

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BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION  
W.C.C. FILE NO. 1906764

- - -

Helen Brown, :  
Employee/Claimant, :  
vs. :  
Walmart, Inc., : DEPOSITION OF:  
Employer, : GREGORY PALUTSIS, MD  
and : MAY 7, 2021  
New Hampshire Insurance :  
Company, :  
Carrier/Defendants. :

The remote Zoom deposition of GREGORY PALUTSIS,  
MD, taken before Deirdre J. Weyer, Registered  
Professional Reporter and Notary Public, at 1580  
Freedom Boulevard, Unit 100, Florence, South  
Carolina, on Friday, May 7, 2021, commencing  
at 11:56 a.m.

Job No. CS4551880

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(None)

1 (GREGORY PALUTSIS, MD, having been first  
2 duly sworn, testified as follows:)

3 EXAMINATION BY MR. BAXLEY:

4 Q Doctor, if you would pronounce your last  
5 name for me so that I don't butcher it.

6 A Palutsis.

7 Q Palutsis. Dr. Palutsis, my name is  
8 Johnnie Baxley. I represent Walmart on the workers'  
9 compensation claim that's been filed by  
10 Ms. Helen Brown. It's a pleasure meeting you, and  
11 really what we're doing today is just going to ask  
12 you some questions and get some opinions from you  
13 about some medical treatment issues. As I've not had  
14 an opportunity to meet you or depose you before, if  
15 you could please state your full name for the record  
16 and your -- the name of the facility where you are  
17 currently employed.

18 A Gregory Palutsis. I am currently working  
19 at MUSC Florence.

20 Q Great. And if you would, just go through  
21 a quick background for me starting with undergraduate  
22 education and then board certification, that sort of  
23 thing.

24 A I graduated from Loyola University in  
25 1978. Loyola Stritch School of Medicine in 1981. I



1 completed a residency at Northwestern Memorial  
2 Hospital in 1986 in orthopedic surgery, I did a year  
3 of sports medicine fellowship at the University of  
4 Iowa finishing in 1987, and then I was employed in  
5 private practice in Chicago until three years ago  
6 when I moved down here and joined this group of  
7 physicians. I am currently board certified.

8 Q Great. And do you specialize in a certain  
9 part of the body or are you just general orthopedics?

10 A My fellowship training is orthopedic  
11 sports medicine, which is what I used to do mostly.  
12 Here in the last three years it's mostly been in a  
13 general medicine -- a general orthopedic practice.

14 Q And I'm looking through my notes. I only  
15 see one medical record from one visit that you had  
16 with Ms. Helen Brown. Is that accurate?

17 A I think I have two visits in my records,  
18 one from September 4th of 2018 and the other one from  
19 early 2020.

20 Q Okay.

21 A January 16th of 2020.

22 Q Yes, sir. I have the January 16, 2020.  
23 Tell me about the visit in September of 2018. What  
24 was she seen for?

25 A She was referred by a Dr. Ritchie, her

1 internist, because of left shoulder pain, and I  
2 thought she had arthritis at the acromioclavicular  
3 joint.

4 Q Okay. And what kind of specific  
5 complaints was she reporting with -- it just pain?

6 A Pain localized over the joints. She had  
7 some pain with movement of the joint. She reported  
8 swelling at the joint as well.

9 Q Did she give a history as to where those  
10 problems or where that pain came from?

11 A Yeah. This is the right shoulder joint.  
12 I just want to make that clear --

13 Q Okay.

14 A -- if I don't make that clear. She told  
15 me that about eight years prior to that she had a  
16 rotator cuff repair in that same right shoulder; but  
17 other than that, she didn't report any injury to the  
18 shoulder. She was noticing a bump on the shoulder.

19 Q Okay. So when you saw her in 2018, she  
20 was complaining about problems with her right  
21 shoulder. She gave no history of an acute trauma but  
22 indicated that about eight years previously she had  
23 undergone a right rotator cuff repair?

24 A Yes.

25 Q Okay. And you diagnosed her as having

1 some arthritis in the shoulder?

2 A Well, in the acromioclavicular joint.

3 Q Okay. Did you give her any other  
4 diagnosis other than AC joint arthritis?

5 A She had a very little bit of arthritis  
6 noted on X-ray in the main joint, in the glenohumeral  
7 joint; but I did not think that was symptomatic for  
8 her.

9 Q Okay. Is was the AC joint arthritis that  
10 you thought was symptomatic for her?

11 A Yes.

12 Q And did you have any diagnostics that you  
13 were relying on at that time other than simple  
14 X-rays?

15 A I think all I had was an X-ray.

16 Q Okay. Did you outline a treatment plan  
17 for those right shoulder complaints for her?

18 A It was just conservative management.  
19 Icing. We put her onto some Motrin. And then I did  
20 inject the joint with some steroid, with Kenalog.

21 Q Okay. And since you did not see her again  
22 until January of 2020, can I assume that she was lost  
23 to follow up?

24 A Yes.

25 Q Okay. You did not have another

1 opportunity to see her back for any of the right  
2 shoulder issues?

3 A No.

4 Q And when you saw her on January 16, 2020,  
5 according to your report, it looks like she was there  
6 complaining about the opposite shoulder, her left  
7 shoulder?

8 A Yes.

9 Q Okay. I'm looking at your History of  
10 Present Illness, and it indicates that you saw  
11 Ms. Brown, who is a 79-year-old female with  
12 complaints of left shoulder pain. The next sentence  
13 says, "There was no injury to the left shoulder."  
14 Where did that history come from?

15 A That would have come from the patient that  
16 there was no specific injury to the shoulder.

17 Q Okay. And I'm looking at this note and it  
18 looks like you were the provider. Would you have  
19 been the one that took the history or would there  
20 have been a physician's assistant or a nurse  
21 involved?

22 A I would have been the one to take the  
23 history, yes.

24 Q Okay. And it looks like you went through  
25 with her a fairly comprehensive exam of the left

1 shoulder and it looks like you also had some X-rays?

2 A Yes.

3 Q And it doesn't look like you gave a  
4 definitive diagnosis, but what were your concerns?

5 A The exam indicated that she had evidence  
6 for a rotator cuff-based pain and without a clear  
7 history of injury and with some fairly good -- we  
8 think it's most likely a tendonitis or inflammation.  
9 Again, you can't always be certain about that; but  
10 that's our initial diagnosis, and we started  
11 treatment based on that.

12 Q Okay. Did you ever see her again after  
13 that initial visit?

14 A No.

15 Q And did she come to you upon referral from  
16 another physician or did she just randomly show up at  
17 the -- at the practice?

18 A Well, when I initially saw her, she was  
19 referred by her primary care physician, and that was  
20 at the prior visit in 2018. I don't know why -- how  
21 she came to me on this most recent visit.

22 Q Okay. All right, Doctor, I'm looking at a  
23 typed statement that you signed on January 24, 2020.  
24 Do you have a copy of that statement?

25 A I do not have that in front of me, no.

1           Q       Okay. I'm going to email you a copy of  
2       that so you can have it in front of you. It looks  
3       like it was a document prepared by Mr. Taylor's  
4       office.

5                   MR. TAYLOR: I can share the screen if he  
6       can look at the screen, if that makes it easier.

7                   THE WITNESS: Whatever you want.

8                   MR. BAXLEY: Sure, that would be fine.

9                   MR. TAYLOR: Give me just a second to  
10      figure out how to do this.

11                  MR. BAXLEY: If you've got it up on your  
12      screen, it's just the middle button down at the  
13      bottom, the share screen button.

14                  MR. TAYLOR: Yeah, I've got to find the  
15      document first.

16                  MR. BAXLEY: Oh, I gotcha. Okay. Yep.

17                  MR. TAYLOR: Hopefully, y'all will be able  
18      to see my screen in a moment.

19                  MR. BAXLEY: Yeah, there you go.

20                  THE WITNESS: Yes, I see it.

21      BY MR. BAXLEY:

22           Q       I'll give you a chance to read it and  
23      review it. Let me know when you're ready.

24           A       Yes, I see that.

25           Q       Okay. And have you had a chance to read

1 over it?

2 A Yes.

3 Q Okay. Perfect. That note seems to  
4 indicate that there was history of an accident given  
5 at that visit. How is it that you remembered that or  
6 recollected that in between the dictation of the note  
7 and signing this report?

8 A I'm not sure that I remembered. It may  
9 have been pointed out by the patient themselves.  
10 They have the records available to them. So, again,  
11 I don't remember the exact circumstances here, but it  
12 would have been an error on my part. That's what I  
13 was admitting to here by -- by preparing -- signing  
14 this, that there was something that I forgot to  
15 include in the chart; but I probably wouldn't have  
16 remembered it unless somebody pointed it out to me.

17 Q Okay.

18 A So it goes back to the patient saying,  
19 well, this was actually an injury and you didn't put  
20 it in my chart.

21 Q Okay. So just to be clear, you don't have  
22 any specific recollection of what she did or did not  
23 say on the January the 16th, 2020?

24 A Correct.

25 Q It looks like you obviously reported a

1 history on here and then at some point fairly soon  
2 thereafter you were contacted either by the patient  
3 or by the patient's attorney and an error, I guess,  
4 was brought to your attention?

5 A Yes.

6 Q And either the patient or the patient's  
7 attorney relayed to you that, in fact, there had been  
8 an accident and they described it and that's what's  
9 in this note?

10 A Yes.

11 Q Okay. And what she has described to you  
12 is an accident from May 30, 2019, correct?

13 A Yes.

14 Q Did she describe to you what kind of an  
15 accident it was?

16 A That note indicates that it was a fall  
17 where she landed onto her knee.

18 Q If she fell onto her knee and I guess onto  
19 her arm on May 30, 2019, when -- during what time  
20 period would you have anticipated that an injury to  
21 the shoulder would have manifested itself?

22 A Well, if there's a traumatic injury to the  
23 shoulder, there would have been pain reasonably soon.  
24 It can take sometimes a few days for inflammation to  
25 accumulate enough to be causing pain, but usually



1 within a few days.

2 Q Okay. And so you would have certainly  
3 anticipated some symptoms or complaints of -- you  
4 said within a few days. Are we talking about within  
5 a week or two?

6 A Yes. You could give it that long, yes.

7 Q Okay. Would you have anticipated -- if  
8 she fell onto her arm on May 30, 2019, and sustained  
9 some sort of traumatic injury to the shoulder, would  
10 you have anticipated that there were no symptoms for  
11 one month after the accident?

12 MR. TAYLOR: Object to the form.

13 THE WITNESS: I've seen things take that  
14 long to show up. It depends on activity level and  
15 things like that. It's possible an injury can take  
16 that long for a patient to perhaps really appreciate  
17 it.

18 BY MR. BAXLEY:

19 Q How about two months?

20 A That would be pushing it. Kind of too  
21 long.

22 Q How about three months?

23 MR. TAYLOR: Same objection.

24 THE WITNESS: That would be longer and  
25 less likely to be related to the trauma.

1 BY MR. BAXLEY:

2 Q Okay. And I'm assuming if I were to  
3 continue to go through that line of questioning and  
4 increase the number of months, as I increased the  
5 number of months, it becomes less and less likely  
6 that those things would be related?

7 A Yes.

8 Q The opinion that you've given in the note  
9 that you looked at earlier that the complaints  
10 regarding the left shoulder were from the fall that  
11 she sustained, I'm assuming that opinion is based  
12 upon her reporting to you that she had a fall, that  
13 she had symptoms thereafter, and that she's continued  
14 to have problems with the left shoulder?

15 A Yes. That's all a part of the patient's  
16 history.

17 Q And it's your job as her treating  
18 physician to sort of take that at face value?

19 A Yes.

20 Q You haven't done any independent research  
21 as to whether or not there was actually an accident,  
22 whether or not she actually hurt her left shoulder  
23 when those symptoms manifested themselves, anything  
24 like that? You're just taking her at face value?

25 A Yes.

1           Q       And if, in fact, any of those factors are  
2 inaccurate, it could very well affect your opinion on  
3 causation?

4           A       Yes.

5           Q       So, for example, if she got -- if she fell  
6 on May 30, 2019, and the first record of shoulder  
7 pain is December of 2019, that may very well affect  
8 your opinion as to whether or not those shoulder  
9 symptoms are related to the work accident?

10           MR. TAYLOR: Object to the form.

11           THE WITNESS: Yes.

12 BY MR. BAXLEY:

13           Q       Okay. If, in fact, it is true that the  
14 first time she complained to a physician about her  
15 shoulder was December 26, 2019, from an accident on  
16 May 30, 2019, which is about seven months, if that is  
17 true and that's accurate, would you think that her  
18 left shoulder complaints are related to that work  
19 accident?

20           A       No.

21           Q       If on the other hand she had symptoms in  
22 her left shoulder within a week or two of the fall,  
23 it would be your opinion that that very well could be  
24 related?

25           A       Yes.

1 Q Okay. Doctor, have your answers to my  
2 questions today been stated to a reasonable degree of  
3 medical certainty?

4 A Yes.

5 Q And have your answers been to a standard  
6 of more likely than not or more probable than not?

7 A Yes.

8 Q Thank you, sir.

9 A (Inaudible.)

10 Q I'm sorry?

11 A More likely than not.

12 Q Perfect. Thank you, sir.

13 EXAMINATION BY MR. TAYLOR:

14 Q Thank you, Doctor. If Ms. Brown had been  
15 complaining of right upper arm pain immediately after  
16 her accident and consistently after her accident on  
17 May 30, 2019, could those upper arm complaints likely  
18 be related her right shoulder in addition to just her  
19 right upper arm?

20 A So just so we're not confused, is this  
21 right shoulder, right arm, or left arm?

22 Q This is all for the right -- right arm.

23 A Well, I was treating her for her left arm,  
24 so I'm not sure why we're discussing --

25 Q Excuse me. I'm getting them confused

1 again. You're absolutely right. You're absolutely  
2 right. Forgive me. I did this in the last  
3 deposition in this case. If Ms. Brown had been  
4 reporting right -- excuse me -- left upper arm pain  
5 immediately after her accident, same day, and then  
6 regularly thereafter, would that change your opinion  
7 as to the causation of her right shoulder problems?

8 A Yes, it would. Again, we take the  
9 patient's history as -- as the cause of things and  
10 arm pain -- upper arm pain certainly can be shoulder  
11 pain -- can be related to shoulder injury. So they  
12 don't have to complain of shoulder pain for a  
13 shoulder injury. It's usually upper arm pain that  
14 they complain of. So that would be compatible with  
15 an injury.

16 Q I'm going to try to share my screen again  
17 in just a minute. Let me find the record. Excuse  
18 me.

19 I hope that I'm sharing my screen now.  
20 Can you see it?

21 THE WITNESS: No, I do not see it. There  
22 you go.

23 MR. BAXLEY: You've got it right now,  
24 George.

25 THE WITNESS: I've got it right now, yes.

1 BY MR. TAYLOR:

2 Q All right. Doctor, this is a medical  
3 record dated May 31, 2019. Can you see the date of  
4 this note?

5 A Yes.

6 Q All right. And this would have been one  
7 day after Ms. Brown fell. I'll give you just a  
8 minute to look over that note. I'll just scroll down  
9 so you can that there is a second page.

10 A Okay.

11 Q Have you had a chance to look at that?

12 A Can you scroll up a little bit?

13 Q Sure.

14 A Good. That's good.

15 Q On examination there, do you see where it  
16 says "left arm and upper arm with some tenderness but  
17 no swelling. Denies any pain in shoulder"?

18 A Yes. Looks like left -- left forearm, is  
19 that what it says? Left forearm and upper arm.

20 Q That's correct, "with some tenderness and  
21 no swelling. Denies any pain in shoulder." Do you  
22 see that?

23 A I do, yes.

24 Q It looks like she was denying the pain was  
25 in her shoulder at the time but clearly was having

1 upper arm problems the day after her fall at work; is  
2 that --

3 A Yes. I'm a little confused about in the  
4 beginning it says "she fell last night and hit her  
5 right knee and right arm," but then everything else  
6 says left.

7 Q Yeah. I'll represent to you that that  
8 we -- I believe -- and Mr. Baxley can correct me if  
9 I'm wrong -- that that is -- that portion at least of  
10 this record is -- is an administrative or  
11 typographical error and that's the only occasion --

12 A Okay.

13 Q -- where it appears to be the right knee  
14 and right arm.

15 A Yes. Was this an emergency room report?

16 Q This was not. I think this was --

17 MR. BAXLEY: Palmetto Family Medicine.

18 MR. TAYLOR: Yeah.

19 THE WITNESS: Okay. All right.

20 MR. BAXLEY: Urgent care-type clinic.

21 THE WITNESS: Okay.

22 BY MR. TAYLOR:

23 Q Is it reasonable to conclude that the  
24 upper arm complaints that Ms. Brown had on May 31st,  
25 2019, were related to her left shoulder?

1           A       Well, I would be just making a judgment  
2       that they did not seem to think so. They said this  
3       was a -- a contusion, something to the left arm.  
4       They were -- I think they specifically said in here  
5       it wasn't her shoulder. Again, typically when I see  
6       a patient and they complain of arm pain, I'm always  
7       worried about their shoulder; but it doesn't always  
8       match up one-to-one. And so, again, these  
9       were -- these are family practice doctors. I  
10      interpret a little differently. Our exam might be a  
11      little different. But they weren't impugning (ph)  
12      shoulder in this exam but certainly in my world it  
13      could be.

14       Q       Doctor, is it fairly common for patients  
15      with shoulder problems to experience symptoms in  
16      their arm and not in their shoulder?

17       A       Yes, that is not uncommon.

18       Q       And when that happens, does it ever evolve  
19      to where the shoulder problems do begin manifesting  
20      in the shoulder even though initially the symptoms  
21      were present only in the arm?

22       A       Yes.

23       Q       And in Ms. Brown's case, if her left arm  
24      symptoms began to dissipate and her left shoulder  
25      complaints increased, would it be reasonable to



1 conclude that the injury she suffered on May 30th,  
2 2019, was, in fact, to her left shoulder and not to  
3 her left arm?

4 A Well, I have a hard time saying that  
5 because I wasn't the one examining her and not seeing  
6 the evolution of this. Plus, I'm not even sure what  
7 the injury to her shoulder is. I was suspicious for  
8 a tendonitis, possibly a tear; but I don't have  
9 confirmation there actually was an injury to the  
10 shoulder. So you're asking me to interpret other  
11 people's exams and I'm not in a good place to do  
12 that.

13 Q That's fair enough.

14 A My battery looks like it's dying here. If  
15 I could just take a minute and get this plugged in --

16 Q Sure.

17 A -- that would help, okay?

18 MR. BAXLEY: Sure.

19 THE WITNESS: Okay. So give me one  
20 second.

21 (There was a pause in the proceedings.)

22 THE WITNESS: All right. We are good to  
23 go. Sorry.

24 BY MR. TAYLOR:

25 Q And you've not seen Ms. Brown back at all

1 since January 16, 2020?

2 A No.

3 Q That's all the questions I've got,  
4 Dr. Palutsis. I appreciate you being with us this  
5 morning -- this afternoon. Thank you.

6 A Nobody else?

7 MR. BAXLEY: No further questions from me,  
8 Doctor. Thank you.

9 (Court reporter requested transcript  
10 orders.)

11 MR. TAYLOR: Etran.

12 MR. BAXLEY: Same.

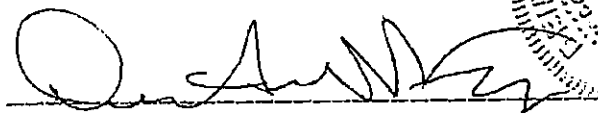
13 (Deposition was concluded at 12:26 p.m.)  
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CERTIFICATE OF REPORTER

I do hereby certify that the testimony contained in said deposition was, by me, reduced to writing in the presence of said witness by means of a computerized transcription. The said deposition is a true and accurate transcript of the whole of the testimony given by said witness, as aforesaid.

I do further certify that I am not connected by blood or marriage with any of the parties or their attorneys or agents, and I am not an employee of either of them, nor interested directly or indirectly in the matter of controversy either as counsel, attorney, agent or otherwise.

Signed this the 14th day of May 2021

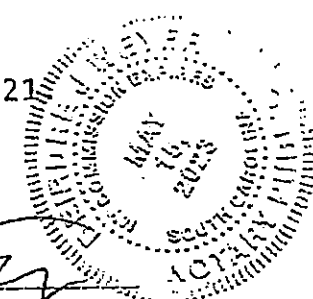


Deirdre J. Weyer

Registered Professional Reporter

Notary Public

My Commission Expires: May 15, 2023



|                           |                           |                            |                            |
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