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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC File No. 1908703
Appellate Case No. 2022-000067

Kyle R. Bagley, Employee . . . . ……. Appellant,

v.

JN Fibers, Inc., d/b/a Sun Fiber, LLC, Employer, and
Great American Insurance Company, Carrier . . . . . .…… Respondents.

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DECISION AND ORDER OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NUMBER 1908703

KYLE BAGLEY, CLAIMANT,

vs.

SUN FIBER, LLC, EMPLOYER,

AND

GREAT AMERICAN ALLIANCE INSURANCE COMPANY, CARRIER,

DEFENDANTS.

HEARING:	Held in Richland County, South Carolina, on September 28, 2020.
APPEARANCES:	The claimant was represented at the hearing by Bryan N. Sanchez, of Lewis Law Firm, LLC. The Defendants were represented by C. Barrett Burley, Holder Padgett Littlejohn + Prickett, LLC.
PURPOSE OF THE HEARING:	To determine issues on Forms 50, 51, and the Form 21 and all other issues that were timely brought before the Commission.
DECISION AND ORDER BY:	South Carolina Workers' Compensation Commission, Commissioner Gene McCaskill.
FILED:	May 13, 2021

APA SUBMISSIONS

Pursuant to the Administrative Procedures Act, the following records were submitted into evidence without objection:

BY THE CLAIMANT

MEDICAL EVIDENCE

Claimant's APA No.	Provider Name	Date of Service	Bates numbered
#1 (23 pp.)	MUSC Health – Chester Regional Medical Center from 06/17/19 (*as well as 07/03/19 diagnostics ordered by Riverview Medical*)	06/17/19 and 07/03/19	1-23
#2 (1 pp.)	Chester Chiropractic	06/20/19	24
#3 (4 pp.)	Lowry's Family Medicine	06/25/19	25-28
#4 (13 pp.)	Riverview Medical / Occumed	06/27/19	29-41
#5 (23 pp.)	Midlands Ortho & Neurosurgery (Dr. Brown) and Form 14-B	07/05/19 to 07/11/19	42-64
#6 (76 pp.)	Your Life Wellness – PT	7/22/19 to 10/16/19	65-140
#7 (16 pp.)	Carolina Neurosurgery & Spine	08/22/19 to 09/05/19	141-156
#8 (24 pp.)	OrthoCarolina Records and out of work note (Dr. DuPuy)	09/05/19 to 10/15/19	157-180
#9 (12 pp.)	Dr. Rao- Neurological Institute	10/31/19-11/19/19	181-192
#10 (21 pp.)	Deposition of Dr. Brown (Midlands Ortho and Neurosurgery)	12/12/19	193-213
#11 (55 pp.)	Deposition Dr. Hernan Rao (The Neurological Institute)	02/14/2020	214-269
#12 (54 pp.)	Deposition of Dr. David DuPuy (Orthocarolina)	04/29/2020	270-324
#13 (54 pp.)	Deposition of Dr. Gunter and 5 pages of the Office note of 07/08/20	07/08/2020 (office note) and 09/08/2020 (Deposition)	325-379

OTHER DOCUMENTS FROM CLAIMANT:

Exhibit No.	Document Description	Date(s)	Bates Numbered
#4	First Report of Injury / Work Comp Injury Reporting Form and Photos of similar Bale that hit Claimant	06/24/19	001-009 (uploaded to the e-case, pages 374-383, after APA #13 ends)

BY THE DEFENDANTS

MEDICAL EVIDENCE

Defendant's APA No.	Provider Name	Date of Service	Bates numbered
1 (APA 14)	MUSC Chester	06/17/19	1-18
2 (APA 15)	Lowry's Family Medicine	12/16/14 to 06/25/19	19-40
3 (APA 16)	Riverview Medical Center / Occumed	06/27/19	41-59
4 (APA 17)	Midlands Orthopaedics & Neurosurgery (Dr. Brown)	07/05/19 to 08/28/19	60-85
5 (APA 18)	OrthoCarolina (Dr. Dupuy)	09/12/19 to 10/15/19	86-107
6 (APA 19)	Dr. Joseph Boland & Associates (Doris Paez)	12/13/19	108-116
7 (APA 20)	Carolina Neurosurgery & Spine Assoc. (Dr. Jarrell)	08/22/19 to 09/05/19	117-142
8 (APA 21)	Lowry's Family Medicine	12/16/14 to 06/29/20	432-461 (or 326-356)

OTHER DOCUMENTS FROM DEFENDANTS:

Exhibit No.	Document Description	Date(s)	Bates Numbered
#3	Video from Employer showing the incident where claimant was injured	06/14/19	*Video file*

STIPULATIONS

The parties stipulated at the hearing to the following issues:

1. The purpose of the hearing is to determine the issues on the Form 50, Form 51 and all other issues that were timely brought before the Commission.
2. Notice of hearing was timely and properly served on all parties of interest.
3. Venue, set in Richland, is proper as agreed by all parties.
4. As a result of this workplace incident on June 14, 2019, the Defendants admitted that the Claimant sustained a back/spine injury, arising out of the course and scope of his employment with the Defendant-Employer. It was on this date that the Claimant was working as a welder for the Defendant-Employer when a bale of fiber, which weighed between 600-700 pounds (approx.), came off a roller and hit the Claimant in his upper extremity/head/neck area as the Claimant was kneeling down at the time to weld a part of the roller that this bale came off of, thereby causing him to become injured as a result.
5. Claimant has an Average Weekly Wage of $877.79 and a Compensation Rate of $585.20 and this is the agreed upon Compensation Rate that is to be used in this case going forward.
6. The Defendant's initially paid the Claimant a total of seven (7) weeks' of TTD benefits for the weeks of 06/27/19 to 07/19/19. However, these were paid at an incorrect (lower) rate of $563.00. Thus, given that the Compensation Rate in this claim is $585.20, the Claimant has an underpayment of TTD benefits that are owed to him, at $22.20 per week, for these seven (7) weeks (06/27/19 to 07/19/19), thereby resulting in a total underpayment that is presently owed to him in the amount of $155.40.

STATEMENT OF CASE

Defendants admit that the Claimant sustained a compensable injury to his back/spine in connection with this June 19, 2019 incident/injury, when the Claimant was injured within the course and scope of his employment with the Defendant-Employer, when he was hit with a bale of fiber while kneeling down to weld something. This bale of fiber weighed approx. 600-700 pounds and it was coming down a roller that the Claimant was welding at the time and it made contact with the Claimant's upper extremity/head/neck area.

Claimant filed a Form 50 hearing request, asking the Commission to determine various things, namely, to determine what the extent of the injuries he sustained in this accident, as well as seeking an award for medical and indemnity benefits as a result of this workplace incident of his. The Claimant's main positions asserted at this hearing were, among others, as follows:

1) in connection with this workplace incident the Claimant sustained other injuries, in addition to the compensable back/spine injury, namely that he sustained injuries to his head and other related aspects/injuries that are related to these injuries of his;
2) that he is entitled to receive payment for the underpayment of TTD's previously paid to him for the seven (7) weeks of TTD's he received at the lower/incorrect Compensation Rate, resulting in $155.40 that is owed to him per the correct Compensation Rate in this claim;
3) that he is not yet at MMI in connection with his injuries sustained in this claim at hand;
4) that he is entitled to receive TTD's, from the date he was last paid TTD benefits (07/19/19) to the present and ongoing each week, in accordance with the Act; AND
5) that he is in need of additional medical treatment for all these injuries sustained in this.

6) Also, of note, in paragraph 12 of the Claimant's Form 58 pre-hearing brief, reference is made to the fact that there needed to be an 'amendment of matters originally outlined in the initial Form 50 hearing request the Claimant filed' as certain issues developed since the Form 50 hearing request was filed and they needed to be addressed by the Commission at the hearing on September 28, 2020.

The Defendants filed a Form 51 in response to Claimant's hearing request and their main positions asserted at the hearing were, in essence, as follows:

1) that the Claimant was at MMI for the compensable back/spine injury;
2) that the Claimant was not entitled to additional TTD's;
3) that the Defendants were entitled to a credit for overpayment of TTD's;
4) that the Claimant was not entitled to additional medical treatment; AND
5) that an assessment into what amount should be awarded to the Claimant as permanent partial disability benefits in connection herewith.

In connection with this hearing the parties submitted pre-hearing briefs and various APA submissions, which contained numerous medical records and evidence for the Commission's consideration at this hearing. Also, pre-hearing depositions of various medical providers associated with this Claim were taken by the parties. The following providers' deposition transcripts were submitted into evidence, they were read in their entirety and taken into consideration by this Court: i.) Dr. Matthew Brown, ii.) Dr. Brett Gunter, iii.) Dr. David DuPuy and iv.) Dr. T. Hermanth Rao.

Therefore, the issues to be decided by the Commission in connection with this September 28, 2020, hearing were determined to be as follows:

1) Has the Claimant reached MMI as to this work-related accident?

2) Is the Claim ripe for a determination of permanency, if any?

3) Are the Defendants responsible for any future medical care and treatment?

4) Are the Defendants entitled to a credit for an overpayment of TTD, if any?

EVIDENCE IN THE CASE (MEDICAL and OTHER)

This matter was scheduled for a hearing before the undersigned on September 28, 2020, with the consent of the parties, in Richland County, South Carolina. There were no objections to APA submissions.

The Claimant testified that on June 19, 2019, while working for the Defendant Employer at their manufacturing plant, he had to weld a piece of a machine that has rollers on it, which is where large bails of fiber come off as part of the production proves. As the Claimant was kneeling down to weld, a large 600-700 pound bale of fiber was coming down the rollers where he was welding at hit him in his upper extremity/head/neck area and flung him/his body backwards. He testified that was all he remembered. Claimant was then knocked backwards about 15 feet after this impact from the bale of fiber. [*Transcript Page 38, lines 17-24, Page 39, lines 1-22*]. Claimant further testified that "everything went black (he saw) his daughter's eyes, the color of her eyes" after being hit. [*Transcript Page 38, lines 17-24, Page 39, lines 1-22*].

Claimant initially thought he was fine and did not seek medical care on the day of his accident and the Employer did not send him for medical care either. Claimant rested that evening and the following days but eventually went to Chester Regional Medical Center for medical care as he was nauseous and did not get out of bed that weekend. He then saw a Chiropractor one time but was told he needed more specialized help. At that time neither the Employer nor the carrier were directing the Claimant's medical care nor were they telling him what needs to be done in

regard to getting medical care under workers compensation. Claimant was finally sent to Riverview Medical Center by the Carrier. Claimant testified that when he was filing out the intake documents there he made a 'drawing on the human figure they have' to indicate all of the areas of his body he was having issues at the time. He testified that his head, left shoulder, left arm, left leg, etc. was giving him issues. [*Transcript page 48, lines 5-25, see also APA 4*].

Claimant then testified about his current problems that he is having as a result of the work injury. He testified that he has "headaches all the time between the eyes and the top of the head, constant pain down the neck and the shoulder. The ligaments and tendons are tight from the elbow to the wrist. [His hand] is matted up and knotted together. My fingers don't stretch out, the foot drop, [pain from calf to foot] [for which he has] braces for all that." [*Transcript page 49, lines 8-24*]..

Claimant testified that his memory is not too good and he keeps notebooks/paper around to help him remember and understand things, as he forgets a lot and has trouble processing things at times. He has issues turning his neck, as he sees stars and feels like he's going to pass out, ringing in ears and issues with chewing. He had none of these issues before this incident. [*Transcript page 50, lines 2-23*].

Claimant was initially sent to a see medical providers by Workers Compensation, who authorized/directed such at the time, as contained in the parties' APA's submitted in connection with this hearing. On July 5, 2019, Claimant was treated by Dr. Matthew Brown at Midlands Orthopaedics and Neurosurgery (*APA 5*). At the initial appointment and the subsequent one as well, as he only had two approved, the Claimant complained of "neck pain to his occiput radiating from the occiput up to the vertex, low back pain, left-sided posterior buttock pain radiating to the thigh into the proximal calf, left upper extremity pain that radiates down to his left hand with

tingling sensation within all distribution of all digits, contracture in his left-upper extremity, left-foot drop/dragging, right-sided compensatory pain, a slow/altered gait, constant headaches, dizziness, etc." (among various other complaints; *see APA 5, pp. 42-63).* Claimant endorsed a positive history of trembling and cold sweats since this accident, as well as decreased appetite and weight-loss. Dr. Brown diagnosed Claimant with "Cervico-occipital neuralgia, Chronic Pain Syndrome, cervical/lumbar strains, after suffering a traumatic head injury" in connection with the claimant's injuries in this workplace incident at hand. Dr. Brown reviewed the Claimant's cervical, thoracic, and lumbar MRIs and stated that they revealed no acute significant pathology. He further stated that Claimant "has no neurological structure impingement throughout his cervical, thoracic, or lumbar spine with no central canal stenosis or significant foraminal stenosis which would explain any of [Claimant's] symptoms at this time.

On July 11, 2019, Claimant returned to Dr. Brown for bilateral occipital nerve blocks. Dr. Brown noted a "good response" to the nerve block and released Claimant at maximum medical improvement from a neurosurgical standpoint, deferring further care to his occupational medical providers, and assigned him a 0% impairment to the whole person for the lumbar spine and a 5% whole person impairment for the cervical spine based upon "non-verifiable radicular complaints, and muscular tenderness..." (among others).

Claimant's left hand is balled up in a ball, in a clenched/contracted position, and that is something that he developed after this incident and which he still has issues with. Claimant demonstrated such to the Commissioner, from the witness stand at the hearing. Claimant testified that Dr. Dupuy indicated to Claimant that his left hand was a contracture and that Claimant had foot drop of his left foot as well. Dr. Rao, a neurologist Claimant saw, also confirmed such in his

evaluation of Claimant. Claimant wears braces on his left hand and left foot as a result of these issues. [*Transcript page 54, lines 10-21 and page 55, lines 3-25 and page 56, lines 1-25].*

Claimant was sent to physical therapy by the Carrier and his records contain a lot of evidence showing the issues he has a result of these injuries. Therapy was one of the approved treatments by the Carrier, for the accepted back claim, but after the Claimant's deposition was taken the therapy was no longer approved by the Carrier and it was cancelled without completing such. [*Transcript page 60, lines 4-25 and page 61, lines 1-4].*

Since the Claimant was left without treatment by the Carrier, as they were no longer providing him with such, he presented to see Dr. Dupuy at OrthoCarolina for additional care for these injuries. Dr. DuPuy initially saw the Claimant on 09/12/2019 and wrote him out of work completely because of the injuries Claimant sustained in this workplace incident at hand. *[Transcript page 61, lines 21-25 and APA 8, page 157].* Dr. DuPuy testified in his deposition that, after examining the Claimant and after reviewing his prior records and current scans ordered, it was his opinion that Claimant sustained a "decorticate brain injury" which caused the left-hand contracture/closed injury to hand and to his foot/the foot drop were all a result of this accident and it involved the brain. Dr. DuPuy objectively verified all of this by way of his physical examinations performed on the Claimant and that everything was consistent with such as there was no symptom magnification or malingering present either. [*Transcript page 62, lines 17-25 and APA 12, pages 284-290*]. Dr. Dupuy referred the Claimant to a Neurologist for further care and deferred to Dr. Rao, the Neurologist who examined Claimant, for treatment recommendations for the additional medical care that was needed to improve the Claimant's condition/injuries. [A*PA 12, pages 295-296*]. Dr. Dupuy also testified in his deposition that "[Claimant was not at MMI], not even close in (his) opinion." [*APA 12, pages 295-290*].

Dr. Rao, a board-certified neurologist, testified in his deposition that he examined Claimant initially on 10/31/19 and conducted an examination of Claimant that verified that he had a left-hand contracture, foot drop, left-sided weakness, hyperreflexia, gait issues, etc. [*APA 11, pages 220-221*]. Dr. Rao's opinion was that as a result of this incident the Claimant sustained a closed-head injury, had post-concussive syndrome and a possible spinal cord injury – which explains the symptoms Claimant was having. Dr. Rao ordered the Claimant to have a video monitored EEG and to attend his office's Brain Injury Program, which has multi-disciplinary treatments for these injuries, in hopes of better identifying things related to these injuries and to make him more functional and lessen his disability. [*APA 11, pages 223-227*]. Dr. Rao also testified that it was his opinion that Claimant could not work at all because of the injuries he sustained in this accident, namely the weakness, cognitive issues, impairments of consciousness and that he would pose a safety risk- which he has had ever since the injury date. That he also needed psychological care, as that was in the least exacerbated as a result of this. Dr. Rao further testified that Claimant was not at MMI either as he still needs to receive treatment for these issues to get him to that point, as there could still be a spinal cord issue and/or a peripheral nervous system issue but that there was certainly a central nervous system issue with the brain injury it just is hard to localize such without further evaluations/treatments. Further, Dr. Rao opined that all of these issues were related to his brain injury given their temporal relationship, his review of Claimant's medical history and Dr. Rao's examination/evaluation of Claimant. [*APA 11, pages 229-232 and page 257*].

On July 8, 2020, Claimant was sent by Defendants for an IME with Dr. Brett Gunter at Lexington Brain and Spine Institute. (*APA No. 13*). Dr. Gunter noted complaints of headaches with "occipital head pain that radiates to the top of his head and into the frontal region behind the eyes

bilaterally right great than left, brought on by physical activity" as well as "axial neck pain near his mid cervical spine with radiation into his cervical thoracic junction and into his interscapular region," and "left shoulder and arm pain out of the left axilla number lateral aspect of the arm to the mid bicep/radiating pain from left-elbow to forearm and numbness into left-palm, weakness of the hand and difficulty with grip, grasp and manual dexterity, left-wrist flexion contractures in the 3rd-5th digits along with thickness/cording of the palm and diminished sensory exams on left-hand and left-foot" (among other complaints).

Dr. Gunter reviewed Claimant's MRI of the brain (6/9/2020) and opined it was normal. Dr. Gunter further reviewed Claimant's cervical MRI (6/9/2020) and opined it revealed "cervical spondylosis with some canal stenosis and foraminal stenosis but without significant cord or nerve root compression. The stenosis appears largely congenital." Dr. Gunter indicated Claimant will need continued rehabilitation for the contractures of his left-upper and left-lower extremities, as well as noting no surgery intervention appears needed. Dr. Gunter concluded he was "unable to identify either significant cervical spinal disease or intracranial spinal disease to explain [Claimant's] current condition."

On September 8, 2020, Dr. Gunter sat for a deposition. (*APA 13, pp. 330-379*) and testified there was no objective evidence of an acute injury to Claimant's brain, neck, or back. (Gunter Dep. 13:23-25). Dr. Gunter opined that – from a neurological standpoint – he cannot say Claimant's current issues were caused by the work accident. (Gunter Dep. 18:3-6). Dr. Gunter testified Claimant was at maximum medical improvement for the lumbar spine as of March 10, 2020, and for the cervical spine as of July 8, 2020, with no physical impairment as a result of his work injury. (Gunter Dep. 19:6-22). In reference to Claimant's left-hand contracture, Dr. Gunter testified he would "expect to see that kind of damage on an MRI" to the motor cortex, which should have been

visible immediately by bruise or contusion on a CT Scan (or subsequent MRIs), but Claimant did not have this pathology. (Gunter Dep. 25:25-28:2). In reference to an EEG, Dr. Gunter opined an EEG would not be helpful "unless you thought [Claimant] was having persistent seizure disorder. And relating a seizure disorder to this trauma would be impossible." (Gunter Dep. 28:6-10). However, Dr. Gunter also testified that he "cannot say that [Claimant's sensory] exam was normal when Dr. Brown examined him, despite the fact that the [Dr. Brown's] records said it was normal." (Gunter Dep. 24:10-12). He also caveated his statements with the fact that such was 'based on the evidence to date' and with further testing/treatment it may change accordingly. Dr. Brown concluded his deposition by stating that "based on his contractures, I would say he's unemployable." (Gunter Dep. 34:19-20).

Claimant was seen by Dr. Paz, as Defendants sent him there for an IME in connection this claim, and who recommended Claimant attend psychological therapy for his injuries sustained in this workplace incident. Claimant has prior anxiety related to stressor at work but that he was significantly more depressed now and that was "more than ever." [*Transcript page 51, lines 2-15, see also Defendant's APA 14*]. Dr. Paz evaluated Claimant and recommended that he "attend psychotherapy to address his adjustment issues" and to get used to his "new normal" because of this workplace incident and the injuries he sustained. [*Defendant's APA 6, page 115*]. Claimant has not yet received psychological, nor Neurological, nor any further orthopedic and/or physical therapy, care either.

FINDINGS OF FACT

I find that:

1. On 06/14/2019, Claimant was struck in the head by a large bale of fiber weighing approximately 600-700 pounds which the Claimant was welding.

2. The accident is arising out of and within the course and scope of his employment.

3. The questions at bar in this hearing are;

   a. Has the Claimant reached MMI as to this work-related accident?

   b. Is the claim ripe for a determination of permanency, if any?

   c. Are his current issues causally-related to this work-related accident?

   d. Are the Defendants responsible for any future medical care and treatment?

   e. Are the Defendants entitled to a credit for an overpayment of TTD, in any?

4. The claim was accepted by the Defendants only to the back. Medical care and treatment have been provided. Temporary total disability has been paid.

5. Claimant asserts that, in addition to his back, he has suffered injuries to his neck, head, left upper extremity and left lower extremity.

6. This case is replete with medical records to include extensive and repetitive imaging. Both parties have entered medical records into evidence.

7. Claimant has seen a number of medical providers.

8. There are four doctors who have opined as to Claimant's condition. Drs. Matthew Brown, Brett Gunter, David Dupuy and T. Hemanth Rao.

9. All four have been deposed. I have read all of those depositions in their entirety.

10. All were generous with their time as well as cooperative and complete in their answers.

11. The Claimant testified at the hearing. Claimant is clearly not today as he was before the accident. That being said, are the physical issues that he presents with today causally-related to this accident or are they disabilities that cannot be related back to the work-related accident on 06/14/2019?

12. Dr. Brown, who is the authorized treating physician, testifies in his deposition that the Claimant, "...had, in a flex position, both his shoulder, the elbow, the wrist, and his – and his fist."

13. Claimant also presents with left foot drop as well.

14. This case is puzzling. The Claimant was clearly hurt at work. No one disputes that fact. So, question then becomes what is causally related to the accident.

15. The doctors opining in this case have examined and/or treated the Claimant. Their opinions differ as to certain aspects of the Claimant's condition.

16. Dr. Brown testified that the Claimant had a closed head injury. He provided the Claimant with injections and physical therapy.

17. As to whether the Claimant is a surgical candidate, Dr. Brown nor any other doctor opines that the Claimant would benefit from surgery.

18. The Claimant has been found to be at MMI from a neurosurgical standpoint by the authorized treating physician, Dr. Brown who released him to return to work full duty.

19. Dr. Jarrell gave the Claimant a full duty release in July of 2019 pending an appointment with Ortho Carolina.

20. Dr. Gunter testified that he could not identify a neurological explanation for Claimant's symptoms.

21. He testified that Claimant does not have a permanent, severe brain injury.

22. Dr. Gunter further testifies that he cannot say Claimant's current issues were caused by a work accident on 06/14/2019.

23. Dr. Gunter testifies that the Claimant is at MMI from a neurological neurosurgical standpoint.

24. Dr. Gunter further testifies that the Claimant is not suffering any sort of permanent physical impairment as a result of his injury.

25. As to Claimant's contractures, Dr. Gunter also testifies, "he has contractures of that left and upper and lower extremity without physical explanation. The contractures exist, we found them on physical exam, but they're without – without clear neurological explanation. He continues, "...the cause of his current syndrome is unknown to me."

26. Dr. Gunter testified that Claimant need treatment for his contractures. He simply cannot opine that the contractures are caused by this work-related accident. Dr. Gunter cannot find the medical evidence necessary to make such a diagnosis.

27. Claimant treated on his own with Dr. Taylor Jarrell. On 09/06/2019, Dr. Jarrell released the Claimant to return to work full time with restrictions, pending an appointment with OrthoCarolina, date to be determined.

28. Claimant then saw Dr. DuPuy who a practicing orthopedic surgeon since has been 1976. Dr. DuPuy testified that in his forty years of practice he has seen about 300,000 patients and performed about 20,000 surgeries.

29. Dr. DuPuy testified after examining the Claimant that it was his impression that, "this contracted hand, closed injury to the hand and to the foot, is from the accident and it involved the brain.

30. He also testified that he saw no evidence of symptom magnification or malingering in his physical exam of the Claimant.

31. Dr. DuPuy is asked if it is his opinion that Claimant's presentation is consistent with the strike to his head form the bale of fiber as described. He testified, "Yes. I do."

32. When questioned about Claimant's negative scans, Dr. DuPuy testified, That's a surprise to me that those scans are essentially normal."

33. When asked if he would defer to Dr. Rao for issues related to the neurological problems and Claimant's brain injury. His answer was – yes.

34. Dr. DuPuy has written the Claimant out of work. Dr. DuPuy opines that the Claimant is not at MMI.

35. While Drs. Brown, Gunter and DuPuy are neurosurgeons, Dr. Rao is a neurologist. Dr. Rao was deposed on 02/14/2020. Defendants spent some time in the deposition focused on the fact that Dr. Rao had in the past paid a large civil fine in a Medicare case. The time period addressed was 2003-2006. The news release was dated 2013.

36. While not insignificant, that matter dealt with money and billing. It was as described as a "civil fine". Nothing about that matter has any bearing on this case. There is nothing in that settlement agreement questioning Dr. Rao's medical credentials or his medical license.

37. Given that Dr. Rao is the only neurologist in this case, I give his opinion great weight.

38. Dr. Rao opines, "...he certainly, in my opinion, had a head injury. And that could explain much or all of the symptoms." He states that to a reasonable degree of medical certainty.

39. When asked if the Claimant can currently work, Dr. Rao testifies that he cannot.

40. Dr. Rao summarizes his testimony never the end of his deposition, "I believe the symptoms he has are a direct result of injury. And, again, that's based upon the temporal relationship of his symptoms with the injury and the course he has had since.

41. It must be noted that the contractures that the Claimant now presents with were not present until after this work-related injury. Prior to his injury, Claimant was working as a welder for the Employer.

42. There are also records and testimony as to the Claimant's psychogenic condition.

43. Claimant underwent a Neuropsychological Evaluation with Doris Paez, PhD. Dr. Paez is a SC licensed psychologist.

44. I have read her report in its entirety.

45. Dr. Paez concludes that, "Psychotherapy is highly recommended to address current adjustment issues as well as historical difficulties managing work and personal stress.

46. Dr. Paez includes several very specific recommendations in her report.

47. When the evidence – both lay and medical – is viewed as a whole, I find that the Claimant is not at MMI for injuries suffered in a work-related accident on 06/14/2019.

48. The neurosurgeons have opined that the Claimant's condition is nonsurgical. Dr. Gunter has been even more definitive in his opinion that the Claimant's current condition is not work-related while Dr. DuPuy opines that it is.

49. Dr. DuPuy defers to Dr. Rao was to diagnosis and treatment. I am persuaded as to the wisdom of that assessment.

50. Dr. Rao is a neurologist and, given that the Claimant is non-surgical, I give the greatest weight to the opinion of the only neurologist to opine in the case – Dr. Rao.

51. As such, I find the Claimant has suffered a compensable head injury.

52. Claimant is entitled to medical care and treatment with a neurologist of the Defendants choosing who is subject to jurisdiction of the Act.

53. Claimant is entitled to treat the authorized treatment provides or directs for his head injury and any other casually-related treatment for conditions that emanate from that injury with the exception of surgery which is not provided by this Order.

54. As to Claimant's psychological condition, Dr. DuPuy, when asked if the Claimant experienced an aggravation to some of his psychological issues that may have been preexisting, his testimony was, "I think at the very least, yes."

55. As such, I find that the Claimant is entitled to psychotherapy with a provider chosen by the Defendants who is subject to the jurisdiction of the Act.

56. Claimant's TTD is to continue.

57. Defendants provided the Claimant with seven (7) weeks of Temporary total disability ("TTD") benefit checks, covering the date range of: 06/27/19 through 07/19/19.

58. Claimant's Compensation Rate in this is $585.20 and for these seven (7) weeks of TTD's that he received from Defendants initially, he was paid at a lower, incorrect rate, resulting in him being owed $155.40 for the underpaying during this period.

59. Going forward, the Claimant's TTD's shall be paid at the correct compensation rate of $585.20.

60. Defendants shall pay the Claimant TTD's beginning from the day after he last received them (07/20/19), through the present, and ongoing each week until he reaches MMI or until further Order of this Court, in accordance with the South Carolina Workers Compensation Act.

61. Thus, for the time frame of 07/20/19 through 05/05/21, a total of 94 weeks has elapsed for which TTD benefits are owed to the Claimant. Using the Claimant's $585.20 Compensation Rate the amount Defendants owe and shall pay to the Claimant for these

94 weeks is approx. $49,742.20 approx. Adding in the $155.40 that the Claimant is owed rom the underpaid TTD's, which were previously paid in this, the total amount owed to Claimant is $54,538.80 and which shall be paid in one lump-sum and this is also subject to a claim for Attorney Fees by the Claimant's counsel of record. Counsel for Claimant shall submit a Form 61 in relation to this aspect.

CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann §42-1-130 (1976), the Claimant was a covered Employee and pursuant to the S.C. Code Ann §42-1-140 (1976), the Employer was a covered Employer under the Workers' Compensation Act.
2. Pursuant to S.C. Code Ann. §42-1-160 (1976), Claimant sustained a compensable injury to his head/brain, neck/back, left hand, left foot, and psychologically (depression/anxiety and adjustment) by accident arising out of and during the course of his employment with the Defendant Employer on June 14, 2019.
3. Pursuant to S.C. Code Ann. §42-9-10 and §42-15-60 (1976), Defendants shall pay for the past causally related medical treatment Claimant has received, and they shall further provide additional causally-related medical care for the Claimant's injuries until he reaches MMI or until further order of this Court in accordance with the Act. Defendants shall also provide Claimant with a Neurologist to treat his head/brain injury, as well as provider for psychotherapy and someone to treat the other 'non-neuro/psyche' injuries, of their choosing and who is subject to the jurisdiction of the Act.
4. Pursuant to S.C. Code Ann. §42-9-10 (1976), the Average Weekly Wage is $877.76 with a corresponding Compensation Rate of $585.20.

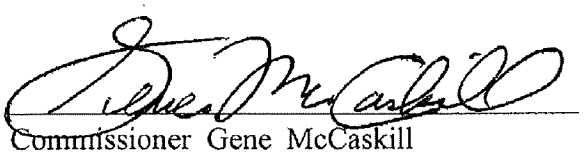
5. Pursuant to S.C. Code Ann., §42-9-10 (1976)) the Defendants shall pay unto the Claimant weekly benefits at the compensation rate until he reaches MMI or until further order of this Court in accordance with the Act.

ORDER AND AWARD

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED that the Defendants shall pay unto the Claimant weekly benefits at the compensation rate of $580.20, from 07/20/20 until present and on-going until MMI or upon further order of this Court. Thus, for the 94-week period of time, which has elapsed from the date Claimant last received TTD benefits (07/20/19) through the date of this order (as I am using 05/05/21 currently). Additionally, Claimant is owed $155.40 for the previous underpayment of TTDs at the lower/incorrect Comp Rate. Thus, the total amount owed to Claimant for this period of indemnity totals $54,538.80. This amount shall be paid in one-lump and it is also subject to a claim for Attorney's fees made by the Claimant's counsel of record.

IT IS FURTHER ORDERED that the Defendants shall pay for the past and future causally-related medical treatment for the head/brain, neck/back, left hand/left upper-extremity, left foot/lower-extremity and psychologically (for depression/anxiety and adjustment to this all). Defendants shall provide Claimant with a Neurologist to treat his head/brain injury, as well as provider for psychotherapy and someone to treat the other 'non-neuro/psyche' injuries (i.e. an Orthopedic for the contractures, etc.), of their choosing and who is subject to the jurisdiction of the Act.

IT IS SO ORDERED.



Commissioner Gene McCaskill

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.
May 13, 2021

By: Kellie Lindler, Administrative Assistant to Commissioner McCaskill

DECISION AND ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION'S
APPELLATE PANEL
W.C.C. FILE NO.1908703

KYLE R. BAGELY,

Employee/Claimant/Respondent,

v.

JN FIBERS INC D/B/A SUN FIBER, LLC,
Defendant Employer/Appellant,

and

GREAT AMERICAN ALLIANCE INSURANCE COMPANY,
Defendant Carrier/Appellant.

Appellate Panel Review held in Columbia, South Carolina,
via Zoom teleconference on August 30, 2021, per notices timely
and properly served on all parties in interest
December 21, 2021

APPEARANCES:

Bryan N. Sanchez, Esquire, of Lewis Law Firm, of Rock Hill, SC, on behalf of Claimant/Respondent.

C. Barrett Burley, Esquire, of Holder Padgett Littlejohn + Prickett, LLC, of Columbia, SC, on behalf of Defendants/Appellants JN Fibers Inc d/b/a Sun Fiber, LLC and Great American Alliance Insurance Company.

STATEMENT OF THE CASE

This matter arises out of an admitted work-related injury to the back sustained by Claimant when a large bale of fiber material rolled down a short ramp and hit him in the head on June 14, 2019.

In the Form 58 Pre-Hearing Brief (9/2/2020), Claimant alleged injuries to his "Neck/Back, Head/Brain (TBI), both legs (L>R), Left Arm and Radiculopathy down to back of his leg/scrotum and bottom of L-foot (L-foot drop as well)." Claimant was primarily seeking determination of compensability for his alleged injuries, further medical treatment, as well as a determination of average weekly wage/compensation rate and whether Claimant "is entitled to underpaid/back-owed TTD as [Defendants] previously paid [Claimant] at a [compensation rate] lower than it should be."

Defendants admitted Claimant sustained a minor compensable injury to the back, but denied the remainder of the alleged injuries and denied the extent of the disability alleged. Defendants further sought a determination that Claimant was at maximum medical improvement pursuant to the medical evidence.

APA SUBMISSIONS AND EXHIBITS

The following APA Submissions and Exhibits were submitted on behalf of the Employee/Claimant:

Claimant's APA No.	Provider Name	Date of Service	Bates numbered
#1 (23 pp.)	MUSC Health – Chester Regional Medical Center from 06/17/19 *(as well as 07/03/19 diagnostics ordered by Riverview Medical)*	06/17/19 and 07/03/19	1-23
#2 (1 pp.)	Chester Chiropractic	06/20/19	24
#3 (4 pp.)	Lowry's Family Medicine	06/25/19	25-28
#4 (13 pp.)	Riverview Medical / Occumed	06/27/19	29-41
#5 (23 pp.)	Midlands Ortho & Neurosurgery (Dr. Brown) and Form 14-B	07/05/19 to 07/11/19	42-64

#6 (76 pp.)	Your Life Wellness – PT	7/22/19 to 10/16/19	65- 140
#7 (16 pp.)	Carolina Neurosurgery & Spine	08/22/19 to 09/05/19	141–156
#8 (24 pp.)	OrthoCarolina Records and out of work note (Dr. DuPuy)	09/05/19 to 10/15/19	157–180
#9 (12 pp.)	Dr. Rao- Neurological Institute	10/31/19- 11/19/19	181–192
#10 (21 pp.)	Deposition of Dr. Brown (Midlands Ortho and Neurosurgery)	12/12/19	193–213
#11 (55 pp.)	Deposition Dr. Hernan Rao (The Neurological Institute)	02/14/2020	214–269
#12 (54 pp.)	Deposition of Dr. David DuPuy (Orthocarolina)	04/29/2020	270–324
#13 (54 pp.)	Deposition of Dr. Gunter and 5 pages of the Office note of 07/08/20	07/08/2020 (office note) and 09/08/2020 (Deposition)	325–379

OTHER DOCUMENTS FROM CLAIMANT:

Exhibit No.	Document Description	Date(s)	Bates Numbered
#4	First Report of Injury / Work Comp Injury Reporting Form and Photos of similar Bale that hit Claimant	06/24/19	001-009 (uploaded to the e-case, pages 374-383, after APA #13 ends)

The following APA Submissions and Exhibits were submitted on behalf of the Employer-Carrier/Defendants:

Defendant's APA No.	Provider Name	Date of Service	Bates numbered
#14	Dr. Joseph Boland & Associates Doris, Paez, PHD, NCSP	12/13/2019	353 – 361
#15	Chester Medical Group	12/16/2014 – 7/5/2018	362 – 379
#16	Carolina Neurological & Spine Associates	9/5/2019	380 - 388
#17	Chester Chiropractic	6/20/2019	389 – 390
#18	OrthoCarolina	9/19/2019 – 4/20/2020	391 – 419

#19	Novant Health	6/9/2020	420 – 422
#20	Lexington Brain and Spine Institute	3/10/2020 - 7/8/2020	423 - 431
#21	Lowrys Family Medicine	12/16/2014-6/29/2020	432 – 461

OTHER DOCUMENTS FROM DEFENDANTS:

Exhibit No.	Document Description	Date(s)	Bates Numbered
#3	Video from Employer showing the incident where claimant was injured	06/14/19	*Video file*

A hearing was held on the Forms 50, 51, and 21, before the Honorable Gene McCaskill ("Hearing Commissioner") on September 28, 2020. All parties agreed that venue was proper for the hearing. On May 13, 2021, the Hearing Commissioner issued a Decision and Order with the following Finds of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

I find that:

1. *On 06/14/2019, Claimant was struck in the head by a large bale of fiber weighing approximately 600-700 pounds which the Claimant was welding.*
2. *The accident is arising out of and within the course and scope of his employment.*
3. *The questions at bar in this hearing are;*
   a. *Has the Claimant reached MMI as to this work-related accident?*
   b. *Is the claim ripe for a determination of permanency, if any?*
   c. *Are his current issues causally-related to this work-related accident?*
   d. *Are the Defendants responsible for any future medical care and treatment?*
   e. *Are the Defendants entitled to a credit for an overpayment of TTD, in any?*
4. *The claim was accepted by the Defendants only to the back. Medical care and treatment have been provided. Temporary total disability has been paid.*

5. *Claimant asserts that, in addition to his back, he has suffered injuries to his neck, head, left upper extremity and left lower extremity.*

6. *This case is replete with medical records to include extensive and repetitive imaging. Both parties have entered medical records into evidence.*

7. *Claimant has seen a number of medical providers.*

8. *There are four doctors who have opined as to Claimant's condition. Drs. Matthew Brown, Brett Gunter, David DuPuy and T. Hemanth Rao.*

9. *All four have been deposed. I have read all of those depositions in their entirety.*

10. *All were generous with their time as well as cooperative and complete in their answers.*

11. *The Claimant testified at the hearing. Claimant is clearly not today as he was before the accident. That being said, are the physical issues that he presents with today causally-related to this accident or are they disabilities that cannot be related back to the work-related accident on 06/14/2019?*

12. *Dr. Brown, who is the authorized treating physician, testifies in his deposition that the Claimant, "...had, in a flex position, both his shoulder, the elbow, the wrist, and his – and his fist."*

13. *Claimant also presents with left foot drop as well.*

14. *This case is puzzling. The Claimant was clearly hurt at work. No one disputes that fact. So, question then becomes what is causally related to the accident.*

15. *The doctors opining in this case have examined and/or treated the Claimant. Their opinions differ as to certain aspects of the Claimant's condition.*

16. *Dr. Brown testified that the Claimant had a closed head injury. He provided the Claimant with injections and physical therapy.*

17. *As to whether the Claimant is a surgical candidate, Dr. Brown nor any other doctor opines that the Claimant would benefit from surgery.*

18. *The Claimant has been found to be at MMI from a neurosurgical standpoint by the authorized treating physician, Dr. Brown who released him to return to work full duty.*

19. *Dr. Jarrell gave the Claimant a full duty release in July of 2019 pending an appointment with Ortho Carolina.*

20. *Dr. Gunter testified that he could not identify a neurological explanation for Claimant's symptoms.*

21. *He testified that Claimant does not have a permanent, severe brain injury.*

22. *Dr. Gunter further testifies that he cannot say Claimant's current issues were caused by a work accident on 06/14/2019.*

23. *Dr. Gunter testifies that the Claimant is at MMI from a neurological neurosurgical standpoint.*

24. *Dr. Gunter further testifies that the Claimant is not suffering any sort of permanent physical impairment as a result of his injury.*

25. *As to Claimant's contractures, Dr. Gunter also testifies, "he has contractures of that left and upper and lower extremity without physical explanation. The contractures exist, we found them on physical exam, but they're without – without clear neurological explanation. He continues, "...the cause of his current syndrome is unknown to me."*

26. *Dr. Gunter testified that Claimant need treatment for his contractures. He simply cannot opine that the contractures are caused by this work-related accident. Dr. Gunter cannot find the medical evidence necessary to make such a diagnosis.*

27. *Claimant treated on his own with Dr. Taylor Jarrell. On 09/06/2019, Dr. Jarrell released the Claimant to return to work full time with restrictions, pending an appointment with OrthoCarolina, date to be determined.*

28. *Claimant then saw Dr. DuPuy who a practicing orthopedic surgeon since has been 1976. Dr. DuPuy testified that in his forty years of practice he has seen about 300,000 patients and performed about 20,000 surgeries.*

29. *Dr. DuPuy testified after examining the Claimant that it was his impression that, "this contracted hand, closed injury to the hand and to the foot, is from the accident and it involved the brain.*

30. *He also testified that he saw no evidence of symptom magnification or malingering in his physical exam of the Claimant.*

31. *Dr. DuPuy is asked if it is his opinion that Claimant's presentation is consistent with the strike to his head form the bale of fiber as described. He testified, "Yes. I do."*

32. *When questioned about Claimant's negative scans, Dr. DuPuy testified, That's a surprise to me that those scans are essentially normal."*

33. *When asked if he would defer to Dr. Rao for issues related to the neurological problems and Claimant's brain injury. His answer was – yes.*

34. *Dr. DuPuy has written the Claimant out of work. Dr. DuPuy opines that the Claimant is not at MMI.*

35. *While Drs. Brown, Gunter and DuPuy are neurosurgeons, Dr. Rao is a neurologist. Dr. Rao was deposed on 02/14/2020. Defendants spent some time in the deposition focused on the fact that Dr. Rao had in the past paid a large civil fine in a Medicare case. The time period addressed was 2003-2006. The news release was dated 2013.*

36. *While not insignificant, that matter dealt with money and billing. It was as described as a "civil fine". Nothing about that matter has any bearing on this case. There is nothing in that settlement agreement questioning Dr. Rao's medical credentials or his medical license.*

37. *Given that Dr. Rao is the only neurologist in this case, I give his opinion great weight.*

38. *Dr. Rao opines, "...he certainly, in my opinion, had a head injury. And that could explain much or all of the symptoms." He states that to a reasonable degree of medical certainty.*

39. *When asked if the Claimant can currently work, Dr. Rao testifies that he cannot.*

40. *Dr. Rao summarizes his testimony never the end of his deposition, "I believe the symptoms he has are a direct result of injury. And, again, that's based upon the temporal relationship of his symptoms with the injury and the course he has had since.*

41. *It must be noted that the contractures that the Claimant now presents with were not present until after this work-related injury. Prior to his injury, Claimant was working as a welder for the Employer.*

42. *There are also records and testimony as to the Claimant's psychogenic condition.*

43. *Claimant underwent a Neuropsychological Evaluation with Doris Paez, PhD. Dr. Paez is a SC licensed psychologist.*

44. *I have read her report in its entirety.*

45. *Dr. Paez concludes that, "Psychotherapy is highly recommended to address current adjustment issues as well as historical difficulties managing work and personal stress.*

46. *Dr. Paez includes several very specific recommendations in her report.*

47. *When the evidence – both lay and medical – is viewed as a whole, I find that the Claimant is not at MMI for injuries suffered in a work-related accident on 06/14/2019.*

48. *The neurosurgeons have opined that the Claimant's condition is nonsurgical. Dr. Gunter has been even more definitive in his opinion that the Claimant's current condition is not work-related while Dr. DuPuy opines that it is.*

49. *Dr. DuPuy defers to Dr. Rao was to diagnosis and treatment. I am persuaded as to the wisdom of that assessment.*

50. *Dr. Rao is a neurologist and, given that the Claimant is non-surgical, I give the greatest weight to the opinion of the only neurologist to opine in the case – Dr. Rao.*

51. *As such, I find the Claimant has suffered a compensable head injury.*

52. *Claimant is entitled to medical care and treatment with a neurologist of the Defendants choosing who is subject to jurisdiction of the Act.*

53. *Claimant is entitled to treat the authorized treatment provides or directs for his head injury and any other casually-related treatment for conditions that emanate from that injury with the exception of surgery which is not provided by this Order.*

54. *As to Claimant's psychological condition, Dr. DuPuy, when asked if the Claimant experienced an aggravation to some of his psychological issues that may have been preexisting, his testimony was, "I think at the very least, yes."*

55. *As such, I find that the Claimant is entitled to psychotherapy with a provider chosen by the Defendants who is subject to the jurisdiction of the Act.*

56. *Claimant's TTD is to continue.*

57. *Defendants provided the Claimant with seven (7) weeks of Temporary total disability ("TTD") benefit checks, covering the date range of: 06/27/19 through 07/19/19.*

58. *Claimant's Compensation Rate in this is $585.20 and for these seven (7) weeks of TTD's that he received from Defendants initially, he was paid at a lower, incorrect rate, resulting in him being owed $155.40 for the underpaying during this period.*

59. *Going forward, the Claimant's TTD's shall be paid at the correct compensation rate of $585.20.*

60. *Defendants shall pay the Claimant TTD's beginning from the day after he last received them (07/20/19), through the present, and ongoing each week until he reaches MMI or until further Order of this Court, in accordance with the South Carolina Workers Compensation Act.*

61. *Thus, for the time frame of 07/20/19 through 05/05/21, a total of 94 weeks has elapsed for which TTD benefits are owed to the Claimant. Using the Claimant's $585.20 Compensation Rate the amount Defendants owe and shall pay to the Claimant for these 94 weeks is approx. $49,742.20 approx. Adding in the $155.40 that the Claimant is owed rom the underpaid TTD's, which were previously paid in this, the total amount owed to Claimant is $54,538.80 and which shall be paid in one lump-sum and this is also subject to a claim for Attorney Fees by the Claimant's counsel of record. Counsel for Claimant shall submit a Form 61 in relation to this aspect.*

CONCLUSIONS OF LAW

1. *Pursuant to S.C. Code Ann §42-1-130 (1976), the Claimant was a covered Employee and pursuant to the S.C. Code Ann §42-1-140 (1976), the Employer was a covered Employer under the Workers' Compensation Act.*

2. *Pursuant to S.C. Code Ann. §42-1-160 (1976), Claimant sustained a compensable injury to his head/brain, neck/back, left hand, left foot, and psychologically (depression/anxiety and adjustment) by accident arising out of and during the course of his employment with the Defendant Employer on June 14, 2019.*

3. *Pursuant to S.C. Code Ann. §42-9-10 and §42-15-60 (1976), Defendants shall pay for the past causally related medical treatment Claimant has received, and they shall further*

provide additional causally-related medical care for the Claimant's injuries until he reaches MMI or until further order of this Court in accordance with the Act. Defendants shall also provide Claimant with a Neurologist to treat his head/brain injury, as well as provider for psychotherapy and someone to treat the other 'non-neuro/psyche' injuries, of their choosing and who is subject to the jurisdiction of the Act.

4. *Pursuant to S.C. Code Ann. §42-9-10 (1976), the Average Weekly Wage is $877.76 with a corresponding Compensation Rate of $585.20.*

5. *Pursuant to S.C. Code Ann., §42-9-10 (1976)) the Defendants shall pay unto the Claimant weekly benefits at the compensation rate until he reaches MMI or until further order of this Court in accordance with the Act.*

ORDER AND AWARD

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED *that the Defendants shall pay unto the Claimant weekly benefits at the compensation rate of $580.20, from 07/20/20 until present and on-going until MMI or upon further order of this Court. Thus, for the 94-week period of time, which has elapsed from the date Claimant last received TTD benefits (07/20/19) through the date of this order (as I am using 05/05/21 currently). Additionally, Claimant is owed $155.40 for the previous underpayment of TTDs at the lower/incorrect Comp Rate. Thus, the total amount owed to Claimant for this period of indemnity totals $54,538.80. This amount shall be paid in one-lump and it is also subject to a claim for Attorney's fees made by the Claimant's counsel of record.*

IT IS FURTHER ORDERED *that the Defendants shall pay for the past and future causally-related medical treatment for the head/brain, neck/back, left hand/left upper-extremity, left foot/lower-extremity and psychologically (for depression/anxiety and adjustment to this all). Defendants shall provide Claimant with a Neurologist to treat his head/brain injury, as well as*

provider for psychotherapy and someone to treat the other 'non-neuro/psyche' injuries (i.e. an Orthopedic for the contractures, etc.), of their choosing and who is subject to the jurisdiction of the Act.

IT IS SO ORDERED.

APPEAL TO FULL COMMISSION

On May 25, 2021, Defendants timely filed a Form 30 Request for Commission Review setting forth their grounds for appeal. Defendants submitted the following assignments of error to the Hearing Commissioner's Decision and Order:

1) Did the Hearing Commissioner err in finding, as a matter of law, that Claimant has met his burden of proving that he sustained compensable physical injuries to the brain?
2) Did the Hearing Commissioner err in finding, as a matter of law, that Claimant has met his burden of proving that he sustained a compensable aggravation of a pre-existing psychological condition?
3) Did the Hearing Commissioner err in finding, as a matter of law, that Claimant has met his burden of providing that he sustained compensable injuries to the left hand and left foot?
4) Did the Hearing Commissioner err in finding, as a matter of fact, that Claimant's orthopedist (Dr. David DuPuy) is a neurosurgeon who was qualified to opine beyond his scope of expertise concerning Claimant's brain and psychological condition?
5) Did the Hearing Commissioner err in finding, as a matter of fact, that the opinion of Claimant's neurologist (Dr. Hermanth Rao) was entitled to greater weight than the opinions of three neurosurgeons (Dr. Matthew Brown, Dr. Taylor Jarrell, and Dr. Brett Gunter) concerning whether Claimant sustained a physical injury to the brain?
6) Did the Hearing Commissioner err in finding, as a matter of fact, that Claimant was not at maximum medical improvement?
7) Did the Hearing Commissioner err in finding, as a matter of fact, that Claimant has met his burden of proving he is entitled to temporary benefits and medical treatment?

In their Brief to the Full Commission, Defendants consolidated their issues on appeal as follows:

1) Whether the Hearing Commissioner erred in finding Claimant met his burden of proving he sustained compensable physical injuries to his brain, left hand, left foot, and a compensable aggravation of a pre-existing psychological condition.
2) Whether the Hearing Commissioner erred in finding, as a matter of fact, that Claimant's orthopedist (Dr. David DuPuy) is a neurosurgeon who was qualified to opine beyond his scope of expertise concerning Claimant's brain and psychological condition.
3) Whether the Hearing Commissioner erred in finding, as a matter of fact, that the opinion of Claimant's neurologist (Dr. Hermanth Rao) was entitled to greater weight than the

opinions of three neurosurgeons (Dr. Matthew Brown, Dr. Taylor Jarrell, and Dr. Brett Gunter) concerning whether Claimant sustained a physical injury to the brain.

4) Whether the Hearing Commissioner erred in finding, as a matter of fact, that Claimant was not at maximum medical improvement, and that Claimant has met his burden of proving he is entitled to temporary benefits and medical treatment.

Pursuant to S.C. Code § 42-17-50, the Appellate Panel shall review the award and weigh 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 with or inconsistent with those of the Hearing Commissioner.

Based upon a review of the foregoing, and after full consideration of the evidence in the record and the parties' respective arguments, the Appellate Panel **REVERSES** the findings of the Hearing Commissioner, and hereby substitutes the below Findings of Fact, Conclusions of Law, and Order in place of the Hearing Commissioner's Decision and Order.

FULL COMMISSION'S FINDINGS OF FACT

The Appellate Panel, having fully reviewed the evidence and considered arguments presented, hereby determines the greater weight of the evidence supports the following Findings of Fact:

1. The South Carolina Workers' Compensation Commission has jurisdiction to hear this claim.

2. The Claimant has an average weekly wage of $877.79, with a corresponding compensation rate of $585.20.

3. Notice of Hearing was timely and properly served upon both parties.

4. The Claimant sustained an admitted compensable injury to his back within the course and scope of his employment on June 14, 2019, when a large bale of fiber material rolled down a short ramp and hit him in the head.

5. On June 17, 2019 (three days after the accident), Claimant presented to the

emergency room at MUSC Health Chester Medical Center with complaints of "pain all over," but the report of symptoms appears to be limited to acute, non-radiating pain in Claimant's posterior cervical, thoracic, and lumbar areas. (APA No. 1).

6. At the Chester Medical Center, Claimant was referred for CT scans of the cervical, thoracic, and lumbar spine. According to the radiology reads, the CT scans revealed no acute fractures, normal spinal alignment, normal vertebral discs, and no advanced canal stenosis. Claimant was diagnosed with a contusion of his lower back and pelvis and discharged to follow up as needed with medication.

7. On June 20, 2019, Claimant treated with Dr. James Stauffer, a chiropractor (APA 2, p. 24). Dr. Stauffer noted complaints of headaches, neck pain, with an arm in a fixed position up at his chest/sternum area bent at the elbow (left arm), left leg pain, an antalgic lean forward or anterior when standing and lower back pain. Dr. Stauffer indicated the Claimant needed to see a specialist.

8. On June 25, 2019, Claimant treated with Dr. Poulos, his primary care provider at Lowry's family medicine (APA 3, p. 25), who diagnosed Claimant with Cervical/Thoracic/Lumbar Strains, Left-shoulder impingement syndrome with contusion, among others. Dr. Poulos recommended medications, MRIs of Neck, shoulder and thoracic, as well as PT and follow-up with the workers comp doctor.

9. On June 27, 2019, Claimant was sent to Riverview by the Defendants, with a nurse case manager, for medical care in connection with this workers compensation injury (APA 4, p. 29). At this visit complaints were noted at the top of Claimant's head, left-shoulder, left-arm/hand, left-leg/thigh/foot, neck and back. Claimant also noted headaches, back/joint/muscle pain, swelling, weakness, tremors, skin tingling/burning/numbness, among others.

10. On July 5, 2019, Claimant treated with Dr. Matthew Brown, a neurosurgeon with

Midlands Orthopaedics and Neurosurgery. (APA No. 5). Dr. Brown noted complaints of neck pain radiating from the occiput up the vertex, as well as low back pain which "feels like glass," left-sided posterior buttock pain radiating to the thigh into the proximal calf, left upper extremity pain radiating down to the left hand with a tingling sensation in the fingers with a flexed position of the whole left upper extremity. Dr. Brown's notes also state Claimant complained of diffuse left-sided upper and lower-extremity sensory abnormalities, contractures with his left-upper extremity and endorsed a history of trembling and cold sweats since this injury.

11. Despite these diffuse complaints, Dr. Brown opined Claimant's MRIs of the cervical, thoracic, and lumbar spine (7/3/2019) revealed "no significant acute pathology," and that there was "no neurological structure impingement throughout his cervical, thoracic, or lumbar spine with no central canal stenosis or significant foraminal stenosis which would explain any of the patient's symptoms at this time."

12. Dr. Brown diagnosed Claimant with cervico-occipital neuralgia and a neck strain and performed bilateral greater and lesser occipital nerve blocks.

13. On July 11, 2019, Dr. Brown released Claimant at maximum medical improvement from a neurosurgical perspective and back to the care of occupational medicine for further nonoperative management for his muscular complaints. Dr. Brown assigned a 0% whole person impairment for Claimant's lumbar and thoracic spine, plus a 5% whole person impairment for the cervical spine for "nonverifiable radicular complaints, and muscle tenderness, though no true muscle guarding was observed at the time of the visit." Dr. Brown memorialized this medical opinion by way of a Form 14B (dated 8/28/2019).

14. Claimant was seen by physical therapy (APA 6, p. 65-140) for his alleged injuries.

15. On August 22, 2019, Claimant was referred by his primary care physician to Dr. S. Taylor Jarrell, a neurosurgeon at Carolina Neurosurgery and Spine (APA Nos. 7 and 16). Dr.

Jarrell agreed with Dr. Brown that Claimant did not require any surgery. However, given the alleged headaches, Dr. Jarrell referred Claimant for a CT Scan of the head (which took place on 8/28/2019).

16. On September 5, 2019, Dr. Jarrell reviewed the CT Scan of the head and noted that the "neuro imaging is normal." For further treatment, Dr. Jarrell opined Claimant "would probably benefit from a referral to orthopedics," but that Dr. Jarrell did "not have anything to offer at this point."

17. On September 12, 2019, Claimant was evaluated by Dr. David DuPuy, a general orthopedic surgeon with OrthoCarolina (APA Nos. 8 and 18). Dr. DuPuy opined that Claimant's symptoms of left hand contracture and left foot drop were "coming from the brain, as opposed to the spinal cord, either cervical, thoracic, or lumbar." (Dr. DuPuy Dep. 13:25-14:2). On this first visit, Dr. DuPuy referred Claimant for an MRI of the brain (which took place on 9/24/2019). According to Dr. DuPuy, the brain MRI revealed a "hot spot" which was the "only abnormality of the brain MRI." According to Dr. DuPuy, he could not be certain that the "hot spot" was causing Claimant's alleged symptoms. (Dr. DuPuy Dep. 25:6-17).

18. On September 26, 2019, Dr. DuPuy referred Claimant for an EMG nerve study. According to Dr. DuPuy, the EMG nerve study "pretty much ruled out the neck and the back" as the cause of Claimant's alleged symptoms. (Dr. DuPuy Dep. 24:20-22).

19. On October 31, 2019, Claimant was evaluated by Dr. T. Hermanth Rao, a neurologist at The Neurological Institute. (APA No. 9). Dr. Rao noted symptoms to include left upper extremity held in flexion, left foot held in inversion, and decreased muscle strength in the left upper and lower extremities with left foot drop, as well as various cognitive issues including headaches, loss of memory, dizziness, irritability, and depression. In the records, Dr. Rao provided a differential diagnosis of closed head injury versus spine injury and referred Claimant for an

electroencephalogram ("EEG").

20. During a follow-up visit on November 19, 2019, Dr. Rao noted that Claimant's EEG revealed "regular" findings. Dr. Rao then recommended Claimant for a 96-hour video EEG and an outpatient brain injury program.

21. On March 10, 2020, Claimant was evaluated by Dr. Brett Gunter, a neurosurgeon at the Lexington Brain and Spine Institute. (APA No. 20). Dr. Gunter reviewed an updated MRI of the lumbar spine (2/27/2020) and opined it showed no evidence of acute injury. Dr. Gunter diagnosed Claimant with lumbar myofascial syndrome and opined Claimant had no mechanical restriction on his ability to return to work.

22. On July 8, 2020, Dr. Gunter reviewed an updated MRI of Claimant's brain (6/9/2020), which he opined was normal. Dr. Gunter further reviewed an updated MRI of the cervical spine, which demonstrated "cervical spondylosis with some canal stenosis and foraminal stenosis but without significant cord or nerve root compression. The stenosis appears largely congenital." As such, Dr. Gunter opined he was "unable to identify either significant cervical spinal disease or intracranial ... disease to explain his current condition." Dr. Gunter opined Claimant needed continued rehabilitation, but gave no indication for surgical intervention.

23. Over the course of this case, Claimant was evaluated by five medical specialists, including three neurosurgeons, one neurologist, and one orthopedic surgeon. Four of the specialists sat for depositions: Dr. Matthew Brown, Dr. Hermanth Rao, Dr. David DuPuy, and Dr. Brett Gunter. The expert opinions of the specialists referenced herein were all to a reasonable degree of medical certainty.

24. At his deposition on December 19, 2019, Dr. Brown (neurosurgeon) confirmed his diagnosis of nonverifiable radiculopathy and occipital neuralgia and explained that a single occipital nerve block (an injection of a numbing medication and steroid) traditionally treats a vast

majority of patients. (Dr. Brown Dep. 10:18-11:21, 13:7-9).

25. Dr. Brown opined that he did not observe any surgical pathology on Claimant, so he released Claimant for treatment of any non-surgical issues. (Dr. Brown Dep. 13:20-14:24). Given the traumatic nature of the injury, Dr. Brown testified he would not necessarily refer Claimant for neurology. (Dr. Brown Dep. 21:3-12).

26. Concerning Claimant's left sided foot drop, Dr. Brown opined that the symptoms were inconsistent with anatomic findings:

> When I evaluated him, it was the presentation of the multiple locations that don't fit an anatomic finding without significant issues. You can certainly have a very large injury, either a expanding hematoma or a very large contusion, which can affect both of those places, or potentially within the deep basal ganglia certainly can happen, but those would typically be presenting with other findings, which he did not have on exam.

(Dr. Brown Dep. 23:1-9).

27. Concerning Claimant's left upper extremity contracture, Dr. Brown opined that the presentation of symptoms was also inconsistent with the known anatomical findings:

> [Claimant's left-hand contracture] is something that is difficult to explain from a anatomic and neurologic perspective because he did have very good oppositional tone. Typically, you'll have unopposed tone for -- lead -- lead to contractures. So, if you don't have the muscle input from the extensor muscles and/or the -- the nerves that control the extensor fibers, rather than the contracting and the flexion fibers, then you'll have unopposed tone and get a -- get a contraction. During my exam he had good, full strength in both sides, which made it very difficult to see that as a discreet, reliable finding.

(Dr. Brown Dep. 23:15-24:2).

28. Dr. Brown opined that Claimant's alleged progressive weakness was also inconsistent with the symptom progression following a closed head injury:

> ...my expectation would be that a significant finding with a closed head injury would present early and then typically improve over time. If he had not had significant weakness at one month's time, I find it very unlikely that he would continue to develop weakness, which was not present even to a small degree at that point.

(Dr. Brown Dep. 32:16-23).

29. According to Dr. Brown, the problem attributing Claimant's alleged left hand contracture and left foot drop to the accident was two-fold. First, there were no anatomic findings on the exam to corroborate the alleged symptoms. Second, given the spatial relationship in the brain between the neurons that control the arms and the neurons that controls the legs, if a single traumatic lesion impacted both, that lesion would also have impacted other anatomical structures and create other problems which Claimant did not have. (Dr. Brown Dep. 33:2-23).

30. Dr. Brown also confirmed there was nothing structurally or mechanically wrong with Claimant's neck or back. (Dr. Brown Dep. 38:2-5).

31. Dr. Rao (neurologist) sat for a deposition on February 14, 2020. Concerning his diagnosis, Dr. Rao opined:

> Well, I thought he had a closed-head injury, you know, given the temporal relationship of the injury and the symptoms when they began. And along with that he had a postconcussive syndrome. The issue was also could there have been a spinal injury. You know, in looking at that impact directly to the top of his head, that force can -- is also transmitted down into the spine. So with his left-sided weakness, the other possible location was not just the head injury, but also could there also have been a spinal injury.

(Dr. Rao Dep. 9:8-18).

32. Concerning the results Claimant's EEG study, Dr. Rao testified Claimant "seemed to have some slowing. It was intermittent in left frontal area. And that could be a sign of a head injury." (Dr. Rao Dep. 11:21-23). Claimant's father provided a medical history which motivated Dr. Rao to ultimately recommend a 96-hour EEG to investigate "episodes" which might be seizures or symptoms of a mild traumatic brain injury. (Dr. Rao Dep. 13:12-14:12). Dr. Rao opined that Claimant sustained a head injury and that could explain much or all of the symptoms and referred him to a Brain Injury Program to begin aggressive treatment of his condition as there would be a good chance of improving and also confirm that diagnosis. (Dr. Rao Dep. 11:6-13,

12:4-12). Dr. Rao also opined that Claimant could not work at this time because of these injuries, that he is not at MMI, that he needs further treatment for these issues or risks worsening of such. (Dr. Rao Dep. 15:11-17, 17:3-8). Dr. Rao also opined that the Claimant likely sustained an exacerbation of his underlying psychological issues in connection with this injury. (Dr. Rao Dep.16:18-25) (APA 11, p. 225-231).

33. Concerning the civil fraud allegations against Dr. Rao from the U.S. Department of Justice in 2013, Dr. Rao testified there were no fraud charges, but instead there was a technical issue which led to a business decision to "go ahead and pay back" the federal government. (Dr. Rao Dep. 30:19-31:4). Dr. Rao admitted entering into a settlement agreement with the United States Department of Justice which involved a judgment against him in the amount of $2,000,000, which he argued was an overpayment not a fine. (Dr. Rao Dep. 36:18-25).

34. Concerning his board certification with the American Board of Psychiatry and Neurology, Dr. Rao testified that the notation of "MOC Status: Not meeting MOS requirements" on his certification involved continuing medical education credits which he had not yet submitted to the board. (Dr. Rao Dep. 37:5-38:18).

35. At his deposition on April 29, 2020, Dr. DuPuy (orthopedic surgeon) opined that from an orthopedic standpoint, there was nothing structurally or mechanically wrong with Claimant's head or brain:

> Q: . . . From an orthopaedic standpoint, is there anything structurally or mechanically wrong with Mr. Bagley's head or brain, from what you can tell?
>
> A: No. That's a surprise to me that those scans are essentially normal. The -- but it doesn't mean that an injury can't have occurred at the cellular, microscopic level. But he didn't have a – a subdural hematoma, and he doesn't have an area in the brain by MRI where it's just dark, where the brain tissue has died and the body has carried kind of cleaned it up. He doesn't have that.
>
> And so that, to me this is an -- an irregular presentation and, of course, that's why I defer it to Dr. Rao and the – the neurology subspecialist.
>
> But from an orthopaedic standpoint, I do not think that there is an injury to the cervical nerves from the neck, shoulder, arm, out to the hand…

(Dr. DuPuy Dep. 43:18-44:11).

36. Dr. DuPuy testified he would defer to Dr. Rao or another neurologist in the evaluation of Claimant's brain:

> Yes. Because I would say I have nothing from an orthopaedic standpoint to say this has anything to do with a neck injury or an arm injury or a back injury or a leg and foot injury. And if they say it's not coming from the brain, then I do not know why he is in that fixed position. And as I said, the fact that he was able to continue working and then presented to the workers' comp the next day, the CT scan was normal, that part doesn't make sense with this syndrome either. But, of course ... But, I mean, that's what I'm saying: It is what it is.

(Dr. DuPuy Dep. 49:7-20).

37. On the issue of expertise and scope of evaluation for his opinion, Dr. DuPuy testified:

Q . . . And so, at least from -- from an orthopaedic standpoint, you can't say what's causing – what underlying pathology is causing Mr. Bagley's symptoms; is that fair to say?
A That is exactly what I say. Yes.
Q And then, of course, your -- your -- the scope of your evaluation is limited to the orthopaedic side of things?
A Yes. It is. My expertise is limited to the orthopaedic arms and legs part, not inside the brain.

(Dr. DuPuy Dep. 50:17-51:2).

38. Dr. DuPuy took issue with Claimant's deposition testimony concerning his physical examination. In his deposition, Claimant testified that during the physical examination, Dr. DuPuy advised Claimant that the accident "put [his] body through a safe zone which is kind of like having mini stroke." (Claimant Dep. 96:6-97:14). When confronted with this testimony, Dr. DuPuy adamantly denied the Claimant's description of the encounter:

> I can say -- and even in his defense, I can say I absolutely did not say that. I would never have said such a statement. When I read it there, it is so inaccurate that "the memory talks about a safe zone," absolutely not.

(Dr. DuPuy Dep. 39:24-40:3). Dr. DuPuy later continued, "I have no idea what he's talking about. And I even as I'm reading it today, I never said – because I don't believe that anyway." (Dr. DuPuy

Dep. 40:6-8).

39. On September 8, 2020, Dr. Gunter (neurosurgeon) sat for a deposition. For the brain, Dr. Gunter testified he reviewed Claimant's CT Scan of the head (8/29/2019), MRI of the brain (9/24/2019), and second MRI of the Brain (6/9/2020), and none of these tests revealed any evidence of acute injury. (Dr. Gunter Dep. 9:21-10:22).

40. For the cervical spine, Dr. Gunter testified he reviewed Claimant's CT Scan of the neck (6/17/2019), MRI of the neck (7/3/2019), second MRI of the neck (6/9/2020), and a second CT Scan of the neck (6/9/2020), and opined that none of these tests revealed any evidence of acute injury. (Dr. Gunter Dep. 11:11-12:6).

41. For the lumbar spine, Dr. Gunter testified he reviewed Claimant's CT Scan of the lumbar spine (6/17/2019), MRI of the lumbar spine (7/3/2019), second MRI of the lumbar spine (2/27/2020), and none of these tests revealed any evidence of acute injury. (Dr. Gunter Dep. 12:12-23). Dr. Gunter further opined there was no evidence of acute injury on Claimant's EMG nerve study. (Dr. Gunter Dep. 13:12-17).

42. Like Dr. Brown, Dr. Gunter explained that there was no plausible medical explanation for Claimant's symptoms based upon the anatomical layout of the brain. According to Dr. Gunter, the part of the brain that controls leg function is located on the motor cortex and is interhemispheric (situated along the center between the two halves of the brain). (Dr. Gunter Dep. 26:25-27:3). The part of the brain that controls arm function is on the surface of the motor cortex next to the face, in a geographically different part of the brain. (Dr. Gunter Dep. 27:4-14).

43. In order to prove Claimant's left arm and left leg symptoms were the result of the accident, Dr. Gunter opined that there would have to be distinct lesions on these separate portions of the brain. (Dr. Gunter Dep. 27:10-14). Further, the singular traumatic event would have caused damage to these separate parts of the brain *while sparing the parts of the brain on either side.* (Dr.

Gunter Dep. 34:18-22).

44. Dr. Gunter further explained that if Claimant sustained a closed head injury to the motor cortex, it should have been visible on an initial CT scan as a contusion, and in the follow-up MRIs of the brain as an alteration of the anatomy of the motor cortex, but that is not the case with Claimant. (Dr. Gunter Dep. 26:14-21). Dr. Gunter was emphatic on the point, testifying the diagnostic imaging "... would pick this up. This would be big." (Dr. Gunter Dep. 28:3-5).

45. To summarize the diagnostic imaging, Dr. Gunter testified:

> He doesn't have an acute injury of his cervical spine or his spinal cord or his nerve roots, because there's no evidence of that. And he doesn't have an injury to his brain, at least based on the evidence. And he doesn't have an injury to his lumbar spine, based on evidence.

(Dr. Gunter Dep. 30:16-21).

46. Concerning post-concussive syndrome, Dr. Gunter opined that of all the known clinical symptoms associated with post-concussive syndrome, Claimant's symptoms of contractures and alteration in muscle tone without radiographic evidence of injury would not be expected. (Dr. Gunter Dep. 31:22-33:16). Further, Dr. Gunter testified that if Claimant had a brain injury leading to his current alleged symptoms, his first symptom should have been paralysis of the extremity, followed by spasticity, followed by alternation of tone and contractures, which Claimant did not have. (Dr. Gunter Dep. 33:23-34:2). Concerning the possibility that Claimant's alleged "episodes" or seizures were related to the accident, Dr. Gunter testified "relating a seizure disorder to this trauma would be impossible." (Dr. Gunter Dep. 28:8-10).

47. Put succinctly, Dr. Gunter opined "there is no relationship between [Claimant's] injuries and the development of those contractures, physically." (Dr. Gunter Dep. 38:4-6).

48. Finally, having proven there was no physical explanation for Claimant' symptoms, Dr. Gunter opined there might be a psychological/behavior component, which he would not comment on as they are outside the scope of his expertise. (Dr. Gunter Dep. 35:24-36:16).

49. Dr. Gunter noted other factors to support his conclusion that Claimant did not sustain a brain injury on June 14, 2019. Concerning Claimant's motor strength, both Dr. Gunter and Dr. Brown opined that an acute brain injury would produce an immediate loss of motor strength that improves over time. (Dr. Gunter Dep. 16:10-19; Dr. Brown Dep. 32:16-23). However, in Claimant's case, Claimant had full strength in his early visits with Dr. Brown, but deteriorated over time, which was inconsistent with the typical timeline of a brain injury.

50. Another factor referenced by Dr. Gunter involved the loss of consciousness. According to Dr. Gunter, "most of the severe closed head injuries are associated with a loss of consciousness." (Dr. Gunter Dep. 25:6-9). In Claimant's case, however, Dr. Gunter testified Claimant did not lose consciousness, so he would not be expected to have long term functional deficits. (Dr. Gunter Dep. 25:15-24).

51. Concerning the comparison between neurologists and neurosurgeons, Dr. Gunter testified that both are specialists in brain and nerve function. (Dr. Gunter Dep. 6:14-21). According to Dr. Gunter, there are two differences between neurologists and neurosurgeons. The first difference is the treatment modalities, in which case only neurosurgeons employ surgical methods. The second difference is subject matter, in which case neurologists manage medical conditions like neurodegenerative conditions, where neurosurgeons address structural disorders to the spine itself. (Dr. Gunter Dep. 7:1-7). In terms of evaluating a patient with a closed head injury like Claimant, Dr. Gunter testified that "the evaluation would probably be very similar." (Dr. Gunter Dep. 7:8-17).

52. Based upon a preponderance of the evidence, including the medical evidence and testimony, we give greater weight to the medical opinions of Dr. Matthew Brown and Dr. Brett Gunter over the opinions of Dr. Hermanth Rao and Dr. David DuPuy.

53. We give less weight to the medical opinion of Dr. DuPuy because, based upon his

own deposition testimony, he is not an expert concerning neurological issues and is not qualified to opine as an expert on the brain.

54. We give less weight to the medical opinion of Dr. Hermanth Rao based upon his potential credibility issues, including his prior settlement with the Department of Justice concerning alleged Medicare fraud.

55. Notwithstanding any potential credibility issues, we also give less weight to Dr. Rao's opinion because of the evidence he relies upon to support his conclusions. Dr. Rao bases his opinion primarily upon Claimant's subjective statements concerning the timeline of symptoms. In his deposition, Dr. Rao admitted there was no objective evidence to support his opinion aside from an EEG that "***seemed***" to show some slowing which "***could***" be a sign of a head injury. (Dr. Rao Dep. 11:20-23, emphasis added). However, Dr. Rao was not able to identify a diagnosis beyond a description of Claimant's symptoms, so he recommended further testing to include a 96-hour EEG to investigate alleged seizures as reported by Claimant's father. (Dr. Rao Dep. 13:12-14:17).

56. We give greater weight to the opinions of Dr. Matthew Brown and Dr. Brett Gunter because as neurosurgeons, they are specially qualified by training and experience to opine on the mechanical and structural trauma of closed head injuries. Additionally, Dr. Brown and Dr. Gunter based their opinions on the objective diagnostic imaging and the medical science of closed head injuries. Finally, Dr. Brown and Dr. Gunter were substantially consistent in their descriptions of the medical science of closed head injuries and in their clinical application to Claimant's case.

57. In their depositions, Dr. Brown and Dr. Gunter explained that it is essentially medically impossible for Claimant to develop his specific symptoms (the left-hand contracture and left foot drop) from a single traumatic brain injury.

58. According to Dr. Brown and Dr. Gunter, Claimant's symptoms were inconsistent with the anatomical layout of the brain. Dr. Gunter testified that the part of the brain that controls

leg function is located on the motor cortex and is interhemispheric (situated along the center between the two halves of the brain). (Dr. Gunter Dep. 26:25-27:3). The part of the brain that controls arm function is on the surface of the motor cortex next to the face, in a geographically different part of the brain. (Dr. Gunter Dep. 27:4-14).

59. If Claimant had sustained a brain injury which caused his specific symptoms, the singular traumatic event would have had to cause damage to these geographically separate parts of the brain while also sparing the parts of the brain on either side. (Dr. Gunter Dep. 34:18-22).

60. Based upon the thorough explanation of the anatomical layout of the brain from Dr. Brown and Dr. Gunter, it is self-evident that a single traumatic event cannot damage two separate sections of the brain without also damaging the sections in between.

61. Therefore, the alleged symptoms of a left hand contracture and left foot drop – without functional impairment to any other body part – are essentially impossible based upon the Claimant's known mechanism of injury and the anatomical layout of the brain.

62. Additionally, assuming such an injury was mechanically possible from this accident, Dr. Gunter opined that the pathology should have been visible on the diagnostic imaging: on an initial CT scan as a contusion in the brain, and on later MRIs of the brain as alteration of the anatomy of the motor cortex. (Dr. Gunter Dep. 26:14-21). Dr. Gunter was emphatic on the point, testifying that if Claimant sustained a brain injury as alleged, the diagnostic imaging "... would pick this up. This would be big." (Dr. Gunter Dep. 28:3-5).

63. According to Dr. Gunter, the exhaustive diagnostic imaging (a CT Scan and two MRIs) of the brain was normal, and there was no evidence of any pathology in Claimant's brain capable of producing the long-term symptoms as alleged. Additionally, Dr. Jarrell and Dr. DuPuy each confirmed that the brain imaging they reviewed was normal. (Dr. DuPuy Dep. 43:18-44:11; APA No. 7).

64. Further, as can be seen from the surveillance video, Claimant did not lose consciousness following the accident, which would have been expected if he had sustained a brain injury capable of causing long term functional deficits. (Dr. Gunter Dep. 25:15-24).

65. Finally, Claimant's development of symptoms (including progressive weakness and contracture without prior spasticity) were clinically inconsistent with the progression of long term functional symptoms from a severe closed head injury. (Dr. Gunter Dep. 16:10-19; Dr. Brown Dep. 32:16-23).

66. Based upon a preponderance of the evidence, including the surveillance video and the medical evidence, we find and conclude Claimant sustained a compensable injury to his back on June 14, 2019.

67. Based upon a preponderance of the evidence, including the medical evidence and testimony, we find and conclude Claimant's alleged symptoms of left hand contracture and left foot drop are medically inconsistent with the mechanism of injury due to: the anatomical layout of the brain; the absence of the objective diagnostic evidence of brain injury; the fact that Claimant did not lose consciousness, and; the presentation of symptoms which were clinically inconsistent with the progression of long term functional symptoms from a closed head injury.

68. Based upon a preponderance of the evidence, including the medical evidence and testimony, we find and conclude Claimant failed to satisfy his burden of proving he sustained a compensable injury to the head, brain, left arm and hand, left foot, and psyche.

69. We find Claimant is at maximum medical improvement for his back injury as of August 28, 2019. This finding is based upon a preponderance of the medical evidence as a whole.

70. Based upon a preponderance of the evidence, we find Claimant is not entitled to an award of temporary total/partial disability.

71. Based upon a preponderance of the evidence, including the medical evidence and

testimony, we find and conclude Claimant has sustained 10% permanent partial disability to his back as a result of his injury on June 14, 2019.

72. Based upon a preponderance of the evidence, including the medical evidence as a whole, Claimant is not entitled to future medical treatment.

73. No hearing costs are assessed.

FULL COMMISSION'S CONCLUSIONS OF LAW

It is hereby concluded that under the South Carolina Workers' Compensation Act, S.C. Code § 42-1-10, et seq., that:

1. Pursuant to S.C. Code § 42-15-10 and § 42-17-20, and based on the substantial evidence, jurisdiction, and venue are proper.

2. Pursuant to the South Carolina Workers' Compensation Commission Rules and Regulations, S.C. Reg. 67-210(B) and S.C. Reg. 67-213(C), and based on the substantial evidence, the parties were properly served with a Notice of Hearing.

3. Pursuant to S.C. Code § 42-1-130, Claimant was an employee of the Defendant-Employer at the time of the work accident and injury.

4. Pursuant to S.C. Code § 42-1-40, and based on the substantial evidence, Claimant has an average weekly wage of $877.79, with a corresponding compensation rate of $585.20.

5. Pursuant to S.C. Code § 42-1-160, and based on the substantial evidence, including the medical records, Claimant sustained a compensable injury to his back by accident arising out of and in the course and scope of his employment of June 14, 2019.

6. Pursuant to S.C. Code § 42-1-160, and based upon a preponderance of the evidence, Claimant failed to satisfy his burden of proving he sustained compensable injuries to his head, brain, left arm and hand, left foot, and psyche by accident arising out of and in the course and scope of his employment of June 14, 2019.

7. Pursuant to S.C. Code § 42-9-30, and based on the substantial evidence, including the medical records, the Claimant sustained a 10% permanent partial disability to his back as a result of his injury.

8. Pursuant to S.C. Code § 42-9-30(21), Claimant is awarded thirty (30) weeks of permanent partial disability benefits to his back.

9. Pursuant to S.C. Code § 42-15-60, Claimant is not entitled to any future medical benefits for this work-related injury.

ORDER OF THE FULL COMMISSION

IT IS HEREBY ORDERED that the greater weight of the evidence supports a finding that Claimant sustained a compensable injury to his back by accident arising out of and in the course and scope of his employment on June 14, 2019.

IT IS FURTHER ORDERED that the greater weight of the evidence supports a finding that Claimant failed to satisfy his burden of proving he sustained compensable injuries to his head, brain, left arm and hand, left foot, and psyche by accident arising out of and in the course and scope of his employment on June 14, 2019.

IT IS FURTHER ORDERED that the Claimant has sustained a permanent partial disability of 10% to his back entitling him to a total of 30 weeks of permanent partial disability benefits, for a permanent partial disability award of $17,556.00.

AND IT IS SO ORDERED!

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

T. Scott Beck

Aisha Taylor

Avery B. Wilkerson, Jr.

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 December 21, 2021

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 #: **1908703**
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Kyle R. Bagley SSN: [redacted] Employer's Name: Sun Fiber, LLC

Address: 628 Lancaster Highway Address: 1247 Frederic Drive

City: Chester State: SC Zip: 29706 City: Richburg State: SC Zip: 29729

Home Phone: (803) 374-2834 Work Phone: ( ) - Insurance Carrier: Great American Alliance Insurance Co.

Preparer's Name: Ben P. Leader, Esquire & Andrew W. Creech, Esquire Law Firm: Elrod Pope Law Firm Preparer's Phone #: (803) 324-7574

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

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

1. The claimant sustained an injury to Head, Neck, Low Back (Part(s) of Body Injured) on 6/14/2019 (Month/Day/Year) in Chester County, state of South Carolina.
2. Body part(s) affected are: Head, Neck, and Low Back (with radiating pain into left leg, left shoulder, and left arm)

   Briefly describe how the accident occurred. Mr. Bagley was welding at the conveyor when a bale came down the conveyor and struck him on the top of his head, knocking him backwards and resulting in injury to his head, neck, and low back.
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 June 14, 2019 (Month/Day/Year) in the following manner:
   Verbally to Supervisor

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

☐ (a) medical examination and treatment for: _____

X (b) additional medical examination and treatment for: Head, Neck, and Low Back (with radiating pain)

X 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
June 14, 2019 – Present & Continuing

X 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 X No

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

10a. At the time of the injury, the Claimant was paid weekly wages of $751.50, 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:
Claimant remains employed with Sun Fiber, LLC

11. Further grounds or unusual aspects of claim:
Claimant has been out of work since June 14, 2019 and as of July 18, 2019, he still has not received any TTD benefits. Claimant was advised that his check would be mailed nearly two weeks ago and has not received any compensation.

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:
Chester Emergency Room, Lowry Family Medicine, Riverview Medical Center, Midlands Orthopedics

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.

X 13a. **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.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Sun Fiber, LLC, 1247 Frederic Drive, Richburg, SC 29729 and Great American Alliance Insurance Company, 301 E. 4th Street, Cincinnati, OH 45202 **by** X **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.**

Ben P. Leader, Esquire	Attorney for Claimant	bleader@elrodpope.com	July 19, 2019
	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

Midlands Orthopaedics and Neurosurgery • 1910 Blanding Street, COLUMBIA SC 29201-3520
BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

Admin Documents

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: Kyle Bagley
Employer's Name: Sun Fiber LLC
Physician's Name: Matthew Brown, MD
Insurance Carrier: Strategic Comp
Practice/Clinic: Midlands Orthopaedics & Neurosurgery
SCWCC File No: claim #A00223320
Preparer's Name: Carisa Watts
Phone: 803-462-3614

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: 06/14/2019 Date of first office visit: 07/05/2019 Date of last office visit: 07/11/2019

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

Diagnosis or nature of injury or illness: S16.1XXA and M54.81

Body part(s) injured: cervical/thoracic/lumbar spine Body part(s) affected: _____

Date of **maximum medical improvement:** 07/11/2019

Has the Claimant sustained **permanent physical impairment** as a result of the work injury? X Yes _____ No

If so, the permanent physical impairment is: 5 % medical impairment to the whole person (for cervical) (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: 0 % medical whole person (thoracic/lumbar) (additional body part injured or affected)

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

X The AMA's *Guides to the Evaluation of Permanent Impairment* 5th Edition; or
_____ Other medical treatise: _____
_____ Other: _____ or

Does the Claimant have **permanent physical limitations** as a result of the injury? _____ Yes X No

If so, the permanent physical limitations are: _____

Does the Claimant **possess retained hardware** as a result of the injury? _____ Yes X 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 end to lessen the period of disability or maintain the current level of function: X Yes _____ No

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

Patient is at point of maximal medical improvement from a neurosurgical perspective and we do not anticipate that he will need any further neurosurgical intervention or recommendations in the future. As previously noted, we will defer further nonoperative management for patient's muscular complaints to his occupational medicine physician and team.

*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.

MD

Treating or Evaluating Physician

08/28/2019
Date

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. Box 1715
Columbia, SC 29202-1715
(803) 737-5700 www.wcc.sc.gov

WCC File # 1908703
Carrier File # A00223320
Carrier Code #
Employer FEIN #:

Claimant's Name: Kyle R. Bagley SSN: [redacted]
Address: 628 Lancaster HWY #223, Chester, SC 29706

Employer's Name: Sun Fiber, LLC
Address: 1247 Frederic Drive, Richburg, SC 29729

Home Phone # Work Phone #

Insurance Carrier: Great American Alliance Insurance Company c/o Strategic Comp

Preparer's Name: Barrett Burley Law Firm: Holder, Padgett, Littlejohn & Prickett, LLC Phone Number: (803) 335-1444

The date of injury reported on Form 12A is: 06/14/2019.

Check appropriate section(s). The Employer's Representative requests a hearing to:

I. ☐ **Stop payment of compensation.** Claimant has reached maximum medical improvement and Claimant continues to receive temporary compensation payments. The employer's representative requests a hearing pursuant to § 42-9-260(D) to stop payment of temporary compensation. A hearing requested pursuant to this section must be held within sixty days of the date of the request.

Claimant reached maximum medical improvement on _____(m/d/yyyy) (copy of medical report must be attached).
Compensation payments are current as of _____ (m/d/yyyy) and shall continue until otherwise ordered or until Form 17 is signed by the claimant.
A Form 17 was offered and refused on _____ (m/d/yyyy).

II. ☐ **Address suspension, termination, or reduction of temporary disability payments for any cause.**
☐a. At any time pursuant to § 42-9-260(E).
☐b. After the one-hundred-fifty day period has expired pursuant to § 42-9-260(F), R.67-505 and R.67-506.

The basis for the termination/ suspension is _____.

III. ☒ **Determine if compensation is due** pursuant to § 42-9-10, § 42-9-20 or § 42-9-30 and, if so, in what amount, based on the following grounds:

Claimant was released at MMI by his authorized treating physician on 7/11/19. Determination is needed as to what, if any, permanency compensation is due.

Claimant reached maximum medical improvement on 7/11/2019 (m/d/yyyy) (copy of medical report must be attached).

IV. ☒ **Request Credit for Overpayment of temporary compensation pursuant to § 42-9-210.**

V. ☐ **Determine amount of compensation for claims involving a fatality.**
☐a. Payment of unpaid balance of compensation when employee dies pursuant to § 42-9-280.
☐b. Amount of compensation for death of employee due to accident pursuant to § 42-9-290.

VI. ☐ **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 for the Parties pursuant to Reg. 67-1803.
☐b. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Failure to respond pursuant to Reg. 67-208 B in writing or by submission of a Form 22 may result in ordered mediation pursuant to Reg. 67-1801 B. Questions regarding mediation may be submitted to **mediation@wcc.sc.gov**.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Andrew Creech, Esq. and Bryan Sanchez, Esquire, address 212 East Black Street Post Office Box 11091 Rock Hill, SC 29731 & P.O. Drawer 11583 Rock Hill, SC 29731 on the 17th day of September, 2019, by:
☐ **first class postage** ☐ **certified mail** ☐ **personal service. A $25.00 filing fee and updated Form 18 is required.**

Preparer's Signature	Title	Email	Date
	Attorney for Employer/Carrier	bburley@hplplaw.com	September 17, 2019

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675, or **jud@wcc.sc.gov** or **mediation@wcc.sc.gov** . Refer to Regulations 67-211, 67-504. 67-505, 67-506; and 67-510.

LEWIS
LAW FIRM
LLC

E. Stacy Lewis
Grady E. McMehan
Bryan N. Sanchez (SC,NC)
Attorneys-at-Law

October 4, 2019

SC Workers' Compensation Commission
Attn: Commissioner Barden
P.O. Box 1715
Columbia, SC 29202

RE: Kyle Bagley v. JN Fibers, Inc. and Great American Alliance Insurance
Date of Injury: 06/14/2019
SCWCC No.: 1908703
Hearing Date: November 5th, 2019 (12:00 PM – Rock Hill, SC)

Dear Commissioner Barden:

Defendants' filed Form 21 Request for Hearing on September 17, 2019 in the above matter, asking that they be allowed to stop payment of compensation and to determine Plaintiff's permanency, as they contend that he has reached MMI on 07/11/2019. Defendants' are also requesting credit for overpayment of temporary compensation. Plaintiff responds as follows:

There are various reasons why this request is premature and factually incorrect. I shall keep this response brief but I can/will provide much more details in regards to such if need be

First, there are no medical reports attached to the Form 21 filed by Defendant's, just a Form 14B that is filled out by Dr. Brown (whom Claimant saw 2 times). Attached are the notes from Claimant's two (2) visits with Dr. Brown for the Commission to review in connection with this Form 21 and Claimant's response to such ***(labeled 'Exhibit 1- 21 pages')****. According to the Form 14B and the records it Exhibit 1 it clearly states that Dr. Brown is only stating Claimant is at "[MMI]from a neurosurgical perspective," that he "[does]not anticipate Claimant will need neurosurgical intervention" and it also states that "as previously noted, we will defer nonoperative management to [Claimant's] occupational physician."*

I would like to reiterate that this is a limited statement and should not be taken out of context as such can also be discerned from reading over the attached records from Claimant's visits there; as this is ***solely*** *from a neurosurgical standpoint (meaning there are other specialties that need to or could treat him for these injuries (i.e.: for a head injury, nerve damage, occipital neuralgia, Pain Syndrome and/or musculoskeletal injuries/issues – which can be addressed via specialists such as Orthopedics, Physical Therapists, Physiatrists and/or Neurologists).*

Second, ever since undersigned counsel for Claimant was recently retained, he has been asking Defense Counsel Barrett Burley for a return appointment with the occupational medicine provider; however, this request has been ignored for over three (3) weeks now (please see the attached email exchange between the Attorneys of record for the parties that is dated 09/12/19 **(labeled 'Exhibit 2 (1 page)')**.

Thus, given Defendant's failure to follow Dr. Brown's reccomendations the Claimant was left with no choice but to seek out his own treatment, given the gravity of issues/symptoms he is having. He is currently being seen by and has been written out of work by Dr. DuPuy at OrthoCarolina (please see the attached three (3) pages from his 09/17/19 visit **(labeled 'Exhibit 3 (3 pages)')**.

Lastly, Claimant is going to be filing a F50 to address all of this as well as a lot of other things, as I indicated above, that are going on / at issue in this claim. However, I would also like to point out that Claimant was being paid at a CR of $563.00 but according to Defendant's F20 they filed recently Claimant's Comp Rate should be $854.02. Thus, there is certainly an issue in re underpayment of TTD's as well as the potential need to assess a penalty on Defendant's due to their late/underpayment of indemnity benefits; which needs to be addressed in the future. At this time the Claimant is not receiving any TTD benefits but I shall request that the Honorable Commission address such in the near future by way of the F50 I intend to file- the week of 10/07/19-10/11/19.

In light of the above-referenced matters, I respectfully request that this Commission deny Defendant's F21 request.

Should you have any questions or concerns, please do not hesitate to contact me. Thank you for your time and assistance with this matter.

Sincerely,

Bryan N. Sanchez
Attorney
SC Bar #: 80372

Enclosures: As stated (27 pages, 30 pages total w/ exhibit coverpages)

CC: Barrett Burley
Holder Padgett Littlejohn & Prickett, LLC
bburley@hplplaw.com

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 #: 1908703
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Kyle Bagley SSN: [redacted] Employer's Name: JN Fibers, Inc.

Address: 628 Lancaster Hwy, Apt. 223 Address: 1247 Frederic Dr

City: Lancaster State: SC Zip: 29706 City: Cincinnati State: OH Zip: 45202

Home Phone: (803) 374-2834 Work Phone: ( ) - Insurance Carrier: Great American Alliance Insurance Co.

Preparer's Name: Bryan Sanchez Law Firm: Lewis Law Firm Preparer's Phone #: (803) 327 - 1103

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 **Neck/Back, Head/Brain, Left Arm/hand and radiation down legs/feet** (Part(s) of Body Injured) on **06/14/2019**
2. (Month/Day/Year) in **Chester** county, state of **SC**.
Body part(s) affected are: **Neck/Back, Head/Brain, Left Arm/hand and radiation down legs/feet**

Briefly describe how the accident occurred. **Claimant was cutting/welding pipe on conveyer belt when a bale (weighing approx. 700 lbs.) came dow and struck him on top of his head, pushing him backwards.**

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 **06/14/2019** (Month/Day/Year) in the following manner: Verbal

☒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: Above Injuries

☒8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
From 06/14/2019 to the present subject to any applicable offsets

☒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: N/A

10a. At the time of the injury, the Claimant was paid weekly wages of $TBD, 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:
Defendant-Employer

11. Further grounds or unusual aspects of claim:

There are ongoing medical issues related to this claim that need to be addressed- as claimant was prematurely released from medical care by t ATP (from a neuro-surgical standpoint solely and was returned back to continue his care with a non-neurosurgeon but WC has refused to set u any appointments. Thus, given the issues he still had he went to see an orthopedist and has been taken out of work, deemed not to be at MMI and is therefore entitled to TTD and ongoing medical care (since work comp is not following the ATP's referrals back for further medical care). Also, there's a pending F21 and Claimant's response to such that should be taken into account in re this F50 hearing request.

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:
Chester Regional Medical Center, Riverview Medical Center, Chester Chiropractic, Lowry's Family Medicine, Midlands Orthopedics and Neurosurgery, Orthocarolina, Carolina Neurosurgery & Spine, Your Life Wellness and Physical Therapy.

11b. To the best of your knowledge, did you have any prior permanent disability? N/A

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: 30 Min.

☒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.** **I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to** C. Barrett Burley, Esq. Holder Padgett Littlejohn & Prickett, LLC **Address** 1201 Main Street, Suite 1430, Columbia, SC 29201 **on the** 16th **day of** October 2019, **by** ☒ **first class postage** ☐**certified mail** ☐**personal service I verify the contents of this form are accurate and true to the best of my knowledge.**

Preparer's Signature	Attorney Title	bryan.sanchez@stacylewislaw.com Email	10/16/19 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

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 #: 1908703
Carrier File #: 124202
Carrier Code #:
Employer FEIN #:

Claimant's Name: Kyle R. Bagley SSN [redacted]
Address: 628 Lancaster HWY #223, Chester, SC 29706
Home Phone: Work Phone #:
Date of Injury: 06/14/2019

Employer's Name: Sun Fiber, LLC
Address: 1247 Frederic Drive, Richburg, SC 29729
Insurance Carrier: Great American Alliance Insurance Company c/o Strategic Comp

Preparer's Name: C. Barrett Burley Law Firm: Holder, Padgett, Littlejohn + Prickett, LLC Preparer's Phone #: (803)335-1444

Date of Injury or Illness: 06/14/2019 **Estimated time for hearing:** 1 hour

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

1. It is ☒ **Admitted** ☐ **Denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Defendants admit Claimant sustained a minor compensable injury to his back, but deny the remainder of the injuries and deny the extent of the disability alleged.
2. It is ☒ **Admitted** ☐ **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is ☒ **Admitted** ☐ **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is ☒ **Admitted** ☐ **Denied** at the time in question the employee was performing service arising out of and in the course of employment. The reasons for denial are:
5. It is ☒ **Admitted** ☐ **Denied** notice of injury was given the employer. The reasons for denial are:
6. It is ☐ **Admitted** ☒ **Denied** the employee ☐ **Needs** ☐ **Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are: Claimant has received appropriate medical care and the authorized treating physician placed Claimant at maximum medical improvement as of 7/11/2019.
7. It is ☐ **Admitted** ☒ **Denied** the employee is entitled to temporary total disability for the period(s) of : Claimant is at maximum medical improvement.
8. It is ☐ **Admitted** ☒ **Denied** the employee is permanently disabled. The reasons for denial are: See number 1 above.
9. It is ☐ **Admitted** ☒ **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of **$844.46** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: Defendants reserve the right to amend this Form 51 to plead additional defenses should facts be discovered during the investigation which would allow these defenses to be asserted in good faith.

☐ **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**.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Bryan Sanchez, Esquire, Address PO Drawer 11583, Rock Hill, SC 29731 on the 15th day of November, 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 for Employer/Carrier Title	bburley@hplplaw.com Email	November 15, 2019 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 or 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.

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: 1908703

Claimant's Name: Kyle Bagley
Address: 628 Lancaster Hwy, Apt. 223
City: Chester State: SC Zip: 29706
Home Phone: Work Phone: ( ) -
Preparer's Name: Bryan N. Sanchez

Employer's Name: JN Fibers, Inc.
Address: 1247 Frederic Dr.
City: Richburg State: SC Zip: 29729
Carrier: Great American Alliance Insurance Company
Preparer's Phone #: (803) 327-1103

A claim for workers' compensation benefits is made based on the following grounds: ☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $ 585.20 2. AWW: $ 877.79 **Date of Injury:** 6/14/2019
3. Type of injury and body part(s): Neck/Back, Head/Brain (TBI), both legs (L>R), Left Arm and Radiculopathy down to back of his leg/scrotum and bottom of L-foot (L-foot foot drop as well)
4. Facts in controversy:
   1) What injuries did Claimant sustain in this incident (when a 700-lb. bale of fiber hit him on the head)?
   2) Since Claimant has been deemed to be at MMI from a Neurosurgical standpoint solely by the ATP- what other medical care is he entitled to? The Authorized provider released him from a neurosurgical stand-point, knowing substantial deficits remained and deferred further care of Claimant to other providers but Defense is ignoring this and not authorizing further medical care.
   3) Both Dr. Dupuy- Orthocarolina and Dr. Rao- Neurological Institute- have diagnosed Claimant with a TBI – do Defendants have to set up an eval with a TBI-specialized provider since Claimant has been complaining of headaches/head/numbness/TBI-related issues since the essential onset of this injury, as such is confirmed by the medical records and Employer's FROI/injury reporting forms **(See Claimant's APA's and Claimant's Exhibit 1)**?
   4) Is Claimant entitled to follow-up, additional, with the authorized medical providers given the attendant issues?
   5) Is Claimant entitled to a second opinion and/or a follow-up with the authorized medical providers given the attendant issues?
   6) What is claimant's Average weekly wage and resultant comp rate- per his wage-earning records? Is he entitled to underpaid/back-owed TTD as they previously paid him at a CR lower than it should be?
   7) If claimant is deemed to be at MMI then an evaluation / expert report is needed in order to assess whether the Claimant is permanently & totally disabled (as it stands currently, he is P&T but has not yet reached MMI)- thus, what additional evaluations/treatments are needed?
   8) Are Defendant's APA's/Exhibits relevant and do they not require due process- allowing claimant to examine such and/or cross-examine the declarant's since they're being offered as evidence in this matter?
5. Legal issues involved:
   a) See #4 above;
   b) Why are Defendant's ignoring Claimant's authorized medical providers directives for additional medical care?
   c) Claimant has the deposition of Dr. Rao scheduled for 2/14/2020- thus this shall be supplemented / the record is being requested to be held open- for the receipt of said transcript.
   d) Claimant was sent to a doctor, Dr. Paz, for an evaluation but she does not specialize in TBI's nor head injuries and the report is still pending. Also, a Form 27 has been sent to defense- asking for their letters and communications with the medical providers but only 2 pages have been supplied to claimant's counsel and there are others that have not been produced and which needs to be addressed by the Commissioner at the hearing in this.
   e) Claimant was underpaid TTD's previously – given the comp rate that it should be done- what amount is he owed for this?
6. Unusual aspects: *See #4 and 5 (including their subparts)
7. Witnesses (designate if expert):* 1) Claimant; 2) Claimant's wife; 3) Claimant's mother; 4) witnesses that will either corroborate/rebut evidence at hearing; 3) Dr. brown (depo has been taken); and 4) Dr. Rao* (depo has been taken) 5) Dr. Dupuy* (depo has been taken) 6) Dr. Gunter* (depo scheduled for 09/08/20); 7) Any other medical provides that a depo may needed to be set up- if the commission deems such necessary.
8. Exhibits: In addition to Claimant's APA Submissions (See APA #1-13, 1-___) and any/all supplements, the following exhibits may be used at the trial in this 1) First Report of Injury / Work Comp Injury reporting form; 2) Texts between Claimant and Employer; 3) Emails between the counsel for the parties; 4) Affidavit of Guardian for minor child of Claimant; 5) Misc.- Employee file documents, videos, medical records of Claimant, etc.; 6) Any/all documents/evidence/exhibits for purposes of impeachment/rehabilitation of a witness including prior medical records (should the need for such arise at the hearing).
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See Claimant's APA Submissions (APA #1-#10) (pursuant to R.67-612). Further, Claimant respectfully reserves the right to request an adjournment of the hearing in order to obtain the requisite testimony of any other relevant medical providers should the Commission deems such necessary (given that there are substantial questions being raised by the defense as to the nature and extent of Claimant's injuries in addition that this is a complicated nature of a head/TBI injury).
10. Name, address, and specialty, if any, of the treating physician: Dr. Gunter – Lexington Brain and Spine, W. Columbia, SC 29169
    Dr. Brown- Neurosurgeon, Midlands Ortho, Columbia, SC 29204
    Dr. David Dupuy – Orthopedic, Orthocarolina, Rock Hill, SC 29732
    Dr. T. Hemanth Rao, M.D. – Neurological Institute, Charlotte, NC
    Occupational Medicine doctors and Physical Therapists

11. Impairment rating(s); body part(s); physician and date of opinion: N/A. Still treating/Not at MMI- alternatively he's Perm and Totally disabled and an evaluation into such is requested, if the Commission deems such necessary.

12. I am amending my Form 50/51 in the following manner: To reflect the above issues/aspects at hand in this claim after the passage of time since this Form 50 was initially filed.

☐ **Mediation (if at MMI)**

☐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.**

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to C. Barrett Burley **Address:** Holder Padgett Littlejohn & Prickett, LLC, Holder Padgett Littlejohn & Prickett, LLC 1201 Main Street, Suite 1430 Columbia, SC 29201 **on the** 2nd **day of** September **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.**

Signature: _____ Email: bryan.sanchez@stacylewislaw.com

Date of hearing: 9/17/2020 Time needed for hearing: 1 hour

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.

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: 1908703

Claimant's Name: Kyle R. Bagley
Address: 628 Lancaster HWY #223 Chester, SC 29706
Home Phone: (803) 374-2834 Work Phone: ( ) -
Preparer's Name: C. Barrett Burley

Employer's Name: JN Fibers Inc d/b/a Sun Fiber, LLC
Address:
Carrier: Great American Alliance Insurance Company c/o Strategic Comp
Preparer's Phone #: (803) 335-1446

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $563.00 2. AWW: $845.00 **Date of Injury:** 6/14/2019
3. Type of injury and body part(s): Back, neck, head, brain, left arm, left hand, radiation down legs and feet **[Defendants admit Claimant sustained a minor compensable injury to his back, but deny the remainder of the injuries and deny the extent of the disability alleged.]**
4. Facts in controversy: Whether Claimant is at maximum medical improvement for the 6/14/2019 work injury; Whether Claimant's current issues are causally related to his 6/14/2019 work related accident; Whether the Employer/Carrier is entitled to a credit for overpayment of compensation paid after Claimant's release at maximum medical improvement; Whether the Employer/Carrier is responsible for any additional medical treatment, payment or underpayment of temporary total disability benefits and/or permanent partial disability benefits pursuant to the Act; What amount, if any, of an award should be set aside to satisfy the child support lien held by the South Carolina Department of Social Services Child Support Services Division and/or the Clerk of Court for Charleston County?
5. Legal issues involved: S.C. Code § 42-1-160; § 42-9-30; §42-9-210; § 42-9-260; § 42-15-60, § 42-15-80; § 63-17-2710, and other applicable case law.
6. Unusual aspects: On May 26, 2020, Defendants filed a Motion to Postpone the previously scheduled hearing to allow for further discovery. Defendants are in the process of scheduling depositions of Claimant's wife and mother, both of whom are listed as witnesses on Claimant's Pre-Hearing Brief but are not named. As these matters are still pending, Defendants reassert their Motion to Postpone for the same reasons stated therein.
7. Witnesses (designate if expert):* Claimant, Christopher Winters and/or another representative of Employer, and a representative from Advantage Surveillance. Defendants reserve the right to present other witnesses in response to any evidence or testimony presented by Claimant.
8. Exhibits: Transcript of Claimant's Deposition (dated 9/30/2019); Transcript of Dr. Brown's Deposition (dated 12/12/2019); Transcript of Dr. Dupuy's Deposition (dated 4/29/2020); **Transcript of Dr. Gunter's Deposition (scheduled for 9/8/2020)**; Authorization paperwork for Lexington Brain and Spine Institute; Surveillance video of incident; Claimant's SLED Arrest Record; Incident Report No. 201901642 from Chester County Sheriff's Office (dated 8/20/2019); Claimant's personnel file; Surveillance Videos and Report from Advantage Surveillance; Income Withholding Order in Case No. 2005-DR-10-0305 (dated 8/4/2017). Defendants reserve the right to present other exhibits in response to any evidence or testimony presented by Claimant.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
Please be advised Defendants intend to rely upon their previously submitted APAs in this matter.
10. Name, address, and specialty, if any, of the treating physician: Matthew T. Brown, MD (neurosurgery), Midlands Orthopaedics and Neurosurgery, 1910 Blanding Street, Columbia, SC 29201.
11. Impairment rating(s); body part(s); physician and date of opinion: 5% to the whole person for the cervical spine, and 0% whole person for the thoracic/lumbar spine by Dr. Brown on 8/28/2019.
12. I am amending my Form 50/51 in the following manner: n/a.

☐ **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**.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Bryan N. Sanchez, Esquire Address: bryan.sanchez@stacylewislaw.com on the 4th day of September 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.
Signature:
Email: bburley@hplplaw.com
Date of hearing: September 17, 2020
Time needed for hearing: 1 hour

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.

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

WCC File #: **1908703**
Carrier File #: **A00223320**
Carrier Code #:
Employer FEIN #:

Claimant's Name: Kyle R. Bagley SSN: [redacted]
Address: 628 Lancaster HWY #223, Chester, SC 29706

Employer's Name: JN Fibers Inc d/b/a Sun Fiber, LLC
Address: 1247 Frederic Drive, Richburg, SC 29729

Home Phone: (803) 374-2834 Work Phone: ( ) -
Insurance Carrier: Great American Alliance Insurance Company c/o Strategic Comp

Preparer's Name: C. Barrett Burley Law Firm: Holder Padgett Littlejohn + Prickett, LLC Preparer's Phone #: (803) 335-1446

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant ☒ Employer (check one) Date of Injury or Illness: June 14, 2019

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).

1) Did the Hearing Commissioner err in finding, as a matter of law, that Claimant has met his burden of proving that he sustained compensable physical injuries to the brain?

2) Did the Hearing Commissioner err in finding, as a matter of law, that Claimant has met his burden of proving that he sustained a compensable aggravation of a pre-existing psychological condition?

3) Did the Hearing Commissioner err in finding, as a matter of law, that Claimant has met his burden of providing that he sustained compensable injuries to the left hand and left foot?

4) Did the Hearing Commissioner err in finding, as a matter of fact, that Claimant's orthopedist (Dr. David Dupuy) is a neurosurgeon who was qualified to opine beyond his scope of expertise concerning Claimant's brain and psychological condition?

5) Did the Hearing Commissioner err in finding, as a matter of fact, that the opinion of Claimant's neurologist (Dr. Hermanth Rao) was entitled to greater weight than the opinions of three neurosurgeons (Dr. Matthew Brown, Dr. Taylor Jarrell, and Dr. Brett Gunter) concerning whether Claimant sustained a physical injury to the brain?

6) Did the Hearing Commissioner err in finding, as a matter of fact, that Claimant was not at maximum medical improvement?

7) Did the Hearing Commissioner err in finding, as a matter of fact, that Claimant has met his burden of proving he is entitled to temporary benefits and medical treatment?

(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 Bryan N. Sanchez, Esquire
Address: Lewis Law Firm, PO Drawer 11583, Rock Hill, SC 29731, at on the 27th day of May, 2021,
Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or 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.

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

Preparer's Signature	Attorney for Employer/Carrier Title	bburley@hplplaw.com Email	May 25, 2021 Date

Check this box if you are not represented by an attorney ☐

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1908703

KYLE R. BAGLEY,

Employee,

Claimant/Respondent,

vs.

JN FIBERS INC D/B/A SUN FIBER, LLC,

Employer,

AND

GREAT AMERICAN ALLIANCE INSURANCE COMPANY,

Carrier,

Defendants/Appellants.

DEFENDANTS' BRIEF TO THE FULL COMMISSION

JN Fibers Inc d/b/a Sun Fiber, LLC and Great American Alliance Insurance Company, ("Defendants") through their undersigned counsel, hereby submit their Defendants' Brief to the Full Commission.

STATEMENT OF THE CASE

This matter arises out of an admitted work-related injury to the back sustained by Claimant when he when a large bale of fiber material rolled down a short ramp and hit him in the head on June 14, 2019. A hearing was held on the Forms 50, 51, and 21, before the Honorable Gene McCaskill ("Hearing Commissioner") on September 28, 2020. In the Form 58 Pre-Hearing Brief (9/2/2020) Claimant alleged injuries to his "Neck/Back, Head/Brain (TBI), both legs (L>R), Left Arm and Radiculopathy down to back of hie leg/scrotum and bottom of L-foot (L-foot drop as well)." Claimant was primarily seeking determination of compensability for his alleged injuries, further medical treatment, as well as a determination of average weekly wage/compensation rate and whether Claimant "is entitled to underpaid/back-owed TTD as [Defendants] previously paid

[Claimant] at a [compensation rate] lower than it should be." Defendants admitted Claimant sustained a minor compensable injury to the back, but denied the remainder of the alleged injuries and denied the extent of the disability alleged. Defendants further sought a determination that Claimant was at maximum medical improvement pursuant to the medical evidence.

On May 13, 2021, the Hearing Commissioner issued a Decision and Order in which he found that Claimant had sustained compensable injuries to his "head/brain, neck/back, left hand, left foot, and psychologically (depression/anxiety and adjustment)." The Hearing Commissioner also found that Defendants shall pay for the past causally related medical treatment Claimant has received, and shall provide further causally-related medical care until Claimant reaches MMI or until further order of the Commission. The Hearing Commissioner further order Defendants to provide a neurologist to treat Claimant' head/brain injury, as well as a provider for psychotherapy and "someone to treat the other 'non-neuro/psyche' injuries."

On May 25, 2021, Defendants filed a Form 30 contending generally that the Hearing Commissioner erred in finding Claimant met his burden in proving he sustained compensable injuries beyond his back, and in finding Claimant met his burden in proving he is entitled to temporary benefits and medical treatment.

STATEMENT OF FACTS

Testimony by Jessica Bagley

Jessica Bagley testified she is Claimant's wife, and have been married for nearly 11 years. (Hr'g Tr. 14:7-11). Concerning the date of the injury (6/14/2019), Mrs. Bagley testified she observed Claimant staying in bed the whole weekend. (Hr'g Tr. 14:21-24). Since the injury, Mrs. Bagley testified Claimant has had limitations and that he cannot help around the house, he requires help with personal grooming, he cannot do physical activities, he cannot do any work, and he cannot help with household chores. (Hr'g Tr. 15:3-11). Ms. Bagley testified Claimant has headaches and difficulty sleeping and can only walk on one leg since the day of his injury. (Hr'g Tr. 16:9-15).

Mrs. Bagley testified she attended Claimant's medical visit with Dr. Brown and denied Dr. Brown performed a physical examination of Claimant, although she did see Dr. Brown asking Claimant to push and pull. (Hr'g Tr. 16:20-17:14).

On cross-examination, Mrs. Bagley testified she was unaware of claimant's prior mental issues. (Hr'g Tr. 20:10-13). When confronted with medical records of claimant's prior psychological treatment in 2014 and 2018, Mrs. Bagley claimed she was unaware of these issues. (Hr'g Tr. 20:14-22:2). Mrs. Bagley denied observing Claimant punching or hitting walls in the past. (Hr'g Tr. 22:17-23).

Testimony by Karlissa Dean

Karlissa Dean testified she is Claimant's mother and is retired from Chester County Economic Development. (Hr'g Tr. 26:9-18). Ms. Dean testified Dr. Brown gave Claimant a short evaluation and did not physically examine Claimant. (Hr'g Tr. 27:7-21). Ms. Dean testified she observed Claimant receiving occipital nerve blocks. (Hr'g Tr. 27:22-24).

Ms. Dean testified Claimant's behavior changed after the accident, and that he is now house bound and can only recently try to walk. (Hr'g Tr. 28:22-29:19). Ms. Dean testified she attended Claimant's appointment with Dr. Gunter and was upset because they didn't find out what was wrong with Claimant. (Hr'g Tr. 30:5-31:11).

Under cross-examination, Ms. Dean testified she was not a doctor and was not familiar with standard protocols for evaluations. (Hr'g Tr. 32:6-7). Ms. Dean testified she was also unaware of claimant's mental health history and testified she had not observed any mental health issues in Claimant prior to the injury. (Hr'g Tr. 35:1-14).

Testimony of Claimant Kyle Bagley

Claimants' job at Sun Fiber was Maintenance Mechanic. (Hr'g Tr. 40:12-14). Claimant testified he had worked for Sun fiber for three and a half to four years over to two stints. (Hr'g Tr. 42:11-43:9).

Claimant testified that on the day of the injury, he was welding on the floor when he was

hit in the head with the bail. (Hr'g Tr. 37:16-17). Claimant testified a bail fiber weighs 600 to 700 pounds. (Hr'g Tr. 38:22-24). Claimant testified he was knocked 15 feet backward by the bail. (Hr'g Tr. 39:18-22). Afterward, Claimant testified he got up and went and told his supervisor and then went and sat in his truck for two and a half hours. (Hr'g Tr. 39:23-40:5). After sitting in the truck, Claimant testified he worked another 40 minutes. (Hr'g Tr. 40:24-41:4).

Claimant testified he informed his supervisor, Chris Winters, of the incident the following morning. (Hr'g Tr. 41:5-12). Claimant testified Mr. Winters advised that he go home and sleep it off. (Hr'g Tr. 42:10-13). Claimant testified Mr. Winters asked if he needed medical treatment, but that Claimant denied medical treatment at the time. (Hr'g Tr. 46:5-12). Claimant testified he signed an accident report to that effect. (Hr'g Tr. 46:11-22).

Claimant denied prior physical or mental injuries or any related issues prior to his accident. (44:24-43:4). Claimant admitted to previously receiving medical treatment for anxiety due to his prior job, which was stressful. (Hr'g Tr. 44:7-24). Claimant denied having major depression or anxiety in the year leading up to his accident. (Hr'g Tr. 45:7-11).

The weekend following the incident, claimant testified he spent 90% of his time in bed. (Hr'g Tr. 45:12-18). Claimant testified he went to Chester Regional Medical Center emergency room the following Monday because he was nauseous. (Hr'g Tr. 45:22-46:4). After the emergency room, Claimant testified he went to a chiropractor. (Hr'g Tr. 46:25-47:5).

Claimant testified he next treated with Dr. Plyler Poulos, his family doctor since 2014. (Hr'g Tr. 47:12-14). Claimant testified Dr. Poulos referred him for further tests and scans, which was consistent with the recommendations from the workers' compensation physicians at Riverview Medical Center. (Hr'g Tr. 47:20-48:7). Claimant testified he marked symptoms on a diagram indicating issues with his head, left shoulder, left arm, left leg, etc. (Hr'g Tr. 48:17-49:4).

Concerning his specific symptoms, Claimant testified he was having headaches, constant pain down the neck and shoulder, tightness in the ligaments and tendons from the elbow to his wrist, his fingers do not stretch out, foot drop, and pain from his groin to his calf muscle and to his

foot. (Hr'g Tr. 49:5-17). Claimant testified he is also suffering from memory loss and has difficulty understanding speech. (Hr'g Tr. 49:18-24). Claimant further testified he has a "sharp, like glass feeling" in his neck. (Hr'g Tr. 49:25-50:7). Claimant testified he also sees "stars and stripes" due to his TBI and has ringing in his ears when he chews. (Hr'g Tr. 50:9-17). Claimant denied similar issues before the accident. (Hr'g Tr. 50:18-51:1).

Claimant testified he is also more anxious now than ever. (Hr'g Tr. 51:2-5). Concerning his treatment with Dr. Paez, Claimant denied she told him that he needed psychological therapy and family therapy. (Hr'g Tr. 52:8-14).

Claimant testified he still has limited mobility in his back and shoulder and he still has pain at the base of his neck where he was injected. (Hr'g Tr. 52:24-53:9).

Concerning his treatment with Dr. Brown, Claimant testified he met with Dr. Brown for about 15 minutes and Dr. Brown had Claimant perform exercises involving pushing his arms out, but that Claimant could not get his left arm off his chest. (Hr'g Tr. 53:22-54:9). Claimant testified his left-hand stays balled up in a ball, which is the contracture he is complained of. (Hr'g Tr. 54:10-24).

Concerning his left foot, claimant testified that the trauma to his head trigger a "fight or flight syndrome" which ultimately led to his left foot drop and his left-hand contraction. (Hr'g Tr. 55:16-23). Claimant testified his understanding of this mechanism was provided by Dr. DuPuy. (Hr'g Tr. 55:24-56:2).

Claimant testified his neurologist is Dr. Rao. (Hr'g Tr. 56:3-4).

Claimant testified he has braces, bands, and orthotic balls to help with his left foot drop and left-hand contracture. (Hr'g Tr. 56:5-20).

Claimant testified Dr. Brown did not explain what was causing his issues and that Dr. Brown sent him to physical therapy. (Hr'g Tr. 57:8-14). Claimant denied his left hand was at full strength as recorded by Dr. Brown. (Hr'g Tr. 57:15-21). Claimant testified Dr. Brown advised he did not need surgery. (Hr'g Tr. 57:22-58:1).

Claimant testified that the physical therapists at Your Life Wellness would not touch his left arm or left hand to test muscle strength. (Hr'g Tr. 60:4-13). Claimant testified that he went to physical therapy after his deposition but was advised that the appointments were canceled by workers' compensation. (Hr'g Tr. 60:22-61:4).

Claimant testified he next treated with Dr. Jarrell. (Hr'g Tr. 61:5-7). Claimant testified that Dr. Jarrell wrote him out of work on August 22, 2019, and returned him to work from a neurosurgical standpoint on September 6, 2019. (Hr'g Tr. 61:8-20).

Claimant testified he next treated with Dr. DuPuy, who wrote him out of work. (Hr'g Tr. 61:21-25). Claimant testified his understanding was that Dr. DuPuy diagnosed him with closed head trauma or TBI from the accident, and that when the accident occurred it stretched his body out and his body did not come back together as it was supposed to, which is the reason for his left-hand issues. (Hr'g Tr. 62:17-25). Claimant denied prior issues with his left hand, left foot, neck, and shoulders before the accident. (Hr'g Tr. 63:1-4).

Claimant testified Dr. DuPuy referred him for a neurologist with Dr. Rao at the Neurological Institute on October 31 and November 19. (Hr'g Tr. 63:5-11). Claimant testified he explained his issues to Dr. Rao, and that an EEG showed blunt force trauma to the head, and that he slowed down significantly for the right side to the middle of his forehead. (Hr'g Tr. 63:12-13). Claimant testified Dr. Rao referred him for a 96-hour test and advised he was a great candidate for a head injury program. (Hr'g Tr. 63:24-64:3. Claimant testified he has not had the extra treatment recommended by Dr. Rao. (Hr'g Tr. 64:8-10).

Claimant testified he was not able to get another appointment with Dr. Gunter or anybody related to workers' compensation. (Hr'g Tr. 65:17-20).

Claimant testified he tried to return to work at Sun Fiber between July and September. (Hr'g Tr. 65:21-24). Claimant testified he is not allowed to return to work with a cane due to "insurance or something." (Hr'g Tr. 66:5-11). Claimant testified he communicated with someone about trying to get back to work via text message. (Hr'g Tr. 66:12-17).

Claimant testified that over time, he has gotten his left arm worked out so it is not clenched tight to his chest and he is now walking more. (Hr'g Tr. 66:18-25). Climant testified Dr. DuPuy and Dr. Rao have indicated he is not able to work and he has not been able to get back to work "for a while." (Hr'g Tr. 67:1-12).

Testimony of Claimant on Cross Examination

Claimant testified he was injured when a bale came down a sloped ramp. (Hr'g Tr. 68:14-19). In reference to the surveillance video, Claimant testified he appears on the video welding a leg on the ramp. (Hr'g Tr. 70:3-7). Claimant testified he does not know if he jumped up after the incident and cannot tell from the video. (Hr'g Tr. 70:25-71:16). When presented with page 33 of his deposition testimony, Claimant admitted he testified he "jumped straight up" after the incident. (Hr'g Tr. 71:17-25). Claimant admitted that after the incident, he got straight up, pushed over a box of tools, and walked around looking for his supervisor. (Hr'g Tr. 72:11-23).

Claimant testified the incident happened during the overnight shift, in the early morning hours of June 14. (Hr'g Tr. 72:24-73:10). Claimant testified that after the incident, he worked the remainder of his shift until 7:00 AM. (Hr'g Tr. 73:11-74:16). Claimant testified he sat in his truck for two or three hours however, when reminded of his deposition testimony, he admitted he only sat in the truck for one hour. (Hr'g Tr. 73:21-25).

Claimant testified he did not go to the doctor on the day of the accident, but instead took a shower and went to see Chris Winters at Sun Fiber in his office. (Hr'g Tr. 74:21-75:6). Claimant testified that Mr. Winters asked if Claimant felt like anything was broken and offered medical treatment and Claimant said he did not feel like anything was broken and declined medical treatment. (Hr'g Tr. 75:9-17). When reminded of pages 38 and 39 of his deposition, Claimant admitted Mr. Winters asked him if he needed medical treatment, and Claimant told Mr. Winters "no" because Claimant didn't feel anything was broke. (Hr'g Tr. 75:18-77:5).

Claimant testified he did not do anything over the following weekend, and went for treatment the following Monday night, three days after the incident. (Hr'g Tr. 77:6-78:1). Claimant

testified he went to the doctor then because he was feeling sluggish/nauseated and didn't know if it was something he ate or something else. (Hr'g Tr. 77:14-24).

Claimant testified he has been seen by Dr. Brown, Dr. DuPuy, Dr. Rao, Dr. Paez, and Dr. Gunter. (Hr'g Tr. 79:2-5). Claimant testified the main issues now are to his head, his left-hand contracture, and his drop foot which all needs further testing. (Hr'g Tr. 79:6-11).

Claimant admitted he has already undergone 14 diagnostic scans (CT Scans and MRIs of the brain, neck, thoracic, and lumbar spine). (Hr'g Tr. 79:15-21). Claimant testified he was unaware that all of the diagnostic testing was negative and he disputes the tests. (Hr'g Tr. 80 16-22).

Claimant testified he was not aware that Dr. Brown gave him a full duty release to return to work in July 2019. (Hr'g Tr. 80:23-81:2). Claimant testified he attempted to return to work in September and spoke with Chris Winters on the phone. (Hr'g Tr. 81:6-11). Claimant testified he sought a report from Dr. Jarrell which he provided to Mr. Winters. (Hr'g Tr. 81:12-17). Claimant testified he did not know Dr. Jarrell was not a workers' compensation doctor. (Hr'g Tr. 81:18-20). Claimant testified Dr. Jarrell released him to work without restriction, but that the release was pending a visit with OrthoCarolina. (Hr'g Tr. 81:21-82:5). Claimant testified he sought out a release to return to work from Dr. Jarrell and turned it in to Sun Fiber in an attempt to return to work. (Hr'g Tr. 82:19-83:6). Claimant testified Sun Fibber re-wrote the release in their own words and had Claimant sign the release, but when he went to do his job, he and his supervisor recognized he could not do his job, so Claimant left. (Hr'g Tr. 83:7-20). Claimant testified the work note from Sun Fiber was beyond his restriction and that he would lose his workers compensation, so he signed it and tried to work but could not work due to pain and has not worked since. (Hr'g Tr. 83:5-84:15).

Claimant testified he did not know that his doctor, Dr. DuPuy, released him to return to work. (Hr'g Tr. 84:16-18).

Claimant testified he is having depression now, and he has previously had depression and

anxiety from his job since 2014. (Hr'g Tr. 84:23-85:22). When presented with his records with Dr. Plyler on December 16, 2014, Claimant testified he was tense all the time, and was having headaches and he received some medication but was denied by insurance so he stopped. (Hr'g Tr. 86:18-87:3).

When confronted with his records from the same practice on March 13, 2018, Claimant admitted to having increased agitation, anger and mood swings, feeling down and depressed for a period of six months, having had a loss of energy and interest, lack concentration and was agitated with anger spells. (Hr'g Tr. 87:4-25). Claimant admitted he was diagnosed with major depressive disorder by his family doctor but that he never knew that. (Hr'g Tr. 88:1-14).

When presented with his records from the same practice from June of 2018, Claimant admitted he had persistent anxiety, sleep disturbances, irritability and anger outbursts, excess weight loss and fatigue, depression, anxiety, insomnia, stress and loss of interest, but that he did not know what his doctor recorded. (Hr'g Tr. 88:15-89:15). Claimant also admitted to completing the questionnaire concerning his psychological issues in 2018. (Hr'g Tr. 89:16-90:2).

Claimant testified his current trouble sleeping is worse because it involves being up for days at a time. (Hr'g Tr. 90:25-91:7). When asked about the prior report of psychological symptoms from 2018, Claimant testified "[i]f they're on that paper then I admit it." (Hr'g Tr. 91:16-21).

When presented with medical records from Dr. Plyler-Poulos on June 29, 2020, Claimant testified he did not know she diagnosed him with a Dupuytren's Contracture of the left hand. (Hr'g Tr. 93:22-94:4). Claimant testified he does not know Dupuytren's Contracture is a chronic condition unrelated to any acute event. (Hr'g Tr. 94:14-16).

Claimant testified he drove his blue truck once since the accident. (Hr'g Tr. 96:20-99:7). Claimant testified he drove his own car twice. (Hr'g Tr. 99:12:21). When asked if he has driven his wife's Chrysler, Claimant testified "[t]hat's the car ya'll got me in the videotape in, yeah." (Hr'g Tr. 99:22-23). When confronted with his deposition testimony, Claimant admitted he previously

denied he drove the Chrysler lately. (Hr'g Tr. 100:1-25).

Claimant's Testimony on Redirect Examination

Claimant testified he has been recommended by doctors not to drive, but has not been restricted from driving, and that he can still use his right foot. (Hr'g Tr. 102:8-15). Claimant testified he was able to drive when he needed to. (Hr'g Tr. 102:16-24).

Concerning his history of depression, Claimant testified he previously made progress in medical visits after June 14, 2018, and did not have anxiety, depression, stress or anything that needed treatment at the time of the accident but now he is. (Hr'g Tr. 103:20-104:19).

Concerning his release by Dr. Jarrell, Claimant testified he was allowed to return to work pending an appointment with OrthoCarolina. (Hr'g Tr. 104:25-105:8). Claimant testified he was written out of work by Dr. DuPuy ever since. (Hr'g Tr. 105:9-15).

Concerning the alleged letter he signed at Sun Fiber, Claimant testified he hasn't seen the letter since he signed it. (Hr'g Tr. 105:16-23).

Concerning his visit to MUSC Health Chester, Claimant testified he did not just go for food poisoning, but also back pain and the incident from work. (Hr'g Tr. 105:24-106:13).

Claimant testified that after the incident, he was dazed, then he went and sat in the car, then he went back to work and was able to perform his welding job because it does not require independent thought or dexterity. (Hr'g Tr. 106:14-107:4).

Claimant testified there was a spot on his MRI. (Hr'g Tr. 107:5-19).

Claimant's Testimony on Re-Cross Examination

Claimant testified welding doesn't require dexterity and he was welding with his right hand. (Hr'g Tr. 107:24-108:4)

Medical Evidence

On June 17, 2019, Claimant presented to the emergency room at MUSC Health Chester Medical Center with complaints of "pain all over," but appear to be limited to acute, non-radiating pain in Claimant's posterior cervical, thoracic, and lumbar areas. (APA No. 1). Claimant was referred for CT scans of the cervical, thoracic, and lumbar spine. According to the radiology reads, the CT scans revealed no acute fractures, normal spinal alignment, normal vertebral discs, and no advanced canal stenosis. Claimant was diagnosed with a contusion of his lower back and pelvis and discharged to follow up as needed with medication.

On July 5, 2019, Claimant treated with Dr. Matthew Brown, a neurosurgeon with Midlands Orthopaedics and Neurosurgery. Dr. Brown noted complaints of neck pain radiating from the occiput up the vertex, as well as low back pain which "feels like glass," left-sided posterior buttock pain radiating to the thigh into the proximal calf, left upper extremity pain radiating down to the left hand with a tingling sensation in the fingers with a flexed position of the whole left upper extremity. Despite these diffuse complaints, Dr. Brown opined Claimant's MRI of the cervical, thoracic, and lumbar spine (7/3/2019) revealed "no significant acute pathology," and that there was "no neurological structure impingement throughout his cervical, thoracic, or lumbar spine with no central canal stenosis or significant foraminal stenosis which would explain any of the patient's symptoms at this time." Dr. Brown diagnosed Claimant with cervico-occipital neuralgia and a neck strain and recommended bilateral greater and lesser occipital nerve blocks.

On July 11, 2019, Dr. Brown performed the nerve block injections. On this date, Dr. Brown released Claimant at maximum medical improvement from a neurosurgical perspective and released Claimant back to the care of occupational medicine. Dr. Brown assigned a 0% whole person impairment for Claimant's lumbar and thoracic spine, plus a 5% whole person impairment for the cervical spine for "nonverifiable radicular complaints, and muscle tenderness, though no true muscle guarding was observed at the time of the visit."

On December 19, 2019, Dr. Brown sat for a deposition. At deposition, Dr. Brown confirmed

his diagnosis of nonverifiable radiculopathy and occipital neuralgia and explained that a single occipital nerve block (an injection of a numbing medication and steroid) traditionally treats a vast majority of patients. (Dr. Brown Dep. 10:18-11:21, 13:7-9). Dr. Brown opined that he did not observe any surgical pathology on Claimant, so he released Claimant for treatment of any non-surgical issues. (Dr. Brown Dep. 13:20-14:24). Given the traumatic nature of the injury, Dr. Brown testified he would not necessarily refer Claimant for neurology. (Dr. Brown Dep. 21:3-12). Concerning Claimant's left sided foot drop, Dr. Brown opined that the symptoms were inconsistent with anatomic findings:

> When I evaluated him, it was the presentation of the multiple locations that don't fit an anatomic finding without significant issues. You can certainly have a very large injury, either a expanding hematoma or a very large contusion, which can affect both of those places, or potentially within the deep basal ganglia certainly can happen, but those would typically be presenting with other findings, which he did not have on exam.

(Dr. Brown Dep. 23:1-9). Likewise, concerning Claimant's left upper extremity contracture, Dr. Brown opined that the presentation of symptoms was inconsistent with the known anatomical findings:

> [Claimant's left-hand contracture] is something that is difficult to explain from a anatomic and neurologic perspective because he did have very good oppositional tone. Typically, you'll have unopposed tone for -- lead -- lead to contractures. So, if you don't have the muscle input from the extensor muscles and/or the -- the nerves that control the extensor fibers, rather than the contracting and the flexion fibers, then you'll have unopposed tone and get a -- get a contraction. During my exam he had good, full strength in both sides, which made it very difficult to see that as a discreet, reliable finding.

(Dr. Brown Dep. 23:15-24:2). Concerning Claimant's allegations of progressive weakness, Dr. Brown opined that was also inconstant with the medical science of how these symptoms develop following trauma:

> ...my expectation would be that a significant finding with a closed head injury would present early and then typically improve over time. If he had not had significant weakness at one month's time, I find it very unlikely that he would continue to develop weakness, which was not present even to a small degree at that point.

(Dr. Brown Dep. 32:16-23). According to Dr. Brown, the problem attributing Claimant's alleged

left foot drop and left upper extremity contracture was two-fold. First, the were no anatomic findings on the exam to corroborate the alleged symptoms. Secondly, given the spatial relationship in the brain between the neurons that control the arms and the neurons that controls the legs, if a single traumatic lesion impacted both, that lesion would also have impacted other anatomical structures and create other problems which Claimant did not have. (Dr. Brown Dep. 33:2-23).

In the deposition, Dr. Brown also confirmed there was nothing structurally or mechanically wrong with Claimant's neck or back. (Dr. Brown Dep. 38:2-5).

On August 22, 2019, Claimant was referred by his primary care physician to Dr. S. Taylor Jarrell, a neurosurgeon at Carolina Neurosurgery and Spine (APA No. 7). Dr. Jarrell agreed with Dr. Brown that Claimant did not require any surgery. However, given the alleged headaches, Dr. Jarrell referred Claimant for a CT Scan of the head (which took place on 8/28/2019). On September 5, 2019, Dr. Jarrell reviewed the CT scan of the head and noted that the "neuro imaging is normal." For further treatment, Dr. Jarrell opined Claimant "would probably benefit from a referral to orthopedics," but that Dr. Jarrell did "not have anything to offer at this point."

On September 12, 2019, Claimant was evaluated by Dr. David DuPuy, a general orthopedic surgeon with OrthoCarolina (APA No. 8). Given Claimant's symptoms of left-hand contracture and left foot drop, Dr. DuPuy opined that these symptoms were "coming from the brain, as opposed to the spinal cord, either cervical, thoracic, or lumbar." (Dr. DuPuy Dep. 13:25-14:2). On this first visit, Dr. DuPuy referred Claimant for an MRI of the brain (taking place on 9/24/2019). According to Dr. DuPuy, the brain MRI revealed a "hot spot" which was the "only abnormality of the brain MRI." According to Dr. DuPuy, he could not be certain that "hot spot" was causing Claimant's alleged symptoms. (Dr. DuPuy Dep. 25:6-17).

On September 26, 2019, Dr. DuPuy referred Claimant for an EMG nerve study. According to Dr. DuPuy, the EMG nerve study "pretty much ruled out the neck and the back" as the cause of Claimant's alleged symptoms. (Dr. DuPuy Dep. 24:20-22).

At his deposition on April 29, 2020, Dr. DuPuy opined that from an orthopedic standpoint, there was nothing structurally or mechanically wrong with Claimant's head or brain:

> Q: Yeah. From an orthopaedic standpoint, is there anything structurally or mechanically wrong with Mr. Bagley's head or brain, from what you can tell?
> A: No. That's a surprise to me that those scans are essentially normal. The -- but it doesn't mean that an injury can't have occurred at the cellular, microscopic level. But he didn't have a – a subdural hematoma, and he doesn't have an area in the brain by MRI where it's just dark, where the brain tissue has died and the body has carried kind of cleaned it up. He doesn't have that.
> And so that, to me this is an – an irregular presentation and, of course, that's why I defer it to Dr. Rao and the – the neurology subspecialist.
> But from an orthopaedic standpoint, I do not think that there is an injury to the cervical nerves from the neck, shoulder, arm, out to the hand...

(Dr. DuPuy Dep. 43:18-44:11). Dr. DuPuy testified he would defer to Dr. Rao or another neurologist in the evaluation of Claimant's brain:

> Yes. Because I would say I have nothing from an orthopaedic standpoint to say this has anything to do with a neck injury or an arm injury or a back injury or a leg and foot injury. And if they say it's not coming from the brain, then I do not know why he is in that fixed position. And as I said, the fact that he was able to continue working and then presented to the workers' comp the next day, the CT scan was normal, that part doesn't make sense with this syndrome either. But, of course ... But, I mean, that's what I'm saying: It is what it is.

(Dr. DuPuy 48:20-49:20).

On the issue of scope of evaluation and his opinion, Dr. DuPuy testified:

> Q Okay. And so, at least from -- from an orthopaedic standpoint, you can't say what's causing – what underlying pathology is causing Mr. Bagley's symptoms; is that fair to say?
> A That is exactly what I say. Yes.
> Q And then, of course, your -- your -- the scope of your evaluation is limited to the orthopaedic side of things?
> A Yes. It is. My expertise is limited to the orthopaedic arms and legs part, not inside the brain.

(Dr. DuPuy Dep. 50:17-51:2).

Dr. DuPuy also took issue with Claimant's interpretation of his physical examination. In his deposition, Claimant testified that during the physical examination, Dr. DuPuy advised Claimant that the accident "put [his] body through a safe zone which is kind of like having mini stroke."

(Claimant Dep. 96:6-97:14). When confronted with this testimony, Dr. DuPuy adamantly denied the description provided by Claimant:

> I can say -- and even in his defense, I can say I absolutely did not say that. I would never have said such a statement. When I read it there, it is so inaccurate that "the memory talks about a safe zone," absolutely not.

(Dr. DuPuy Dep. 39:13-40:3). Dr. DuPuy later continued, "I have no idea what he's talking about. And I even as I'm reading it today, I never said – because I don't believe that anyway." (Dr. DuPuy Dep. 40:6-8).

On October 31, 2019, Claimant was evaluated by Dr. T. Hermanth Rao, a neurologist at The Neurological Institute (APA No. 9). Dr. Rao noted symptoms to include left upper extremity held in flexion, left foot held in inversion, and decreased muscle strength in the left upper and lower extremities with left foot drop, as well as various cognitive issues including headaches, loss of memory, dizziness, irritability, and depression. In the records, Dr. Rao provided a differential diagnosis of closed head injury versus spine injury and referred Claimant for an EEG.

On November 19, 2019, Claimant had a follow up visit with Dr. Rao. According to Dr. Rao, Claimant's EEG revealed "regular" findings. Dr. Rao then recommended Claimant for a 96-hour video EEG and an outpatient brain injury program.

Dr. Rao sat for a deposition on February 14, 2020. Concerning his diagnosis, Dr. Rao opined:

> Well, I thought he had a closed-head injury, you know, given the temporal relationship of the injury and the symptoms when they began. And along with that he had a postconcussive syndrome. The issue was also could there have been a spinal injury. You know, in looking at that impact directly to the top of his head, that force can -- is also transmitted down into the spine. So with his left-sided weakness, the other possible location was not just the head injury, but also could there also have been a spinal injury.

(Dr. Rao Dep. 9:8-18).

Concerning the results Claimant's EEG study, Dr. Rao testified Claimant "seemed to have some slowing. It was intermittent in left frontal area. And that could be a sign of a head injury." (Dr. Rao Dep. 11:21-23). Claimant's father provided a medical history which motivated Dr. Rao

to ultimately recommend a 96-hour EEG to investigate "episodes" which might be seizures or symptoms of a mild traumatic brain injury. (Dr. Rao Dep. 13:12-24).

Concerning the civil fraud allegations against Dr. Rao from the U.S. Department of Justice in 2013, Dr. Rao testified there were no fraud charges, but instead there was a technical issue which led to a business decision to "go ahead and pay back" the federal government. (Dr. Rao Dep. 30:15-31:2). Concerning the press release from the USDOJ in which the prosecutor states "Dr. Rao's actions not only compromised the integrity of the Medicare program, but exposed his patients to potential danger," and "Dr. Rao allowed his staff to practice a potentially hazardous procedure on Medicare patients, without his supervision, then blatantly charge taxpayers," Dr. Rao testified he was the neurologist that was the subject of the press release, but he denied there was a fraud allegation (Dr. Rao Dep. 31:3-23, and Ex. 2). Dr. Rao denied misrepresenting to Medicare that he was present for procedures and then billing Medicare because he was "within a 12-second time period." (Dr. Rao Dep. 33:17-22) Dr. Rao admitted entering into a Settlement Agreement (Dr. Rao Dep. Ex 3) and a corporate integrity agreement with the USDOJ, which involved a judgment against him in the amount of $2,000,000, which he argued was an overpayment not a fine. (Dr. Rao Dep.33:17-37:4).

Concerning his board certification with the American Board of Psychiatry and Neurology, Dr. Rao testified that the notation of "MOC Status: Not meeting MOS requirements" on his certification involved continuing medical education credits which he had not yet submitted to the board. (Dr. Rao Dep. 37:5-38:18).

On March 10, 2020, Claimant was evaluated by Dr. Brett Gunter, a neurosurgeon at the Lexington Brain and Spine Institute. Dr. Gunter reviewed an updated MRI of the lumbar spine (2/27/2020) and opined it showed no evidence of acute injury. Dr. Gutner diagnosed Claimant with lumbar myofascial syndrome. Dr. Gunter further opined Claimant had no mechanical restriction on his ability to return to work.

On July 8, 2020, Dr. Gunter reviewed an updated MRI of Claimant's brain (6/9/2020),

which he opined was normal. Dr. Gunter further reviewed an update MRI of the cervical spine, which demonstrated "cervical spondylosis with some canal stenosis and foraminal stenosis but without significant cord or nerve root compression. The stenosis appears largely congenital." As such, Dr. Gunter opined he was "unable to identify either significant cervical spinal disease or intracranial ... disease to explain his current condition." Dr. Gunter opined Claimant needed continued rehabilitation, but gave no indication for surgical intervention.

On September 8, 2020, Dr. Gunter sat for a deposition. For the brain, Dr. Gunter testified he reviewed Claimant's CT Scan of the head (8/29/2019), MRI of the brain (9/24/2019), and second MRI of the Brain (6/9/2020), and none of these tests revealed any evidence of acute injury. (Gunter Dep. 9:21-10:22).

For the cervical spine, Dr. Gunter testified he reviewed Claimant's CT Scan of the neck (6/17/2019), MRI of the neck (7/3/2019), second MRI of the neck (6/9/2020), and none of these tests revealed any evidence of acute injury. (Gunter Dep. 11:11-12:6).

For the lumbar spine, Dr. Gunter testified he reviewed Claimant's CT Scan of the lumbar spine (6/17/2019), MRI of the lumbar spine (7/3/2019), second MRI of the lumbar spine (2/27/2020), and none of these tests revealed any evidence of acute injury. (Gunter Dep. 12:12-23). Dr. Gunter further opined there was no evidence of acute injury on Claimant's EMG nerve study. (Gunter 13:12-17).

Like Dr. Brown, Dr. Gunter explained that there was no plausible medical explanation for Claimant's symptoms based upon the anatomical layout of the brain. According to Dr. Gunter, the part of the brain that controls leg function is located on the motor cortex and is interhemispheric (situated along the center between the two halves of the brain). (Gunter 26:25-27:3). The part of the brain that controls arm function is on the surface of the motor cortex next to the face, in a geographically different part of the brain. (Gunter 27:4-14).

In order to prove Claimant sustained a brain injury which causes his current left arm and left leg symptoms, Dr. Gunter opined there would have to be distinct lesions on these separate

portions of the brain. (Gunter 27:13-14). Further, the singular traumatic event would have had to damage these separate parts of the brain while sparing the parts of the brain on either side. (Gunter 34:18-22).

According to Dr. Gunter, if Claimant sustained a closed head injury to the motor cortex, it should have been visible on an initial CT scan as a contusion, and in the follow-up MRIs of the brain as an alteration of the anatomy of the motor cortex, but that is not the case with Claimant. (Gunter 26:14-21). Dr. Gunter was emphatic on the point, testifying the diagnostic imaging "... would pick this up. This would be big." (Gunter 28:3-5).

Finally, Dr. Gunter opined:

> He doesn't have an acute injury of his cervical spine or his spinal cord or his nerve roots, because there's no evidence of that. And he doesn't have an injury to his brain, at least based on the evidence. And he doesn't have an injury to his lumbar spine, based on evidence.

(Gunter 30:16-21).

Concerning post-concussive syndrome, Dr. Gunter opined that of all the symptoms associated with post-concussive syndrome, Claimant's symptoms of contractures and alteration in muscle tone without radiographic evidence of injury would not be expected. (Gunter 33:12-16). Further, Gunter testified that if Claimant had a brain injury leading to his current alleged symptoms, his first symptom should have been paralysis of the extremity, followed by spasticity, followed by alternation of tone and contractures, which Claimant did not have. (Gunter 33:23-34:2). Concerning the possibility that Claimant's alleged "episodes" or seizures were related to the accident, Dr. Gunter testified "relating a seizure disorder to this trauma would be impossible." (Dr. Gunter Dep. 28:8-10).

Put succinctly, Dr. Gunter opined "there is no relationship between [Claimant's] injuries and the development of those contractures, physically." (Gunter 38:1-6).

Finally, having proven there was no physical explanation for Claimant' symptoms, Dr. Gunter opined there might be a psychological/behavior component, which he would not comment

on as they are outside the scope of his expertise. (Gunter 36:10-14).

Dr. Gunter noted other factors which are evidence Claimant did not sustain a brain injury on June 14, 2019. Concerning Claimant's motor strength, Dr. Gunter opined that acute brain injury would produce an immediate loss of motor strength that improves over time. (Dr. Gunter Dep. 16:10-19). However, in Claimant's case, Claimant had full strength in his early visits with Dr. Brown, but deteriorated over time, which was inconsistent with the typical timeline of a brain injury.

Another factor referenced by Dr. Gunter involved the loss of consciousness. According to Dr. Gunter, in a closed head injury, loss of consciousness is a typical symptom of severe head injury. However, according to Dr. Gunter:

> [Claimant] says he did not get knocked out. And so you would not anticipate a severe closed head injury if that patient failed to have loss of consciousness. Now, that doesn't mean you can't get post-concussive symptoms, which are different. You can get post-concussive symptoms either with or without loss of consciousness. But severe closed head injury symptoms, like neurologic decline, neurologic, dysfunction as a result of the head injuries, you would expect to have loss of consciousness.

(Dr. Gunter Dep. 25:15-24).

Concerning the comparison between neurologists and neurosurgeons, Dr. Gunter testified that both are specialists in brain and nerve function. (Dr. Gunter Dep. 6:19-21). According to Dr. Gunter, there are two differences between neurologists and neurosurgeons. The first difference is the treatment modalities, in which case only neurosurgeons employ surgical methods. The second difference is subject matter, in which case neurologists manage medical conditions like neurodegenerative conditions, where neurosurgeons address structural disorders to the spine itself. (Dr. Gunter Dep. 6:22-7:7). In terms of evaluating a patient with a closed head injury like Claimant, Dr. Gunter testified that "the evaluation would probably be very similar." (Dr. Gunter Dep. 7:8-17).

QUESTIONS PRESENTED

1) **Whether the Hearing Commissioner erred in finding Claimant met his burden of proving he sustained compensable physical injuries to his brain, left hand, left foot, and a compensable aggravation of a pre-existing psychological condition.**

2) **Whether the Hearing Commissioner erred in finding, as a matter of fact, that Claimant's orthopedist (Dr. David Dupuy) is a neurosurgeon who was qualified to opine beyond his scope of expertise concerning Claimant's brain and psychological condition?**

3) **Whether the Hearing Commissioner erred in finding, as a matter of fact, that the opinion of Claimant's neurologist (Dr. Hermanth Rao) was entitled to greater weight than the opinions of three neurosurgeons (Dr. Matthew Brown, Dr. Taylor Jarrell, and Dr. Brett Gunter) concerning whether Claimant sustained a physical injury to the brain.**

4) **Weather the Hearing Commissioner erred in finding, as a matter of fact, that Claimant was not at maximum medical improvement, and that Claimant has met his burden of proving he is entitled to temporary benefits and medical treatment?**

ARGUMENT

1) **The Hearing Commissioner erred in finding Claimant met his burden of proving he sustained compensable physical injuries to his brain, left hand, left foot, and a compensable aggravation of a pre-existing psychological condition.**

Claimant argues he sustained a brain injury during the accident so severe that it caused him to suffer a certain specific symptoms: long-term left hand contracture, a left foot foot-drop, and multiple psychological issues. According to Findings of Fact 37, 50, and 51, the Hearing Commissioner determined Claimant sustained a compensable injuries to these body parts based upon the opinion of Dr. Hermanth Rao. However, the weight of the credible medical evidence proves Claimant did not sustain a permanent injury to the brain, and – based upon Claimant's report of symptoms – it is essentially medically impossible for Claimant's alleged condition to be caused by the accident.

As the Commission is well aware, workers' compensation awards must not be based on surmise, conjecture or speculation. *Kennedy v. Williamsburg County*, 242 S.C. 477, 131 S.E.2d

512 (1963). Given the evidence before the Commission, the Hearing Commissioner improperly determined compensability based upon "surmise, conjecture, or speculation," and therefore the order should be reversed.

As a threshold matter, it is apparent from the Hearing Commissioner's Findings of Fact that the only competent evidence in this case is the medical evidence. Of the 61 Findings of Fact issued by the Hearing Commissioner, only one directly references Claimant's testimony. There ample evidence Claimant would embellish verifiable facts. For instance, according to his own doctor, Claimant's sworn testimony about Dr. DuPuy's physical exam was a fabrication. ("I have no idea what [Claimant's] talking about. And I even as I'm reading it today, I never said – because I don't believe that anyway." Dr. DuPuy Dep. 40:6-8). Claimant also failed to disclose verifiable facts on cross examination unless confronted with documentation. ("If they're on that paper then I admit it." Hr'g Tr. 91:21). Given Claimant's lack of candor during his deposition and the hearing, combined with the medically complex nature of the evidence, it is certainly appropriate to rely upon the medical evidence here to reach a determination.

There is also no dispute that the medical evidence is complex. Multiple physicians have provided opinions in this case, including: 1) Dr. Matthew Brown, a neurosurgeon with Midlands Orthopaedics and Neurosurgery; 2) Dr. S. Taylor Jarrell, a neurosurgeon with Carolina Neurosurgery and Spine; 3) Dr. David DuPuy, a retired general orthopedic surgeon with OrthoCarolina; 4) Dr. T. Hermanth Rao, a neurologist at The Neurological Institute; and 5) Dr. Brett Gunter, a neurosurgeon at the Lexington Brain and Spine Institute. Additionally, there are over a dozen diagnostic imaging tests run in this case, including one CT scan and two MRIs of the brain, one CT Scan and two MRIs of the neck, one SCT scan and two MRIs of the lower back.

Dr. Rao bases his opinion primarily upon Claimant's subjective statements concerning the timeline of symptoms. Finding of Fact No. 40 acknowledges this point, stating: "Dr. Rao summarizes his testimony [near] the end of his deposition, "I believe the symptoms he has are a direct result of injury. And, again, that's based upon the temporal relationship of his symptoms

with the injury and the course he has had since."

In his deposition, Dr. Rao admitted there was no objective evidence to support his opinion aside from an EEG that "***seemed***" to show some slowing which "***could***" be a sign of a head injury. (Dr. Rao Dep. 11:20-23, emphasis added). However, Dr. Rao was not able to identify a diagnosis beyond a description of Claimant's symptoms, so he recommended further testing to include a 96-hour EEG to investigate alleged seizures as reported by Claimant's father. (Dr. Rao Dep. 13:12-14:17).

In contrast to Dr. Rao, Dr. Jarrell (Claimant's chosen neurosurgeon) opined there was no objective signs of injury on the CT Scan of the brain (8/28/2019), with Dr. Jarrell noting that the "neuro imaging is normal." (APA No. 7).

Like Dr. Jarrell, Dr. Gunter also opined that the objective medical evidence – including the CT Scan and two MRIs of the brain – does not indicate a brain injury. (Gunter Dep. 9:21-10:22). As Dr. Gunter explained:

> [Claimant] doesn't have an acute injury of his cervical spine or his spinal cord or his nerve roots, because there's no evidence of that. And he doesn't have an injury to his brain, at least based on the evidence. And he doesn't have an injury to his lumbar spine, based on evidence.

(Gunter 30:16-21).

Additionally, Dr. Brown and Dr. Gunter go further in explaining that it is *essentially medical impossible* for Claimant to develop his alleged symptoms (specifically the left-hand contracture and left foot drop) from a single traumatic brain injury without impacting other body parts as well. The basis for this opinion has to do with the anatomical layout of the brain. As Dr. Brown explained:

> When I evaluated him, it was the presentation of the multiple locations that don't fit an anatomic finding without significant issues. You can certainly have a very large injury, either a expanding hematoma or a very large contusion, which can affect both of those places, or potentially within the deep basal ganglia certainly can happen, but those would typically be presenting with other findings, which he did not have on exam.

(Dr. Brown Dep. 23:1-9).

Like Dr. Brown, Dr. Gunter explained that there was no plausible medical explanation for Claimant's symptoms based upon the anatomical layout of the brain. According to Dr. Gunter, the part of the brain that controls leg function is located on the motor cortex and is interhemispheric (situated along the center between the two halves of the brain). (Gunter 26:25-27:3). The part of the brain that controls arm function is on the surface of the motor cortex next to the face, in a geographically different part of the brain. (Gunter 27:4-14).

In order to prove Claimant sustained a brain injury which caused his current left arm and left leg symptoms, Dr. Gunter opined there would have to be distinct lesions on these separate portions of the brain. (Gunter 27:13-14). Further, the singular traumatic event would have had to damage these separate parts of the brain while sparing the parts of the brain on either side. (Gunter 34:18-22). In other words, this type of injury is essentially impossible from a single accident like the one Claimant sustained.

According to Dr. Gunter, if Claimant sustained a closed head injury to the motor cortex, it should have been visible on an initial CT scan as a contusion, and in the follow-up MRIs of the brain as alteration of the anatomy of the motor cortex, but that is not the case with Claimant. (Gunter 26:14-21). Dr. Gunter was emphatic on the point, testifying that if Claimant sustained a brain injury as alleged, the diagnostic imaging "... would pick this up. ***This would be big.***" (Gunter 28:3-5). As confirmed by Dr. Brown, Dr. Jarrell, Dr. DuPuy, and Dr. Gunter, the multiple diagnostic imaging tests of Claimant's brain were all normal, with no visible evidence of injury.

Dr. Gunter noted additional factors which are evidence Claimant did not sustain a brain injury on June 14, 2019. Concerning Claimant's motor strength, Dr. Gunter opined that an acute brain injury would produce an immediate loss of motor strength that later improves over time. (Dr. Gunter Dep. 16:10-19). However, in Claimant's case, Claimant had full strength in his early motor testing with Dr. Brown, but deteriorated over time, which was the reverse of the typical timeline of a brain injury.

Another factor referenced by Dr. Gunter involved the loss of consciousness. According to

Dr. Gunter, in a closed head injury, loss of consciousness is a typical symptom of severe head injury. However, according to Dr. Gunter:

> [Claimant] says he did not get knocked out. And so you would not anticipate a severe closed head injury if that patient failed to have loss of consciousness. Now, that doesn't mean you can't get post-concussive symptoms, which are different. You can get post-concussive symptoms either with or without loss of consciousness. But severe closed head injury symptoms, like neurologic decline, neurologic, dysfunction as a result of the head injuries, you would expect to have loss of consciousness.

(Dr. Gunter Dep. 25:15-24). As can be seen from the surveillance video, Claimant did not lose consciousness following the accident.

Given the opinions of Dr. Brown and Dr. Gunter, in order for the Commission to accept that Claimant sustained a brain injury which caused a contraction of his left and hand left foot drop, but no other physical symptoms, the Commission would have to believe:

1) Claimant had a single traumatic injury to the brain which impacted both the interhemispheric section of the motor cortex (associated with the left foot) and the surface of the motor cortex by the face (associated with the left hand), and
2) The single injury to the brain did not impact any other sections of the motor cortex in between the left hand and left foot, and
3) The injury to these sections of the motor cortex should have been apparent on diagnostic imaging, but did not appear on a CT scan (8/28/2019), or 2 subsequent MRIs (9/24/2019 and 6/9/2020), and
4) The brain injury was severe enough to cause lingering disfunction, but did not cause Claimant to lose consciousness at the moment, and
5) The alleged left-hand contracture was not preceded by paralysis and spasticity as expected.

Based upon the greater weight of the medical evidence, Claimant has failed to satisfy his burden of proving he sustained a brain injury at the time of the accident. And for the reasons explained by Dr. Brown and Dr. Gunter, Claimant's symptoms are almost a medical impossibility

given the allegation of a single traumatic event in which Claimant did not lose consciousness and did not develop expected symptoms. As such, the Hearing Commissioner was in error in determining Claimant satisfied his burden of proving a compensable brain, left hand, and left foot injuries, and an aggravation of a pre-existing psychological condition.

2) **The Hearing Commissioner erred in finding, as a matter of fact, that Claimant's orthopedist (Dr. David Dupuy) is a neurosurgeon who was qualified to opine beyond his scope of expertise concerning Claimant's brain and psychological condition.**

Pursuant to Finding of Fact No. 35, the Hearing Commissioner identifies Dr. Brown, Dr. Gunter, and Dr. DuPuy as neurosurgeons, while noting Dr. Rao is a neurologist. However, by Dr. DuPuy's own testimony, he is not a neurosurgeon, but a general orthopedic surgeon: "So I've been in the practice of orthopaedic surgery since 1976. I am what's considered a general orthopaedist, because back then they really didn't subspecialize that much." (Dr. DuPuy Dep. 8:6-9). Dr. DuPuy goes on to describe how his practice focus involves 1/3 spine, 1/3 joint reconstruction, and 1/3 soft-tissue sports medicine. (Dr. DuPuy Dep. 8:10-19).

Concerning Claimant's brain, Dr. DuPuy explicitly stated he is not qualified to opine on issues of the brain:

> Q And then, of course, your -- your -- the scope of your evaluation is limited to the orthopaedic side of things?
> A Yes. It is. My expertise is limited to the orthopaedic arms and legs part, not inside the brain.

(Dr. DuPuy Dep. 50:22-51:2).

Additionally, concerning the orthopedic issues involving Claimant's neck, back, left arm, and left foot, Dr. DuPuy opined there is no evidence from an orthopedic standpoint to explain Claimant's symptoms. (Dr. DuPuy Dep. 48:20-49:20). However, despite Dr. DuPuy's admitted lack of qualification to opine on matters of Claimant's brain, the Hearing Commissioner relied upon Dr. DuPuy's unqualified opinion in determining Claimant sustained a physical brain injury, as well as an aggravation of a pre-existing psychological condition, specifically in the following

Findings of Fact:

> No. 29: Dr. DuPuy testified after examining the Claimant that it was his impression that, "this contracted hand, closed injury to the hand and to the foot, is from the accident and it involved the brain.
>
> ...
>
> No. 31: Dr. DuPuy is asked if it is his opinion that Claimant's presentation is consistent with the strike to his head form the bale of fiber as described. He testified, "Yes. I do."
>
> ...
>
> No. 54: As to Claimant's psychological condition, Dr. DuPuy, when asked if the Claimant experienced an aggravation to some of his psychological issues that may have been preexisting, his testimony was, "I think at the very least, yes."

Given the fact that Dr. DuPuy was a general orthopedic surgeon who was admittedly unqualified to opine on Claimant's brain and psychological condition, the Hearing Commissioner was in error by qualifying Dr. DuPuy as a neurosurgeon and considering his opinions concerning the brain.

3) **The Hearing Commissioner erred in finding, as a matter of fact, that the opinion of Claimant's neurologist (Dr. Hermanth Rao) was entitled to greater weight than the opinions of three neurosurgeons (Dr. Matthew Brown, Dr. Taylor Jarrell, and Dr. Brett Gunter) concerning whether Claimant sustained a physical injury to the brain.**

According to Finding of Fact No. 37 and 50, the Hearing Commissioner assigned greater weight to the medical opinion of Dr. Rao over the medical opinions of Dr. Brown, Dr. Jarrell, and Dr. Gunter, because Dr. Rao is a neurologist and the other doctors are neurosurgeons. According to the Hearing Commissioner, because there is no dispute the Claimant does not need surgery, the neurologist should be accorded greater weight. However, according to the medical evidence, the salient aspects of neurology and neurosurgery should not accord greater weight in a determination of compensability.

Concerning the comparison between neurologists and neurosurgeons, Dr. Gunter testified that both are specialists in brain and nerve function. (Dr. Gunter Dep. 6:19-21). According to Dr.

Gunter, there are two differences between neurologists and neurosurgeons. The first difference is the treatment modalities, in which case only neurosurgeons employ surgical methods. The second difference is subject matter, in which case neurologists manage medical conditions like neurodegenerative conditions, where neurosurgeons address structural disorders to the spine itself. (Dr. Gunter Dep. 6:22-7:7).

In terms of evaluating a patient with a closed head injury like Claimant, Dr. Gunter testified that "the evaluation would probably be very similar." (Dr. Gunter Dep. 7:8-17). According to Dr. Brown, traumatic injuries like the one at issue are typically analyzed by a neurosurgeon, not a neurologist. (Dr. Brown Dep. 20:20-21:12). As such, according to the weight of the medical evidence, both neurologists and neurosurgeons should be equally capable of evaluating the causal relationship and compensability.

Additionally, for multiple reasons, Dr. Rao has serious credibility issues. First, Dr. Rao refused to admit he was charged with Medicare fraud even in the face of a press release from the USDOJ which he acknowledged was about him. Secondly, although the Hearing Commissioner determined that the Medicare fraud had no bearing on this case because it involved "money and billing," as the insurance carrier being ordered to pay for treatment based upon Dr. Rao's opinion, Defendants respectfully disagree that the Medicare fraud concerning money and billing has no bearing on this case. Finally, although Dr. Rao's medical credentials may not have been questioned by the Medicare fraud case, they were called into question by the American Board of Psychiatry and Neurology certification which indicated Dr. Rao was delinquent on continuing education hours, and which Dr. Rao admitted he would have to submit. (Dr. Rao Dep. Ex. 4, 37:5-38:18).

Based upon the foregoing, the Hearing Commissioner was in error in assigning greater weight to Dr. Rao over the Dr. Brown, Dr. Jarrell, and Dr. Gunter.

4) **The Hearing Commissioner erred in finding, as a matter of fact, that Claimant was not at maximum medical improvement, and that Claimant has met his burden of proving he is entitled to temporary benefits and medical treatment.**

For the reasons stated above, Claimant has failed to satisfy his burden of proving (and medically cannot prove) he sustained a compensable brain injury impacting his left hand, left foot, and psyche. What remains is Claimant's alleged back injury, which has been accepted by Defendants.

On July 11, 2019, Dr. Brown performed the nerve block injections. On this date, Dr. Brown released Claimant at maximum medical improvement from a neurosurgical perspective and released Claimant back to the care of occupational medicine. Dr. Brown assigned a 0% whole person impairment for Claimant's lumbar and thoracic spine, plus a 5% whole person impairment for the cervical spine for "nonverifiable radicular complaints, and muscle tenderness, though no true muscle guarding was observed at the time of the visit."

According to Dr. Gunter, Claimant is at maximum medical improvement as of March 10, 2020, for the lumbar spine and July 8, 2020, for the cervical spine, although he was unable to identify a cause related to those anatomic locations for Claimant's complaints. Dr. Gunter opined Claimant does not have permanent physical impairment as a result of his injury.

For these reasons, the competent medical evidence proves Claimant is at maximum medical improvement as of July 11, 2019, and Claimant is not entitled to temporary benefits beyond that point. Further, pursuant to Dr. Gunter's opinion, Claimant has no ongoing work-related issue concerning his back for medical treatment. Therefore, the Hearing Commissioner erred in determining Claimant satisfied his burden of proving he was not at maximum medical improvement and that he is entitled to additional temporary benefits.

CONCLUSION

Based upon the foregoing, the Hearing Commissioner erred in determining Claimant carried his burden of proving he sustained a compensable injury to the head/brain, the left hand, the left foot, and an aggravation of a pre-existing psychological condition. The medical evidence proves that there is no credible evidence Claimant sustained a brain injury. Further, the evidence proves Claimant's alleged symptoms of a left-hand contracture and a left foot drop anatomically inconsistent with the brain that are not supported by the diagnostic imaging.

Additionally, the Hearing Commissioner erred in determining Claimant's orthopedic surgeon Dr. DuPuy was a neurosurgeon as he was admittedly not qualified to provide a medical opinion on Claimant's brain. Further, the Hearing Commissioner erred in assigning greater weight to the medical opinion of Dr. Rao by virtue of the fact that he is a neurologist, especially against the weight of the evidence from neurosurgeons Dr. Brown, Dr. Jarrell, and Dr. Gunter.

Finally, the hearing Commissioner erred in determining Claimant has satisfied his burden of proving he is not at maximum medical improvement and he is entitled to temporary benefits. Accordingly, Defendants seek in order from the Appellate Panel reversing the decisions of the Hearing Commissioner as to these issues.

Respectfully submitted,

HOLDER PADGETT
LITTLEJOHN & PRICKETT, LLC

C. Barrett Burley
1201 Main Street, Suite 1430
Columbia, SC 29201
(803)335-1446

ATTORNEY FOR DEFENDANTS

July 28, 2021
Columbia, South Carolina

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1908703

Kyle R. Bagley, Employee, Claimant, vs. JN Fibers Inc d/b/a Sun Fiber, LLC, Employer, and Great American Alliance Insurance Company c/o Strategic Comp, Carrier, Defendants.	)	CERTIFICATE OF SERVICE

I, Stephanie W. Kluszczynski, do hereby certify that I am the paralegal for C. Barrett Burley, attorney for the defendants with **HOLDER PADGETT LITTLEJOHN + PRICKETT, LLC**, and that on July 28, 2021, I emailed the foregoing Appellant's Brief to Full Commission to the following:

TO: Bryan N. Sanchez, Esquire
Lewis Law Firm
PO Drawer 11583
Rock Hill, SC 29731
(VIA EMAIL ONLY: bryan.sanchez@stacylewislaw.com)

TO: Amy Bracy, Judicial Director
S.C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715
(VIA E-CASE)

Stephanie W. Kluszczynski
Paralegal to C. Barrett Burley
HOLDER PADGETT LITTLEJOHN + PRICKETT, LLC

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1908703

KYLE R. BAGLEY,
Employee,
Claimant/Respondent

vs.

JN FIBERS INC DBA SUN FIBER, LLC,
Employer,
AND
GREAT AMERICAN ALLIANCE INSURANCE COMPANY,
Carrier,
Defendants/Appellants

BRIEF OF CLAIMANT/RESPONDENT

The Claimant, Kyle R. Bagley, by and through his undersigned counsel, hereby submits his Brief as a Respondent in this matter before the Full Commission.

STATEMENT OF THE CASE

This appeal arises out of a twenty-two (22) page Decision and Order, filed back on May 13, 2021, of the Honorable Commissioner Gene McCaskill ("Hearing Commissioner"), in connection with the Form 50, 51 and 21 hearing that was held back on September 28, 2020, in Richland County, South Carolina. The underlying claim at hand concerns an admitted work-related injury sustained by the Claimant while he was working within the course and scope of his employment with the above-referenced Employer, when a large/heavy bale of fiber material rolled down a short ramp and hit the Claimant in his head/upper-extremity area as he was kneeling to weld a piece of the ramp back on June 14, 2019.

Defendants initially accepted as compensable the Claimant's back/spine injury. Claimant filed a Form 50 to seek additional indemnity and medical benefits, as well as treatment for other body parts injured as result (as such is laid out in the respective Form 50 hearing request, the Form 58 pre-hearing brief and in the Decision and Order of Commissioner McCaskill).

In connection with the various questions/issues at hand in the September 28, 2020 hearing, after reviewing/weighing all of the evidence (lay and medical- i.e. the APA's and deposition testimony of various medical providers that were taken) the Order/Award of Commissioner McCaskill held (in sum): 1) that Claimant is not currently at MMI for the injuries he sustained in connection with the underlying work related accident of June 14, 2019; 2) that Claimant is unable to work at this time and is therefore entitled to have TTD's paid by the Defendants at a $585.20 Comp Rate (from the date they were last paid, through present and ongoing until he reaches MMI or until further Order of the Court); 3) that Claimant suffered a compensable head/brain injury, as well as to his left-hand, left-foot and psychologically (depression/anxiety and adjustment); 4) that Claimant is entitled to receive medical care and treatment with a Neurologist of the Defendant's choosing, for his head injury and the other causally related treatment for conditions that emanate from that injury (with the exception of surgery), such as the left-hand contractures and left-foot drop which were not previously present before this injury; 5) that Claimant suffered an aggravation of, some possibly pre-existing, psychological issues and is therefore entitled to psychotherapy with a provider of Defendants choosing; 6) that Defendants shall pay for past causally related medical care for his injuries and going forward until Claimant reaches MMI or until further order of this Court).

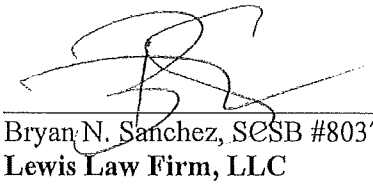
Attached hereto as "*Exhibit 1 (7 pages)*" is an email from Commissioner McCaskill's office, with the instructions/outline for the Decision and Order drafting (specifically indicating that credibility was not a factor that needed to be addressed), as well as certain clarifications that were needed/requested (namely as to the extent of findings and evidentiary references needed for this Decision and Order per Commissioner McCaskill's instructions).

On May 25, 2021, Defendants filed a Form 30 Appeal, contending generally that the Hearing Commissioner erred in finding Claimant met his burden in proving he sustained compensable injuries beyond his back, and in finding Claimant met his burden in proving he is entitled to temporary benefits and medical treatment. Claimant has met its burden of proof in connection herewith, proving such by the greater weight of evidence, as weighed/considered by the fact-finder (Hearing Commissioner McCaskill) who is/was in the best position to ascertain such and in accordance with his judgment. Thus, the Full

Commission should affirm this Decision and Order.

Also, please keep in mind that the Claimant has not been able to get most of the requisite medical care he needs given the denial of the Defendants, as well as the lack of funds/insurance on the part of the Claimant so as preclude him being able to have adequate medical care so far; thus, once this Decision and Order is finalized/affirmed he finally will have access to such.

Lastly, some portions of the Defendants contentions, as argued in their brief submitted in connection with their appeal, are incorrect per the record (i.e., the hearing transcripts, the evidence/APA submissions/depositions). All of this shall be explored further by the undersigned at oral arguments, as Claimant/Claimant's counsel feel that this is without merit, that the record and Order at hand speak for themselves and that the Hearing Commissioner did not commit any errors which would result in the Full Commissioner's reversal of the Decision and Order.



Bryan N. Sanchez, SCSB #80372
Lewis Law Firm, LLC
PO Box 11583
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Attorney for Claimant

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMSSION COUNTY OF YORK
S.C.W.C. File No. 1908703

Kyle Bagley,	)	
	)	
EMPLOYEE/APPELLEE,	)	
	)	
vs.	)	**CERTIFICATE OF SERVICE**
	)	
JN Fibers, Inc,	)	
	)	
EMPLOYER/APPELLANTS,	)	
	)	
and	)	
	)	
Great American Alliance Ins. Co.	)	
CARRIER/APPELLANTS.	)	

The undersigned certifies that she is an employee at The Lewis Law Firm, LLC, counsel for Claimant, and that she has served, on the date set forth below, a copy of the **APPELLEE'S RESPONSE TO APPELLANT'S BRIEF TO THE FULL COMMISSION,** in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by e-mail as follows to:

C. Barrett Burley, Esquire
Attorney for Defendants
BBurley@HPLPLaw.com

August 12, 2021.

Jen Lane, Paralegal
Lewis Law Firm
PO Box 11583
Rock Hill, South Carolina 29731
Office: 803-326-1103
Fax: 803-324-0056

Exhibit 1 to Respondent/Claimant's brief) (7 pp.)

Bryan Sanchez

From: Lindler, Kellie <klindler@wcc.sc.gov>
Sent: Wednesday, April 28, 2021 2:58 PM
To: Bryan Sanchez
Cc: Jen Lane; STEPHANIE.K@HPLPLAW.COM; TKENT@HPLPLAW.COM; MHENDRIX@HPLPLAW.COM; Brooks Biediger; Barrett Burley; Zoe Portalatin
Subject: RE: [External] RE: Bagley Kyle - order instructions 1908703

From Commissioner McCaskill:

"Mr. Sanchez,

As to TTD, TTD is due from the date of last payment of TTD to the present and continuing. As to whether Claimant has a compensable head injury, see Finding of Fact # 51. As to what is included in the order, I asked you to prepare it. If you have reached out to Defendants and they had not provided language to you that they would like to see included, then the proposed order is what it is. That being said, the totality of the record is what it is as well. All the testimony and submissions are part of the record.

Gene McCaskill"

From: Bryan Sanchez <bryan.sanchez@stacylewislaw.com>
Sent: Tuesday, April 27, 2021 7:55 PM
To: Lindler, Kellie <klindler@wcc.sc.gov>
Cc: Jen Lane <jen.lane@stacylewislaw.com>; STEPHANIE.K@HPLPLAW.COM; TKENT@HPLPLAW.COM; MHENDRIX@HPLPLAW.COM; Brooks Biediger <bbiediger@hplplaw.com>; Barrett Burley <bburley@hplplaw.com>; Zoe Portalatin <zoe.portalatin@stacylewislaw.com>
Subject: [External] RE: Bagley Kyle - order instructions 1908703
Importance: High

Kellie- can you please send/forward this email and attachments to Commissioner McCaskill? If a phone conference is needed please let me know and I can be available for such. Here's what I would like to send to him:

Your Honor,

I hope this finds you well. I am sorry to bother you with this but Counsel for defense and I are not able to resolve this; thus, I am respectfully requesting your assistance in "clarifying" certain matters related to your Order in connection with this case of ours (see the below email of yours with the post-hearing Order instructions).

As instructed, I drafted up a proposed Order/Award (*see attached file labeled "2021 03 25 – Proposed Decision and Order (BNS draft sent to Defense Attorney)*). Counsel for Defendants, however, did not agree to this Proposed Order of mine and they made certain suggestions for changes, which I do not think is accurate/necessary per your directives (*see attached file labeled as "2021 04 09 – email with the suggested changed to Order from Defense"*). In reading your Order instructions below, I do not understand why the Defense is saying what they're saying in terms of what this Order should say.

In sum, I feel that this can be boiled down to the following issues that are in dispute with Defense counsel and myself regarding this matter and which I am respectfully asking for your guidance/directives as to what should or shouldn't be part of this Order. The salient issues I see that need to be resolved are:

1) Should his back-owed TTD's commence from the date of last payment of TTD's, through the hearing/Order and on-going (as I read your Order to say that it does)? Or should TTD's commence as of the hearing- filing date or the order date (as Defense counsel takes the position that your Order does not say that)?

2) Is the head compensable?

3) Does the Order need to outline the testimony of ALL witnesses that testified?

    a. My reading of your Order instructions was that this should be 'limited to what you've outlined and/or is relevant to your decision per the below but defense counsel feels that this should include everyone.

4) Also, should this Order include a breakdown of ALL records/APA's submitted or just materially relevant ones (per the Order instructions referenced below)?

    a. Defense counsel stated that they want this to be included in detail.
    b. However, I do not agree but I have asked them to "please provide me with their proposed language" (as to the Witnesses and records/APA's they wanted to have referenced in this) but they have not responded to me.
    c. I asked them for this initially on 04/09/21. I then followed up with them on this again on 04/16/21 and 04/26/21 and they have not responded to my emails.

    d. Thus, I see no other option but to send this email/request to you, in hopes of obtaining clarity on these aspects.

Claimant I thank you very much for your time and consideration placed into this. I look forward to your response here soon. Take care for now!

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From: Lindler, Kellie <klindler@wcc.sc.gov>
Sent: Wednesday, February 17, 2021 10:07 AM
To: Bryan Sanchez <bryan.sanchez@stacylewislaw.com>; Barrett Burley <bburley@hplplaw.com>
Cc: Jen Lane <jen.lane@stacylewislaw.com>; STEPHANIE.K@HPLPLAW.COM; TKENT@HPLPLAW.COM; MHENDRIX@HPLPLAW.COM
Subject: Bagley Kyle - order instructions 1908703

REQUEST FOR PROPOSED ORDER

This document is not an Order. It is a request for a proposed Order. The undersigned reserves the right to modify or delete any portion of this document.

WCC File Number: 1908703
Date of Hearing: 09/28/2020
Place of Hearing: Richland County

CLAIMANT: Kyle Bagley
EMPLOYER: Sun Fiber, LLC
CARRIER: Great American Alliance Insurance Company

Attorneys: Bryan Sanchez for the Claimant

Barrett Burley for the Defendants

DOI: 06/14/2019

AWW: $877.79 CR: $585.20

Court Reporter: Kathryn Bostrom (KathrynBostrom@gmail.com)

FINDINGS OF FACT AND DIRECTIVES

Mr. Sanchez, please draft the order consistent with the below findings and return to this office within 30 days.

1. On 06/14/2019, Claimant was struck in the head by a large bale of fiber weighing approximately 600-700 pounds which the Claimant was welding.
2. The accident is arising out of and within the course and scope of his employment.
3. The questions at bar in this hearing are; (1) Has the Claimant reached MMI as to this work-related accident? (2) Is the claim ripe for a determination of permanency, if any? (3) Are his current issues causally-related to this work-related accident? (4) Are the Defendants responsible for any future medical care and treatment? (5) Are the Defendants entitled to a credit for an overpayment of TTD, in any?
4. The claim was accepted by the Defendants only to the back. Medical care and treatment have been provided. Temporary total disability has been paid.
5. Claimant asserts that, in addition to his back, he has suffered injuries to his neck, head, left upper extremity and left lower extremity.
6. This case is replete with medical records to include extensive and repetitive imaging. Both parties have entered medical records into evidence.
7. Claimant has seen a number of medical providers.
8. There are four doctors who have opined as to Claimant's condition. Drs. Matthew Brown, Brett Gunter, David Dupuy and T. Hemanth Rao.
9. All four have been deposed. I have read all of those depositions in their entirety.
10. All were generous with their time as well as cooperative and complete in their answers.
11. The Claimant testified at the hearing. Claimant is clearly not today as he was before the accident. That being said, are the physical issues that he presents with today causally-related to this accident or are they disabilities that cannot be related back to the work-related accident on 06/14/2019?
12. Dr. Brown, who is the authorized treating physician, testifies in his deposition that the Claimant, "...had, in a flex position, both his shoulder, the elbow, the wrist, and his – and his fist."
13. Claimant also presents with left foot drop as well.
14. This case is puzzling. The Claimant was clearly hurt at work. No one disputes that fact. So, question then becomes what is causally related to the accident.
15. The doctors opining in this case have examined and/or treated the Claimant. Their opinions differ as to certain aspects of the Claimant's condition.
16. Dr. Brown testified that the Claimant had a closed head injury. He provided the Claimant with injections and physical therapy.
17. As to whether the Claimant is a surgical candidate, Dr. Brown nor any other doctor opines that the Claimant would benefit from surgery.
18. The Claimant has been found to be at MMI from a neurosurgical standpoint by the authorized treating physician, Dr. Brown who released him to return to work full duty.
19. Dr. Jarrell gave the Claimant a full duty release in July of 2019 pending an appointment with Ortho Carolina.
20. Dr. Gunter testified that he could not identify a neurological explanation for Claimant's symptoms.
21. He testified that Claimant does not have a permanent, severe brain injury.
22. Dr. Gunter further testifies that he cannot say Claimant's current issues were caused by a work accident on 06/14/2019.

23. Dr. Gunter testifies that the Claimant is at MMI from a neurological neurosurgical standpoint.
24. Dr. Gunter further testifies that the Claimant is not suffering any sort of permanent physical impairment as a result of his injury.
25. As to Claimant's contractures, Dr. Gunter also testifies, "he has contractures of that left and upper and lower extremity without physical explanation. The contractures exist, we found them on physical exam, but they're without – without clear neurological explanation. He continues, "...the cause of his current syndrome is unknown to me."
26. Dr. Gunter testified that Claimant need treatment for his contractures. He simply cannot opine that the contractures are caused by this work-related accident. Dr. Gunter cannot find the medical evidence necessary to make such a diagnosis.
27. Claimant treated on his own with Dr. Taylor Jarrell. On 09/06/2019, Dr. Jarrell released the Claimant to return to work full time with restrictions, pending an appointment with OrthoCarolina, date to be determined.
28. Claimant then saw Dr. DuPuy who a practicing orthopedic surgeon since has been 1976. Dr. DuPuy testified that in his forty years of practice he has seen about 300,000 patients and performed about 20,000 surgeries.
29. Dr. DuPuy testified after examining the Claimant that it was his impression that, "this contracted hand, closed injury to the hand and to the foot, is from the accident and it involved the brain.
30. He also testified that he saw no evidence of symptom magnification or malingering in his physical exam of the Claimant.
31. Dr. DuPuy is asked if it is his opinion that Claimant's presentation is consistent with the strike to his head form the bale of fiber as described. He testified, "Yes. I do."
32. When questioned about Claimant's negative scans, Dr. DuPuy testified, That's a surprise to me that those scans are essentially normal."
33. When asked if he would defer to Dr. Rao for issues related to the neurological problems and Claimant's brain injury. His answer was – yes.
34. Dr. DuPuy has written the Claimant out of work. Dr. DuPuy opines that the Claimant is not at MMI.
35. While Drs. Brown, Gunter and DuPuy are neurosurgeons, Dr. Rao is a neurologist. Dr. Rao was deposed on 02/14/2020. Defendants spent some time in the deposition focused on the fact that Dr. Rao had in the past paid a large civil fine in a Medicare case. The time period addressed was 2003-2006. The news release was dated 2013.
36. While not insignificant, that matter dealt with money and billing. It was as described as a "civil fine". Nothing about that matter has any bearing on this case. There is nothing in that settlement agreement questioning Dr. Rao's medical credentials or his medical license.
37. Given that Dr. Rao is the only neurologist in this case, I give his opinion great weight.
38. Dr. Rao opines, "...he certainly, in my opinion, had a head injury. And that could explain much or all of the symptoms." He states that to a reasonable degree of medical certainty.
39. When asked if the Claimant can currently work, Dr. Rao testifies that he cannot.
40. Dr. Rao summarizes his testimony never the end of his deposition, "I believe the symptoms he has are a direct result of injury. And, again, that's based upon the temporal relationship of his symptoms with the injury and the course he has had since.
41. It must be noted that the contractures that the Claimant now presents with were not present until after this work-related injury. Prior to his injury, Claimant was working as a welder for the Employer.
42. There are also records and testimony as to the Claimant's psychogenic condition.
43. Claimant underwent a Neuropsychological Evaluation with Doris Paez, PhD. Dr. Paez is a SC licensed psychologist.
44. I have read her report in its entirety.

45. Dr. Paez concludes that, "Psychotherapy is highly recommended to address current adjustment issues as well as historical difficulties managing work and personal stress.
46. Dr. Paez includes several very specific recommendations in her report.
47. When the evidence – both lay and medical – is viewed as a whole, I find that the Claimant is not at MMI for injuries suffered in a work-related accident on 06/14/2019.
48. The neurosurgeons have opined that the Claimant's condition is nonsurgical. Dr. Gunter has been even more definitive in his opinion that the Claimant's current condition is not work-related while Dr. DuPuy opines that it is.
49. Dr. DuPuy defers to Dr. Rao was to diagnosis and treatment. I am persuaded as to the wisdom of that assessment.
50. Dr. Rao is a neurologist and, given that the Claimant is non-surgical, I give the greatest weight to the opinion of the only neurologist to opine in the case – Dr. Rao.
51. As such, I find the Claimant has suffered a compensable head injury.
52. Claimant is entitled to medical care and treatment with a neurologist of the Defendants choosing who is subject to jurisdiction of the Act.
53. Claimant is entitled to treat the authorized treatment provides or directs for his head injury and any other casually-related treatment for conditions that emanate from that injury with the exception of surgery which is not provided by this Order.
54. As to Claimant's psychological condition, Dr. DuPuy, when asked if the Claimant experienced an aggravation to some of his psychological issues that may have been preexisting, his testimony was, "I think at the very least, yes."
55. As such, I find that the Claimant is entitled to psychotherapy with a provider chosen by the Defendants who is subject to the jurisdiction of the Act.
56. Claimant's TTD is to continue.
57. All other issues are held in abeyance.

INSTRUCTIONS: Please let our office know if you have difficulty obtaining a transcript or cannot complete the order within this timeframe. Draft the Order consistent with the above substance of the preceding Findings of Fact. You may also add additional Findings of Fact consistent with the above ruling. The Order should include biographical information regarding the Claimant's work history and pervious medical history, if relevant to the case.

If you need a transcript, order it **immediately** from the court reporter listed above. Provide a copy of the proposed Order to opposing counsel or *pro se* claimant before or at the same time one is submitted to the Commission.

When submitting the proposed Order to the Commission, please email only to **klindler@wcc.sc.gov**. The Commission no longer needs hard copies of the proposed order unless the claimant is *pro se*.

Matters to include in the Order:

1. APA Submissions
2. Stipulations
3. Statement of the Case (contentions of the parties – stated concisely)
4. Evidence of the Case (synopsis of the evidence – including testimony and medical reports)

5. Findings of Fact [numbered] (Do **not** delete any of the above findings.) The prevailing party may add to support the decision, except regarding credibility unless you have been so instructed.
6. Conclusions of Law (cite applicable statutory sections and case law)
7. Award

Do not address credibility in the Order, unless it has been addressed in the preceding Order Notes.

Commissioner Gene McCaskill
South Carolina Workers' Compensation Commission
1333 Main Street
Columbia, South Carolina 29201

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BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1908703

KYLE R. BAGLEY,

Employee,

Claimant/Respondent,

vs.

JN FIBERS INC D/B/A SUN FIBER, LLC,

Employer,

AND

GREAT AMERICAN ALLIANCE INSURANCE COMPANY,

Carrier,

Defendants/Appellants.

DEFENDANTS' REPLY TO CLAIMANT'S BRIEF

JN Fibers Inc d/b/a Sun Fiber, LLC and Great American Alliance Insurance Company, ("Defendants") through their undersigned counsel, pursuant to S.C. CODE OF REGS. 67-507(D) hereby submit their Reply to Claimant's Brief.

On July 28, 2021, Defendants filed their Appellate Brief to the Full Commission: On August 12, 2021, Claimant filed his Brief of Claimant/Respondent. The Claimant has not responded to any of Defendants' specific arguments, but instead states that his counterarguments "shall be explored further by the undersigned at oral arguments..."

As a threshold matter, it is objectionable that the Claimant would deny the Defendants notice of his counterarguments (and an opportunity to respond in writing). It is also objectionable that the Claimant would deny the Appellate Panel the opportunity to review the full written arguments of both parties prior to oral argument. However, the Claimant's refusal to articulate a written counterargument reinforces the need for a reversal of the Decision and Order. As discussed more fully below and in the Appellate Brief, the greater weight of the evidence does not support the findings of the Hearing Commissioner in the Decision and Order and should therefore be ***reversed***.

ARGUMENT

The Claimant's primary allegation is that he sustained a severe, permanent injury to the brain during the admitted accident, and that this brain injury caused specific symptoms in his left hand (contractures) and left foot (foot drop). However, the greater weight of the evidence – both lay and medical – does not support these allegations. The lay evidence is not credible, and the Hearing Commissioner prudently did not base his decision on the testimony from hearing. On the other hand, the greater weight of the medical evidence proves that the Claimant did not sustain a brain injury, but also that – based upon the medical science of brain injuries – it is essentially impossible for the Claimant to have sustained any brain injury as alleged.

I. THE LAY EVIDENCE IS NOT CREDIBLE, AND THE HEARING COMMISSIONER CORRECTLY CONSIDERED THE MEDICAL EVIDENCE AS THE PRIMARY BASIS FOR THE DECISION AND ORDER

The lay evidence does not support the Hearing Commissioner's award. Despite hearing testimony from three lay witnesses (Claimant, Claimant's wife, and Claimant's mother), the Hearing Commissioner did not cite hearing testimony as the basis for the decision. This is likely because most of the testimony was either self-serving or contradictory (both internally and when compared to the documentary evidence). It should therefore come as no surprise that of the 61 Findings of Fact, none of the findings characterize the Claimant as a credible witness on his own behalf.

In the Claimant's Brief, the Claimant alleges that the Hearing Commissioner's order instructions indicated "credibility was not a factor to be addressed." However, this a misinterpretation of the standard order instructions concerning witness credibility. In the order instructions, the Hearing Commissioner did not indicate that "credibility was not a factor," but rather that the drafting party should not insert a credibility assessment "unless it has been addressed in the preceding Order Notes." While the drafting party is limited by this instruction, the Hearing Commissioner is not. The Hearing Commissioner could have found the Claimant to be a credible witness on his own behalf but did not. As such, there is no finding that the testimonial evidence is credible or may be relied upon as the basis for an award. Therefore, like the Hearing Commissioner, the Appellate Panel should look to the medical evidence as the only credible evidence in this case.

II. THE GREATER WEIGHT OF THE MEDICAL EVIDENCE DISPROVES CLAIMANT'S ALLEGATION OF A BRAIN INJURY, AND THE HEARING COMMISSIONER ERRED IN DETERMINING THE CLAIMANT SUSTAINED COMPENSABLE INJURIES TO THE HEAD/BRAIN, LEFT HAND, LEFT LEG, AND PSYCHE

For medical evidence, Claimant offered the opinions of Dr. David Dupuy, an orthopedic surgeon at OrthoCarolina, and Dr. Hermanth Rao, a neurologist at the Neurological Institute. In substance, neither of these physicians are able to specify the underlying pathology to explain the Claimant's alleged symptoms. Instead, Dr. Rao recommends further testing, which implies that the exhaustive level of testing already performed (including a CT Scan and two MRIs of the brain; two CT Scans and two MRIs of the cervical spine; a CT Scan and two MRIs of the lumbar spine; an MRI of the thoracic spine; an EMG nerve study, and an EEG) is insufficient.

Defendants presented the opinions of Dr. Matthew Brown, a neurosurgeon formerly with Midlands Orthopaedics and Neurosurgery, and Dr. Brett Gunter, a neurosurgeon formerly with the Lexington Brain and Spine Institute. Reliance on the expertise of neurosurgeons is important in this case because traumatic head injuries fall within the subject matter of neurosurgeons (whereas neurologists manage nonsurgical disorders). (Dr. Gunter Dep. 6:11-7:17).

Based upon the medical opinions of Dr. Brown and Dr. Gunter, the Claimant does not have a brain injury (which would explain why Dr. Rao has not been able to identify an underlying pathology). Further, Dr. Brown and Dr. Gunter testified that it is *essentially medically impossible* for the Claimant to develop his specific set of symptoms from this accident.

The primary reason the Claimant's symptoms are medically incompatible with a brain injury is due to the anatomical geography of the brain. The motor cortex is the area of the brain that controls the function specific body parts. Each individual body part can be traced to a specific location on motor cortex. If a section the motor cortex is damaged, the body part controlled by that section may become impaired. For instance, to impair the function of the left hand/arm, a person's brain would have to be damaged in the area of the precentral gyrus (next to the location that controls a person's face). (Dr. Gunter Dep. 25:25-26:6, 27:4-9). To impair the left foot, the brain would have to sustain damage to the interhemispheric section (between the left and right hemispheres of the brain, along the center

line), which is a completely separate area from the section controlling the left hand. (Dr. Gunter Dep. 26:25-27:3).

Between the sections controlling the left hand and left foot are other parts of the motor cortex which control other parts of the body. Given the geography of the motor cortex, an injury to the brain could affect multiple body parts controlled by the same area. As Dr. Gunter described, an injury to the section of the motor cortex controlling "... the hand and the arm but not the face would be unusual, because [the hand, arm, and face are] geographically, immediately adjacent." (Dr. Gunter Dep. 27:6-9).

In this case, the Claimant alleges he sustained an injury to the brain which caused a dysfunction in his left hand and left foot – with no other body parts impacted. Given the anatomical layout of the brain, to believe the Claimant's allegations, the Commission would have to believe that one single incident impacted two separate locations of the Claimant's brain which are **not adjacent** to each other. (Dr. Gunter Dep. 27:10-14). The Commission would also have to believe that this single incident impacted **only** those specific locations of the brain, but somehow spared the area of brain between the left hand and the left foot, and thus not impairing the function of and other body parts (e.g., the face which is adjacent to the area controlling the left hand/arm). (Dr. Gunter Dep. 34:18-22).

This is a physical impossibility. A single trauma cannot impact two separate locations of the brain without also causing collateral damage to the parts of the motor cortex between these locations. This collateral damage would be manifested by the impairment of other body parts in addition to the left hand and left foot. As such, the Claimant's allegations of a brain injury impacting just his left foot and left hand – and no other body parts – is essentially medically impossible according to the anatomical layout of the brain. As Dr. Gunter concluded, the Claimant "never had . . . a definable injury to his brain in the correct areas." (Dr. Gunter Dep. 34:10-11).

In additional to the anatomical layout of the brain, Dr. Gunter further disproved the allegation of a brain injury by using the extensive diagnostic imaging in this case. According to Dr. Gunter, if the Claimant had sustained a brain injury as alleged, he would have developed a bruise or intracerebral hemorrhage in two separate sections of the brain. (Dr. Gunter Dep. 26:14-21). These lesions would

be seen immediately on a CT Scan, and there would be an "alteration in the anatomy of the motor cortex on subsequent MRIs." (Dr. Gunter Dep. 26:14-21). Dr. Gunter was emphatic on this point, noting that the diagnostic imaging would clearly show the lesions: "This would be big." (Dr. Gunter Dep. 28:3-5).

However, on August 29, 2019, the claimant had a CT Scan of the brain which Claimant's own neurosurgeon (Dr. S. Taylor Jarrell, a neurosurgeon at Carolina Neurosurgery and Spine) opined was "normal." (APA No. 7). Claimant subsequently had two MRIs of the brain (on 9/25/2019 and (6/9/2020), which were also both normal. (Dr. Gunter Dep. 9:21-10:22). In the diagnostic imaging, the Claimant never showed any signs of brain injury (much less two separate brain injuries). Therefore, because the Claimant never developed a bruise or intracerebral hemorrhage on the multiple diagnostic imaging studies, he could not have sustained a brain injury as alleged.

Additionally, Dr. Gunter opined that if the Claimant had sustained a brain injury as alleged, he would have lost consciousness at the time of the injury. (Dr. Gunter Dep. 25:6-24; 34:23-35:6). As can be seen on the surveillance video, the Claimant did not lose consciousness.

Finally, Dr. Gunter highlighted the fact that the Claimant's alleged symptoms (left-hand contracture) were inconsistent with the known medical science concerning symptom presentation after a brain injury. According to Dr. Gunter, if the Claimant had a brain injury causing a left-hand contracture, this contracture would have been preceded by paralysis and spasticity in the left hand/arm – neither of which happened in this case. (Dr. Gunter Dep. 35:8-12). Therefore, the Claimant's allegation that he sustained a brain injury is directly contradicted by the medical science because he never lost consciousness and his left-hand contracture was medically inconsistent with symptom presentation post-brain injury.

The greater weight of the medical evidence proves that the Claimant did not sustain a brain injury, and that his alleged symptoms could not have developed from this work injury. The remainder of the Hearing Commissioner's findings (including compensability of the head/brain, left hand, left foot, and psyche, as well as temporary benefits and medical treatment) are all dependent upon the erroneous finding that the Claimant sustained a brain injury. Therefore, Defendants respectfully

request the Appellate Panel reverse the decisions from the Hearing Commissioner on these issues. In the alternative, Defendants respectfully request the Appellate Panel remand this matter for a new hearing.

CONCLUSION

Based upon the foregoing, the Hearing Commissioner erred in determining the Claimant carried his burden of proving he sustained a compensable injury to the head/brain, the left hand, the left foot, and an aggravation of a pre-existing psychological condition. The medical evidence proves that there is no credible evidence the claimant sustained a brain injury. Further, the evidence proves the Claimant's alleged symptoms of a left-hand contracture and a left foot drop anatomically inconsistent with the brain that are not supported by the diagnostic imaging. Accordingly, Defendants respectfully request the Appellate Panel **reverse** the decisions of the Hearing Commissioner as to these issues, or, in the alternative, remanding the case for a new hearing.

Respectfully submitted,

HOLDER PADGETT
LITTLEJOHN & PRICKETT, LLC

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ATTORNEY FOR DEFENDANTS

August 20, 2021
Columbia, South Carolina

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1908703

Kyle R. Bagley, Employee, Claimant, vs. JN Fibers Inc d/b/a Sun Fiber, LLC, Employer, and Great American Alliance Insurance Company c/o Strategic Comp, Carrier, Defendants.	)	CERTIFICATE OF SERVICE

I, Stephanie W. Kluszczynski, do hereby certify that I am the paralegal for C. Barrett Burley, attorney for the defendants with **HOLDER PADGETT LITTLEJOHN + PRICKETT, LLC**, and that on August 20, 2021, I emailed the foregoing Defendants' Reply to Claimant's Brief to Full Commission to the following:

TO: Bryan N. Sanchez, Esquire
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(VIA EMAIL ONLY: bryan.sanchez@stacylewislaw.com)

TO: Amy Bracy, Judicial Director
S.C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715
(VIA E-CASE)

Stephanie W. Kluszczynski
Paralegal to C. Barrett Burley
HOLDER PADGETT LITTLEJOHN + PRICKETT, LLC

STATE OF SOUTH CAROLINA

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Kyle Bagley,	)	
Employee-Claimant,	)	HEARING OF:
vs.	)	KYLE BAGLEY
Sun Fiber, LLC.	)	SEPTEMBER 28, 2020
Employer	)	WCC#1908703
and	)	
Great American Alliance	)	
Insurance Company,	)	
Carrier,	)	
Defendants	)	
_____	)	

The below hearing, reported by Kathryn Bostrom, Court Reporter and Notary Public in and for the State of South Carolina; pursuant to Rule 30 of the South Carolina Rules of Civil Procedure; said hearing was taken before the Honorable Gene McCaskill at the Workers' Compensation Commission, 1333 Main Street, Columbia, South Carolina, Monday, the 28th day of September, 2020, commencing at the hour of 12:27 p.m.

APPEARANCES

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Claimant’s Exhibit No. 2 - Depo of Dr. DuPuy

Claimant’s Exhibit No. 3 - Depo of Dr.Brown

Claimant’s Exhibit No. 4 - Notes/records from Insurance Co.

Employer’s Exhibit No. 1 - Depo of Dr. Gunter

Employer’s Exhibit No. 2 - Depo of Mr. Bagley

Employer’s Exhibit No. 3 - Video

* * * * *

Court Reporter's Legend:

dashes [--]	Intentional or purposeful interruption
[ph]	Denotes phonetically written
[sic]	Written as said

P-R-O-C-E-E-D-I-N-G-S

COMMISSIONER MCCASKILL: Today's date is September 28, 2020. This is Workers' Compensation Commission file number 1908703. This is th case of Kyle R. Bagley versus Sun Fiber, LLC. The carrier is Great American Alliance Insurance Company. Our claimant is represented today by Bryan N. Sanchez and the employer/carrier are represented today by C. Barrett Burley. The date of the accident is June 14, 2019. And we have an average weekly wage of -- hold on here it is. And this is what I wrote down. $877.79 with a corresponding compensation rate of 585.20. Since I wrote that down and I don't remember who I got that from, you have issue with that if I got it wrong?

MR. SANCHEZ: No, no, Your Honor.

COMMISSIONER McCASKILL : You stipulate that's correct?

MR. SANCHEZ: We both stipulate that that's correct.

COMMISSIONER MCCASKILL: Perfect. Do you stipulate that that's correct?

MR. BURLEY: That's correct.

COMMISSIONER MCCASKILL: All right, just want to make sure. Never hurts to take a second to get it right. All right, now wait a minute. Let's go back to what I'm reading from. Here we go. All

right, are there any objections to jurisdiction, venue, APA submissions or any other item?

MR. SANCHEZ: None from the claimant, Your Honor.

MR. BURLEY: None from the defendants. Commissioner.

COMMISSIONER MCCASKILL: All right. Commission file becomes part of the record with the exception of self-serving declarations and unstipulated medical reports. We're here today, Mr. Sanchez, pursuant to a Form 50 you filed on behalf of your client. If you would please, sir, place your client's position on the record.

MR. SANCHEZ: Thank you Your Honor. My client was working for Sun Fiber back on June 14, 2019 when a large, 600, 700 pound bale of fiber hit him on the top of his head as he was bent over doing some welding at work.

COMMISSIONER MCCASKILL: Mr. Sanchez, I forgot one thing. We talked about this in the pre-hearing. I made you aware that when I was Senior Executive Assistant at the Attorney General's Office I participated in Mr. Barrett's -- Mr. Burley's hiring as a student law clerk. It was my understanding at that time you had no objection. Is that still your position?

MR. SANCHEZ: Correct Your Honor. In speaking with my

client he stated that he did not have an objection.

COMMISSIONER MCCASKILL: All right, very good. Just wanted to make sure we captured that on the record. Sorry to interrupt you. Please proceed.

MR. SANCHEZ: Okay. As I indicated, back on June 14th he was bending doing some welding when a large 600 to 700 pound bale of fiber came down the line, so to speak, and hit him as he was bent down in the top of his head. As a result, it knocked him back some number of feet. He was initially seen at the Chester Regional Medical Center that Monday, the 17th. And then he was seen by a chiropractor for one day, the 20th. And after that Workers' Comp finally sent him to Riverview, and which he was seen there for a little while and was referred to an orthopedic, I mean a neurosurgeon, Midlands Ortho. Dr. Brown. Dr. Brown saw him two times and my client is going to testify about the evaluation and, or examinations or lack thereof that he did for him. He gave him a couple injections to his occipital nerve in his head and top of his spine areas. On June 11 had ordered some physical therapy for my client and then said that my client was released

from a neurosurgical standpoint and to continue receiving medical treatment for his injuries from a non-neurosurgical provider. My client was seen by Your Life Wellness Physical Therapy for about three months or so, upon which it was cancelled by Workers' Compensation right around the time of his deposition on September 30th of last year. He was then seen by Carolina Neurosurgery and Spine, Dr. Jarell, who wrote him back into work pending an ortho appointment, date to be determined. He was then seen by the ortho, Dr. DuPuy, who wrote him out of work and indicated that he had contractures and a left foot drop as a result of this head injury and that he needed to be seen by a neurologist. Dr. Rao was the neurologist who saw him two times. My client has not been able to get additional treatment or diagnostics with Dr. Rao due to financial limitations. Dr. Rao has indicated that his EEG indicated some frontal slowing and that he needed a further 96-hour EEG in the brain, comprehensive head injury program to further help treat and diagnose the extent of what is going on with this impact. Defendants had sent my client to see Dr. Gunter initially for a lumbar spine evaluation, paying about $2500 or so

for that evaluation, and then eventually sent him for a cervical and head evaluation paying that same amount of money. They also had sent him to Dr. Paz, who is a child psychologist, and Dr. Paz indicated that he had some difficulties adjusting to his new body, his new him, and that he needed some psych therapy for him and his family to help him get through this and treat that. Dr. Gunter has essentially thrown up his hands saying hey, I don't know what's going on. This is for you and the judge to determine, you know. Dr. Gunter, you know, did indicate that he had some appositional tone issues about his left upper extremity and left lower extremity. He just could not opine as to the etiology of such, upon which Dr. DuPuy had added the fact that it did come from this and Dr. Rao indicated that it could come from this. He needs to examine him further to diagnose the extent of this issue that he is having. My client initially tried to report back to work around September, and around that time his job indicated that he could not come with his assisted device into work. He tried to report that day and he was walked out by a supervisor and he hasn't been able to work since due to these out of work

notes. And, you know, unfortunately my client is here today with his cane, with his left brace and his left foot device to help straighten out the curvature that he has in his hands and his feet. You know, he's trying to get the treatment he can, but due to lack of finances we're here today asking the Court to further provide treatment for his injuries.

COMMISSIONER MCCASKILL: Okay. That's it?

MR. SANCHEZ: Yes, Your Honor.

COMMISSIONER MCCASKILL: All right, very good. All right Mr. Burley.

MR. BURLEY: Thank you Commissioner. This is an admitted injury from June 14, 2019. We contend that it is a, albeit he did get hit with a 650 pound bale as he was welding on an assembly line, that he has reached maximum medical improvement as of July 11, 2019 per Dr. Brown. Some context, we went through this in depth in the pre-trial conference. He was originally seen three days after the accident, which is the first time he had sought medical care. He continued to work the remainder of his shift. He was initially diagnosed with a contusion of the lower back. For Dr. Brown's part he released him with maximum

medical improvement on July 11, 2019 with a five percent impairment rating to the neck for non-verifiable radiculopathy, zero percent to the lumbar and zero percent to the thoracic spine. No work restrictions were provided at that time. We take the position that that still is the case. There has been no treatment or evaluation that has happened since then that would credibly differ from Dr. Brown's initial report, and that is for impairment, MMI and work restriction. Despite the fact that Dr. Brown does say there's some occupational treatment needed for what he called muscle tension, we will provide that a) has been developed by further evaluations, this is for a contraction of the left hand which is for all accounts not related to this injury. But he did receive physical therapy despite claimant's allegations that he didn't, from July 22, 2019 through September 23, 2019. And that was per Brown's orders and paid for by my client. Again, point out that all diagnostic testing has been done to date, which includes multiple CT scans and MRIs, are all negative. There's not one that has come back abnormal. He has seen Dr. DuPuy and Dr. Rao. Those are both claimant's

experts and both of those doctors confirm the same thing, which is there's nothing, at this point, surgically or structurally wrong with the neck or the back. They have essentially said he has left hand contracture due to a head injury. Dr. DuPuy admits he's an orthopedic specialist and not qualified to give an opinion on the head. Dr. Rao, as we testified or we discussed at the pre-trial conference, has been charged criminally with fraud by the United States government. Therefore, we would maintain that the best opinion would be that of Dr. Brown, which was confirmed later by Dr. Gunter in July of 2020. Therefore, we take the position that MMI is July 11, 2019 per Dr. Brown, confirmed by Dr. Gunter later and that there is no verifiable impairment related to his work injury.

COMMISSIONER MCCASKILL: Anything else Mr. Sanchez?

MR. SANCHEZ: I just want to re-note for the record my objection to any allegations about Dr. Rao's prior settlement with the federal government. I noted that in the record of the deposition while it was being taken. I just wanted to re-emphasize that.

COMMISSIONER MCCASKILL: And it's so noted here. Thank

you. Anything else, Mr. Sanchez?

MR. SANCHEZ: No, Your Honor.

COMMISSIONER MCCASKILL: Anything else Mr. Burley?

MR. BURLEY: Nothing further from the defense, Commissioner.

COMMISSIONER MCCASKILL: All right Mr. Sanchez, you want to call your first witness?

MR. SANCHEZ: Yes. I'm going to call Jessica Bagley.

COMMISSIONER MCCASKILL: All right.

MR. SANCHEZ: Kyle Bagley's wife.

COMMISSIONER MCCASKILL: All right, you can have your other witness wait outside while she testifies.

MR. SANCHEZ: That's not a witness.

COMMISSIONER MCCASKILL: Okay. You got the other one sequestered?

MR. SANCHEZ: Correct.

COMMISSIONER MCCASKILL: Perfect. You're ahead of the game, Mr. Sanchez. That's a good thing. Good morning, ma'am.

MS. BAGLEY: Good morning.

COMMISSIONER MCCASKILL: Have a seat right there, please. I've got two requests for you.

MS. BAGLEY: Yes, sir.

COMMISSIONER MCCASKILL: First one is, speak up. There are no microphones out there, and these are not

even on. Okay. So speak up. It's imperative that the attorneys hear you, this young lady's who is making record has to hear you and I have to hear you. And I'm old, so speak up. Second thing, if you're asked a yes or no question, please answer with a yes, a verbal yes, or a verbal no. If you shake or nod your head, and I do that all the time, but if you do that here, she actually has to put that in the record, that's going to slow her down. And if you answer with anything other than yes or no, like uh-huh or huh-uh, those are just too easily misunderstood. If you do that, one of the attorneys or I almost assuredly will say is that a yes or is that a no. Don't let that throw you, we're just trying to get clarify for us here today and clarity in the record for anyone who might read it in the future. All right?

MS. BAGLEY: Yes, sir.

COMMISSIONER MCCASKILL: All right, please raise your right hand.

Jessica Marie Bagley, being duly sworn and cautioned to speak the truth, the whole truth and nothing but the truth, testifies as follows:

COMMISSIONER MCCASKILL: All right Mr. Sanchez, your

witness.

DIRECT EXAMINATION

BY MR. SANCHEZ:

Q. Ms. Bagley, if you could state your full name for the record please?

A. Jessica Marie Bagley.

Q. And are you married to Kyle Bagley, the claimant in this matter?

A. Yes.

Q. How long have ya'll been married?

A. It'll be 11 years October 24th.

Q. And we're today for an injury that occurred June 14, 2019, are you familiar with that date and that injury?

A. Yes, sir.

Q. Okay. And I believe that date was a Friday, is that your understanding?

A. Yes, sir.

Q. And I believe that Sunday was Father's Day. Do you recall that weekend?

A. Yes.

Q. Okay. What did you observe my client doing over that weekend?

A. He didn't do anything. He stayed in the bed the whole weekend.

Q. And ever since his injury, have you observed my client

being physically able to do certain things that he used to be able to do?

A. No, sir. He's got a lot of limitations since then. He's not able to help around the house really. He requires help sometimes with certain things and personal grooming. He can't do anything with his kids as far as physical activities. Walking, he goes walking, which is required with his therapy. He can't do any work. He can't help with the laundry. He doesn't help with grocery shopping. A lot of limitations now since his accident.

COMMISSIONER MCCASKILL: Ms. Bagley, how about pull your mask up --

MS. BAGLEY: I'm sorry.

COMMISSIONER MCCASKILL: -- Over your nose please, ma'am. Thank you.

CONTINUED BY MR, SANCHEZ:

Q. All right, and did you observe him having any of those limitations you just mentioned before this date, June 14, 2019?

A. No, sir.

Q. As far as his mental well-being after this incident on June 14, 2019, has it changed substantially from anything before this incident?

A. Yes, sir, it has.

Q. And I guess another question that I have for you, have you realized that Mr. Bagley has been consistent in his complaints that he's had ever since this incident of June 14, 2019?

MR. BURLEY: Object to the form. It's leading, for one.

COMMISSIONER MCCASKILL: How about rephrase that for me please.

MR. BURLEY: Thank you, Your Honor.

Q. Have you noticed anything about Mr. Bagley and the way he's complained about problems as being the same complaints or are they different?

A. The same. Headaches, he shakes a lot at nighttime when he's sleeping. He doesn't get a whole lot of sleep. Walking on the one leg, it just, it's been consistent since day one. Nothing different.

Q. And I believe you were present when Mr. Bagley attended an appointment with Dr. Brown, did you attend an appointment with him and Dr. Brown?

A. I took him to the first appointment.

Q. Okay. So, I believe the first appointment would be, the record will reflect, July 5, 2019. Did you observe Dr. Brown physically examining my client?

A. Looking at him and going over the MRIs or the CT scans, which I don't remember which one exactly it was, explaining those to us going down that. But to

physically exam, no, sir.
Q. Okay, so did you observe Dr. Brown touching his hands and the strength of his hands or his legs?
A. No, sir. The only thing that he did was try to ask Kyle to push, he was like can you stick both of your hands out for me, and at that time his left arm was drawn up. He couldn't even pull that down by himself. And would try to just tell him to push back as, you know as much as he could without it hurting with his arms. And I believe he tried to get him to do it with his feet, like he just turned his feet up, Dr. Brown did, and asked him could he push with his feet on there as hard as he could. But other than that, that was it.
Q. Okay. And did Kyle have any issues doing that?
A. Well with his arm for one thing, he cried when he did that. And his reply, Dr. Brown's reply to that was --
MR. BURLEY: Objection to what Dr. Brown said.
COMMISSIONER MCCASKILL: Yeah you can't tell me what he said.
MS. BAGLEY: I'm sorry.
COMMISSIONER MCCASKILL: That's all right.
CONTINUED BY MR. SANCHEZ:
Q. Okay so Ms. Bagley, you observed some issues?
A. He, yeah he was hurting. Yes, sir.

Q. All right. No more questions.

COMMISSIONER MCCASKILL: All right. Mr. Burley.

CROSS-EXAMINATION

BY MR. BURLEY:

Q. Thank you. Ms. Bagley I'll be brief. You are not a doctor, is that correct?

A. No, sir.

Q. Okay. And the only thing that you testified to here today are about changes that you've observed with your husband, is that correct?

A. Yes.

Q. Okay so you don't know whether those issues are medically verifiable, do you?

A. No.

Q. You can just tell us that you see him and observe what you see, correct?

A. Yes.

Q. And your testimony's limited to that, isn't it?

A. Yes.

Q. Do you and your husband share finances?

A. Not now.

Q. Okay. But you live together?

A. Yes.

Q. Okay. Is it fair to say anything that would financially benefit him would benefit you?

MR. SANCHEZ: Objection.

COMMISSIONER MCCASKILL: Excuse me.

MR. SANCHEZ: Objection.

COMMISSIONER MCCASKILL: Sustained.

MR. SANCHEZ: Thank you.

COMMISSIONER MCCASKILL: We're not going there.

CONTINUED BY MR. BURLEY:

Q. You testified earlier that he, that Dr. Brown didn't do a physical exam, is that correct?

A. Yes.

Q. Okay. But then you just described, upon questioning, pushing and with hands. Isn't that correct?

A. He asked Kyle to do that. Yes. I'm sorry. Yes.

Q. So that's a physical exam, is it not?

A. I don't understand the question.

Q. Asking him to physically push, that's a physical exam isn't it?

A. Yeah, he asked him to. I didn't say he was able to.

Q. Okay, and he also did the same thing with the feet. Is that correct?

A. Yes.

Q. You testified your husband is having, is not the same from a mental standpoint. Is that correct?

A. Yes.

Q. But he's had issues prior with mental issues, isn't

that correct?

MR. SANCHEZ: Objection. I mean he just said blanket statement of prior mental issues. What are we speaking about specifically?

COMMISSIONER MCCASKILL: Let's rephrase that please.

CONTINUED BY MR. BURLEY:

Q. Okay, you testified earlier that He's having mental issues now, is that correct? Mentally.

A. Yes.

Q. Okay, and he's had, my question to you is, because of your testimony, isn't it true that he's had issues prior to this?

A. Not that I'm aware of.

Q. Okay. So you're not aware that he treated at Lawrey's Family Medicine for anxiety and depression resulting in decreased activity and fatigue and muscle tension about 2014 to 2018?

A. I mean, I don't know what he's talked to his doctor about when I'm not there, so I can't answer that question.

Q. Okay. You've been married for 11 years, correct?

A. Correct.

MR. BURLEY: Bear with me just a minute, Commissioner.

COMMISSIONER MCCASKILL: Take your time.

MR. BURLEY: Commissioner, I'm referencing Defendant's

page 363. Page 363.

MR. SANCHEZ: Did you bring me a copy?

MR. BURLEY: We sent you a copy.

MR. SANCHEZ: I'll pull it up on my phone.

COMMISSIONER MCCASKILL: Mr. Sanchez if you want to borrow the copy from up here and look at it.

MR. BURLEY: I think I have an extra, Commissioner. Give me just a moment.

COMMISSIONER MCCASKILL: That'd be fine.

CONTINUED BY MR. BURLEY:

Q. Were you married to Mr. Bagley in 2014?

A. Yes, sir.

Q. Okay. This is a report, and it's dated December 16, 2014. And this is Mr. Kyle R. Bagley, is that your husband?

A. Yes, sir.

Q. Okay. And he was diagnosed with anxiety and depression. Symptoms worse in the evening. Unable to maintain relationships. Interference at work. Also having trouble at work with anxiety and muscle tension and palpitations. Do you recall him having those issues in 2014?

A. Is that a yes or a no question?

Q. It is.

A. Or? I mean I really don't, I don't recall. That's --

Q. Okay.
A. I don't.
Q. And just briefly, he was also seen in 2000, in March of 2018, and this is Defendant's page 370. Okay and this is again March 13, 2018, Defendant's page 370. And then on to page 371. This is what he's complaining of in 2018. Increased agitation, anger, mood swings, feeling down and depressed for the last six months. He reports depression and stress and fatigue. Lack of concentration, agitated anger spells. He states that he even gets to the point where he flips out at times, punching walls or throwing things. He was diagnosed, again on page 372, from his doctor with major depressive disorder. Were you married to Mr. Bagley and living with him in 2018?
A. Yes, sir.
Q. So you don't recall him being diagnosed with major depressive disorder that affected his home and work to the point where he was punching things in 2018? You don't recall that?
A. No. Like I said, I wasn't, what he discusses with his doctor, if I'm not there, I don't know about that. And I'm not a medical doctor, so.
Q. But you testified that since this injury he's become all of those things, correct?

A. Yes.
Q. Angry, depressed.
A. Yeah, I didn't say angry.
Q. Okay, but depressed.
A. Yes.
Q. Okay, and that's since this injury?
A. Yes.
Q. The one we're here discussing from 2019, correct?
A. Yes.
Q. But your testimony is you didn't, haven't noticed any of those issues before?
A. But you were asking me about documents and I'm not going to testify that I knew about those documents when I wasn't with him, so.
Q. That's not, let me clarify my question. I'm not asking you about the documents. I'm asking you about, you're testifying to what you observe. I'm asking did you observe any of these things that your husband had, that you lived with for 11 years, any of those issues prior to this accident?
A. Not ever punching and hitting walls. Not ever, I mean if he was going through things that he discussed with his doctor, no sir, I did not. That's my answer to that, no.
Q. Did you observe any of those behaviors prior to his

2019 injury at Sun Fiber?

A. Maybe stress from work sometimes.

Q. But nothing like major depressive disorder?

A. No, sir.

MR. BURLEY: No further questions. Thank you.

COMMISSIONER MCCASKILL: Alright. Mr. Sanchez, any other questions for this witness?

RE-DIRECT EXAMINATION

BY MR. SANCHEZ:

Q. Just so we're clear for the record, nothing jumped out at you in the four to five years before this incident that Mr. Burley was talking about in his prior medical records a couple times, is that correct?

A. No, sir.

Q. Okay. But since this incident things have jumped out at you as being different, is that what I understand your testimony to be?

A. Yes.

MR. SANCHEZ: Okay. All right. All right, no more questions.

COMMISSIONER MCCASKILL: Mr. Burley?

MR. BURLEY: No follow up.

COMMISSIONER MCCASKILL: Alright, thank you ma'am. You may step down. Call your next witness.

MR. SANCHEZ: Okay. Can I call my client and the next

one here, like we said?

COMMISSIONER MCCASKILL: Y'all approach.

(Attorney Sidebar: Off the record)

COMMISSIONER MCCASKILL: You've testified. You can stay. Do you have any objection to her staying Mr. Burley?

MR. BURLEY: No objections.

COMMISSIONER MCCASKILL: All right. If you'll come have a seat up here please, ma'am.

MR. SANCHEZ: I'm calling Karlissa Bagley to the stand.

COMMISSIONER MCCASKILL: All right. Have a seat in that chair please, ma'am. First things first, ma'am. You need to speak up because there are no microphones down there and as I was pointing out a while ago these don't even work right now. And if you're asked a yes or no question, please give us a verbal yes or a verbal no. If you do anything other than that one of the attorneys or I are probably going to say, well almost assuredly going to say, is that a yes or is that a no. Don't let that throw you, we're just trying to get clarity for us here today and clarity for anyone who might read it in the future. Okay.

MS. BAGLEY: Okay.

COMMISSIONER MCCASKILL: Okay, please raise your right

hand.

Karlisa Parker Dean, being duly sworn and cautioned to speak the truth, the whole truth and nothing but the truth, testifies as follows:

COMMISSIONER MCCASKILL: All right Mr. Sanchez, your witness.

DIRECT EXAMINATION

BY MR. SANCHEZ:

Q. All right. Karlisa, what is your relationship to Mr. Bagley?

A. I'm his mother.

Q. Okay. And are you currently working?

A. No, I'm retired.

Q. Okay. What did you do for work?

A. I was the economic development director for Chester County.

Q. The economic development director?

A. Yes.

Q. Oh, okay. What is that?

A. I recruit business for, on behalf of Chester County into the County. I recruited, I mean I finished up the career of about $1.2 Billion and created 5000 jobs and I actually helped, I mean I recruited Sun Fiber.

Q. Sun Fiber the employer here?

A. Yes.

Q. Oh, okay. All right. And I believe recently, what is the Order of the Palmetto?

A. Yes, sir. As I retired I received the Order of the Palmetto from the Governor. It was such an honor for the work that I did for Chester County and the State of South Carolina.

Q. Excellent. And I believe you physically went to the last appointment with Mr. Bagley with Dr. Brown on July 11, 2019. Is that right?

A. I did.

Q. Okay. And how long did the doctor spend with Mr. Bagley?

A. It took more time, I mean I can approximately, but it took more time to get Kyle out of the car and into the visit and from the doctor's office back into the car. It was probably about 15 minutes all together.

Q. And did he physically examine him and touch Mr. Bagley in that appointment you with him with?

A. No, it was more he was questioning Kyle and was asking about his head and was he still having the issues with his neck and head.

Q. I believe he gave some occipital nerve root block injections?

A. He gave four.

Q. All right. And were you physically present for that?

A. Yes, sir I was.
Q. Did you see anything or hear anything that jumped out?
A. Yes. As Kyle was telling him about the, he kept hearing like shards of glass in his head and his neck. And when Dr. Brown actually bent him over to give him those shots, I could hear it. And the doctor even looked over at me kind of we were both like in shock that you could hear it out loud as he inserted the needle into his and down into the base of the neck.
Q. Okay. And at that appointment did you observe Kyle's hand and feet in the contracted position that it's at currently?
A. Yes, sir. It was exactly as it was. Actually it was worse then. Because that's what took us so long getting into the office and back to the car again was his limp and the time it took him just to right himself to get in there.
Q. And we're here for an incident that occurred on June 14, 2019. Are you familiar with that incident date, so to speak?
A. Yes.
Q. Okay. And since that incident, what have you observed of Mr. Bagley that's been different physically?
A. My son was very energetic and he was a very hard worker and what I have seen is that over this past

almost two years he's just changed drastically. We just watched him start to bow over and his hand began to be, I guess retracted to his side. The limp. He has panic attacks. He can't -- sometimes he doesn't, he can't understand instructions. It's been very hard for us to watch, and to see. So it's been a very difficult time for the family.

Q. And prior to this June 14, 2019 incident, did you observe any of those things present with Mr. Bagley? In other words did he have those things going on prior?

A. No, sir. He did not.

Q. And do you know of any trauma that he has sustained after this accident other than the bale of fiber in question?

A. No, sir. Because he's pretty much been house-bound until just recently, where the doctors were suggesting that he walk a little bit, or I think it was the physical therapist, that he try to walk.

Q. All right. And since the July 11, 2019 appointment with Dr. Brown that you attended, have you taken him to any other Workers' Compensation appointments or appointments on your own only?

A. I took him to the one of the very first ones, the Workmans' Comp, when we went to Riverview. There was a

Workmans' Comp nurse that was there. But we've been taking him to all of his appointments that, when his wife was working and can't take him. We, either his dad or I take him.

Q. Okay. So, you know, the records will reflect that they set up Mr. Bagley with a visit to Dr. Paez and then with Dr. Gunter. Were you there with Dr. Gunter's appointment as well?

A. I was. Yes.

Q. Okay. And did he examine my client the first time, in March of 2020?

A. The very first time it was, I guess his PA that did the examination. And then Dr. Gunter came in and did an exam. And said he just didn't --

MR. BURLEY: I'm going to object to anything that the doctor said.

COMMISSIONER MCCASKILL: You can't tell me what the doctor said.

MS. BAGLEY: I'm sorry.

COMMISSIONER MCCASKILL: Well you probably have never done this before. Because Dr. Gunter is not here for Mr. Burley to cross-examine. Go ahead.

CONTINUED BY MR. SANCHEZ:

Q. Okay. Did you feel like Mr. Bagley received an adequate evaluation that day?

MR. BURLEY: I'm going to object. She's not an expert as to what would be an adequate exam.

COMMISSIONER MCCASKILL: Yeah you need to rephrase that.

CONTINUED BY MR. SANCHEZ:

Q. What is your impression about how long was spent with Mr. Bagley?

A. My impression was I left that office visit in tears because I watched, we had hoped that we could find out maybe what was wrong with Kyle, and we certainly didn't receive that that day.

Q. And the record will reflect that that initial visit was a low back evaluation?

A. Yes.

Q. Did Dr. Gunter evaluate his brain at that appointment, or his head that appointment?

MR. BURLEY: Object. I'm not sure she can answer what was evaluated in terms of body parts. I've had a lot of leeway with what she's testified to but we're at a critical mass here.

MR. SANCHEZ: That's fine. I'll withdraw that question.

COMMISSIONER MCCASKILL: Thank you.

MR. SANCHEZ: All right. No more questions.

COMMISSIONER MCCASKILL: All right Mr. Burley.

CROSS-EXAMINATION

BY MR. BURLEY:

Q. Thank you. Ms. Dean, is that correct?

A. Yes.

Q. I'll try to be brief. You are not a doctor, correct?

A. No.

Q. So you're not a doctor, isn't that correct?

A. No, I'm not a doctor.

Q. Okay, thank you. And so you're not familiar then with what's standard protocols for evaluations and diagnostic treatment are you?

A. No.

Q. You don't know whether Dr. Gunter or Dr. Brown, or any doctors that your son has seen, you don't know what they did outside of your presence, do you? In terms of reviewing medical records and diagnostics?

A. No.

Q. Okay. Have you been to all of your son's Workers' Comp appointments?

A. Not all of them, no.

Q. Okay, just the ones with Gunter and Brown?

A. And Paez.

Q. And Paez. Okay. Did you go to the ones --

A. And the child psychologist.

Q. Okay. Did you go to the ones with DuPuy or Rao?

A. No.

Q. So why would you go to some of your son's doctors appointments but not all of them?
A. Because if his wife could take him, then she did.
Q. Okay. But you've gone to all the ones that were set up by the Defendants, isn't that correct?
A. I just went to the ones that he asked me to take him to because he didn't have a ride.
Q. You said since this injury your son has had panic attacks, is that correct?
A. Yes.
Q. Did he have any other mental issues related to anxiety prior to his 2019 incident that you observed?
A. Not that I observed.
Q. Okay. Are you aware that he treated from 2014 through 2018 at Lawrey's Family Medicine for anxiety, depression, major depressive disorder, sleep disturbance and bipolar disorder?
A. I was made aware of that after.
Q. Okay. Do you have a close relationship with your son?
A. I do.
Q. Okay so you never observed any of those prior to July -- June of 2019?
A. No.
Q. Okay. So your son was diagnosed major depressive disorder, bipolar disorder, general anxiety disorder,

sleep disturbance, requiring four plus years of medical treatment, and you never observed any mental issues prior to his injury at Sun Fiber?

MR. SANCHEZ: Objection Your Honor. That's a mischaracterization of the records. It's not four plus years of treatment.

MR. BURLEY: I can specify the dates. I just went through them.

COMMISSIONER MCCASKILL: I understand that. We're bordering on asked and answered, so let's –

CONTINUED BY MR. BURLEY:

Q. Are you, so --

MR. BURLEY: Can I ask the question, again.

Q. From December of 2014 through July of 2018 were you aware that your son was in extensive treatment for depressive and anxiety related issues?

MR. SANCHEZ: Objection Your Honor. Once again, mischaracterizing the evidence. What is extensive treatment?

MR. BURLEY: It's in the records.

COMMISSIONER MCCASKILL: Is the word extensive in the record?

MR. SANCHEZ: No Your Honor, it is not.

MR. BURLEY: Okay, I'll rephrase the question.

COMMISSIONER MCCASKILL: Thank you.

CONTINUED BY MR. BURLEY:

Q. From December 2014 through July of 2018, are you aware that he was receiving treatment for anxiety, depression, major depressive disorder, bipolar disorder, and other anxiety related issues?

A. No.

Q. Okay. You testified, and the reason you're here, is because you have observed those types of behaviors since June of 2019, isn't that correct.

A. That's correct.

Q. And you're telling us on the record that you never observed anything like that prior to his injury at Sun Fiber?

A. I am telling you that. Yes.

MR. BURLEY: Okay. No further questions.

COMMISSIONER MCCASKILL: All right. Anything else, Mr. Sanchez?

MR. SANCHEZ: No further questions.

COMMISSIONER MCCASKILL: All right, thank you, ma'am. You may step down. All right Mr. Sanchez, call your next witness. The rise in the floor there is marked by those two pieces of lighter carpet, so be careful there.

MR. BAGLEY: Yes, sir.

COMMISSIONER MCCASKILL: You have been present for

speak up and answer yes and no and unless you have a question about that we'll not go down that road again. Raise your right hand, sir.

Kyle Bagley, being duly sworn and cautioned to speak the truth, the whole truth and nothing but the truth, testifies as follows:

COMMISSIONER MCCASKILL: Thank you Mr. Bagley. Mr. Sanchez, your witness.

MR. SANCHEZ: Your Honor, real quick. There's one matter that I forgot to address. On the pre-hearing brief and APAs that I've handed up to the Court, at the end of last week we received in Dr. Gunter's deposition, which is Claimant's APA 13. I, this morning, updated the numbering so I think there's going to be some cross-referencing the numbering. The bottom line of Claimant's 1 through 13 and through 379. I just wanted to make the Court aware of that in case there was a page number difference issue.

COMMISSIONER MCCASKILL: All right. Tell me what I need to look out for again?

MR. SANCHEZ: Bottom line, I just handed up the pre-hearing brief dated today. The updated one reflects Dr. Gunter's deposition on APA 13, and it ends on page 379. So Claimant's APAs are APA 1

through 13 and then it ends on page 379. I believe the Defendants picked up the numbering on a prior APA numbering.

COMMISSIONER MCCASKILL: All right.

MR. SANCHEZ: Before we had Gunter.

COMMISSIONER MCCASKILL: I believe I can get that straight.

MR. SANCHEZ: I just wanted to make sure.

DIRECT EXAMINATION

BY MR. SANCHEZ:

Q. All right, Mr. Bagley. Can you please state your name for the record?

A. Kyle Ray Bagley.

Q. All right, let’s just jump right into it. Tell us what happened that brings us here today?

A. On June 14th I was welding on the floor and got hit in the head with a bale.

Q. And who were you working for back then?

A. Sun Fiber, LLC.

Q. All right.

MR. SANCHEZ: Your Honor if I may approach?

COMMISSIONER MCCASKILL: Certainly.

MR. SANCHEZ: This is Plaintiff’s Exhibit 1.

MR. BURLEY: Give me just a minute Commissioner.

COMMISSIONER MCCASKILL: Let him find it. While you’re

doing that, go off the record for a second.

(off the record)

CONTINUED BY MR. SANCHEZ:

Q. And we've marked this as Exhibit 4. Kyle I'm going to hand this to you.

(CLAIMANT'S EXHIBIT 4 MARKED FOR IDENTIFICATION PURPOSES)

Q. Exhibit 4 is seventeen pieces of paper from Great American Insurance Company and then there's two pictures behind that. Do you see that? Those papers in front of you?

A. Yes, sir.

Q. All right and this -- the first seven pages just for sake of brevity is what we call a first report of injury that details your, the issues or the injury, the incident that you had. Is that correct?

A. Correct. Yes, sir.

Q. All right. And then the very last page before the picture said you were welding at the conveyer when the bale came down the conveyer, knocking you about 15 feet. You see that?

A. Yes, sir.

Q. Okay. So how many pounds does this bale of fiber weight?

A. 600, 700 pounds.

Q. Okay. And the last two pages of that exhibit that I

gave you, could you identify what those are?
A. Those are the bale that would make the bales of fiber.
Q. Okay. Because I know this isn't the exact bale of fiber that hit you, but is this representative of the bale of fibers that's coming down the line that did hit you on the day in question?
A. But tremendously bigger, yes, sir.
Q. Okay. All right.
COMMISSIONER MCCASKILL: All right, help me. What, because I'm not looking at those pictures. The one that hit you is bigger?
THE WITNESS: Sir, they're about four foot by four foot and three foot tall.
COMMISSIONER MCCASKILL: All right, that's all I need to know. Pull your mask up a little bit. Thank you. All right Mr. Sanchez, sorry.
CONTINUED BY MR. SANCHEZ:
Q. All right, so you were bending welding at work for Sun Fiber and then according to this First Report of Injury it knocked you about 15 feet backwards. Is that right?
A. Yes, sir.
Q. Okay. What happened right after you got hit? Did you go take a break, what?
A. Yeah I got up and made my way through the inside of

the machines, told the supervisor, kind of just laughed it off and I went and sat in my truck.

Q. Okay. How long do you estimate you sat in your truck after that?

A. Probably about two and a half hours.

Q. Okay. Did you lose consciousness? Did you see stars? I mean what did you experience right after you got hit?

A. Everything went black and I seen my daughter's eyes, the color of her eyes, and my first reaction in my mind was I thought the guy ran me over with the forklift.

Q. Okay. So after that, what exactly is your job there at Sun Fiber?

A. Maintenance Mechanic.

Q. Okay. So do you work all 12 hours that your shift is, or do you sometimes not have anything to do, or what?

A. It's 12 hour rotating shifts, so it's on call.

Q. Okay. So after this, how long could you estimate that you worked for?

A. Right after that, if I got the next call, it just depends on what it would be. So, out of a 12 hour shift, you know, I could work three hours versus sometimes you work all 12 hours.

Q. Okay, so after sitting in your car catching, you know gathering yourself, how many minutes do you estimate

you worked?
A. After that?
Q. Correct.
A. I'll probably say another 40 minutes.
Q. Okay. All right, and that was a Friday. So explain to me, did you report it that day? What happened?
A. Talking to one of my friends there I told him what happened and also talked to my mom and told her what happened and she said the best thing to do is make Chris aware of what happened.
Q. Okay. And who's Chris?
A. Chris Winters.
Q. Okay and he's sitting here in the courtroom today?
A. Yes, sir.
Q. Okay. All right, and what did you and Chris talk about with this incident?
A. I told him I wanted him to be aware of what happened, so I made him and the other supervisor aware.
Q. Okay. Was that the same day that this happened?
A. The previous morning, the next morning out of my shift.
Q. Okay, just so we're clear for the record, you work 7:00 P.M. to 7:00 A.M., is that right?
A. Correct.
Q. Okay and this incident happened around midnight so the

early morning hours of the 14th of that Friday.
A. Thereabout, yeah. Right around in there.
Q. Okay and when did you speak with Chris about this incident, that morning you said?
A. It'll probably been 8:30, 9:00, somewhere in there. When he gets there.
Q. Okay.
A. Or he was probably already there before I came back to the job.
Q. Okay. So you came back, and did he tell you to go home, get treatment, what did he tell you?
A. He said a lot. But basically I look like crap, go home and sleep it off.
Q. Did he say that he saw the video or you --
A. Yeah, we spoke later and he said he watched the video and got my bell clocked, I believe those was his words.
Q. Okay. Did he mention anything about you didn't properly weld or you welded too slow or anything like that?
A. Yeah, he laughed at me, said I needed to weld faster.
Q. Okay. All right. How long had you been working there, at Sun Fiber?
A. I believe the first time was probably a year and a half. And then my second time with them, so probably

close to three and a half, four years.
Q. Okay. The second time, so I guess you were on the second time around in June of last year, is that right? Like in other words, that was the second time you'd worked for them?
A. When the incident happened was my second, yes, sir.
Q. Okay, and how long were you there with them the second time around?
A. Probably about three and a half years.
Q. Okay. Did you work all year, take a week off or anything?
A. For what?
Q. Touche. Do you work all the time? I mean did you take time off?
A. I would work my schedule and, you know, when my anniversary would come up I'd take a few days off.
Q. Okay, but aside from that you worked 40 hours plus, even overtime?
A. I would work whatever they'd give me. If they let me work other people's shifts I'd work their shift as well.
Q. Did you like working there?
A. I loved to work there.
Q. Before this accident, did you ever miss work because of any injuries, or you know, physical or mental

injuries?

A. No.

Q. Any issues relating to those things?

A. No.

Q. Okay. Sitting here today, can you work at Sun Fiber?

A. No.

Q. There was some indication that in the past that you had gone and seen a doctor for depression or stress, what was that related to?

A. As far as the 2014, that was a different job. A high demand stressful job, and you know, I just made my doctor aware of the stuff I was doing and she wanted to try out a new medication.

Q. All right –

A. To help me with the anxiety, but the insurance wouldn't cover it, so it never got took.

Q. Okay, so I guess over that four year period of time, what, you talked to them about it just a couple times?

A. Just a few times. Nothing out of the norm, you know, just here and there. It was driving a crane, so, you know, you hit the wrong button you kill a lot of people. You hit the wrong button, knock out millions of dollars worth of equipment, so it was very stressful. Demanding.

Q. Okay.

A. And that was 12 hour rotating shifts as well.

COMMISSIONER MCCASKILL: Mr. Bagley, how about you pull your mask up.

MR. BAGLEY: Sorry.

COMMISSIONER MCCASKILL: It's All right.

CONTINUED BY MR. SANCHEZ:

Q. So then, in I guess the year leading up to this incident, did you have any major depression or anxiety that prevented you from, you know, functioning so to speak?

A. No.

Q. All right, coming back around to this incident. Right after that, after the incident, you talked to Chris. He told you to go home and sleep it off. What ended up happening over that weekend? That Saturday and Sunday? I believe Sunday was Father's Day.

A. Sunday was that Father's Day. I spent 90 percent of my time in the bed.

Q. All right. Is that after you went home that Friday morning?

A. Yes.

Q. What, why did you end up going to Chester Regional Medical Center on Monday, which is APA 1. Why did you end up going there on the 17th?

A. I was to the point to where nauseous. Kind of like out

of it a little bit, so I didn't know if it was from something that I ate or from what I had just went through, and so I checked myself out and went into the local hospital.

Q. And initially did you decline to go see a doctor or something with work, or?

A. That morning when we spoke with Chris he asked me if I thought I needed medical attention, if I felt like anything was broken inside my body. I told him no, but of course I'm not a doctor, I don't have a medical degree, and he made me sign a piece of paper stating that.

Q. Okay. But we haven't seen that piece of paper, right?

A. I haven't seen anything from them.

Q. Okay.

A. I haven't even seen the accident report.

Q. Now you got it in front of you.

A. No, the accident report that I signed.

Q. Oh, so there was another accident report that you signed?

A. By two other supervisors and the supervisor that I asked to take me to the hospital that told me no.

Q. Okay, so they haven't given that to us?

A. No.

Q. Okay. All right. So, my understanding is that nobody

was really telling you what to do after that Monday visit to the Regional Medical Center so you ended up going to a local chiropractor, Chester Chiro on APA 2, is that right?

A. Yes, sir.

Q. All right. And did you tell the doctor what was going on with you and did he look at you and examine you?

A. He looked at me, examined me, and said it was beyond his scope, that I needed more professional help than what he could possibly ever imagine giving up I guess. And I'm just glad I went with it.

Q. All right. And then, I believe June 25th, you followed up with Dr. Plyler Palouse. Who is Dr. Plyler Palouse?

A. That's my family doctor from 2014 till now.

Q. Okay. So that's APA 3. Did you indicate to him that you hd an incident at work?

A. Her. It's a her.

Q. Oh, sorry.

A. Yes, sir.

Q. Okay. And did they refer you out for more treatment somewhere?

A. She wanted me to go do tests and scans but I believe at that time it was right line in line with what they were doing with their test and scans.

Q. Okay, and by they, who are they?

A. I guess Great American Insurance Company, the Workmans' Comp people.
Q. Oh. Gotcha.
A. It was kind of hand-in-hand.
Q. Okay, so initially Workers' Comp had sent you to Riverview Medical Center, APA 4.
A. Correct.
Q. Is that your understanding?
A. Yes, sir.
Q. Okay. And on page 29, there's a drawing, when you get into Riverview Medical Center where you put down where you're having issues and symptoms. I have it right in front of me right here, if I may approach, Your Honor?
COMMISSIONER MCCASKILL: Yes.
Q. This is APA 4, if I may just stand here for a second.
COMMISSIONER MCCASKILL: Just don't get too close.
Q. Is that a drawing that you remember doing at Riverview on June 27, 2019?
A. That's it, yeah I had my mother with, yes, sir.
Q. Okay. And so all those drawings where there's numbers 1, 6, this, on the body, on the figure of the human being --
A. Correct.
Q. Are those where you were having issues?
A. Exactly. Yes, sir.

Q. Okay, so for the record, the head, your left shoulder, your left arm, your left leg, etcetera. Is that what's going, what's notated there?

A. Yes. Yes, sir.

Q. Okay. All right. So, tell me in your own words right now, what are the issues that you're having? Let's kind of start with your head.

A. Headaches all the time between the eyes and the top of the head. Constant pain down the neck and the shoulder. The ligaments and tendons are tight from the elbow to the wrist. When you slip the hand inside over you can see everything's all matted up and knotted together. My fingers don't stretch out. And the foot drop. The pain used to be excruciating from my groin to my calf muscle, and from my calf muscle to my foot. And that's when they figured out the drop foot aspect of it. So I got braces for all that.

Q. Okay. What about memory? How's your memory been?

A. Not too good. I keep notebooks laying around, paper laying around. My wife's with me a lot of the time when she's not working as well my mom. And this is another reason why they go with me everywhere that I go for stuff that I forget and can't exactly wrap my head around what's being said.

Q. What about when you move your head and neck? Does

anything happen, do you get lightheaded?

A. In the past it would be the sharp, like glass feeling. And even in the first therapy from Workmans' Comp, they would try to stretch me out, push me up against the wall and tell me to breathe and it'd just get to the point where they'd set me back down and I'd be almost ready to pass out. The same thing.

Q. All right.

A. Seeing stars and stripes. They call it a medical term, but you know that all kind of runs hand in hand with the TBI.

Q. Okay. What about your ears?

A. Ringing in the ears.

Q. Okay.

A. And when I chew.

Q. Okay.

A. Especially when I chew.

Q. All right. Of those issues that we're talking about involving your head, have you had similar issues like that before June 14, 2019?

A. From then or behind that --

Q. Before this incident --

A. Oh, no, sir.

Q. -- Did you have issues of those, that we just talked about?

A. No, sir.
Q. Okay. All right, what of, we talked about a little bit of work-related stress and anxiety. Do you feel like you're significantly more depressed and anxious now?
A. It's on me more now than ever.
Q. Okay. But you never needed treatment for any of those things prior to this incident?
A. No. Like I said, when he's referring back to 2014, that was some, you know, anxiety from my job. And they wanted me to accept this medication that they was pushing out and the insurance company was not paying for it, so I did not take it.
Q. All right, and I believe Workers' Comp sent you to a child psychologist, Dr. Paez. Is that right?
A. Yes, sir.
Q. All right. And she indicated that you needed some psychological therapy for, to adjust to your new you, is that right?
A. Well, you know, it was math --
MR. BURLEY: I'm going to object to that question. A, it's leading.
THE WITNESS: Well it was --
COMMISSIONER MCCASKILL: Hold on.
MR. BURLEY: It's leading and B) it's hearsay.
MR. SANCHEZ: Every statement he's been making about

medical records earlier has been hearsay if think about that. I'm just referencing what's in the report.

COMMISSIONER MCCASKILL: All right, rephrase the question and note that you're referring to the report.

CONTINUED BY MR. SANCHEZ:

Q. All right. So in reference to Dr. Paez' report, let me get you the exact page number. That's Defendants' APA 14. Did Dr. Paez indicate that you needed psychological therapy and family therapy?

A. No.

Q. Okay. Did she not tell you that?

A. No she didn't.

Q. Okay. Because in her report one of the recommendations is that psychotherapy is recommended to address, and that's on page 360, your current adjustment issues. Is that something that you heard from her before?

A. No.

Q. Okay. All right. So once again though, you never needed psychotherapy or anything related to that prior this June 14, 2019 incident?

A. No, sir.

Q. Okay. All right. So, we talked about your neck, what about your, I'm sorry your head. What about your neck

and your back and your shoulder? What's going on with those?

A. They're still pretty tight. I have limited mobility, limited movement.

Q. Okay. And what about the base of your brain, top of your neck area where they injected you? Are you having problems there?

A. It still hurts. It still hurts. And I still have the pain back there.

Q. Okay. Is that where Dr. Brown injected you?

A. I can't tell you exactly because I know, I know that he said two up and two down. So I guess two up near the brain and two down near the base of the neck.

Q. Okay.

A. And it just sounded like shattered glass.

Q. Okay. So Dr. Brown saw you two times. That's APA 5. He saw you on July 5th and July 11th, is that right?

A. I believe so.

Q. Okay. And Workers' Comp, they assigned a nurse with you to go to these appointments?

A. That's exactly right.

Q. Okay. How did Dr. Brown evaluate you? Was he there with you for a while, or what?

A. The first one I would say he spent about 15 minutes talking to the Workmans' Comp nurse. And about 15

minutes talking to me, and that's about it. He said see you back, we're going to do some injections.

Q. Okay. Were you having -- I believe he may have had you press up against the wall. Did he have you do that in that appointment, or?

A. No, he was trying to get me to push my arms out.

Q. Okay, and were you able to do that?

A. My right arm. You couldn't get my left arm off my chest.

Q. Okay. What exactly is wrong with your left hand?

A. It's all balled up in a ball.

Q. Do you mind talking off that sleeve and showing? So for the record, your middle finger is essentially trigger, like you're pulling a trigger. And so is your ring finger, and your pinky a little bit. Compared to your right hand, is your right hand normal?

A. Non verbal response.

Q. So those bendings of your fingers and your digits, so to speak, is that something that occurred after this incident?

A. Correct.

Q. Okay. I believe the doctors have indicated that it's a contracture of your left hand, is that right?

A. Correct.

Q. Okay. And then what about your foot? You don't need to

pull off your shoe, but, are you having some issues with your feet?

A. Same thing there. The medical terminology they told me was a drop foot.

MR. BURLEY: I'm going to object to the form. He's testifying to a medical diagnosis. I'm not sure who.

A. Dr. DuPuy.

Q. Did, I'll clean that up.

COMMISSIONER MCCASKILL: He can tell me what his understanding is.

MR. BURLEY: Right, I understand. That wasn't the question, that's why I had to put an objection on the record.

CONTINUED BY MR. SANCHEZ:

Q. All right, so what's your understanding of what's going on with your left foot?

A. The, my understanding is the force trauma to the head has pretty much, you have a fight or flight syndrome and it went apart and when it came back together nothing go back together right. And so that's why the foot's dropped. That's why the hand was stuck to the chest. And the fingers drew in.

Q. And your understanding of that is based on, I believe, your meetings and appointments with Dr. DuPuy. Is that

right?

A. Yes, sir.

Q. And Dr. Rao as well, the neurologist?

A. Most definitely, yes, sir.

Q. Okay. So we talked about those contractures and on your foot. Do you wear braces? I believe you brought your braces with us?

A. Yes. I was trying to wear them 90 percent of the time and the doctor wanted me to turn around and go as long as I can without it, then force everything into it. Then back to kind of like in the evening times when I'm resting and I'm not trying to put a strain or really kind of be like mobile with it, strap it in there, lock it down.

Q. Okay. So these braces, is that for your left hand and then for your left foot?

A. Correct.

Q. Okay.

A. But I have my bands in there and I have my balls in there. I brought everything.

Q. Okay. And those are things that you need to try and help extend your fingers and --

A. From their therapy to my own therapy. Yes.

Q. Who's their therapy?

A. Workmans' Comp.

Q. Okay. I believe that's Your Life Wellness Physical Therapy?
A. Yes.
Q. That's on APA 6. Okay. So when you were with Dr. Brown, it's my understanding he just gave you some injections, is that right?
A. That's it.
Q. Okay. I mean, in his own medical records, APA 5, it indicated that you had your left hand flexed to your chest and the digits running would be extended. Did he indicate what that was?
A. No. Not really. He just said see back for some shots in the head and we're going to send you straight through to therapy.
Q. And do you know why his notes may indicate that you had full strength on your left hand?
A. I believe it's a mistake. I had full strength in the right hand because of course I can hold, you know I can hold my hand out with my right hand and touch the wall if I wanted to. The Workman's Comp nurse was with me the whole time.
Q. Okay. And I believe Dr. Brown, on July 11th, indicated that, you know, there was no surgery to help you, is that right?
A. He said from his point of view he didn't think there

needed to be any surgery.
Q. And --
A. And was still the same way going in was the same way going out.
Q. Did he tell you to go get further treatment under Worker's Comp with other types of doctors, just not from a neurosurgeon.
A. We didn't have any --
MR. BURLEY: I'm going object to the question.
A. -- Other conversation than that.
MR. BURLEY: I mean --
A. Other than him saying --
COMMISSIONER MCCASKILL: Hold on.
MR. BURLEY: My objection is that calls for hearsay. He's asking if, what Dr. Brown told him to do in the evaluation. If he wants to point him to a medical report that's fine.
COMMISSIONER MCCASKILL: Yeah. You can't tell me what the doctor said unless you got it in a medical report.
MR. SANCHEZ: Just trying to speed things up. I apologize Your Honor.
CONTINUED BY MR. SANCHEZ:
Q. All right, I'm going to hand you APA 5, page 64. At the very bottom of it it indicates that there about

medical needs. Can you just read what it says about your medical needs?

A. Yes, sir. As so, the medical care and treatment that is needed. Patient is at a point of maximum medical improvement from a neurosurgical perspective. We do not anticipate that he will need any further neurosurgical intervention or recommendations in the future. But as previously noted, we do defer or deter further non appropriate (sic) management for the patient's muscular complaints to his occupational medicine physician and team. In addition the statement that the future medical care may be necessary or might be necessary if not sufficient.

Q. Okay. That's just the standard language on that form. So just to summarize, because you said a word that may not have been correct, but it says will defer non-operative management. Non-operative. Do you know what that word means?

A. No, sir.

Q. Okay. All right. So did you ever get to see another doctor that was not a surgeon, from Workers' Comp?

A. From him?

Q. Correct.

A. From Workmans' Comp doctor, the last doctor that I seen.

Q. Sorry, for treatment though, other than just that evaluation with Dr. Brown and Dr. Paez.
A. Their therapies.
Q. Okay. That therapy, All right. So APA 6 is Your Life Wellness. On July 22nd is the initial note and it indicates that, on page 72 from the initial evaluation, that they were unable to test your muscle and strength testing because of pain and functional mobility and your gross MMS is 3 out of 5. Were you having issues with the testing and the stretching of your hands at that appointment?
A. To be honest with you, they wouldn't even touch my left arm or hand.
Q. Okay. But they indicated that you were having these deficits in their records because, were they treating you at the time then?
A. Correct.
Q. Okay. And I believe the last date of treatment that you have with them is September 26, 2019. Does that sound about right?
A. I believe so. I'm not sure.
Q. Okay. And four days later you had your deposition taken and were you still in therapy at the time?
A. Yes, sir.
Q. All right. What happened after your deposition?

A. A day or two after the deposition I go there, or on my way there telling them I'm coming, and she told me there's no need. Workmans' Comp called and cancelled the rest of your appointments.

Q. Okay. So, you had seen a doctor, Dr. Jarell, after that time, is that right?

A. Yes, sir.

Q. Okay. That's APA 7. Dr. Jarell and you were talking about a work note for you to go back to work in your attempt to try to return to work, is that right?

A. Yes sir.

Q. All right. I believe initially he wrote you out of work August 22, 2018, that's APA 7. I'm sorry August 22, 2019. He wrote you out of work completely, is that right?

A. Yes, sir.

Q. Okay. Then September 6, 2019, he wrote you back into work from a neurosurgical standpoint date to be determined by the orthopedic, is that right?

A. That's correct.

Q. Okay. So the orthopedic that you saw then was who?

A. Dr. DuPuy.

Q. Okay. So that's APA 8. Page 157. And did Dr. DuPuy write you out of work completely?

A. Completely.

Q. Okay. And what did you indicate about what was going on with your left upper extremities and left lower extremities?

A. He said from --

MR. BURLEY: I'm going to object to any --

MR. BAGLEY: Okay.

MR. BURLEY: He needs to rephrase the question.

CONTINUED BY MR. SANCHEZ:

Q. Okay. So did Dr. DuPuy and you discuss, in other words what do you recall discussing about what is going on with you physically? You can go. He's not objecting.

A. He said that --

MR. BURLEY: Again, I hate to be a stickler, but he can testify to his understanding but he can't --

COMMISSIONER MCCASKILL: He can't tell me what he said.

CONTINUED BY MR. SANCHEZ:

Q. All right. What is your understanding about what the doctor diagnosed you with?

A. Closed head trauma, or TBI from taking like a 600 to 700 pound blow to the head, that when it did it stretched the body out and did not come back together the way that it was supposed to.

Q. Okay. And did he indicate that is reason for what is going on with your left hand?

A. Correct.

Q. And just so we're clear, did you have any of these issues with your left hand, your left foot, or your neck or your shoulders before June 14, 2019?
A. Never.
Q. And then Dr. DuPuy referred you to an ortho, I'm sorry to a neurologist, is that your understanding?
A. Yes, sir.
Q. Okay. And I believe you saw Dr. Rao of the Neurological Institute October 31st and then again on November 19th, is that correct?
A. Yes, sir.
Q. All right, and that's APA 9. Were you detailing what issues you were having with him?
A. To Dr. Rao?
Q. Yes, sir.
A. Oh, yes, sir.
Q. Okay. And what is your understanding about what your EEG showed when he took your EEG?
A. There again, it was blunt force trauma to the head?
Q. Did he indicate anything about a slowing like it was --
A. He said it slowed down significantly from the right side to the middle of the forehead.
Q. And did he want to have further evaluations for you to diagnose the extent to the trauma?

A. He wanted to do a 96-hour test.
Q. And I believe some other program, head injury program?
A. Yes, sir. He said I would be a great candidate.
Q. Is that all to try to diagnose what's going on with you and treat these issues?
A. To see what further, where we needed to go and how we needed to go about it.
Q. All right. And have you been able to get any of those extra testing and treatment that Dr. Rao recommended?
A. No, sir.
Q. Okay. And has Workers' Comp set you up with those aside from just an evaluation with Dr. Gunter?
A. No, sir.
Q. All right.
A. I actually called back down to Dr. Brown's office and tried to get ahold of him several times to no avail.
Q. Okay. Is it your understanding that Dr. Gunter charges $1500 for each one of these evaluations?
MR. BURLEY: Objection. What's the relevance of that?
COMMISSIONER MCCASKILL: What's the relevance of how much it costs?
MR. SANCHEZ: I'm just referencing the fact that that's how much it costs. It's above the fee schedule, that's it.
MR. BURLEY: If we want to start talking about what

IMEs charges. Everybody plays that game. It's not relevant in this line of questioning.

COMMISSIONER MCCASKILL: I agree. Sustain. Let's not go there.

MR. BURLEY: Perfect.

CONTINUED BY MR. SANCHEZ:

Q. All right. So, All right hold on one second. You just indicated that you called down to Dr. Brown a couple times to try and get back in there for further treatment, is that correct?

A. I even tried to reach out to the Workmans' Comp nurse. And she told me that --

MR. BURLEY: Object. Calls for hearsay. The nurse is not here.

COMMISSIONER MCCASKILL: Sustained.

CONTINUED BY MR. SANCHEZ:

Q. So were you able to get through and get another appointment with Dr. Gunter or anybody related to Workers' Comp?

A. No, sir.

Q. Okay. All right. I believe we kind of talked about this a little bit earlier, but you tried to work back around July, August, September ish, is that right?

A. With Sun Fiber.

Q. Correct, that's what I mean.

A. Yes, sir.
Q. All right, and did you indicate to the them that had a cane that was prescribed to you by these doctors that you're seeing?
A. Well at the time it was a walker, but I had a cane. Yes, sir.
Q. Okay. And were you allowed to return to work with that assistive device?
A. No, sir.
Q. Okay. Why?
A. He told me it was the insurance or something.
Q. Okay. So you were communicating with him about trying to get back into work, is that right?
A. Yes, sir.
Q. Okay. And those communications were done via text messages, is that right?
A. Yes, sir.
Q. All right. So have you been getting a little bit better over the time?
A. Over time we've got my arm worked out, so my arm's not clenched tight to my chest.
COMMISSIONER MCCASKILL: How about pull your mask up again please. Thank you.
A. My arm's not clenched tight to my chest. And I'm walking more.

Q. Okay. But Dr. DuPuy and Dr. Rao have indicated to you that you're not able to work though currently, is that right?
A. That's right. Yes, sir.
Q. And I believe, I mean you want to go back to work though, right?
A. I would love to go back to work.
Q. You love working?
A. I love providing for my family.
Q. But you haven't been able to do that since June, of last year?
A. I haven't been able to do that in a while.
Q. All right. Have you been fairly consistent with everything that you've described here today --
A. From day one.
Q. -- Since day one with all your doctors?
A. Yes, sir.
Q. All right. So you indicated that they're currently trying to work out your arm and whatnot, but we're kind of on hold with the whole neurological testing and further treatment though, right?
A. Dr. Reed said it would be very hard to find --
MR. BURLEY: Object to the testimony from the doctor.
Q. So, are we on hold for that treatment?
A. Yes, sir.

Q. Okay. All right. No further questions.

COMMISSIONER MCCASKILL: All right. Mr. Burley.

MR. BURLEY: Thank you Commissioner.

CROSS-EXAMINATION

BY MR. BURLEY:

Q. Mr. Bagley I want to talk a little bit about your injury.

A. Yes, sir.

Q. Can you look at me please?

A. Do I have to?

Q. I would appreciate it. If you can't turn I can come to you. Is this better?

A. Uh-huh.

Q. When you were hit you were welding on a conveyor belt, isn't that correct?

A. A ramp.

Q. Okay, and it was a ramp that was sloped down and the bale came off of it, isn't that correct?

A. Correct.

Q. And I want to show for the benefit of the Commissioner what we're talking about. Commissioner may I approach?

COMMISSIONER MCCASKILL: Certainly.

MR. SANCHEZ: Your Honor I'm just going to note an objection on the record about the method with which this was stored, this video that he's going

to show.

COMMISSIONER MCCASKILL: Yeah, we talked about this in the pre-hearing, but put your objection on the record, please.

MR. SANCHEZ: Yeah, I just wanted to note an objection on the record that I don't have a foundation for this to see if it accurately and completely records it in real time footage rather than sparsing it out in segments. Sorry.

COMMISSIONER MCCASKILL: It's All right. All right, you want to speak to that objection.

MR. BURLEY: I don't understand the objection, but what I will proffer to you is Commissioner, that this is surveillance footage which I believe Mr. Bagley will be able to authenticate. In the alternative, I have an employer representative tat can authenticate it. It's, in terms of the presentation of the video itself, you know, they're second delay snapshots, but I don't think it compromises the integrity of the video.

COMMISSIONER MCCASKILL: All right. Anything else?

MR. SANCHEZ: No, Your Honor.

COMMISSIONER MCCASKILL: All right.

MR. BURLEY: I want the Commissioner to see it as well.

COMMISSIONER MCCASKILL: Here I'll walk over there.

CONTINUED BY MR. BURLEY:

A. Can you make it bigger?

Q. I cannot. This is as big as it goes, unfortunately. Can you see it? I'll bring it to you a little bit. Okay. Is this you?

A. Correct. That's me welding a leg down the side of the ramp.

MR. BURLEY: Commissioner, did you see that?

COMMISSIONER MCCASKILL: Yep.

CONTINUED BY MR. BURLEY:

Q. All right. Mr. Bagley I'm going to ask you some questions. We'll make this, this is going to be introduced as a jump drive, so nothing to mark, but let's just refer to this as Defendant's 3. Is that correct, are we on 3? Thank you. For authentication purposes Mr. Bagley, was that your work injury of June 14, 2019, that we just witnessed?

A. Yes.

Q. Okay. And for the record, you were welding when you got hit by the bale, correct?

A. Correct.

Q. What was your immediate response?

A. Immediate response was, I thought the guy on the forklift ran me over.

Q. Right, but you jumped up pretty quick, didn't you?

A. Oh, I don't know.
Q. Okay, but you just observed the video, did you not just kind of jump up pretty quickly?
A. Oh I don't know that video goes like (Demonstrative noise), so I don't know how many seconds, you know, I don't know.
Q. There was enough for you to see what happened after you got hit, so.
A. Yeah. But it could have been seven seconds, it could have been 10 seconds. I don't know.
Q. Well --
A. Is there a time frame on that? I don't know. I can't tell you. I don't know.
Q. So you don't recall whether or not you immediately jumped up?
A. I don't know.
Q. Okay. Do you remember when I took your deposition, Mr. Bagley? Do you recall that?
A. Yes.
Q. Okay. And at your deposition I asked you if you jumped right up, and Commissioner I'm referring to the Claimant's deposition. This is page 33. My question, but you were able to jump right up. Question. And what was your answer?
A. I jumped straight up.

Q. Okay. So you just saw the video that you jumped straight up. You were able to testify at your deposition that you jumped straight up. Can't you just tell us today that as soon as you got hit --

A. Wait a minute. I thought you was asking me about the video. You were just asking if I jumped straight up, and I just said the video is jumping around. I didn't know if I had jumped straight up or not. If I told you I jumped straight up, then I jumped straight up. I thought you was talking about the video.

Q. Okay. After everything you -- so you got straight up. After everything we've reviewed and your deposition --

A. Yeah. I got up.

Q. You'll admit that you jumped straight up. And in fact I think you kind of reacted by pushing over a box of tools, isn't that correct?

A. Pushing.

Q. Right. And you walked around for let's say a minute, maybe about --

A. Well that showed about 10 seconds, but okay.

Q. However long it was, but you walked about a hundred yards and circled back, didn't you?

A. I was looking for the supervisor.

Q. Okay. Now the rest of that shift, this injury occurred at about 12:00 A.M. ish June 14, 2019, which I believe

was a Friday. Is that correct?
A. Going into that Friday.
Q. All right, so you clocked in on a Thursday, you have the overnight shift.
A. Correct.
Q. And this happened early morning hours of June 14th?
A. Correct.
Q. Maybe a little bit earlier, maybe a little bit later, but that's about the time, right?
A. Yes, sir.
Q. All right. And you worked your entire shift, did you not?
A. Yes.
Q. And your shift goes till 7:00 A.M. correct?
A. Yes.
Q. So after this injury, and well know that you jumped straight up, isn't it true that you also did two more welding jobs after that?
A. I believe it was one. It could have been two.
Q. Okay.
A. But remember like I said, I sat probably two, three hours in my truck.
Q. Right. I believe you testified at your deposition that you sat for an hour in the truck, is that right?
A. An hour.

Q. Okay. So you got injured, you jumped up, walked around a little bit, sat in your truck --
A. A little dazed, yeah.
Q. Sat in your truck for an hour.
A. Uh-huh.
Q. Correct?
A. Correct.
Q. And then after that though, this is at 12:00 A.M., you continue to stay on-site at the facility until 7:00 A.M. when it's time for you to clock out.
A. That's right.
Q. And then you do two more welding jobs after this injury, correct?
A. I don't know if it was two or one more. I don't know.
Q. Okay. At your deposition you said two.
A. What's it say on the paperwork. I don't know.
Q. Let's just say but you're able to weld, correct?
A. I had to weld the same thing back again.
Q. Okay.
A. Where they ripped it out the floor again.
Q. You didn't go to the doctor that day, did you?
A. No. So I got off work that morning, took a shower and went and seen Chris in his office.
Q. And so you clocked out at 7:00 A.M., you left and then turned around and came back and met Chris Winters,

correct?

A. And Steve, yes, sir.

Q. And who is Chris Winters?

A. The guy sitting behind you.

Q. But what is his title as far as --

A. I have no idea.

Q. Okay. But he works at Sun Fiber, correct?

A. That's right. Yes, sir.

Q. And did he offer you medical treatment that day?

A. He asked me if I felt like anything was broken?

Q. And you declined medical treatment, correct?

A. I said I felt like nothing was broken.

Q. Okay. But he asked you -- but he did at least offer, correct it?

A. I believe so, yeah, if you feel like anything is broken we can go. I said I don't think anything's broken, but there again I'm not a doctor.

Q. And just to clarify, at your deposition, page 39, when I asked you the same question you said I told him no because I didn't feel anything was broken. So is that fair?

A. Yeah. He asked me if anything was broken. I don't believe he asked me if I needed medical attention. I believe he asked me did I feel like anything was broken, and I said no, sir. And he said well since you

said no, write that on a piece of paper. So it should be on that piece of paper.

Q. Okay. Let's clarify, because this is your deposition where you were under oath, and this is page 38. And I asked you about your encounter with Chris Winters. And I asked you at that time, question, this is the bottom of page 38. Did you ask him to do anything. Your answer is no, he asked me if I thought needed medical treatment. My question to you was what did you tell him. Your answer was I told him no because I didn't feel like anything was broke.

A. There you go.

Q. Okay, but just to clarify, because I think it matters. He offered you medical treatment, correct?

A. Not like the way you're saying it though, no.

Q. Okay. Well that's your testimony not mine, Mr. Bagley.

A. Okay.

Q. Okay. So you're now testifying that he didn't offer you medical treatment?

A. What did I say in your paperwork? Did I say he offered me medical treatment?

Q. I get to ask the questions today, not you Mr. Bagley.

A. I'm saying, did you just sit there and say I said that? Then if you said I said it, then I said it.

Q. Okay, then we'll go with that.

A. I felt like nothing was broken, correct.
Q. But it's important for you to acknowledge that he offered you medical treatment the day of the accident. And that's what you testified at your deposition --
A. Okay. Yes, sir.
Q. Okay, thank you. Now you didn't receive, that was a Friday so you went home, you had your meeting with Chris Winters, the weekend you didn't do anything, correct?
A. Nope.
Q. Okay. And then, when's the first time you sought medical treatment?
A. It'd have been that Monday night.
Q. Okay. And what caused you to go to the doctor?
A. Just like I said I was feeling sluggish. It was like it was coming up on my back and, you know, I don't know if it was something that I ate or the sheer fact that everything was alluding me.
Q. So you sought medical treatment on the Monday following your early Friday morning injury because you had an upset stomach, you thought it made you sick?
A. Well I don't know if it was an upset stomach. It might have just been like puking feeling, like nauseating. But yes I sought treatment that Monday.
Q. That was three days after this incident, correct?

A. Correct. And then followed up with Riverview.
Q. You've seen how many doctors, Mr. Bagley?
A. A handful.
Q. And in fact you've seen Dr. Brown, correct?
A. Correct.
Q. Dr. DuPuy.
A. Yes, sir.
Q. Dr. Rao.
A. Yes, sir.
Q. Dr. Paez. And Dr. Gunter.
A. If you want to consider her a doctor then okay. It's a child psychologist. Y'all sent me to sit with a bunch of kids in a room. I don't think that's fair.
Q. You had the opportunity to depose Dr. Paez, or your attorney, to question her qualifications and you didn't do that, okay. So just answer my questions. You saw Dr. Paez, correct? Correct.
A. Yeah I colored in the coloring book.
COMMISSIONER MCCASKILL: All right, let's go off the record, sidebar with the attorneys. Meet me in this room back here.
(OFF THE RECORD)
COMMISSIONER BURLEY: All right. Back on the record. Mr. Burley.
MR. BURLEY: Yes, sir. Thank you Commissioner.

CONTINUED BY MR. BURLEY:

Q. My original question Mr. Bagley was, you've seen Dr. Brown, Dr. DuPuy, Dr. Rao, Dr. Paez and Dr. Gunter, isn't that correct?

A. Yes, sir.

Q. Okay. And as a result of that, is it fair to say that you're main issues now are your left-hand contracture, and your drop foot?

A. No, sir. Also head.

Q. Okay but --

A. They've all stated need further testing.

Q. And you think you need further testing?

A. They've all stated I need further testing to determine how far the extent of the damage.

Q. Just for the record, do you know how many MRIs and CT Scans that you've undergone?

A. Probably about 10, in the last year.

Q. The record reflect that you've undergone 14 either CTs or MRIs to the neck, thoracic lumber, or the brain, since June of 2019. Does that sound about right?

A. That sounds about right, yes, sir.

Q. And as a result of those, you are aware that Dr. Brown and Dr. Gunter are of the opinion that this is no physical explanation for your issues?

MR. SANCHEZ: Objection.

A. That's their opinion. But --

COMMISSIONER MCCASKILL: Hold on. What's your objection?

MR. SANCHEZ: He asking him if he's aware of what their opinion is. I mean frankly I don't think my client has that personal knowledge about that, other than what he's feeding him.

MR. BURLEY: If I can respond, A, it's his case but B, we had a lot of leeway on direct with that. And I'm just trying to, you know, for your benefit and for the record's benefit, outline exactly what the final diagnosis is.

COMMISSIONER MCCASKILL: All right.

MR. BURLEY: Thank you Commissioner.

CONTINUED BY MR. BURLEY:

Q. Of all those diagnostic testing that you've done, are you aware that every one, every CT scan or MRI of either your brain or your back has come back within normal limits, which means normal?

A. No, sir.

Q. You're not aware of that, or you dispute that?

A. Both.

Q. Okay. Let's talk a little bit about your return to work. Dr. Brown has indicated that he gave you a full duty release when he released you in July of 2019,

isn't that correct?
A. I was never aware of that, no, sir.
Q. Okay but you'll defer to his medical records and what's in the evidence, correct?
A. I have no idea. He never handed me anything.
Q. But you did attempt to return to work at Sun Fiber sometime in September?
A. That is correct.
Q. Okay and you had a meeting with Chris Winters, is that correct?
A. No. We talked on the phone.
Q. Okay. And at some point you provided him with documentation from Dr. Jarell, is that correct?
A. That's correct.
Q. And that report is something that you sought out from Dr. Jarell, is that correct?
A. That's correct.
Q. Because Dr. Jarell's not a Workers' Comp doctor, correct?
A. I don't know.
Q. And on top of Dr. Brown releasing you at full duty without restrictions in July, your doctor, Dr. Jarell released to work full time without restrictions --
A. Under --
Q. Let me just finish my question, on September 6, 2019.

Isn't that correct?

A. Under.

Q. I'm sorry?

A. From what I gathered from him, it said pending to go to Ortho Carolina.

Q. Okay so pending a follow up appointment with a doctor, you had full duty and you are without restrictions, correct?

MR. SANCHEZ: Objection. That's not what it states Your Honor. I mean if he wants my client to read it, it's APA 7 152, read the whole sentence.

MR. BURLEY: This says the patient may return to work full time without restrictions pending an appointment with Ortho Carolina.

MR. SANCHEZ: Okay, and what is the next sentence?

MR. BURLEY: Let me finish. Please.

MR. SANCHEZ: Okay.

CONTINUED BY MR. BURLEY:

Q. So, my question for you, Mr. Bagley is, this is something that you sought out?

A. From Dr. Jarell.

Q. And you gave this to the people at Sun Fiber, correct?

A. Right, and they re-wrote it. Right.

Q. What do you mean they re-wrote it.

A. I'm pretty sure you have it. They re-wrote it in their

own words and made me sign it.

Q. Okay, but this is what you went out, and did you --

A. That's what I handed them.

Q. Okay. And did you hand this to them in an attempt to return to work?

A. I certainly did.

Q. Okay and did you return to work after providing this clearance with Mr. Winters?

A. I believe I had it emailed to his phone, and then by the time I got to work that evening they re-wrote it in their own words and told me basically to sign the paper and go to work under no work restrictions and full rights to work, or don't sign the paper, walk off the premises and lose all your Workmans' Comp rights. I signed the piece of paper, I went in to do my job, I couldn't do it. The supervisor looked at me and said you can't do it. He walked me out, he called my wife to come pick me up. And that was the gist of it. But they made me sign something that the doctor didn't -- they re-wrote in their words.

Q. So you walked off the job after providing that to Sun Fiber?

A. No --

MR. SANCHEZ: Objection.

A. -- I provided that Sun Fiber. When I showed that

evening with the supervisor, the supervisor picked me up. They called me in the office because he had the HR lady waiting on me, to sign what they re-wrote in their words stating I go to work without my walker or my cane, no work restrictions whatsoever. If I don't sign it I have to walk off the premises and lose all my Workmans' Right Comp. So I signed it and went to work the best I could. The supervisor came back there, got me, seen me in agony in pain crying, tears coming out my eyes. He called my wife and said Kyle can't do it, come get him. So she come got me.

COMMISSIONER MCCASKILL: How about pull your face mask up, thank you.

Q. And you haven't worked since, correct?

A. No, sir.

Q. Are you aware that Dr. DuPuy has released you from all Orthopedic care?

A. No, sir.

Q. Okay. Dr. DuPuy was your doctor, correct?

A. That is correct.

Q. As was Dr. Rao?

A. Dr. Rao, yes, sir.

Q. You testified that you're having some depression type issues, is that right?

A. Yes, sir.

Q. Okay. Have you ever had those issues prior to your accident?
A. Like you said, year 2014.
Q. Did you have any since 2014?
A. Anxiety and depression?
Q. Yes.
A. Just anxiety from the job.
Q. And who did you see for that?
A. Ms. Plyler/Ms. Polous.
Q. So isn't it true that you initially saw Dr. Plyler in December of 2014 for anxiety and depression?
A. I just said that. Yes, sir.
Q. And were you having any physical symptoms related to your anxiety and depression at that time?
A. No, she wanted me to, you know, just a high demanding job. Like I said, you hit a wrong button you kill people. You hit the other wrong button you take out millions of dollars worth of equipment. And, you know, I just wanted to be -- I expressed my concerns. She said try this medication. Ran it through the insurance company and they kicked it out, they wouldn't pay for it, so I never took it.
Q. So this was just work-related stress, is that correct?
A. That's correct.
Q. All right. This is your report from Dr. Plyler dated

December 16, 2014. Is that fair?

A. Yes, sir.

Q. Okay. And I'm going to read the highlighted portions, and you let me know if I get anything wrong. This is Defendant's page 363. You were diagnosed with anxiety and depression. Symptoms worse in the evening. Unable to maintain relationships. Interference with work. You indicted that you were having trouble at work and your symptoms were anxiety, muscle tension, palpitations, excessive sweating, trembling and shaking and headaches. Isn't that right?

A. Tense all the time.

Q. Okay. So you were having headaches at that time, weren't you?

A. Yeah. Everybody has headaches.

Q. Okay. And that was in 2014.

A. That's correct.

Q. Now you said that you only got treatment in 2014, is that right?

A. 2014. Like I said, whatever medication she wrote down on there for me to try. She gave me some sample packets. I tried to run the insurance and the insurance kicked it out, so there was no way I could do it. You see where it says the evening time, so that would be me coming in off of work, from working

twelves. So, you know, you just have the workload on you through the day, and you know, you don't want to bring that home with you.

Q. Okay. I want to talk to you about this one. This is March 13, 2018.

A. Okay.

Q. From Dr. Plyler, I mean Dr. -- how do you pronounce her name?

A. Polous.

Q. So same doctor, she changed her name, right?

A. She's married now.

Q. Okay so Dr. Polous, this is March 13, 2020, I just want to go through this with you briefly.

A. Uh-huh. That's March when?

Q. Of 2018.

A. Okay.

Q. All right. And then you were complaining of increased agitation, anger and mood swings, feeling down and depressed for a period of six months. You felt that you had loss of energy and interest, lack of concentration and you were agitated with anger spells. Is that fair?

A. Yeah.

Q. Do you recall having those issues in 2018?

A. Yeah.

Q. Okay. You had fatigue, depression and stress, and you were diagnosed with, according to your doctor, major depressive disorder. Is that fair?
A. That's all her notes. I've never seen any of that.
Q. Okay. But you'll agree that you went to her for treatment, correct?
A. I went to her to talk about some stuff, and that's what we come up with.
Q. And she diagnosed you with major depressive disorder?
A. But I never knew about that, yeah.
Q. Okay, so you didn't have that conversation with her?
A. No. I've had talks with her. That's her notes. I never knew that till we started gathering all our notes. I never knew that. All this was new to me.
Q. Okay. And I'm just reading a little bit more. So then you continue to treat up with her, this is page 347, I mean 374 to 375. This is June of 2018.
A. Uh-huh.
Q. Okay and it's indicated here that persistent anxiety, sleep disturbances, irritability and anger outburst. And you were reporting excess weight loss and fatigue, depression, anxiety, insomnia, stress and loss of interest. Do you require that visit -- I mean do you recall that visit
A. I don't recall. I mean if that's what she wrote down,

like I said, that's all of her notes. I've never seen that till here recently.

Q. Okay.

A. It was all new to me.

Q. But you don't dispute that you went there, correct?

A. That's always been my doctor. But what she writes in her notes, until I actually went and got them, I never knew that.

Q. Okay.

A. But you know other than going in there and just talking to her and say hey doc, you know, I feel like this, or I feel like that.

Q. Sure.

A. You know, other than that, like I said, that's her notes.

Q. And this is a questionnaire you completed, and this is about the same time in 2018. And you were asked some questions about depression, Defendant's page 373. And you indicated that you have several days little interest or pleasure in doing things, feeling down, depressed or hopeless on more than half of the days. Trouble falling asleep or staying asleep, you had that for more than half the days in a week. And feeling tired or having little energy, poor appetite or feeling bad about yourself and trouble concentrating,

you have those nearly every day. Is that fair?

A. Yeah. That is very fair.

Q. Okay.

A. I mean that's 90 percent of people walking around this world.

Q. Right. And I'm asking you because they're relevant to the claim here --

A. I feel like that's irrelevant, but okay.

Q. Okay. So and then when you saw the doctor, again your doctor, in June of 2018, you were diagnosed with major depressive disorder and bipolar disorder, isn't that correct?

A. If that's what she said.

Q. Okay --

A. Like I said all this was new to me.

Q. Right. I understand. I just need you to answer my questions. And also sleep pattern disturbance. Do you recall that?

A. Uh-huh.

Q. Say yes for me for the record.

A. Yes, sir.

Q. Okay thank you. Okay. So the reason I bring those up because as it relates to your injury with Sun Fiber --

A. Right.

Q. You've talked about having trouble sleeping and just

pain, fatigue, those type of things. You were having very similar symptoms in 2018, correct?

A. No, totally different.

Q. Okay, so you --

A. There's a difference in, you know, lack of sleep versus not getting no sleep at all, being up days at a time. There's a big difference. You're trying to paint me into a corner when that's nothing like what I'm going through right now, no, sir.

Q. Mr. Bagley I can promise I'm no here to intimate or trick you or put you into a corner.

A. Well --

Q. I can assure you of that. But I did need, because they're relevant, to address these issues.

A. Yes, sir.

Q. I'm going to ask you one more question. Do you admit that you were having the symptoms that were outlined in the medical reports in 2018, that I just showed you. Do you admit that you were having those issues, or do you deny those?

A. If they're on that paper then I admit it.

Q. Okay. Did you tell every doctor that you've seen all the same problems that you told us here today?

A. Meaning what, sir?

Q. So when you go to the doctor, whether it be Dr. Brown

or Paez, Dr. Gunter, Dr. Rao, any of the doctors that you've seen, have you told them all the same symptoms that you told us here today about what you're feeling currently?

A. I still don't understand what you're saying.

Q. Have you left any --

A. Are you talking about me talking about my accident?

Q. I just want to make sure you told the doctors all the issues that you're having. Every single one you've seen.

A. I'm not understanding. Can you help me.

Q. Yeah.

A. I'm not understanding what you mean.

Q. All right. So when you go to the doctor --

A. When I go see Dr. Gunter --

Q. Do you tell him all the problems you're having?

A. Dr. Gunter knows about my head, my back, my hand.

Q. Right, and is it because you told him --

A. And my foot.

Q. And you've told him all the problems you're having?

A. That's because that's what I told him.

Q. Okay good. And you did that with every doctor you've seen, I assume, correct? This isn't a trick question, Mr. Bagley, I'm just --

A. I don't understand what you mean I go see doctors. I

seen y'all's doctors and the doctors that I seen on my own my story has been consistent all the way through if that's what you mean. They all know about my head, my back, my foot and my hand. Yes. They all know about that. What you're talking about with my family doctor, that's something totally different. Only my family doctor knows that.

Q. Right. I'm not talking about that.

A. Okay.

Q. I'm talking about the issues you have with your arm --

A. Issues from work, yes. Every doctor knows the same thing.

Q. And you haven't left anything out with any of the doctors, correct?

A. As far as I know but --

Q. Okay. Do you know what Dupuytren's Contracture is?

MR. SANCHEZ: Objection. My client is not a doctor.

A. No, sir. I do not.

Q. Okay, I'll rephrase Commissioner if you'll just give me a minute.

COMMISSIONER MCCASKILL: Thank you.

Q. This is Defendant's page 461 - 462. This is, you're saying Dr. Plyler-Polous. I'm sorry if I'm butchering that name. You went to see her on June 29, 2020, do you recall that visit?

A. I believe so, yes, sir.
Q. Okay. And she diagnosed you with what she calls Dupuytren's Contracture of the left hand.
A. That, like again, that's her notes. I don't know.
Q. Do you recall talking to her about your hand issue?
A. Oh she's seen it.
Q. Yeah. Did she tell you, I mean anything other than --
A. Well you see it says drop foot too, so she's seen it.
Q. Right.
A. I don't know what she called it or her terminology is.
Q. Okay. But you admit that you went to the doctor --
A. Oh yes. They wanted me to follow up with my family doctor, and that's what I did.
Q. Are you aware that's a chronic condition unrelated to any acute event.
A. No.
MR. SANCHEZ: Objection Your Honor. There's no testimony in the record about that.
MR. BURLEY: We had this on the pre-trial. I wanted to at least offer it up. It's from the Mayo Clinic, the definition of Dupuytren's Contracture.
MR. SANCHEZ: Your Honor there's no indication that there's anything related to this. There's no medical opinion testimony. He could have deposed my client's primary care doctor and got out

whatever he wanted.

MR. BURLEY: You know this is a complex traumatic brain injury. His own doctor now has given a diagnosis. Not our doctor, his doctor. I didn't know what it was. I just want to put into the record at least, and you can assign no weight to this at all Commissioner, but this is the definition of what he's been diagnosed with by his doctor. Dupuytren's Contracture. And this is a Mayo Clinic definition. We can toss it. We can not. I'm asking to put in the record.

MR. SANCHEZ: I say toss it. He said we can toss it or not, so.

MR. BURLEY: Well, I mean he can assign no weight to it at all, but at least it's a definition of what we're talking about. The man has a contracture. The question is what's causing it.

MR. SANCHEZ: And that's a question for medical testimony for which you needed to obtain if you want to seek that --

MR. BURLEY: Well it's in, we've got medical testimony of it. His doctor diagnosed him with it.

MR. SANCHEZ: Okay, but that's an out of court statement. I haven't had a chance to cross-examine the witness about that, if that's what

you're trying to say.

MR. BURLEY: Well that should have been addressed in the pre-trial if you want to depose anybody.

MR. SANCHEZ: And I did address it in the pre-trial when I objected to you referencing that.

MR. BURLEY: Commissioner, I just need a ruling from you.

COMMISSIONER MCCASKILL: Yeah, we're not going to let it in. He's got some valid points, plus, you know, there is, I don't know, I understand it's Mayo Clinic but don't know who wrote it. We don't, it, technically it's hearsay.

MR. BURLEY: But the diagnosis is in the record, so that's not. Thank you for ruling.

COMMISSIONER MCCASKILL: The diagnosis is the record, and the record, the medical records speak for themselves.

MR. BURLEY: Thank you, Commissioner.

CONTINUED BY MR. BURLEY:

Q. Do you recall when I took your deposition back in September of last year, Mr. Bagley?

A. I believe so, yes, sir.

Q. Okay. And I asked if you were able to drive and you said that you had not driven for four months. Do you recall that?

A. I also remember saying I drove a couple times.

MR. SANCHEZ: Your Honor, I'm going to object to this line of questioning. I believe we're going in to some surveillance.

MR. BURLEY: What's your objection?

MR. SANCHEZ: There's no foundation really for the surveillance.

MR. BURLEY: Well, I could lay the foundation and reserve the right to re-cross.

MR. SANCHEZ: There is no witness here to testify about any --

MR. BURLEY: There is a witness here. I've got the surveillance person outside.

MR. SANCHEZ: Oh, lay the foundation then.

MR. BURLEY: Okay. So I can continue?

MR. SANCHEZ: Go ahead.

MR. BURLEY: Thank you.

CONTINUED BY MR. BURLEY:

Q. Okay so just to clarify, and I'm reading from your deposition. This is page 9 of your deposition. And I asked you, we were talking about what kind of car do you drive, and you told me you drive a Ford F150, is that right.

A. Uh-huh. Yes, sir.

Q. And I said you have not driven that car. Your answer

was I haven't driven going on four months probably. I said okay, would that be since your work injury, and your answer was yes. And I said so you have not driven that car since your work injury, you said well maybe once but yes, since the work injury, no. And then you said you've only driven once.

A. Like I said, a couple times.

Q. But that's not what you said, you just said once, correct?

A. Well you said once up here and once down there. So that'd be two times.

Q. No, but, just listen to the question. I clarified, you've only driven that car once since, you would estimate, since your work injury. Yes, sir.

A. Okay, wait a minute, what car are we talking about again? We're talking about the blue truck, or the green car? Or the beige truck. Which one.

Q. Well I'm asking you just generally have you driven and you said no, is that correct.

A. I'm sorry what was the question before that question?

Q. Have you been able to drive since your work injury?

A. The blue truck. I think that's what you are asking, the blue truck.

Q. Well, your answer was I haven't driven in the last going on four months. You didn't qualify with any

specific --

A. That says blue truck before that, right?

Q. Well, we were talking about the truck, but you said you hadn't driven.

A. Okay so then I say I drove it once. Right here. Maybe once. Since the work injury, no. But just to clarify I've driven it once.

Q. Okay.

A. Blue truck. The blue truck, right.

Q. Well your answer was not specific to any specific car.

A. So are you saying blue truck or red car?

Q. Let me just you this, were you able to, were you driving your own car more than once prior to your, after your work injury before your deposition? Were you able to drive? Yes or no.

A. I mean I guess anybody could drive if they really wanted to, yeah.

Q. I understand, but I'm asking you, specifically to you.

A. Specifically to me --

Q. Were you able --

A. Yes I've drove that car twice.

Q. Have you driven your wife's car at all, the Chrysler?

A. That's the car y'all got me in the videotape in, yeah.

Q. Okay. So you'll admit you're able to drive that car?

A. Yeah.

Q. At your deposition though, I asked you about the 2015 Chrysler, and have you driven that car, and you said --

A. Not lately.

Q. Okay.

A. So that says I drove it right?

Q. Okay. But --

A. I mean you're trying to, look man, I said in there once or twice. I said that, you're about to pull somebody out here with a photo that's going to show you driving the car. I drove the car. I mean I didn't have no choice but to drive the car. So I drove it. Yes. I drove the car.

Q. So, let's clarify for the record today. Okay.

A. It was clarified in there. It says I drove it.

Q. Mr. Bagley.

A. I just feel like you're trying to make me out to be something that I'm not. It says right there, you asked me about the blue truck, then you asked me about me the red car. And both of them I say once.

Q. Can you show me where it says you were driving the red car?

MR. SANCHEZ: Aren't we kind of going through the same question here?

A. No, not of lately.

MR. SANCHEZ: -- Asked and answered.

MR. BURLEY: I can't get an answer out of him.

A. No, not of lately.

MR. SANCHEZ: He just answered you.

MR. BURLEY: Okay so let's --

MR. SANCHEZ: Wait hold on, can we get a ruling on this please?

COMMISSIONER MCCASKILL: All right. We're going to go through this one more time, because I'm not sure it's asked and answered. Okay. But, I'm ready to move on.

MR. BURLEY: Yes, sir. And I'm just trying to --

THE WITNESS: I drove the red car.

CONTINUED BY MR. BURLEY:

Q. Okay.

A. I had to pick my daughter up. She was sick throwing up, so I had to go get her. I was the only one there to get her. I couldn't leave her at the school house, so I had to go get her. And then I, you know, I mean --

MR. BURLEY: Bear with me just a minute, Commissioner.

COMMISSIONER MCCASKILL: Take your time.

THE WITNESS: Can I have some water.

COMMISSIONER MCCASKILL: Do we have any water.

MR. SANCHEZ: May I approach, Your Honor.

COMMISSIONER MCCASKILL: Certainly.

MR. BURLEY: I have no further questions.

COMMISSIONER MCCASKILL: Okay.

MR. SANCHEZ: All right, Your Honor. Just a few.

COMMISSIONER MCCASKILL: All right.

RE-DIRECT EXAMINATION

BY MR. SANCHEZ:

Q. Has any doctor restricted you from driving, saying you cannot drive at all?

A. Not out and out saying it, but recommended I not.

Q. Okay, but you can use your right hand and your right foot still?

A. Correct.

Q. Okay.

A. Yes, sir.

Q. All right. So if they, if you had driven one time, I guess, you had to drive to your mom's house back on September 1st, did that in any way present, I'm sorry, were you able to do that despite the fact that you had this left hand problem and left foot problem?

A. Very cautiously.

Q. Okay. But that was a need of yours that you needed to go to?

A. Yes, sir.

Q. Okay, and there was no other options for you --

A. None.
Q. Okay. So you've been surveilled quite a few times apparently, around 22 times, according to my records. Is there anything else in those videos that we've looked at or talked about aside from what we just mentioned?
A. What do you mean?
Q. Like in other words, is there anything in there that is shocking --
MR. BURLEY: I'm going to object to this, no surveillance has been submitted.
MR. SANCHEZ: It's a subpoena response, I'm just simply asking him what he observed.
MR. BURLEY: Then you need to put it in evidence.
COMMISSIONER MCCASKILL: It's not in evidence, so.
MR. BURLEY: It's not in evidence, you're asking a question.
MR. SANCHEZ: Okay, that's fine. I'll withdraw.
CONTINUED BY MR. SANCHEZ:
Q. All right. So, earlier Barrett was asking you about a visit that you had with your doctor, APA 15, page 379. There was a visit that he was asking you about right before that on June 14, 2018 where he's making those comments about depression and the diagnosis. Do you remember all that?

A. Non verbal response.
Q. Okay. The very next visit, which was the next month, July 5, 2018, page 377. According to the record it states that you're doing well and you noticed a difference on medications. You're agitation is decreased, mood's improved. Still working and no issues or interfering with work. His wife notices a difference. He's happy with the progress. Range of symptoms, patient reports insomnia but no depression, no anxiety, no stress. Does that seem like an accurate reflection of your visit that day?
A. Yes, sir.
Q. Okay, that was July 5, 2018, just a couple weeks after that visit that he was referencing. So on June 2019, were you having any issues of anxiety, depression, stress or anything that needed treatment?
A. No, sir.
Q. Okay. But now you are?
A. Yes, sir.
Q. All right. And you said that it's substantially different that anything in the past record that you may have made mention to your doctor about, is that right?
A. Yes, sir.
Q. Okay. All right. So just for sake of brevity, APA 7,

152, that's a September 6, 2019 note of Dr. Jarell. Just so we're clear, for the record, the note says that you may return to work full time without restrictions pending appointment with Ortho Carolina, date to be determined.

A. Correct.

Q. Does that sound correct?

A. Yes, sir.

Q. Okay. I don't know why he was trying to not reference that last sentence there, but just wanted to make sure we were clear. So you went to the Ortho Carolina for about a return to work date, and that's when Dr. DuPuy wrote you out of work and you've been written out of work ever since by him and Dr. Brown, is that right?

A. Right.

Q. Okay. And earlier you made a reference about how Chris Winters indicated that you needed to sign something or you'll lose all benefits on your Workers' Compensation, what is that?

A. They should have that.

Q. Okay but we haven't seen that though, right?

A. I haven't seen it since I signed it, nor have I have seen the accident report.

Q. Yeah I haven't either, I just didn't know what you were referencing. Okay. All right. And then just so

we're clear again, so that things are not taken out of context. You did not go to the Chester Regional Medical Center, APA 1, for food poisoning alone, is that right?

A. Not just for food poisoning.

Q. Okay. And in fact on APA page 2, it indicates that you have issues in your cervical, thoracic and lumbar. Began three days ago when you were hit on the head with a bale of fiber, knocking you on your back, and it's hurting your neck and your entire back. Patient's symptoms are aggravated by movement. Does that sound accurate?

A. Yes, sir.

Q. Okay. Just so we're clear again, when you got hit by this bale, you were dazed, I believe you testified earlier that you thought you saw your kid's eyes? Is that right?

A. I did.

Q. All right. You went to go collect yourself in the truck for a little while after you got hit, is that right?

A. Yes, sir.

Q. All right. And then you continue to do a welding job that you had done countless times before --

A. Hundreds of times.

Q. -- Didn't require much independent thought or --
A. No.
Q. Dexterity or anything like that?
A. No.
Q. Okay. And then there was some indication about a spot on your MRI, do you remember that?
A. Yes, sir.
Q. Okay. Do you recall is that in connection with --
MR. BURLEY: This is an objection. This exceeds the scope of my cross. We didn't talk about the spot on the MRI.
MR. SANCHEZ: Yeah you did. You said all, you've had 14 CT scans and all of them had been negative. That's an exact question of yours.
MR. BURLEY: I withdraw the objection.
CONTINUED BY MR. SANCHEZ:
Q. Okay so there was some indication of a spot on your MRI, is that right?
A. Yes, sir.
MR. SANCHEZ: Thank you. All right. No more questions.
COMMISSIONER MCCASKILL: All right, Mr. Burley?

RE-CROSS EXAMINATION

BY MR. BURLEY:
Q. Just briefly, I just want to make sure I heard that right. You're saying that welding doesn't require any

dexterity or --

A. For what I was doing.

Q. Okay, but you were welding?

A. With my right hand.

Q. Okay. And then the MRI that showed an infraction, you were, you had MRIs since then, correct? Of the brain?

A. I'm not understanding the word, what do you mean?

Q. Okay, the, your attorney was talking about an MRI showing something. You've had multiple MRIs correct?

A. Correct.

Q. And in fact Dr. Gunter did a couple of MRIs recently, and a CT scan on the brain, correct?

A. I assume so, yes, sir.

Q. Okay. No further questions.

MR. SANCHEZ: Thank you Your Honor. Thank you Kyle.

COMMISSIONER MCCASKILL: All right. Thank you, sir. You may step down.

MR. SANCHEZ: I'll grab the water, don't worry.

COMMISSIONER MCCASKILL: Yeah and watch your step now going down, where it's marked --

MR. BAGLEY: Oh, yes, sir.

COMMISSIONER MCCASKILL: It's a little ramp there. Other witnesses Mr. Sanchez?

MR. SANCHEZ: No, Your Honor.

COMMISSIONER MCCASKILL: That's your case?

MR. SANCHEZ: Yes.
COMMISSIONER MCCASKILL: All right, Mr. Burley?
MR. BURLEY: If you'll bear with me one minute, I'm --
COMMISSIONER MCCASKILL: Certainly. Take your time.
MR. SANCHEZ: I just want to make those APAs part of the record and all that.
COMMISSIONER MCCASKILL: Yeah y'all handed all that up, that's it.
MR. SANCHEZ: I just want to make sure we got that on the record at the beginning because there was a lot going on at the pre-trial.
COMMISSIONER MCCASKILL: Yeah, well y'all handed your APAs up, I asked for objections, there were none. Voila.
MR. SANCHEZ: Yep. I just got handed that exhibit, that's why I was a little --
(off the record)
MR. BURLEY: The defense has no witnesses Commissioner.
COMMISSIONER MCCASKILL: All right. Then that concludes this proceeding.
(There being no further questions, the hearing concluded at 2:43 p.m.)

CERTIFICATE OF REPORTER

I, KATHRYN BOSTROM, COURT REPORTER AND NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA AT LARGE, HEREBY CERTIFY THAT I REPORTED THE HEARING OF KYLE BAGLEY ON MONDAY, THE 28TH DAY OF SEPTEMBER, 2020, THAT THE WITNESS WAS FIRST DULY SWORN BY ME AND THAT THE FOREGOING 109 PAGES CONSTITUTE A TRUE AND CORRECT TRANSCRIPTION OF MY STENOMASK REPORT OF SAID DEPOSITION.

I FURTHER CERTIFY THAT I AM NEITHER ATTORNEY NOR COUNSEL FOR, NOR RELATED TO OR EMPLOYED BY ANY OF THE PARTIES CONNECTED WITH THIS ACTION, NOR AM I FINANCIALLY INTERESTED IN SAID CAUSE.

IN WITNESS WHEREOF, I HAVE SET MY HAND AND SEAL THIS 11TH DAY OF JANUARY, 2021.

_____

KATHRYN B. BOSTROM, COURT REPORTER

MY COMMISSION EXPIRES AUGUST 28, 2022

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1908703

Kyle Bagley,	)
	)
Claimant,	)
	)
v.	)
	)
Sun Fiber, LLC,	)
	)
Employer,	)
	)
and	)
	)
Great American Alliance Insurance,	)
	)
Carrier/Defendants.	)

VIRTUAL FULL COMMISSION HEARING

****

Monday, August 30, 2021
3:02 p.m. - 3:27 p.m.

The virtual Full Commission Hearing was heard before Commissioner T. Scott Beck, Commissioner Aisha Taylor and Commissioner Avery B. Wilkerson, Jr., Chair, and was taken via Zoom in South Carolina on the 30th day of August, 2021 before M. Sean Cary, Court Reporter and Notary Public in and for the State of South Carolina.

VIRTUAL APPEARANCES

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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.

CALL TO ORDER:

CHAIR: Let's go ahead and call the case, please.

COURT REPORTER: Today is Monday, August 30th, 2021. This is South Carolina Worker's Compensation Case Number 1908703. This is the case of Kyle Bagley, the claimant, versus Sun Fiber, LLC, the employer, and Great American Alliance Insurance, the carrier. The appellant is the defendant, represented by C. Barrett Burley. The respondent is represented by Bryan N. Sanchez. Each side is allowed ten minutes for oral argument, and the appellant three minutes in reply. You are requested to argue the grounds of exception and stay within the record.

THE COURT: Mr. Burley.

APPELLANT'S POSITION:

MR. BURLEY: Thank you, Commissioner. May it please the Commission. This is an admitted injury from June 14th of 2019. In brief summary, the claimant was welding on an assembly line when he -- a large bale of fiber was accidently released, causing him to -- striking him directly and fall back. The injury was actually and the impact and his immediate

reaction was caught on video and has been submitted into the record. We admitted ---

COMMISSIONER BECK: Mr. Burley, let me interrupt you a second. We have somebody on, is it Ms. Dean?

MR. SANCHEZ: That's my client and his mother.

COMMISSIONER BECK: Is his client there?

MR. SANCHEZ: Yes.

COMMISSIONER BECK: I just wanted to make sure he was here and it wasn't somebody just logged into the hearing. All right. I'm sorry, Mr. Burley.

MR. BURLEY: That's quite all right, Commissioner. As I was saying, this was an admitted injury to the neck and the back. He was struck, fell backwards, we provided appropriate medical treatment with Dr. Matthew Brown who released the claimant at MMI on July 11th of 2019. Essentially diagnosing him with neck and lumbar strains. The claimant alleges, in addition to the accepted body parts, injuries to include a traumatic brain injury, left foot injury, left arm injury and a psychological injury. Following a hearing, the Hearing Commissioner issued an order on May 13th, 2021, finding the brain, left hand, left foot and psych all

compensable by in large part based upon the opinion of Dr. Hemanth Rao and -- that found the claimant was not at MMI and ordered ongoing medical treatment and temporary total disability benefits. It is those findings that the defendants appeal today. I think a brief summary of the timeline, especially from a medical standpoint, is appropriate for what has become a very medically complex case. Again, the June 14th injury was captured on video, and I think it's important to note that he was struck with a bale of fiber, which is essentially an insulation type material, it did knock him backward. But he clearly did not lose consciousness. He immediately arose from his position. He threw some tools in anger and walked around, but it's notable that there was clearly no loss of consciousness. And, in fact, he admits at his deposition of the hearing that he was able to complete his shift. This happened in the early morning hours of June 14th, which was a Friday, but he was able to complete his shift, which included further welding, and did not seek treatment until the following Monday after working a half-day shift

when he said that he felt nauseous. He reported to MUSC Chester on June 17th, 2019, three days post-accident with -- complaining of quote unquote pain all over, but essentially was treated for acute neck and back pain. On Claimant's APA page 3, the evaluation of his head was negative for any changes. So no swelling, no discoloration, nothing that could be attributed to an acute head injury. Ultimately -- again, he was seen by Dr. Brown who did diagnostic work-up, diagnosed him with a neck sprain, provided some nerve blocks, and released him at maximum medical improvement following a couple of appointments on July 11th, 2019, assigning a five percent impairment to the neck based upon non-verifiable radicular symptoms, and zero percent to the lumbar spine. It was noted, and he testified of this later at this deposition, Dr. Brown did, that he had good, full strength in both of his arms at the time of that evaluation. And he further testified at this deposition there is nothing mechanically wrong with his neck or his back. The claimant then sought treatment with a neurosurgeon of his own. As you know, Dr.

Brown's a neurosurgeon. The claimant sought treatment on August 22nd, 2019 with Dr. Taylor Durrell. Dr. Durrell agreed the claimant was non-surgical, but because of persistent headaches, awarded a CT of the head. And that came back with negative clinical findings. And on September 5th, 2019 Dr. Durrell released claimant PRN and with a full-duty release pending an orthopaedic follow-up. Going back to Dr. Brown, he also released the claimant with no work restrictions. So both doctors were in agreement that he had no work restrictions at the time. The claimant sought a general ortho on his own, Dr. David DuPuy on September 12th, 2019 who ordered an MRI of the brain and an EMG study. Dr. DuPuy would later testify at his deposition that his evaluation was limited to an orthopaedic work-up. And he, at his deposition, was very clear that from -- he ruled out any orthopaedic issues to the head, to the neck -- I'm sorry, to the neck, to the back, to the left arm, and to the left foot. Dr. DuPuy was of the opinion that it must be a brain injury, and then referred the claimant to a further neurological work-up with

a neurologist. That is despite the fact that Dr. Durrell, Claimant's own doctor, had done a CT scan, indicated no clinical evidence of an injury and released Claimant PRN. Claimant then sought out Dr. Rao on October 31st, 2019. Dr. Rao provided a differential diagnosis of spinal injury versus closed head injury. And on November the 19th, 2019 he confirmed that the EEG showed regular findings, but recommended further evaluation to include a 96 hour EEG test to further diagnose the claimant's issues. He also referred the claimant for an outpatient brain injury program. But again, when he last saw the claimant on November 19th, 2019, he was still operating under a differential diagnosis, closed head injury versus spinal injury, which we know had previously been ruled out. So it was not a definitive diagnosis, and he was essentially asking for additional medical treatment and evaluation to include a 96 hour battery of testing. Claimant was also seen by Dr. Brett Gunter in March of 2020. Dr. Gunter did further a work-up and diagnostic testing, updated the MRIs of the lumbar, brain and

cervical spine, all came back normal. And Dr. Gunter said that there were no clinical findings that would suggest any injury to the head, any injury to the neck, or any injury to the lumbar spine. Specifically in his deposition Dr. Gunter says he doesn't have an acute injury of his cervical spine or his spinal cord or his nerve roots because there's no evidence of that. And he doesn't have an injury to his brain, at least based on the evidence. And he doesn't have an injury to his lumbar spine based on the evidence. After reviewing the evidence the Hearing Commissioner ordered ongoing treat- -- or ordered compensability of the brain, the head, the left hand, the left foot, and psychological injury. And we obviously are here with the position that those findings were in error. Specifically, our argument has four points. To the traumatic brain injury, we feel that it was in error to find that this man had a traumatic brain injury as the weight of the medical evidence substantially favors the defendant's position. There's no clinical or diagnostic evidence to suggest he has a traumatic brain

injury. Specifically, the claimant saw three neurosurgeons. One of which was the claimant's own chosen neurosurgeon. And all three of those neurosurgeons find there is no clinical evidence of injury. Two of those neurosurgeons, Dr. Gunter and Dr. Brown, are of the opinion that it is medically impossible, for reasons I'll get into shortly, to have sustained resulting leg drop and left hand contracture as a result of this specific injury. Now this is a very medically complex case. The depositions of both Dr. Brown and Dr. Gunter are very dense, they're very medically complex. But my layman's application of those to this case is that both Dr. Gunter and Dr. Brown give four specific reasons as to why this injury just could not result in an ongoing left hand contracture or continued leg drop. And essentially, number one is that any injury that would result in this long-term deficits from a neurological standpoint would have had to have been visible on a CT scan or MRI. That just wasn't the case here. We specifically asked Dr. Gunter, look, isn't it true that MRIs and CT scans don't always pick

up every little thing that's on a -- that shows up on a brain, and he warned that not like this; if you have resulting left hand contracture this far out from an injury and a left foot drop, that would absolutely show up. Those lesions would have to be available on an MRI.

CHAIR: Go ahead and finish your thought. You'll have three minutes in reply.

MR. BURLEY: The other two issues that he -- or the other issues are the timeline of symptoms essentially ---

CHAIR: Your thought.

MR. BURLEY: I'm sorry.

CHAIR: You can use the ten minutes however you want it, but you can't continue.

MR. BURLEY: I'm sorry, I didn't know if we started after we checked in on Ms. Dean, but I'll finish my thought, Commissioner and just to say that it is medically impossible, her -- the positions of Dr. Gunter and Dr. Brown, that these issues will continue to be related.

CHAIR: Yes, sir. Okay. Thank you. Any questions? Okay. Mr. Sanchez.

RESPONDENT'S POSITION:

MR. SANCHEZ: Your Honor, if it may please the Commission. I simply would like to state that, you know, this is a medically complex issue and however, without being too broad in these statements I want to hone in on the fact that there is a neurologist, Dr. Rao, who has seen my client and who is more well versed in their areas of the brain. Judge McCaskill had given that neurologist greater weight in his determination, in his reading of all these depositions, all these medical records. And I don't want a quick brush stroke to be glossed over that fact that there is one neurologist, Dr. Rao, who has stated to his reasonable degree of medical certainty that my client sustained an injury to his brain/head, his hand, his left foot, and psychological aggravation. Now ---

COMMISSIONER BECK: But wasn't he also sort of perplexed at the lack of objective evidence supporting that?

MR. SANCHEZ: And that brings me to my second point, and you're exactly right. This is also a case about he has not been able to get on -- get the testing that he needs to do. All Dr. Gunter,

Dr. Brown, they're all caveating their statements with based on the evidence. My client saw Dr. Rao. Dr. Rao says, hm, I need to order some stuff done, 96 hour EEG, I need to have him go through some more testing, the normal process I go through with my patients, but he has not been able to. This has been largely paused for a year and a half due to lack of finances on my client's behalf, and a lack of the defendant's treating him. You know, Dr. Brown ---

COMMISSIONER BECK: But it sounds, Mr. Sanchez, like you're getting the cart before the horse. If you don't have the objective testing to support a finding of compensability, you can't then shift that burden to the defendant's to satisfy your burden. And it sounds l=to me like that's what you're trying to do.

MR. SANCHEZ: And no, Your Honor, what I'm trying to simply say here is this. Is based on the evidence that we have before us, as the other doctors have testified themselves, that based on this the greater weight of the evidence by a neurologist has stated that he sustained this injury. Clearly, even Dr. Gunter and Dr. Brown

in his deposition have testified that he has left hand contractures, that's not disputed. That just based on the evidence they have they cannot find a reason for it. Dr. Rao has indicated that there might be instances where it's not shown on the scan. It's a small area, there was swelling that was masking it. You know, I mean, to short thrift this gentleman from this injury, I mean a 700 pound bale comes coming down on the top of his cortex, and he has now a left hand contracture and drags his feet. I mean the defendants have surveilled him countless numbers of time, and every time he has been with the same presentation, with his cane walking around with his foot drop, things he never had before. Things that Commissioner McCaskill has test- -- has included in here, that he was normal, he was functioning, he was welding, didn't need these issues to be addressed medically. So what we're asking for is for him to be able to get the treatment neurologically that he needs for this head injury/brain injury, which by definition has to be long term and permanent, absolutely. But with that being said, if he

cannot get the treatment he needs how do we now we can't prevent this from becoming a long term permanent issue.

COMMISSIONER TAYLOR: That kind of goes to the point. Wouldn't you agree that it might have been better to order the medical treatment, order the defendants to pay for those diagnostic studies so we can get the answer, because right now we don't know if it's permanent because he hasn't gotten the tests done. SO we can't make a finding of a brain injury, 42-9-10, until we know that it's permanent. Wouldn't you agree with that?

MR. SANCHEZ: I would agree with that, Your Honor. And candidly, you know, if I had to pick the priority of things that I would like to get done is him to get tested and treated from a head stand- -- call it a head/brain, his left hand contractures, as his other doctors have contended he needs treatment for, and his left foot drop, and his psych; and then we can ascertain whether or not this a long term or permanent thing that we could quote stop so to speak. Yeah, I'm not trying to be overly greedy on that, absolutely not.

COMMISSIONER TAYLOR: Okay.

MR. SANCHEZ: Thank you, very much, Your Honor.

COMMISSIONER TAYLOR: I think you still have more time. I'm not sure.

MR. SANCHEZ: Okay. I was just making sure. So with all that being said, it's about who's deferring to who. Dr. DuPuy has said he cannot work, and has deferred to Dr. Rao. Dr. Rao has said I need to treat him in my program, his EEG testing, get him his psych treatment, great. Dr. Gunter has even said that he needs, what was it, sometimes the symptoms can present at the time of exam, but physically, I cannot address this causation, but he's unemployable from a contracture standpoint. Well, that's where the neurologist comes in. The necrologist deals with that tricky areas of the brain, and actually interprets the MRIs rather than just reading the radiologist's report about it. So with that being said, I would reiterate the deferral to Dr. Rao is the only expert in here with the neurologic -- neurologist background that is needed for this complex injury with the hit to the front cortex. Their own doctors have released him

from a neurosurgical standpoint. We're not debating that he doesn't need -- that he needs surgery. The issue is fixing his head, his dizziness, his ear ringing issues, and his memory problems, his psychological issues, his left hand, his left foot. Those are all present after this accident that never was before, which Judge McCaskill has agreed as being compensable as part of this.

COMMISSIONER BECK: What I'm trying -- what I'm struggling with, Mr. Sanchez, is I understand he's the only neurologist forming an opinion, but I'm trying to discern what he's basing that opinion off of without any objective evidence.

MR. SANCHEZ: Well, the objective evidence that he had was his examinations of my client. In which there was decreased strengths, decreased oppositional tones, decreased myotomal sensations as indicated in his deposition. He had indicated that there was objective evidence as to decreases in certain things. For example -- give me one second. So on APA 9, pages 181 through 192, that's where Dr. Rao's records are, and you'll see in there that there is decreases in strengths, decreased sensitivity

in his lower extremity with planter and dorsal foot. So these are objective evidences that he's able to examine. Things that there was no indication about exaber- -- malingering or symptom magnification, and I think those are important. You know, you can't just fake whether or not you have decreased strength or distractive testings or myotomal sensational testings like they were doing. I mean even Dr. Gunter, their own expert, has indicated hey, he had these decreased issues, I don't know what more to explain to you. Dr. Brown had some boiler plate references in his record about how he did an exam. Well, my client and his mother were there, and testified that they never -- he never touched him or physically examined him. So I don't want us to take that out of context and say, oh, well hey, he's had some objective testing from Dr. Brown too. No, when the evidence shows that my client wasn't physically examined, but Dr. Rao did.

COMMISSIONER BECK: Finding of Fact 40 seems to indicate that the basis for his causation opinion is the temporal relationship between when the accident occurred and when the

symptoms began. At least that's what Commissioner McCaskill found in Finding of Fact Number 40.

MR. SANCHEZ: And arguably, Your Honor, that's what a lot of doctors have to do. You know, SOA is the acronym we always rely on: Subjective statements, objective observations, and their assessment based on their knowledge, training, expertise. Subjectively, my client presented to him a 700 pound bale of hay hitting on the top of his cortex. Objectively, Dr. Rao looked through the medical records, examined him physically, saw the decrease in strength testing and the sensation testing. Those are the objective observations. He sent him for CT -- I mean for an EEG that was a short EEG. He needed the increased 96 hour EEG. Things he needs to, quote, further his assessment and plan of treatment. Things which my client has not been able to have. So based -- once again I hearken back to my original statement. Based on the evidence, that's what we're looking at right now in this objective examination of my client, the decreased sensations that were noted as part of that objective evaluation and

the need to continue to treat him through his programming through the 96 hour EEG. Now as far as the causation and linking this back to what your question was, yes, that's what doctors have to do based on subjective statements and their objective observations and evaluations of patients. And I believe that's what was done here and that's what, you know, Commissioner McCaskill claimed as why was affording him greater weight of the evidence so to speak when looking at this in a totality.

CHAIR: Any other questions? Mr. Burley, you have three minutes in reply.

APPELLANT'S REPLY:

MR. BURLEY: Briefly, I think that there's three issues with Rao's report. Number one, Brian says that he was -- the claimant was released from all neurosurgical issues and that leaves open the door for neurological treatment, I don't think that's true. Two doctors said it's medically impossible to have this type of injury resulting in these issues. Rao's report is objectionable for other reasons. Essentially, he just regurgitates the claimant's symptoms, and he still gives a

differential diagnosis when he sees him last in November of 2019 and is recommending this battery of testing, 96 hours EEG, because of seizures that exist nowhere else in the record but for the claimant's father apparently mentioning that he sometimes has seizures, which is listed nowhere else. Also, I think it's important to say that neurosurgeons are just as qualified as neurologists to address head injuries and treatment. If anything, they may be more qualified. If any of us were to have a traumatic head injury in this room, we would seek treatment with a neurosurgeon not a neurologist, and I think that's important because the order seems to read that we're placing more weight on the neurologist rather than a neurosurgeon. And both Gunter and Brown speak to that, that they're more capable of assessing treatment for trauma related issues. And also it needs to be indicated that Dr. Rao, who the Hearing Commissioner placed the greatest weight upon, has credibility issues. Particularly, he was previously charged with Civil Medicare Fraud by the United States Department of Justice for fraudulent billing.

And it's relevant in this case because he's recommending more treatment. Also, he's delinquent on his current Board certification. So if we're going to weigh experts, I think we put more weight on the neurosurgeons who say it's medically impossible and actually have clinical evidence to establish that versus a neurologist ---

COMMISSIONER BECK: Was the civil fine resolved by consent order?

MR. BURLEY: It was.

COMMISSIONER BECK: All right.

MR. BURLEY: And the last thing I'll say is, it's also with Dr. DuPuy, the Hearing Commissioner we believe erred in Finding of Fact Number 35. He classifies DuPuy as a neurosurgeon, and then uses that fact to then substantiate the head and the brain and the psych issues. Dr. DuPuy is not a neurosurgeon. He testified to that. He's an orthopaedic surgeon. So Finding of Fact Number 29, Number 31, Number 54 are all related to DuPuy's opinion of the brain and these neurological issues. Well, if we are, you know, misinterpreting his specialty, then I think that's a clear error, and that seems to

be how the Hearing Commissioner linked DuPuy to Rao in terms of ongoing treatment. Dr. DuPuy clearly says his expertise is limited to orthopaedic arms and legs and not the brain, and further, he rules out all orthopaedic injuries to the back, neck, arm, foot and hand at his deposition. So he says it's not an orthopaedic issue. We've got three neurosurgeons saying it's not a brain issue. So I think that needs to be considered as well.

CHAIR: Any questions? Hearing none, thank y'all for joining us here this afternoon. This concludes our hearing.

(There being nothing further, the hearing concluded at 3:27 p.m.)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMSSION COUNTY OF YORK
S.C.W.C. File No. 1908703

Kyle Bagley, **EMPLOYEE/CLAIMANT,** **vs.** JN Fibers, Inc, **EMPLOYER/DEFENDANT,** **and** Great American Alliance Insurance Company, **CARRIER/DEFENDANTS.**	)	**CLAIMANT'S UPDATED APA SUBMISSIONS EXHIBITS AND WITNESS LIST** **W.C.C. FILE NO.: 1908703**

TO: **THE HONORABLE COMMISSIONER GENE MCCASKILL** and **C. BARRETT BURLEY**, ATTORNEY FOR CARRIER/DEFENDANTS.

YOU ARE HEREBY NOTIFIED that the Claimant, pursuant to S.C. Regulation 67-612 and S.C. Code § 1-23-330, hereby submits the following records as evidence on the claimant's behalf:

CLAIMANT'S APA REPORTS & EXHIBITS

APA No.	Provider Name	Date of Service	Bates numbered
#1 (23 pp.)	MUSC Health – Chester Regional Medical Center from 06/17/19 *(as well as 07/03/19 diagnostics ordered by Riverview Medical)*	06/17/19 and 07/03/19	1-23
#2 (1 pp.)	Chester Chiropractic	06/20/19	24
#3 (4 pp.)	Lowry's Family Medicine	06/25/19	25-28
#4 (13 pp.)	Riverview Medical / Occumed	06/27/19	29-41
#5 (23 pp.)	Midlands Ortho & Neurosurgery (Dr. Brown) and Form 14-B	07/05/19 to 07/11/19	42-64
#6 (76 pp.)	Your Life Wellness – PT	7/22/19 to 10/16/19	65-140
#7 (16 pp.)	Carolina Neurosurgery & Spine	08/22/19 to 09/05/19	141-156
#8 (24 pp.)	OrthoCarolina Records and out of work note (Dr. DuPuy)	09/05/19 to 10/15/19	157-180

#9 (12 pp.)	Dr. Rao- Neurological Institute	10/31/19-11/19/19	181-192
#10 (21 pp.)	Deposition of Dr. Brown (Midlands Ortho and Neurosurgery)	12/12/19	193-213
#11 (55 pp.)	Deposition Dr. Hernan Rao (The Neurological Institute)	02/14/2020	214-268
#12 (54 pp.)	Deposition of Dr. David DuPuy (Orthocarolina)	04/29/2020	269-324
#13 (55 pp.)	Deposition of Dr. Gunter and five (5) pages of the Office note of 07/08/20	07/08/2020 (office note) and 09/08/2020 (Deposition)	325-379
P's Exhibit No.	**Document Description**	**Date(s)**	**Bates Numbered**
#1	First Report of Injury / Work Comp Injury Reporting Form	06/24/19	XX-XX
#2	Texts (Employer-Claimant)	VARIOUS	XX-XX
#3	E-mails between counsel of record for the parties	VARIOUS	XX-XX
#4	Affidavit from Guardian of Minor child of Claimant	TBD	XX-XX
#5	Miscellaneous- Employee File documents, videos, records, etc.	TBD	XX-XX
#6	Any other document necessary to support/rebut evidence at hearing	TBD	XX-XX

YOU ARE FURTHER NOTIFIED that you have the right to cross-examination. Should you desire to exercise said right, you are to forthwith schedule the deposition of the person you want to cross-examine.

YOU ARE FURTHER NOTIFIED that copies of these records will be submitted as evidence on claimant's behalf at the time of the hearing in this matter.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called to testify on claimant's behalf:

1. Kyle Bagley;
2. Jessica Bagley, as wife of Claimant and Guardian of their minor-child;
3. Claimant's mother;
4. Any and all of Claimant's Medical providers (as set-forth in his *APA Exhibits*);
5. Any and all witnesses, including the Medical Providers, as listed in the Form 58 or in the APA submissions of either party (or as evidence arises in the hearing and there is a necessity to obtain testimony from a witness). *

(*continued on next page*)

a. **Claimant reserves the right to supplement this, if the need shall arise, up until the scheduled time of the hearing; as well as the possible need to adjourn/hold-open the hearing record in order to obtain the deposition testimony of a witness/provider that the Commission may deem necessary in this matter.*

Bryan N. Sanchez
S.C. Bar No.: 80372
The Lewis Law Firm, LLC
PO Box 11583
Rock Hill, South Carolina 29731
Office: 803-326-1103
Fax: 803-324-0056
Email: Bryan.Sanchez@StacyLewisLaw.com
ATTORNEY FOR CLAIMANT

On the 28th day of September 2020.

APA #1 pg 1

MUSC CHESTER

ADVANCE DIRECTIVE (Y/N)		ACCOUNT NO. 2000034137									MEDICAL RECORD NO. 0000034137		
ADMIT DATE / TIME 06/17/2019 20:16	ROOM NO. 0	PT E	FC B	AGE 038	DATE OF BIRTH 11/03/1980	SEX M	RA 1	MS S	LOCATION ED	PROGRAM			
PATIENT NAME & ADDRESS BAGLEY, KYLE RAY 628 LANCASTER HWY APT223 CHESTER SC 29706 US	SS NUMBER ***-**-**** PHONE NUMBER (803)374-2834	PATIENT EMPLOYER SUNFIBER									EMPLOYER PHONE NO. (803)789-4162 COUNTY 12CHESTER EMPLOYER PHONE (803)789-4162		
RESPONSIBLE PARTY & ADDRESS BAGLEY, KYLE RAY 628 LANCASTER HWY APT223 CHESTER SC 29706 US	SS NUMBER ***-**-**** PHONE NUMBER (803)374-2834	RESPONSIBLE PARTY EMPLOYER SUNFIBER									RELATIONSHIP TO PATIENT PATIENT IS GUARANTOR		
EMERGENCY CONTACT NAME, NOT IN HOUSEHOLD BAGLEY, JESSICA	EMERGENCY CONTACT PHONE (803)379-6464	EMERGENCY CONTACT RELATIONSHIP TO PATIENT SPOUSE											
COMMENTS		MRP Y	PT EMP REL N		PRIVACY						VIP Y	ADMIT BY DBH	
PRIVACY	ENROL	PR O	ACCIDENT		ACCIDENT DATE								
1 PAYOR PPO	PLAN		POLICY NUMBER ZGX249228620360								DATE OF BIRTH 11/03/1980		
INSURANCE CO. NAME & ADDRESS BCBS SC 401 PO BOX 100300 COLUMBIA SC 292023300			INSURED'S NAME BAGLEY, KYLE R										
			GROUP NUMBER 681702601		GROUP NAME								
			AUTHORIZATION										
2 PAYOR	PLAN		POLICY NUMBER								DATE OF BIRTH 00/00/0000		
INSURANCE CO. NAME & ADDRESS			INSURED'S NAME										
			GROUP NUMBER		GROUP NAME								
			AUTHORIZATION										
3 PAYOR	PLAN		POLICY NUMBER								DATE OF BIRTH		
INSURANCE CO. NAME & ADDRESS			INSURED'S NAME										
			GROUP NUMBER		GROUP NAME								
			AUTHORIZATION										
DR. ADMITTING / ATTENDING LOWMAN, ISOM			DR. FAMILY / PRIMARY CARE POULOS, DREWID D. PLYLER										
CHIEF COMPLAINT BODY PAIN			ADMITTING DIAGNOSIS										
PRINCIPAL DIAGNOSIS (The condition identified after study to be chiefly responsible for occasioning the admission of the patient to the HOSPITAL for care).			DISCHARGED TO HOME								DISCHARGE DATE/TIME 06/17/2019 23:04		

FACE

2006488

0000034137

Patient:BAGLEY, KYLE RAY MRN:B130000034137 Encounter:2006488 Page 1 of 1

Physician Documentation
Chester Regional Medical Center
Emergency Department
Name: Bagley, Kyle R
Age: 38 yrs
Sex: Male
DOB: 11/03/1980
MRN: 0000034137
Arrival Date: 06/17/2019
Time: 20:15
Account#: 2006488
Bed 6
Private MD:
ED Physician Lowman, Isom
Disposition:
06/17
22:38 Electronically signed by: Lowman, Isom, MD. IT

Disposition Summary:
06/17 Discharged to Home/Self Care, MSE completed., Impression: Contusion of lower back and pelvis, initial encounter - Thoracic and Cervical.
22:40 IT

- Condition is Stable.
- Discharge Instructions: Back Pain, Adult.
- Prescriptions for Zanaflex 4 mg Oral Tablet - take 1 tablet by ORAL route every 8 hours As needed; 15 tablet. Tramadol 50 mg Oral Tablet - take 1 tablet by ORAL route every 8 hours as needed; 12 tablet.
- Medication Reconciliation Form form.
- Follow Up: Emergency Department; When: As needed; Reason: Worsening of condition. Follow Up; Mason, G., MD; When: As needed; Reason: Worsening of condition.
- Problem is new.
- Symptoms have improved.

HPI:
06/17
20:48 This 38 yrs old Caucasian Male presents to ER with complaints of Pain All Over. IT

06/17
20:48 The patient presents with pain that is acute. The symptoms are located in the posterior cervical area, thoracic area and lumbar area. Onset: The symptoms/episode began/occurred 3 day(s) ago. The pain does not radiate. Associated signs and symptoms: The patient has no apparent associated signs or symptoms. The problem was sustained during a fall, Patient states he was hit on forehead with a bale of fiber that knocked him onto his back on Friday, now hurting in his neck and entire back.. Modifying factors: the patient symptoms are aggravated by movement. Severity of symptoms: At their worst the symptoms were moderate. This patient does not have any risk factors for back pain. The patient has not experienced similar symptoms in the past. IT

Historical:
- Allergies: No known Allergies;
- Home Meds:
  1. None

- PMHX: None;
- PSHx: Tonsillectomy;
  History obtained from: patient.
- Immunization history: Last tetanus immunization: < 10 years ago Pneumococcal vaccine is not up to date, Patient has never been vaccinated, Flu vaccine is not up to date, It has been more than one year since last vaccine,.
- Social history: : No barriers to communication noted. The patient speaks fluent English. Speaks appropriately for age.
- Family history: Not pertinent.
- Social history: Patient/guardian denies using street drugs, IV drugs.
- Hospitalizations: : No recent hospitalization is reported.
- The history from nurses notes was reviewed: and I agree with what is documented.

ROS:

06/17		
20:51	All other systems are reviewed and negative. Constitutional: Negative for body aches, chills, fever. Cardiovascular: Negative for chest pain, edema, orthopnea. Respiratory: Negative for cough, dyspnea on exertion, shortness of breath. Abdomen/GI: Negative for abdominal pain, nausea, vomiting. Back: Positive for pain at rest, pain with movement, of the posterior cervical area, thoracic area and lumbar area. Neuro: Negative for dizziness, headache, hearing loss, loss of consciousness.	jl

Exam:

06/17		
20:53	Constitutional: The patient appears in no acute distress, alert, awake, non-diaphoretic, non-toxic, well developed, well hydrated, well groomed, well nourished, uncomfortable.	jl
20:53	Head/face: Exam is negative for acute changes.	
20:53	Eyes: Exam is negative for acute changes.	
20:53	ENT: Exam is negative for acute changes.	
20:53	Neck: C-spine: vertebral tenderness, that is mild, diffusely, crepitus, is not appreciated.	
20:53	Cardiovascular: Exam negative for acute changes.	
20:53	Respiratory: Exam negative for acute changes.	
20:53	Abdomen/GI: Exam negative for acute changes.	
20:53	Abdomen/GI: Inspection: abdomen appears normal, Bowel sounds: normal, Palpation: abdomen is soft and non-tender, in all quadrants, mass, is not appreciated.	
20:53	Back: pain, that is moderate, of the posterior cervical area, thoracic area and lumbar area, ROM is normal, painful.	
20:53	GU: Exam negative for acute changes.	
20:53	Neuro: Motor: is normal, Sensation: is normal, Gait: is steady, at a normal pace, without difficulty, Deep tendon reflexes are normal.	

Vital Signs:

06/17		
20:50	BP 131 / 87; Pulse 76; Resp 16; Temp 97.8; Pulse Ox 98% on R/A; Weight 74.84 kg; Height 6 ft. 1 in. (185.42 cm); Pain 10/10;	dfc
06/17		
22:50	BP 118 / 078; Pulse 077; Resp 018; Temp 97.8; Pulse Ox 98% ; Pain 10/10;	mp2
06/17		dfc
23:04	Pulse Ox 7% ;	
06/17		

20:50 Body Mass Index 21.77 (74.84 kg, 185.42 cm) dfc

MDM:
06/17
20:41 Patient medically screened. jl

06/17
22:37 Differential diagnosis: ruptured disc, sprain, vertebral fracture, contusion. Data reviewed: vital signs, nurses notes, radiologic studies. Data interpreted: Pulse oximetry: on room air is 98 %. Interpretation: normal. Test interpretation: by ED physician or midlevel provider: none. Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, radiology results, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home. Medication response: The patient's symptoms have improved. jl

06/17
20:57 Order name: Ct Cervical W/o Contrast jl

06/17
20:57 Order name: Ct Lumbar W/o Contrast jl

06/17
20:57 Order name: Ct Thoracic W/o Contrast jl

Dispensed Medications:
06/17
22:50 Drug: TORAdol 60 mg Route: IM; Site: right vastus lateralis; dfc

06/17
23:04 Follow up: Pulse Ox 7% dfc

Signatures:

		EDMS
Dispatcher MedHost		
Pearson, Meredith, RN	RN	mp2
Lowman, Isom, MD	MD	jl
Craig, David, RN	RN	dfc

Corrections: (The following items were deleted from the chart)
06/17
22:41 06/17 22:40 06/17/2019 22:40 Discharged to Home/Self Care. MSE completed.. Impression: Contusion of lower back and pelvis, initial encounter - Thoracic and . Condition is Stable. Discharge Instructions: Medication Reconciliation Form. Follow up: Emergency Department; When: As needed; Reason: Worsening of condition. Problem is new. Symptoms have improved. jl jl

06/17
22:43 06/17 22:41 06/17/2019 22:40 Discharged to Home/Self Care. MSE completed.. Impression: Contusion of lower back and pelvis, initial encounter - Thoracic and Cervical. Condition is Stable. Discharge Instructions: Medication Reconciliation Form. Follow up: Emergency Department; When: As needed; Reason: Worsening of condition. Problem is new. Symptoms have improved. jl jl

06/17
22:43 06/17 22:43 06/17/2019 22:40 Discharged to Home/Self Care. MSE completed.. Impression: Contusion of lower back and pelvis, initial encounter - Thoracic and Cervical. Condition is Stable. Discharge Instructions: Medication Reconciliation Form, Back Pain, Adult. Prescriptions for Zanaflex 4 mg Oral Tablet - take 1 tablet by ORAL jl

route every 8 hours As needed; 15 tablet, Tramadol 50 mg Oral Tablet - take 1 tablet by ORAL route every 8 hours as needed; 12 tabletrollow up: Emergency Department; When: As needed; Reason: Worsening of condition. Problem is new. Symptoms have improved. if

****

Discharge Summary
Chester Regional Medical Center
Name:Kyle Bagley
Emergency Department
Age:38 yrs
Sex:Male
DOB:11/03/1980
MRN:0000034137
Arrival:06/17/2019
20:15
Account#:2006488
Departure Date06/17/2019
Departure Time23:04
Private MD:
Outcome: Discharge
Location: Home/Self Care. MSE completed.
Condition: Stable.
Chief Complaint: Pain All Over
Diagnosis: Contusion of lower back and pelvis, initial encounter - Thoracic and Cervical
Prescriptions: Zanaflex 4 mg Oral Tablet - take 1 tablet by ORAL route every 8 hours As needed; 15 tablet, Tramadol 50 mg Oral Tablet - take 1 tablet by ORAL route every 8 hours as needed; 12 tablet
Follow Up: Mason, G., MD
Custom Notes: Return if get worse
Attending Physician: Lowman, Isom, MD
Private MD:
Mid Level Provider:
Followup Physician: Mason, G., MD
Orders: Ct Cervical W/o Contrast, Ct Lumbar W/o Contrast, Ct Thoracic W/o Contrast, TORadol
Discharge Instruction: Discharge Summary Sheet, Back Pain, Adult, Medication Reconciliation Form

Radiology Results
MUSC CHESTER MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold:813
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RADIOLOGY TEST INFORMATION

Type/source: RAD CT CERVICAL W/O CONTRAST	Order #:	16613813	Account: 2006488
Medical Record Number: 0000034137	DOB:	11/03/1980	Gender: MALE
Status:F 08:45	Order Date:	06/17/2019	Patient Name: BAGLEY, KYLE RAY
Result Date/Time: 06/18/2019	Order Time:	20:57	Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL Signature: TANK, JAY DAYALAL

RESULT TEXT

BODY PAIN
Reason/injury/Pain/ Bed Name: 6
Procedure Acknowledge Date: 06/17/2019 09:42 PM

CT CERVICAL, THORACIC, AND LUMBAR SPINE

HISTORY: Trauma.

COMPARISON: None.

TECHNIQUE: CT scan of the cervical, thoracic, and lumbar spine without IV contrast. This exam was performed according to our departmental dose-optimization program, which includes automated exposure control, adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruction technique.

FINDINGS:

CERVICAL SPINE:

No acute fracture or prevertebral soft tissue swelling is identified. The cervical alignment is maintained. The disc spaces are preserved. No advanced canal stenosis.

THORACIC SPINE:

No acute fracture is seen. The thoracic alignment is maintained without static listhesis. The disc spaces are preserved. No advanced spinal canal stenosis is identified. The visualized lungs are clear.

LUMBAR SPINE:

No acute fracture is seen. The lumbar alignment is maintained. The disc spaces are preserved. No advanced canal stenosis. The

Radiology Results
MUSC CHESTER MEDICAL CENTER
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CHESTER SC 29706

RADIOLOGY TEST INFORMATION

Type/source: RAD CT CERVICAL W/O CONTRAST
Medical Record Number: 0000034137
Status: F
Result Date/Time: 06/18/2019 08:45
Order: 16613813
DOB: 11/03/1980
Order Date: 06/17/2019
Order Time: 20:57
Account: 2006488
Gender: MALE
Patient Name: BAGLEY, KYLE RAY
Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL
Signature: TANK, JAY DAYALAL

RESULT TEXT

sacroiliac joints are preserved.

IMPRESSION:

No acute spinal fracture.

Electronically signed by: Jay Tank MD 6/17/2019 8:51 PM CDT
Workstation: 109-1071

DT: 06/17/2019 10:43 PM Dictated By: TANK, JAY DAYALAL MD
DF: 06/18/2019 08:45 AM Signed By: TANK, JAY DAYALAL MD

Radiology Results
MUSC CHESTER MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold;813
Page:1

RADIOLOGY TEST INFORMATION

Type/source: RAD CT LUMBAR W/O CONTRAST
Medical Record Number: 0000034137
Status:F 21:51
Result Date/Time: 06/17/2019

CHART #: 16613814
DOB: 11/03/1980
Order Date: 06/17/2019
Order Time: 20:57

Account: 2006488
Gender: MALE
Patient Name: BAGLEY, KYLE RAY
Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL

Signature: TANK, JAY DAYALAL

RESULT TEXT

BODY PAIN
Reason/injury/Pain/ Bed Name: 6
Procedure Acknowledge Date: 06/17/2019 09:43 PM

CT CERVICAL, THORACIC, AND LUMBAR SPINE

HISTORY: Trauma.

COMPARISON: None.

TECHNIQUE: CT scan of the cervical, thoracic, and lumbar spine without IV contrast. This exam was performed according to our departmental dose-optimization program, which includes automated exposure control, adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruction technique.

FINDINGS:

CERVICAL SPINE:

No acute fracture or prevertebral soft tissue swelling is identified. The cervical alignment is maintained. The disc spaces are preserved. No advanced canal stenosis.

THORACIC SPINE:

No acute fracture is seen. The thoracic alignment is maintained without static listhesis. The disc spaces are preserved. No advanced spinal canal stenosis is identified. The visualized lungs are clear.

LUMBAR SPINE:

No acute fracture is seen. The lumbar alignment is maintained. The disc spaces are preserved. No advanced canal stenosis. The

Radiology Results
MUSC CHESTER MEDICAL CENTER
1 MEDICAL PARK DRIVE
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Cold:813
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RADIOLOGY TEST INFORMATION

Type/source: RAD CT LUMBAR W/O CONTRAST
Medical Record Number: 0000034137
Status:F
Result Date/Time: 06/17/2019 21:51

Order #: 16613814
DOB: 11/03/1980
Order Date: 06/17/2019
Order Time: 20:57

Account: 2006488
Gender: MALE
Patient Name: BAGLEY, KYLE RAY
Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL

Signature: TANK, JAY DAYALAL

RESULT TEXT

sacroiliac joints are preserved.

IMPRESSION:

No acute spinal fracture.

Electronically signed by: Jay Tank MD 6/17/2019 8:51 PM CDT
Workstation: 109-1071

DT: 06/17/2019 10:43 PM Dictated By: TANK, JAY DAYALAL MD
DF: 06/17/2019 09:51 PM Signed By: TANK, JAY DAYALAL MD

Radiology Results
MUSC CHESTER MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

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Page:1

RADIOLOGY TEST INFORMATION

Type/source: RAD CT LUMBAR W/O CONTRAST
Medical Record Number: 0000034137
Status:F 21:61
Result Date/Time: 06/17/2019

TEST #: 16613814
DOB: 11/03/1980
Order Date: 06/17/2019
Order Time: 20:57

Account: 2000488
Gender: MALE
Patient Name: BAGLEY, KYLE RAY
Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL

Signature: TANK, JAY DAYALAL

RESULT TEXT

BODY PAIN
Reason:injury;Pain; Bed Name: 6
Procedure Acknowledge Date: 06/17/2019 09:43 PM

CT CERVICAL, THORACIC, AND LUMBAR SPINE

HISTORY: Trauma.

COMPARISON: None.

TECHNIQUE: CT scan of the cervical, thoracic, and lumbar spine without IV contrast. This exam was performed according to our departmental dose-optimization program, which includes automated exposure control, adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruction technique.

FINDINGS:

CERVICAL SPINE:

No acute fracture or prevertebral soft tissue swelling is identified. The cervical alignment is maintained. The disc spaces are preserved. No advanced canal stenosis.

THORACIC SPINE:

No acute fracture is seen. The thoracic alignment is maintained without static listhesis. The disc spaces are preserved. No advanced spinal canal stenosis is identified. The visualized lungs are clear.

LUMBAR SPINE:

No acute fracture is seen. The lumbar alignment is maintained. The disc spaces are preserved. No advanced canal stenosis. The

Radiology Results
MUSC CHESTER MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

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Page:2

RADIOLOGY TEST INFORMATION

Type/source: RAD CT LUMBAR W/O CONTRAST
Medical Record Number: 0000034137
Status:F 21:61
Result Date/Time: 06/17/2019

ORDER #: 16613814
DOB: 11/03/1980
Order Date: 06/17/2019
Order Time: 20:57

Account: 2006488
Gender: MALE
Patient Name: BAGLEY, KYLE RAY
Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL

Signature: TANK, JAY DAYALAL

RESULT TEXT

sacroiliac joints are preserved.

IMPRESSION:

No acute spinal fracture.

Electronically signed by: Jay Tank MD 6/17/2019 8:51 PM CDT
Workstation: 109-1071

DT: 06/17/2019 10:43 PM Dictated By: TANK, JAY DAYALAL MD
DF: 06/17/2019 09:51 PM Signed By: TANK, JAY DAYALAL MD

Radiology Results
MUSC CHESTER MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

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Page:1

RADIOLOGY TEST INFORMATION

Type/source: RAD CT LUMBAR W/O CONTRAST
Medical Record Number: 0000034137
Status:F 21:51
Result Date/Time: 06/17/2019

Order #: 16613814
DOB: 11/09/1980
Order Date: 06/17/2019
Order Time: 20:57

Account: 2006488
Gender: MALE
Patient Name: BAGLEY, KYLE RAY
Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL

Signature: TANK, JAY DAYALAL

RESULT TEXT

BODY PAIN
Reason;injury;Pain; Bed Name: 6
Procedure Acknowledge Date: 06/17/2019 09:43 PM

CT CERVICAL, THORACIC, AND LUMBAR SPINE

HISTORY: Trauma.

COMPARISON: None.

TECHNIQUE: CT scan of the cervical, thoracic, and lumbar spine without IV contrast. This exam was performed according to our departmental dose-optimization program, which includes automated exposure control, adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruction technique.

FINDINGS:

CERVICAL SPINE:

No acute fracture or prevertebral soft tissue swelling is identified. The cervical alignment is maintained. The disc spaces are preserved. No advanced canal stenosis.

THORACIC SPINE:

No acute fracture is seen. The thoracic alignment is maintained without static listhesis. The disc spaces are preserved. No advanced spinal canal stenosis is identified. The visualized lungs are clear.

LUMBAR SPINE:

No acute fracture is seen. The lumbar alignment is maintained. The disc spaces are preserved. No advanced canal stenosis. The

APA #1 pg 14

Radiology Results
MUSC CHESTER MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

RADIOLOGY TEST INFORMATION

Type/source: RAD CT LUMBAR W//O CONTRAST
Medical Record Number: 0000034137
Status:F
Result Date/Time: 06/17/2019 21:51

CHART#: 16613814
DOB: 11/03/1980
Order Date: 06/17/2019
Order Time: 20:57

Account: 2006488
Gender: MALE
Patient Name: BAGLEY, KYLE RAY
Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL

Signature: TANK, JAY DAYALAL

RESULT TEXT

sacroiliac joints are preserved.

IMPRESSION:

No acute spinal fracture.

Electronically signed by: Jay Tank MD 6/17/2019 8:51 PM CDT
Workstation: 109-1071

DT: 06/17/2019 10:43 PM Dictated By: TANK, JAY DAYALAL MD
DF: 06/17/2019 09:51 PM Signed By: TANK, JAY DAYALAL MD

Radiology Results
MUSC CHESTER MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold:813
Page:1

RADIOLOGY TEST INFORMATION

Type/source: RAD CT LUMBAR W/O CONTRAST
Medical Record Number: 0000034137
Status:F
Result Date/Time: 06/17/2019 21:51
Order #: 16613814
DOB: 11/03/1980
Order Date: 06/17/2019
Order Time: 20:57
Account: 2006488
Gender: MALE
Patient Name: BAGLEY, KYLE RAY
Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL
Signature: TANK, JAY DAYALAL

RESULT TEXT

BODY PAIN
Reason/Injury/Pain/ Bed Name: 6
Procedure Acknowledge Date: 06/17/2019 09:43 PM

CT CERVICAL, THORACIC, AND LUMBAR SPINE

HISTORY: Trauma.

COMPARISON: None.

TECHNIQUE: CT scan of the cervical, thoracic, and lumbar spine without IV contrast. This exam was performed according to our departmental dose-optimization program, which includes automated exposure control, adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruction technique.

FINDINGS:

CERVICAL SPINE:

No acute fracture or prevertebral soft tissue swelling is identified. The cervical alignment is maintained. The disc spaces are preserved. No advanced canal stenosis.

THORACIC SPINE:

No acute fracture is seen. The thoracic alignment is maintained without static listhesis. The disc spaces are preserved. No advanced spinal canal stenosis is identified. The visualized lungs are clear.

LUMBAR SPINE:

No acute fracture is seen. The lumbar alignment is maintained. The disc spaces are preserved. No advanced canal stenosis. The

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Radiology Results
MUSC CHESTER MEDICAL CENTER
1 MEDICAL PARK DRIVE
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Cold:813
Page:2

RADIOLOGY TEST INFORMATION

Type/source: RAD CT LUMBAR W//O CONTRAST
Medical Record Number: 0000034137
Status:F 21:51
Result Date/Time: 06/17/2019

Order #: 16613814
DOB: 11/03/1980
Order Date: 06/17/2019
Order Time: 20:57

Account: 2006488
Gender: MALE
Patient Name: BAGLEY, KYLE RAY
Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL

Signature: TANK, JAY DAYALAL

RESULT TEXT

sacroiliac joints are preserved.

IMPRESSION:

No acute spinal fracture.

Electronically signed by: Jay Tank MD 6/17/2019 8:51 PM CDT
Workstation: 109-1071

DT: 06/17/2019 10:43 PM Dictated By: TANK, JAY DAYALAL MD
DF: 06/17/2019 09:51 PM Signed By: TANK, JAY DAYALAL MD

Radiology Results
MUSC CHESTER MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold:813
Page:1

RADIOLOGY TEST INFORMATION

Type/source: RAD CT THORACIC W/O CONTRAST
Medical Record Number: 0000034137
Status:F
Result Date/Time: 06/18/2019 08:45
Order #: 16613816
DOB: 11/03/1980
Order Date: 06/17/2019
Order Time: 20:57
Account: 2006488
Gender: MALE
Patient Name: BAGLEY, KYLE RAY
Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL Signature: TANK, JAY DAYALAL

RESULT TEXT

BODY PAIN
Reason/injury/Pain; Bed Name: 6
Procedure Acknowledge Date: 06/17/2019 09:44 PM

CT CERVICAL, THORACIC, AND LUMBAR SPINE

HISTORY: Trauma.

COMPARISON: None.

TECHNIQUE: CT scan of the cervical, thoracic, and lumbar spine without IV contrast. This exam was performed according to our departmental dose-optimization program, which includes automated exposure control, adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruction technique.

FINDINGS:

CERVICAL SPINE:

No acute fracture or prevertebral soft tissue swelling is identified. The cervical alignment is maintained. The disc spaces are preserved. No advanced canal stenosis.

THORACIC SPINE:

No acute fracture is seen. The thoracic alignment is maintained without static listhesis. The disc spaces are preserved. No advanced spinal canal stenosis is identified. The visualized lungs are clear.

LUMBAR SPINE:

No acute fracture is seen. The lumbar alignment is maintained. The disc spaces are preserved. No advanced canal stenosis. The

APA #1 pg 18

Radiology Results
MUSC CHESTER MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold;813
Page:2

RADIOLOGY TEST INFORMATION

Type/source: RAD CT THORACIC W/O CONTRAST
Medical Record Number: 0000034137
Status:F 08:46
Result Date/Time: 06/18/2019

Order #: 16613616
DOB: 11/03/1980
Order Date: 06/17/2019
Order Time: 20:57

Account: 2006488
Gender: MALE
Patient Name: BAGLEY, KYLE RAY
Admit Date: 06/17/2019

PHYSICIANS Dictating: TANK, JAY DAYALAL Signature: TANK, JAY DAYALAL

RESULT TEXT

sacroiliac joints are preserved.

IMPRESSION:

No acute spinal fracture.

Electronically signed by: Jay Tank MD 6/17/2019 8:51 PM CDT
Workstation: 109-1071

DT: 06/17/2019 10:43 PM Dictated By: TANK, JAY DAYALAL MD
DF: 06/18/2019 08:45 AM Signed By: TANK, JAY DAYALAL MD

OneContent: Generated By kah267

Mesa Vascular Laboratory Imaging Center
4097 W. Kennedy Rd
Lancaster, SC 29720
803-920-9470

Patient: BAGLEY,KYLE
Payor: Blanco,Salvatore MD
DOB: 11/09/1980 Age: 38 Sex: M
Acct: X0001642S0 Loc: M.IMG
Exam Date: 07/08/2019 Status: DSC CMX
Unit No: M0000821411

RADIOLOGY REPORT

Exam#	Exam/Modal	Results
UD12DR072	MRI NEK/CERVICAL SPINE IMG	

CERVICAL SPINE MRI

INDICATION: (803)648-7007 -LOW BACK PAIN NECK AND BACK PAIN)heavy obj,hit head)L hand drawn/numb.
COMPARISON: None

TECHNIQUE: Multiplanar, multisequence MR images of the cervical spine.

FINDINGS: Motion degrades quality.
Alignment: Within normal limits.
Vertebrae: No marrow signal abnormalities to suggest neoplasm.
Spinal cord: Normal signal. Normal contour.
Craniocervical junction: No significant focal abnormality.

Degenerative changes:
C1-C2: No significant central stenosis. No significant foraminal stenosis.
C2-C3: No significant central stenosis. No significant foraminal stenosis.
C3-C4: No significant central stenosis. No significant foraminal stenosis.
C4-C5: No significant central stenosis. No significant foraminal stenosis.
C5-C6: No significant central stenosis. Is mild left-sided neural foraminal encroachment due to disc osteophyte complex.
C6-C7: No significant central stenosis. There is mild left-sided neural foraminal encroachment due to disc osteophyte complex.
C7-T1: No significant central stenosis. No significant foraminal stenosis.

Upper thoracic spine: No significant focal abnormality.

IMPRESSION:
Mild left-sided neural foramen encroachments at C5-C6 and C6-C7 due to disc osteophyte complex.

Exam # Signed Report Printed From PCX (CONTINUED)

OneContent: Generated By kah267

[illegible]

[illegible] Name: BAGLEY,KYLE
Phys: Blanco/Salvatore MD
DOB: 11/08/1980 Age: 38 Sex: M
Acct: I0001648480 Loc: M.IMG
Exam Date: 07/08/2019 Status: DEP CDX
Univ No: M0006814111

[illegible]
00120307Z 2A0 MRI/CERVICAL SPINE IMG

Electronically signed by: CIRILLO, Robert
Signed on 07/08/2019 09:28:09

** RECORD SIGNED IN OTHER VENDOR SYSTEM 07/08/2019 **
Reported By: ROBERT CIRILLO, MD

CC: Salvatore Blanco MD

Technologist: MICHELLE MCMANUS, RT(R)(M)

Delivered Date/Time: 07/08/2019 (0918)
Transcriptionist: XS.ENRECORD
Printed Date/Time: 07/08/2019 (1453) Batch No: 184

PAGE 2 Signed Report Printed From PCX

OneContent: Generated By kah267

MUSC HEALTH Lancaster Ambulatory Center
2097 W. Meeting St
Lancaster, SC 29720
803-283-3470

Name: BAGLEY,KYLE
Phys: Bianco,Salvatore MD
DOB: 11/09/1980 Age: 38 Sex: M
Acct: X000164280 Loc: M.MED
Exam Date: 07/03/2019 Status: DEF CHK
Unit No: M000691411

RADIOLOGY REPORT

EXAM# EXAM/REASON RESULT
001203070 IMG MRI/THORACIC SPINE INC

THORACIC SPINE MRI

INDICATION: (803)648-7007 -LOW BACK PAIN NECK AND BACK PAIN/heavy obj. hit head)L side numb.)UBH
COMPARISON: None

TECHNIQUE: Multiplanar, multisequence MR images of the thoracic spine.

FINDINGS:
Alignment: Within normal limits.
Vertebrae: No marrow signal abnormalities to suggest neoplasm.
Spinal cord: Normal signal and contour.
Paraspinal soft tissues: No edema or masses.
Degenerative changes: No significant central or foraminal stenosis.

IMPRESSION:
No MR abnormalities of the thoracic spine.

Electronically signed by: Cirillo, Robert
Signed on 07/03/2019 10:58:22

** REPORT SIGNED IN OTHER VENDOR SYSTEM 07/03/2019 **
Reported By: ROBERT CIRILLO, MD

CC: Salvatore Bianco MD; Drewid PA-C Boulos

Technologist: MICHELLE MCMANUS, RT(R) (M)

Validated Date/Time: 07/03/2019 (1057)
Transcriptionist: KB.BARRETT
Printed Date/Time: 07/08/2019 (1453) Batch No: 258

PAGE 1 Signed Report Printed From EOX

OneContent Generated By kah267

Mercy Medical Specialty Imaging Center
2007 W. Meeting St
Kingsport, TN 37660
888-972-9270

RADIOLOGY REPORT

Name: BAGLEY,KYLE
Phys: Nicoco,Salvatore MD
DOB: 11/03/1980 Age: 38 Sex: M
Acct: X0001664860 Loc: M.IMG
Exam Date: 07/03/2018 Status: DRV CLS
Unit No: M0006211411

EXAM TYPE/AREA RESULT
001203071 IMG MRI/LUMBAR SPINE IMG

MRX LUMBAR SPINE IMG

INDICATION: NECK AND BACK PAIN/LLE pain/numbness after obj.fell on him/ Pain.

COMPARISON: None

TECHNIQUE: Multiplanar multisequence images of the lumbar spine are obtained without intravenous contrast.

FINDINGS:

There is preservation of vertebral body heights, disc heights, and disc hydration, allowing for minimal desiccation at L3-L4 and L4-L5. There is no focal bone marrow edema. The conus terminates at the L1-L2 disc level. No infrarenal aortic aneurysm is identified at the extents included. Small hemangiomas are incidental within L2 and L3.

The upper two lumbar disc levels are unremarkable. There is mild facet arthropathy at L2-L3.

At L3-L4, mild broad-based disc bulge slightly flattens the ventral aspect of the thecal sac. There is mild bilateral facet arthropathy with slight ligamentous buckling as well resulting in minimal thecal sac narrowing. The foramina are patent.

At L4-L5, mild broad-based left asymmetric disc protrusion mildly effaces the ventral aspect of the thecal sac. There is slight narrowing of the left neural foramen without impingement on neural elements. There is mild to moderate bilateral facet arthropathy. The right neural foramen is patent.

L5-S1, the thecal sac and foramina are patent. There is mild bilateral facet arthropathy.

IMPRESSION

1. Mild multilevel facet arthropathy and minor discogenic spondylosis at L3-L4 and L4-L5 as above. No significant thecal sac narrowing or

OneContent: Generated By kah267

MUSC Health Lancaster Medical Center
1087 W. Meeting St
Lancaster, SC 29720
803-313-9270

RADIOLOGY REPORT

Name: BAGLEY,KYLE
Phys: Blanco,Salvatore MD
DOB: 11/03/1980 Age: 38 Sex: M
Accn: I0001648850 Loc: M.IMG
Exam Date: 07/03/2019 Status: DSP CMT
Unit No: M0006314133

Accn#	Exam	Result
001808072	IMG MRI/LUMBAR SPINE IMG	

Impingement on neural elements.

Electronically signed by: Degn, Christopher
Signed on 07/03/2019 1607:52

** REPORT SIGNED IN OTHER VENDOR SYSTEM 07/03/2019 **
Reported By: CHRISTOPHER DEGN, MD

CC: Salvatore Blanco MD

Technologist: MICHELLE MCMANUS, RT(R) (M)

Delivered Date/Time: 07/03/2019 (1608)
Transcriptionist: IS.SHERRY
Printed Date/Time: 07/08/2019 (1483) Batch No: 186

PAGE 2 Signed Report Printed From PCI

Kyle Bagley, a 38 year old male came in my office on 06/20/19 for evaluation and examination of injuries sustained in a work related accident. The Patient was employed with Sun Fiber at the time of the accident.

Patient was working at Sun Fiber as a maintenance man on June 14, 2019. Patient was told to do a particular job which was to weld a ramp back together. The machinery was still running right beside patient. The equipment takes plastic and forms it into fiber and then forms the fiber into compressed balls for storage. The compressed bails are 4' X 4' X 3 1/2' in size and weight between 620 to 700 pounds. On this particular day the bail shot out striking another bail which misdirected that 600 to 700 pound bail toward the patient who was welding, striking patient on the head, knocking patient to the concrete floor. Patient did not know if he was knocked unconscious. Patient stated he got up off the floor dizzy or with vertigo as the two men who were looking on were laughing at what had just occurred.

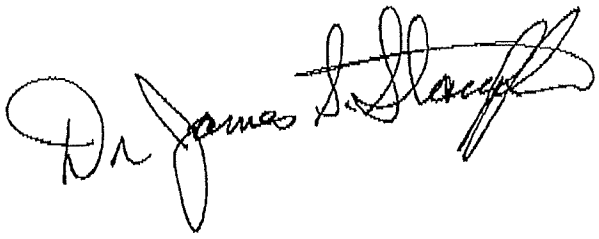
Patient came to my office on June 20, 2019 complaining of headaches, neck pain, with an arm in a fixed position up at his chest/sternum area bent at the elbow (left arm), left leg pain, an antalgic lean forward or anterior when standing and lower back pain. The lower back pain is a sharp constant aching pain. Patient at the C^{2}, C^{1} and C^{5} area. Manipulation was also made at S^{1}, S^{2} area and the lumbar L^{5} /sacroiliac areas on June 20, 2019, the following Thursday and the following Tuesday. Improvement was made but I could see it was more than a chiropractic situation. I told the patient and his wife that they needed to contact a specialist.

Palpation:
Upon Palpation, splenius capitis, splenius cervices, Sternocleidomastoid, trapezius L R, deltoid, rhomboid major, rhomboid minor, erector spinae, sacroiliac, and lumbosacral.

Test(s):
Positive tests were Lasegue, foramina compression, and Jackson distraction.

Diagnosis Codes:

M54.2	M54.5	R60.9	F419	
M62.	M25.9	R51	M54.30	G479



Bagley, Kyle R

MRN: 005927484

Office Visit 6/25/2019
Status: Awaiting Cosign
MUSC-DCM LOWRYS FAMILY MEDICINE

Provider: Drewid Plyler Poulos, PAC (Family Medicine)
Primary diagnosis: Cervical muscle strain, subsequent encounter
Reason for Visit: Injury; Referred by Drewid Plyler Poulos, PAC

Progress Notes

Drewid Plyler Poulos, PAC (Physician Assistant) • Family Medicine

Subjective:

Patient ID: Kyle R Bagley is a 38 y.o. male.

HPI
Patient presents today for follow-up from the ER. Patient states that he had an injury at work on 6-14. Patient states that he was welding on a ramp that was about 2 to 3 feet off the ground and then suddenly as 700 pound rod came back as he was welding and hit him in his head and let them to the left shoulder and threw him about 15 feet back to the ground on his back. Patient states that he notified his supervisor and Worker's Comp. was not filed. Patient states he continue to work. Patient denies any loss of consciousness. Patient states when he returned home that his wife took him to the ER for further evaluation because he was in a lot of pain.

Patient states that he had a trauma work-up in the ER that showed nothing acute. Patient was prescribed Zanaflex and tramadol.

Patient states he has followed up with a chiropractor for about 3 visits for adjustments.

Patient complains of cervical spine pain that is worse with rotation. Patient complains of left shoulder pain with decreased range of motion and numbness and tingling going down the left arm. Patient complains of lumbar spine pain with radiculopathy down the left lower leg.

Patient states that he has pain with movement and laying down. Patient describes the pain as sharp and aching and throbbing sensation. Patient states that the medication did not give him much relief.

Patient denies any bowel or bladder incontinence denies any headaches or dizziness.

Patient states that the Worker's Comp. finally called him this morning and they would like him to follow-up with their physician tomorrow.

Patient is very upset because Worker's Comp. was not filed on the day of the injury.

Review of Systems
Constitutional: Positive for activity change and unexpected weight change. Negative for appetite change, chills, fatigue and fever.
HENT: Negative for hearing loss and tinnitus.
Eyes: Negative for visual disturbance.
Respiratory: Negative for cough, chest tightness and shortness of breath.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Negative for abdominal pain, constipation, diarrhea, nausea and vomiting.
Endocrine: Negative for polydipsia, polyphagia and polyuria.

Genitourinary: Negative for difficulty urinating.
Musculoskeletal: Positive for arthralgias, back pain, gait problem, myalgias, neck pain and neck stiffness. Negative for joint swelling.
Skin: Negative for rash.
Neurological: Positive for numbness. Negative for dizziness, light-headedness and headaches.
Psychiatric/Behavioral: Negative for behavioral problems.

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: He is oriented to person, place, and time. He appears well-developed and well-nourished. He appears distressed.
uncomfortable
HENT:
Head: Normocephalic and atraumatic.
Neck: Normal range of motion. Neck supple.
Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.
Pulmonary/Chest: Effort normal and breath sounds normal.
Abdominal: Soft. Bowel sounds are normal.
Musculoskeletal:
Left shoulder: He exhibits decreased range of motion, tenderness, bony tenderness, pain and decreased strength. He exhibits no swelling, no crepitus, no deformity and normal pulse.
Cervical back: He exhibits decreased range of motion, tenderness, bony tenderness, pain and spasm. He exhibits no swelling.
Thoracic back: He exhibits decreased range of motion, tenderness, bony tenderness, pain and spasm.
Lumbar back: He exhibits decreased range of motion, tenderness, bony tenderness, pain and spasm. He exhibits no swelling, no edema, no deformity and normal pulse.
Positive left straight leg raise at 4 5 degrees
Neurological: He is alert and oriented to person, place, and time.
Skin: Skin is warm and dry.
Psychiatric: He has a normal mood and affect. His behavior is normal.
Nursing note and vitals reviewed.

Trigger CS Injection

After discussion of the risks and benefits, the patient elected a corticosteroid injection in the posterior thoracic region subscapularis left.

The skin was sterilized with alcohol and Betadine. The subcutaneous/intramuscular was infiltrated adjacent to the left posterior thoracic region subscapularis. The injection was completed without complication and a bandage was applied.

The patient tolerated the procedure well and was instructed to avoid strenuous activity for the next 24-48 hours. The patient will call immediately with any signs of infection or allergic reaction.

Assessment / Plan:
1. Cervical muscle strain
2. Lumbar muscle strain
3. Left shoulder impingement syndrome with contusion

4. Left chest wall contusion
5. Thoracic back muscle spasm and strain

In office x-ray:
1. Cervical spine noted nothing acute other than degenerative changes
2. Thoracic spine noted nothing acute other than degenerative changes
3. Lumbar spine nothing acute unremarkable
4. Left shoulder x-ray nothing acute
5. Chest x-ray nothing acute noted chronic changes

In office trigger point injection.

Discussed with patient we will start him on Duexis 3 times a day and Pennsaid twice a day.
Discussed with patient we will start him on Flexeril 3 times a day to help with muscle spasms.
Discussed with patient we will give him Norco 5/325 as needed.

Discussed with patient I will request ER notes.

Discussed with patient that he needs an MR of his neck shoulder and thoracic spine.

Discussed with patient we will get him set with physical therapy.

Discussed with patient that he needs to follow-up and report to clinic for Worker's Comp.

Instructions

MUSC AMBULATORY AVS (Automatic SnapShot taken 6/25/2019)

Additional Documentation

Vitals:	BP 139/88 (BP Location: Right arm, Patient Position: Sitting, BP CUFF SIZE: Small Adult) Pulse 94 Temp 36.9 °C (98.4 °F) (Tympanic) Resp 20 Ht 185.4 cm (6' 1") Wt 62 kg (136 lb 9.6 oz) SpO2 97% BMI 18.02 kg/m² BSA 1.79 m²
Flowsheets:	Travel Screen, Anthropometrics
Encounter Info:	Billing Info, History, Allergies, Detailed Report

Media

› Scan on 6/25/2019 4:22 PM:

Orders Placed

XR Cervical Spine 3 Views (Resulted 6/25/2019)
XR Chest PA And Lateral (Resulted 6/25/2019)
XR Lumbar Spine AP And Lateral (Resulted 6/25/2019)
XR Shoulder Left AP Internal AP External (Resulted 6/25/2019)
XR Thoracic Spine AP And Lateral (Resulted 6/25/2019)
MRI Cervical Spine Wo Contrast
MRI Shoulder Left Wo Contrast
MRI Thoracic Spine Wo Contrast
Amb referral to Physical Therapy Closed

Medication Changes

Bagley, Kyle R (MRN 005927484) DOB: 11/03/1980 Encounter Date: 06/25/2019

As of 6/25/2019 5:28 PM

	Refills	Start Date	End Date
Added: cyclobenzaprine (FLEXERIL) 10 mg tablet Take 1 tablet by mouth 3 times daily. - Oral	0	6/25/2019	7/25/2019
Added: PENNSAID 20 mg/gram /actuation(2 %) topical solution metered-dose pump Apply 1 Pump topically 2 times daily. One pump = 20 mg - Topical	5	6/25/2019	
Added: HYDROcodone-acetaminophen (NORCO, LORTAB) 5-325 mg tablet Take 1 tablet by mouth every 6 hours as needed. - Oral		6/25/2019	7/25/2019
Added: ibuprofen-famotidine (DUEXIS) 800-26.6 mg Tablet Take 1 tablet by mouth 3 times daily. - Oral	5	6/25/2019	

Discontinued or Completed: tiZANIdine (ZANAFLEX) 4 mg tablet (Therapy completed)
Discontinued or Completed: traMADol (ULTRAM) 50 mg tablet (Therapy completed)

Medications Administered

bupivacaine HCl/PF 5 mg
triamcinolone acetonide 40 mg

Visit Diagnoses

Cervical muscle strain, subsequent encounter S16.1XXD
Strain of lumbar region, subsequent encounter S39.012D
Impingement syndrome of left shoulder M75.42
Contusion of left chest wall, subsequent encounter S20.212D
Spasm of thoracic back muscle M62.830

ARROWOOD MEDICAL CENTER | RIVERVIEW MEDICAL CENTER | [illegible] AT RIVERVIEW

PATIENT INFORMATION
Corporate

Today's Date 6/27/19 Time _____ AM PM

Name (First, Middle, Last) Kyle Ray Bagley SS# [redacted]

Address 628 Lancaster Hwy, Apt 223 City Clesbore,

State SC Zip Code 29706 Age 38 Date of Birth 11/03/1980 Sex (M) F

Telephone Daytime (803) 374-2834 Evening ( ) _____

Type of service(s) receiving today... (ex: drug screen, physical, injury treatment, etc.) Injury

Sent in by... Company Name Sun Fiber Contact Name _____

If you are being treated for an injury/illness with us today, please fill out the information below the dotted line:

Date of Injury 6/14/19 Time of Injury _____ (AM) PM Last Day Worked 6/14/19

Place/Address where injury occured Sun Fiber Lancaster Hwy - Richburg, SC

Was your problem caused by something that happened at work? ☒ Yes ☐ No

Injury was reported to Antonio Worthy Tim Franklin Date 6/17/19 Time _____ (AM) PM

Have you been treated at this facility before? ☐ Yes ☒ No If yes, when? _____

If this is your first visit for this injury, describe how your present injury/illness occurred in the space below.

Hit w/ bale (Weight 640 - 680 lbs) on top of head.

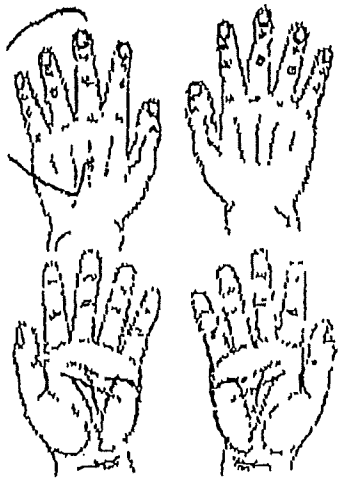
Please complete the diagram below...

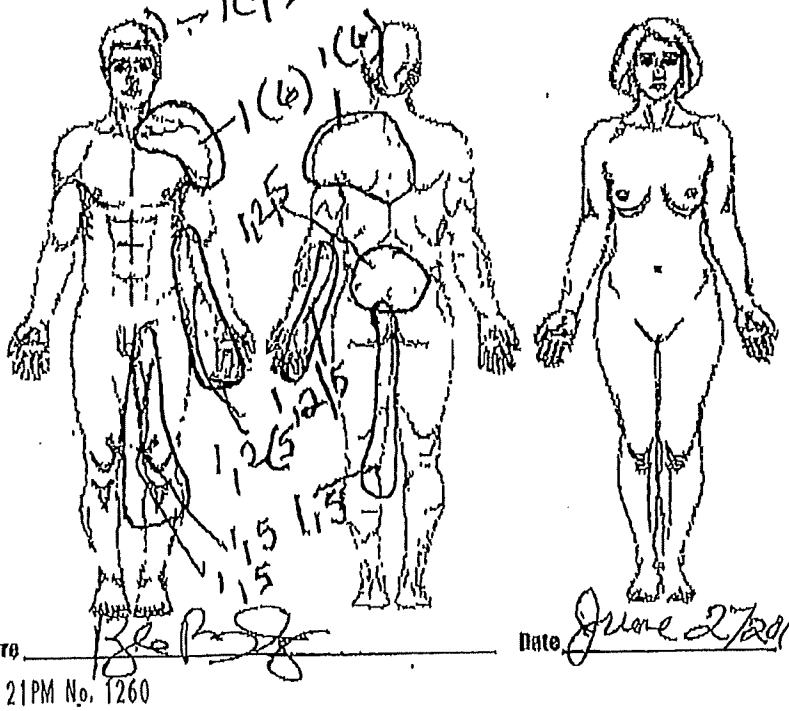
If you feel any of the symptoms below, mark the areas of the body where you feel them on the figures below and indicate the type of symptom.

Symptoms	Example
1. Pain	
2. Numbness	
3. Burning	
4. Pins/Needles	

Rate the intensity of your pain: Please circle

NO PAIN 0 1 2 3 4 5 6 7 8 9 10 MOST PAIN




1(4)
1(4)
1(4)

Arrowood MEDICAL CENTER | Overlook AT RIVERVIEW | Riverview MEDICAL CENTER

Review of Systems
Date June 27, 2019

Name Kyle Bagley
Signature KYLE R BAGLEY
Date of Birth 11/03/1981 Gender (Circle One) (M) F

Reason for Today's Visit
neck lower back
collar left shoulder
top of head

Females Only:
Date of Last Menstrual Period _____ or ☐ n/a

Pregnant	☐ yes	☐ no
Breastfeeding	☐ yes	☐ no
Menopause	☐ yes	☐ no

Review of Body Systems
Please check all symptoms or conditions that you are experiencing

TODAY ONLY

General
- ☑ fever
- ☑ chills
- ☑ sweats/night sweats
- ☐ anorexia
- ☑ fatigue
- ☐ malaise
- ☑ weight loss
- ☐ daytime drowsiness
- ☐ difficulty sleeping/sleep changes

Eyes
- ☐ blurred vision
- ☐ double vision
- ☐ irritation
- ☐ discharge
- ☐ vision loss
- ☐ eye pain or injury
- ☐ light sensitivity
- ☐ cataracts
- ☐ glaucoma
- ☐ wear glasses or contacts

Ears, Nose, Mouth & Throat
- ☐ earache/ ear pain
- ☐ ear discharge
- ☐ ringing/buzzing in ears (tinnitus)
- ☐ decreased hearing
- ☐ nasal congestion/discharge
- ☐ nosebleeds/epistaxis
- ☐ sore throat
- ☐ hoarseness/voice change
- ☐ difficulty swallowing
- ☐ seasonal allergies
- ☐ dizziness or vertigo

Cardiovascular
- ☐ chest pain, pressure or tightness
- ☐ irregular heartbeat/palpitations
- ☐ racing heart
- ☐ blackouts/syncope
- ☐ shortness of breath
- ☐ swelling in extremities (edema)
- ☐ history of abnormal EKG
- ☐ history of heart murmur
- ☐ history of abnormal stress test
- ☐ history of high blood pressure (hypertension)
- ☐ history of rheumatic fever
- ☐ history of valve disease

Respiratory
- ☐ cough
- ☐ shortness of breath
- ☐ excessive sputum
- ☐ coughing up blood
- ☐ wheezing
- ☐ chronic bronchitis
- ☐ history of asthma
- ☐ history of pneumonia
- ☐ history of tuberculosis

Gastrointestinal
- ☐ nausea
- ☐ vomiting
- ☐ diarrhea
- ☐ constipation
- ☐ change in bowel habits
- ☐ abdominal/stomach pain
- ☐ black stools (melena)
- ☐ blood in stool
- ☐ rectal bleeding
- ☐ yellowing of skin (jaundice)
- ☐ difficulty swallowing
- ☐ food intolerance
- ☐ heartburn/indigestion/reflux
- ☐ hemorrhoids/rectal disease
- ☐ liver trouble or disease

Genitourinary - Female
- ☐ vaginal discharge
- ☐ involuntary loss of urine/ incontinence
- ☐ painful urination
- ☐ blood in urine
- ☐ no menstruation
- ☐ heavy menstrual bleeding
- ☐ abnormal vaginal bleeding
- ☐ severe menstrual pain
- ☐ pelvic pain
- ☐ history of kidney stones

Genitourinary - Male
- ☐ painful or difficult urination
- ☐ blood in urine
- ☐ discharge
- ☐ involuntary loss of urine/ incontinence
- ☐ frequent urination
- ☐ decreased sexual desire/libido
- ☐ history of kidney stones

Musculoskeletal
- ☑ back pain or injury
- ☑ joint pain
- ☑ muscle pain
- ☑ joint swelling
- ☑ neck injury or pain
- ☑ muscle cramps
- ☑ muscle weakness
- ☑ stiffness
- ☐ arthritis
- ☑ decreased range of motion
- ☐ wasting (losing muscle mass)
- ☐ history of fracture(s)

Skin
- ☐ rash
- ☐ itching
- ☐ dryness
- ☐ suspicious lesions
- ☐ change in color or size of moles
- ☐ tumor(s) or cyst(s)
- ☐ history of skin cancer
- ☐ history of severe sunburn

Neurological
- ☐ loss of strength/paralysis
- ☐ weakness
- ☑ skin tingling, prickling, burning or numbness
- ☐ seizures
- ☐ blackouts (syncope)
- ☑ tremors/convulsions/seizures
- ☐ dizziness or vertigo
- ☐ loss of balance
- ☐ loss of sensation
- ☐ fainting
- ☐ double vision
- ☑ headache

Psychiatric
- ☐ depression
- ☐ anxiety
- ☐ memory loss
- ☐ mental disturbance
- ☐ suicidal attempts/thoughts
- ☐ hallucinations
- ☐ paranoia
- ☐ insomnia (difficulty sleeping)
- ☐ panic symptoms
- ☐ have seen psychiatrist/ psychologist/counselor
- ☐ prior psych hospitalizations

Endocrine
- ☐ intolerance to cold
- ☐ intolerance to heat
- ☐ increased thirst
- ☐ excessive thirst
- ☐ frequent urination
- ☐ weight change
- ☐ changes in hair
- ☐ changes in skin
- ☑ fatigue
- ☐ weakness

Hematologic/Lymphatic
- ☐ abnormal bruising
- ☐ bleeding
- ☐ swollen/enlarged lymph nodes
- ☐ history of anemia

Allergic/Immunologic
- ☐ hives (urticaria)
- ☐ hay fever/seasonal allergies
- ☐ persistent infections
- ☐ itchy eyes
- ☐ stuffy nose (rhinitis)

Reviewed by _____
(Provider's Signature)

Date _____

Received Time Sep. 22. 2019 6:21PM No. 1260

ARROWOOD MEDICAL CENTER | RIVERVIEW MEDICAL CENTER | RIVERVIEW

WC Worksheet
New Patient

Date of Injury: 6-14-19

Name: Kyle R. Bagley Incident #: [redacted] DOB 1-3-80 Date 6-27-19

MA / NURSE NOTES Dominant hand: ☒ Right ☐ Left Allergies: ASA

Medications: Ibuprofen Problems/Side effects:

☐ Yes ☒ No History of ulcers or gastritis? ☐ Yes ☒ No Possibly pregnant? Last Tetanus Toxoid: 4 years ago

Occupational History:

Job Title: Warehouse Mech Length of employment with company: 4 yrs Average hours per week: 41-25

Main Job Characteristics At The Time Of Injury:

☐ Sit down job ☐ Prolonged standing or walking ☐ Repetitive use of hands/keyboard/mouse ☐ Kneeling or squatting
☐ Bending ☐ Stooping ☐ Climbing ☐ Overhead work ☐ Operating Hand tools / Machinery
☐ Lifting / Pulling / Pushing ☐ Up to 10 lbs. ☐ Up to 25 lbs. ☐ Up to 50 lbs. ☐ Up to ____ lbs. Other:

☒ Yes ☐ No Any lost work time? If Yes, specify number of full days lost: 15 and last date worked 6-14-19

☐ Yes ☒ No Any other source of employment? If Yes, specify:

☐ Yes ☒ No Any sports or hobbies? If Yes, specify:

☒ Yes ☐ No Any previous treatment for the complaint(s) before coming to Arrowood/Riverview /Occumed?: If Yes, specify: Chiro ER, Lourey Pain Medicine Co

Chief Complaint: Hit in head by heavy object

Ht: 73 in Wt: 131.0 lbs Pulse: 80 /min BP: 142/80 mmHg Resp: 16 /min Temp: 98.5

Completed by:

PHYSICIAN HISTORY: (Explain any Yes answers below)

☐ Yes ☒ No Chemical / toxic exposure involved?
☐ Yes ☒ No Any previous occupational injuries or illnesses?
☐ Yes ☐ No Any pre-existing condition that could complicate or prolong the patient's diagnosis, treatment, and/or rate of recovery?

Describe the Injury Event (Describe the mechanism of injury and characteristics of the main complaints)

Presents c nurse case manager.

Reports on 6/14/19 while working on hinge + lumber - 700# bale of cotton fell across R/L hand from 3' ht. Caught pt in fall and back + left away. No LOC. 3 days later went to Chester ER multiple CT scans done - Rx Tramadol, & Zanaflex. Went to Chiropractor -

CHIEF COMPLAINT

COMPLAINT #1: head problem @ C5, C6, C7
LOCATION: treated by PCP yesterday
QUALITY: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Other:
SEVERITY: ☐ Mild ☐ Moderate ☐ Severe on/off throughout
DURATION: ____ Min ____ Hours ____ Days
TIMING: ☐ Intermittent ☐ Constant Pt's wife Home -
CONTEXT:
MODIFYING FACTORS: Exacerbated by: Hydrocodone, muscle relaxer, Lessened by: Stopped other meds - Not fulfilled yet.

COMPLAINT #2:
LOCATION: Lt. Post. neck + back. - radiates
QUALITY: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Other:
SEVERITY: ☐ Mild ☐ Moderate ☐ Severe to Day to
DURATION: ____ Min ____ Hours ____ Days
TIMING: ☐ Intermittent ☐ Constant Comes + goes
CONTEXT:
MODIFYING FACTORS: Exacerbated by: Driving, lifting
Lessened by: Rest & Ibuprofen

Told Needs MRI. Case manager requests MRI Neck + Back.
Hx of stroke 2 years ago

☐ As part of my evaluation, I reviewed the information above, as well as the patient's Medical, Family and Social History and the Review of Systems on the back.

Physician Signature

Arrowood MEDICAL CENTER | Riverview MEDICAL CENTER | Summed AT RIVERVIEW

GENERIC
New Patient

Name: Kyle R. Bagley Incident #: [redacted] Date: 6-20-19

DIAGNOSES: (Specify all diagnoses by numbering in order of importance)
1. Cervicalgia 2. Dorsalgia
3. 4.

☑ Industrial ☐ Non-Industrial
☐ First Aid Case

PHYSICIAN COMMENTS (Explain any No answers)
1. ☑ Yes ☐ No According to the patient, was the present injury/illness caused by a single specific event?
2. ☐ Yes ☐ No Are findings consistent with the patient's statement?

TREATMENT PLAN:
Cryotherapy locally for 15 min. STAT.

Medications (Check all medications that apply and write the prescription in the blanks provided)
- ☐ Acetaminophen ES 500 mg #40
- ☐ Cyclobenzaprine 10 mg #20
- ☐ Ibuprofen 200 / 400 / 600 / 800 mg #40
- ☐ Robaxin 750 mg #20
- ☐ Other
- ☐ Acetaminophen/Codeine 30 mg #20
- ☐ Hydrocodone/Acet 5/500 mg #20
- ☐ Naproxen 250 / 375 / 500 mg #40
- ☐ Soma 350 mg #20
- ☐ Other

Supplies ☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:

Fill Rx's with yesterday by PCP + date of visit

TO ER asap for urinary sx's

PLV = ortho on Monday Take own car.

Other:
☐ Physical Therapy: Evaluate and treat ____ times/week for ____ weeks
☐ Gait training.

Work Status: ☐ Regular work ☐ Modified work ☑ Off work
Interpreter ☐ required.
Return to clinic on: until seen by ortho - pain subsided 7/1/19

MA/Nurse completing medical orders:

CONSULT / REFERRAL TO SPECIALIST:
☐ Consult / ☐ Referral ☐ Emergency ☐ Orthopedics ☐ Other:
Reasons:

LABELS Awaiting medical records from Christus ER + PCP visit

PATIENT EDUCATION.
Patient voiced understanding of: ☐ aftercare instructions and medication side effects
☐ work restrictions and expected progression of the injury.
Patient was given educational material on

EMPLOYER CONTACT: ☐ Discussed case / ☐ Left message with:

PHYSICIAN. Signature: Name:

1393 Celanese Road
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Work Status Summary

Company: Sun Fiber LLC
1247 Frederic Dr
Richburg, SC 29729

Employee: Kyle R Bagley
628 Lancaster Hwy
Apt 223
Chester, SC 29706

Attention: Kathy Garrison
Telephone: (803) 789-4162
Fax:
kathy.garrison@sunfiberllc.com
Provider: Bianco, Sal F. MD
Visit Date: 6/27/19 Time In: 1:36PM Out: 3:07PM

Ident:
Department:
Job Title:
Purpose: WC Incident New

DOB: 11/03/80
Phone:(803) 374-2834

Insurance Information

Strategic Comp. Service
PO Box 1445
Alpharetta, GA 30009

Contact:
Telephone: (800) 467-7725 Ext:
Fax:

Presenting Problem

Date of Injury: 6/14/19 Case Number: 2019-00005 Claim Number:

Hit w/ bale (weight 640-680 lbs) on top of head.

Diagnosis

ICD-10	M54.2	Cervicalgia
	M54.9	Dorsalgia, unspecified
	M54.5	Low back pain
	M54.6	Pain in thoracic spine

Description of Services

99204 OV N-Comp Office Visit,New-Comprehensive

Current Work Restrictions

Off Work Starting: 6/27/19 Continuing

Work Status

Work Status: Temporarily off Work, as of 6/27/19

Comments

Subjective:

1393 Celanese Road
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Work Status Summary

Company:	Sun Fiber LLC 1247 Frederic Dr Richburg, SC 29729	Employee:	Kyle R Bagley 628 Lancaster Hwy Apt 223 Chester, SC 29706
Attention:	Kathy Garrison	Ident:	DOB: 11/03/80
Telephone:	(803) 789-4162	Department:	
Fax:		Job Title:	
	kathy.garrison@sunfiberllc.com		Phone:(803) 374-2834
Provider:	Blanco, Sal F. MD		
Visit Date:	6/27/19 Time In: 1:36PM Out: 3:07PM	Purpose:	WC Incident New

Objective:

Assessment:

Plan:

Presents with nurse case manager. Neck and back injury sustained on 6/14/19. Has been seen at Chester ER, chiropractor and PCP. CT scans, xrays previously done. Prescriptions written by PCP yesterday; has not filled yet. Has Ortho/Spine appt on Monday 7/1/19. Case manager requesting order for MRI of neck and back from me. Will attempt to get records from above visits to review. MRI of neck and back requested. Off work until he follows up with his Ortho appt on 7/1.

Clinic Times

* Summary of Total Time in the Clinic: Time In: 1:36 PM Out: 3:07 PM Total Time: 1:31

1-13-20 CM

Date 06/27/19 Riverview Medical Center/Occumed

Time In: 2:04

Time Out:

Encounter Form

Patient: Kyle R Bagley
628 Lancaster Hwy
Apt 223
Chester, SC 29706

1382

Company: Sun Fiber LLC
1247 Frederic Dr
Richburg, SC 29729

Identity: 248-77-1503 Med Rec No: 219344
Home Phone: (803)374-2834 Work:
Birth Date: 11/03/80 Age: 38
Job Title:
Department:
Purpose: WC Incident New

Main Contact: Kathy Garrison
Telephone: (803)789-4162
Fax:
kathy.garrison@sunfiberllc.com

Provider:
Protocol: WC Incident New

Background Problem

Date of Injury: 6/14/2019 Case Age: 13 Days Claim Number:

Hit w/ bale (weight 640-680 lbs) on top of head.

Standard Services

12		Auth	Authorization For Visit
	G0477	Rapid10UDS	DS-Urine, Rapid 10-Panel*DOA1124
2	82075	BAT	BAT:Non-DOT Breath Alcohol Tes

Contacts

Cordial Daniel	HR Generalist		cordial.daniel@sunfiberllc.com
Kathy Garrison	HR Admin	(803) 789-4159	kathy.garrison@sunfiberllc.com
Chris Winters	VP Admin	(803) 789-4163	chris.winters@sunfiberllc.com

Instructions

Use Form:

Other: _____

Report Results To:

Phone:
Fax:

Special Protocol Instructions Follow

Date 06/27/19 Riverview ... Occumed

Time In: _____

Time Out: _____

Encounter Form

Patient: Kyle R Bagley
628 Lancaster Hwy
Apt 223
Chester, SC 29706

Company: Sun Fiber LLC
1247 Frederic Dr
Richburg, SC 29729

Identity: 248-77-1503 Med Rec No: 219344
Home Phone: (803)374-2834 Work:
Birth Date: 11/03/80 Age: 38
Job Title:
Department:
Purpose: WC Incident New

Main Contact: Kathy Garrison
Telephone: (803)789-4162
Fax:
kathy.garrison@sunfiberllc.com

Provider:
Protocol: WC Incident New

Special Instructions:

DRUG TESTING
- Perform a 10-panel RAPID Urine Drug Screen (Non-DOT) and a BAT (Non-DOT) on all injuries.

DRUG/ALCOHOL TESTING REPORTING INSTRUCTIONS
- Please Email results to Kathy and Cordial.
-Wolfe Portal: Suntest

PROVIDER INSTRUCTIONS
- Please call Kathy at ph: 803-789-4159 with report after treatment.
-(If Kathy is unavailable, please call report to Chris Winters at ph: 803-789-4163.)
- Modified Duty is always available.

DO NOT DISPENSE MEDICATIONS. NON COVERED SERVICE FOR PROVIDER OFFICES. PLEASE WRITE PRESCRIPTIONS.

CHECKOUT
-Please EMAIL work status report to Kathy, Cordial and Chris.

RERERRALS
- Authorizations for physical therapy or other referrals is required.

Date 6/27/19 Riverview Occumed

1393 Celanese Road
Rock Hill, SC 29732-1722

Referral Note

Referred To: MRI

Referred By: Bianco, Sal F. MD
1393 Celanese Road
Rock Hill, SC 29732-1722

Telephone: Fax:
E-Mail:

Telephone: (803) 327-0033 Fax: (803) 325-2232
E-Mail:

Referral Summary Information

Purpose: WC Incident New

Comments: Dr. Salvatore Bianco is requesting a referral for an MRI without contrast for neck and back pain. If you have any questions please contact me directly at 803.981.9373 or denglish@riverviewmed.com.

Thank You!

David English
Occupational Health Coordinator
Occumed at Riverview

Patient Information

Patient: Kyle R Bagley
628 Lancaster Hwy
Apt 223
Chester, SC 29706

Telephone: (803) 374-2834

Identity: 248-77-1503
Gender: Male
Marital: Unknown
Insured ID: Work Comp Visit

Birth Date: 11/03/80
Age: 38

Visit Date: 6/27/19

Employer: Sun Fiber LLC
1247 Frederic Dr
Richburg, SC 29729

Telephone: (803) 789-4162 Fax:

Insurance: Strategic Comp. Service
PO Box 1445
Alpharetta, GA 30009

Telephone: (800) 467-7725 Fax:

Referring Visit Information

Date of Injury or Illness: 6/14/19 Case Number: 2019-00005 Claim Number:

Problem: Hit w/ bale (weight 640-680 lbs) on top of head.

Diagnosis ICD-10:	M54.2	Cervicalgia
	M54.9	Dorsalgia, unspecified
	M54.5	Low back pain
	M54.6	Pain in thoracic spine

Date 6/27/19

Riverview)ccumed

Rock Hill, SC 29732-1722

Referral Note

Referred To: MRI

Referred By: Bianco, Sal F. MD
1393 Celanese Road
Rock Hill, SC 29732-1722

Telephone: Fax:
E-Mail:

Telephone: (803) 327-0033 Fax: (803) 325-2232
E-Mail:

Referring Visit Information

Procedures:		Authorization For Visit'
	G0477	DS-Urine, Rapid 10-Panel*DOA11
	82075	BAT:Non-DOT Breath Alcohol Tes
	99204	Office Visit,New-Comprehensive

Subjective:

Objective:

Assessment:

Plan: Presents with nurse case manager. Neck and back injury sustained on 6/14/19. Has been seen at Chester ER, chiropractor and PCP. CT scans, xrays previously done. Prescriptions written by PCP yesterday; has not filled yet. Has Ortho/Spine appt on Monday 7/1/19. Case manager requesting order for MRI of neck and back from me. Will attempt to get records from above visits to review. MRI of neck and back requested. Off work until he follows up with his Ortho appt on 7/1.

☐ Visit Charges Completed By Front Desk/MD notes Turned In

INITIAL WORKERS' COMPENSATION REFERRAL FORM

PATIENT NAME: [illegible] CLAIM NUMBER: _____

DATE(S) OF INJURY: [illegible] DIAGNOSIS: [illegible]

☐ Consult Only ☐ Take Over Treatment

Testing: ☐ X-T ☐ EMG/NCV ☒ MRI ☐ without contrast ☐ with contrast

Specialist: ☐ Opthalmologist ☐ Orthopedist ☒ PT 1 2 3 4 5 Times ___ Weeks

Other Referral to: [illegible]

Referred By:

Signature: [illegible] DATE: 1-27-16

Print Name: [illegible]

Patient Demographics:

DATE OF BIRTH: _____ SSN: _____ HOME PH: _____

WORK PH: _____ CELL PH: _____

EMPLOYER: _____ CONTACT: _____ PH: _____

WORKERS' COMP CARRIER: _____

ADJUSTER / CASE MANAGER: _____

ADJUSTER PH: _____ EXT: _____ FX: _____

EMAIL: _____

APPOINTMENT IS SCHEDULED FOR:

___/___/___ AT ___:___ AM/PM with DR. _____ Arrive at: ___:___ AM/PM

PATIENT NOTIFIED BY: _____ DATE: _____ TIME: _____

ADJUSTER/EMPLOYER NOTIFIED BY: _____ DATE: _____ TIME: _____

Referred Practice Information:

PRACTICE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PH: (_____) _____

○ Adjustor has approved for PT to remain in house with Paramount Physical Therapy Services, LLC.

We are in network with MedRisk and One Call PT

PLEASE TAKE THE FOLLOWING ITEMS ENCLOSED TO YOUR APPOINTMENT: ○ PHOTO ID ○ X-RAY DISC ○ CURRENT MEDICATIONS

Arrowood MEDICAL CENTER **Occumed** AT RIVERVIEW **Riverview** MEDICAL CENTER

Arrowood Medical Center 9720 S Tryon Street Charlotte, NC 28278 ph: 704-588-7662

Riverview Medical Center 3393 Catawba Rd Rock Hill, SC 29732 ph: 803-327-0053

APA #4 pg 40

Medical Records Release

Patient Name: Kyle [illegible] K Date of Birth 11/03/1980

Social Security #: [redacted] Address: 628 Lancaster Hwy Apt 223

City/State/Zip: Chester, SC 29706 Telephone (803) 374-2834

I authorize the release of medical information as indicated below:

FROM:

Practice Name: Lowry's Family Medicine

Address: 512 Docks Ct Chester SC 29706

Phone: (803) 581-2800

Fax: (803) 581-3061

TO:

Name:

Address:

Phone: ( )

Fax: ( )

☐ I would like to pickup my records ☑ I would like my records faxed to the # above ☐ I would like my records mailed to address above

What to Release: The following records to cover the periods of: 6-15-19 *(please check the records you would like released:)*

☑ Office Visit notes ☑ Laboratory reports ☐ Pathology Report(s) ☐ Immunization record

☑ X-Ray report(s) ☐ X-ray Film(s) ☐ Other _____ ☑ All records

NOTE: The records listed below have special protection by laws. I authorize the release of information pertaining to: *(Please check)*

The diagnosis or treatment of AIDS, including results of HIV tests ☐ Yes ☑ No/NA

The diagnosis or treatment of drug and/or alcohol abuse ☐ Yes ☑ No/NA

The treatment and/or consultation for mental health or psychiatric disorders ☐ Yes ☑ No/NA

Purpose of the release: *Please indicate the reason for this release:*

☐ For another doctor, changing physician ☐ For another doctor, continuation of care ☑ Follow-up related to injury ☑ Worker's comp

☐ To obtain disability ☐ Use in a lawsuit ☐ Armed forces requirement ☐ Personal use ☐ Other _____

Expiration Date:

This authorization will expire in sixty days unless otherwise indicated here: Please change the expiration date to last for _____ days.

I understand this Authorization can be revoked at any time according Omnimed privacy practices. This request must be made in writing and sent to the same place as the original request. Attach a copy of this release if possible. Treatment, payment, enrollment in any health plan is not conditioned on signing this authorization.

Once these records are released, the information is not protected by Omnimed LLC and may potentially be re-disclosed by the party who received these records. Omnimed LLC, its employees and officers, and attending physicians are released for legal responsibility or liability for release of the above information to the extent indicated and authorized.

I have read and understand this information. I have received a copy of this form and I am the patient or am authorized to act on behalf of the patient to sign this document verifying authorization for the use or disclosure of the protected health information under the above stated terms.

Signature of the patient — Date 06-27-19

Signature of legal representative and relationship to patient — Date

Signature of witness — Date

OFFICE USE ONLY
Records to patient
Date
Staff Initials

Arrowood MEDICAL CENTER
9720 South Tryon Street
Charlotte, NC 28273
phone (704) 588-7362
fax (704) 588-9127

Occumed AT RIVERVIEW
1393 Celanese Road
Rock Hill, SC 29732
phone (803) 327-0033
fax (803) 325-2232

Riverview MEDICAL CENTER
1393 Celanese Road
Rock Hill, SC 29732
phone (803) 329-3103
fax (803) 327-7937

Patient Treatment Authorization Arrowood Occurred at Riverview • Riverview Medical Center

Patient Name Kyle Bagley Date 06-27 Time ____ AM PM

Authorization Expires on: ____

Company ____ Location *(if multiple sites)* ____

Does Employee work for a temp agency? ☐ Yes ☐ No If yes, who? ____

Treatment Authorized by: Name and Title *(please print)* Michelle Estep

Signature [signature] Phone (808) 8100-10197

Please treat the above patient for the following services... *(Please check all that apply.)*

☒ **Injury/Accident** Date of Injury ____ Date Employee Last Worked ____

Injured Body Part ____

DRUG SCREENING TESTS *(Please check all that apply)*

Type of Test *We provide cup and NRO*

- ☐ Breath Alcohol Test *(Please check ☐ DOT or ☐ Non-DOT)*
- ☐ 5-Panel Urine Drug Screen (Non-DOT)
- ☐ DOT Urine Drug Screen (5-panel)
  Please check one ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG
- ☐ Rapid Urine Drug Screen (Non-DOT)
  (Please check ☐ 5-panel or ☐ 10-panel)
  (2 hour turnaround for negative results)
- ☐ 5-Panel Urine Drug Screen (Non-DOT)
- ☐ 10-Panel Urine Drug Screen (Non-DOT)
- ☐ Hair 5-Panel Drug Screen

OR

Using your company paperwork, kit and NRO

- ☐ Collection Only
  Urine Drug Screen
  ☐ DOT
  ☐ Non-DOT
- ☐ Collection Only
  Hair Drug Screen
- ☐ Using Your Rapid Kit
  Rapid Urine Drug Screen
  ☐ 5-panel
  ☐ 9-panel ☐ 10-panel
  ☐ Other: ____

Reason for Drug/Alcohol Testing

- ☐ Pre-Placement
- ☐ Random
- ☐ Post-Accident
- ☐ Post-Injury
- ☐ Return-to-Duty
- ☐ Follow Up
- ☐ Reasonable Suspicion
- ☐ Job Specific
- ☐ Other ____

PROCESS PAYMENT

Physical Examination

- ☐ DOT *(Please check a New Certification ☐ Re-Certification ☐ Follow-Up)*
- ☐ Pre-Placement Basic (Non-DOT)
- ☐ Annual*
- ☐ Respirator Clearance ☐ with Fit Test* ☐ without Fit Test
- ☐ Return to Work Evaluation*
  (Notes and release from patient's treating physician are required.)
- ☐ Special Company Protocol* ____
- ☐ Other ____

* *Appointment Required*

Other Services:

- ☐ Psychomotor Abilities Test (PAT)*
- ☐ TB Skin Test/PPD ☐ Read ☐ Not Read
- ☐ Hepatitis A Vaccine
- ☐ Hepatitis B Vaccine ☐ 1 ☐ 2 ☐ 3
- ☐ Audiogram
- ☐ Flu Vaccine
- ☐ Blood Lead Level
- ☐ Titmus Vision
- ☐ Ishihara 14-plate Color Vision
- ☐ Other ____

* *Appointment Required*

RESULTS: Company Contact and/or physician call ____

Preferred contact location (please check all that apply) ☐ phone ☐ fax ☐ e-mail ☐ mail

Address ____ City ____

State ____ Zip Code ____ e-mail ____

Phone ( ) ____ Ext ____ Fax ( ) ____ ☐ check if confidential fax

BILLING ADDRESS *(only if different than above)*: Company or WC Insurance Carrier ____

Address ____ City ____ State ____ Zip ____

Phone ( ) ____ If billing WC carrier Claim # ____

and Adjuster or Nurse Case Manager ____ Ph: ____ Fx: ____

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

Encounters and Procedures

Clinical Encounter Summaries
Encounter Date: 07/11/2019

Patient

Name	BAGLEY, KYLE (38yo, M) ID# 3248233	Appt. Date/Time	07/11/2019 11:30AM
DOB	11/03/1980	Service Dept.	Gregg
Provider	MATTHEW T BROWN, MD		
Insurance	Med Worker's Comp: STRATEGIC COMP Employer Name : SUN FIBER LLC Case # : A00223320 Case Injury Date : 06/14/2019 Prescription: CVS|CAREMARK - Member is eligible, details		

Chief Complaint

Neck

Bilateral Occipital Nerve Block for Worker's Compensation Injury

Patient's Care Team

Insurance Adjuster (Worker's Comp): PATRICIA KLINE: Ph (800) 467-7725, Fax (855) 227-6359

Patient's Pharmacies

BI-LO PHARMACY CHESTER: 1436 J A COCHRAN BYPASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Vitals

07/11/2019 11:30 am

BMI: 17.8 Ht: 6 ft 1 in (185.42 cm) Pain Scale: 10

Wt: 135 lbs (61.23 kg)

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

bupivacaine 0.25 % (2.5 mg/mL) injection solution Occipital	07/11/19	administered
lidocaine 10 mg/mL (1 %) injection solution Occipital	07/11/19	administered
methylPREDNISolone acetate 40 mg/mL suspension for injection Occipital	07/11/19	administered

Problems

Reviewed Problems
- Cervico-occipital neuralgia - Onset: 07/05/2019
- Strain of neck muscle - Onset: 07/05/2019

Family History

Reviewed Family History

Social History

Reviewed Social History
Neuro-New Patient
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Chewing tobacco: none
Alcohol Intake: None
Number of children: 3
Marital status: Married
Diet: Regular
Work History: Currently Working

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)
Occupation: Maintenance
Employer: Sunfiber
Type of Work: Maintenance
Tobacco-years of use: 20
back, leg, neck, arm-PT in last 6 months: N
Back, leg, neck, arm-NSAIDS, muscle relaxants or pain meds: Y (Notes: Tynenol, Flexeril and Zanaflex with little relief.)
Back, leg, neck, arm-Steroid injections in back or neck: N
Severity of pain: 10/10
Pain-Aching: Y
Pain-Numbness: Y
Pain-Stiffness: Y
Pain-Throbbing: Y
Pain-Tingling: Y
Pain interferes w/Bathing: Y
Pain interferes w/Dressing: Y
Pain interferes w/Grooming: Y
Pain interferes w/Sleep: Y
Pain Frequency: Constant
Painful Activities - Bending: Y
Painful Activities - Lying down: Y
Painful Activities - Sitting: Y
Painful Activities - Standing: Y
Painful Activities - Walking: Y
Claustrophobic: N
Metal in body: N

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History

Screening

None recorded.

HPI

Follow Up

Reported by patient.

Are you working? not at all
Athletics: no participation
How are you feeling? same
Previous PT: none
Previous injections: none

Patient is 38-year-old Caucasian gentleman who is reportedly injured at work and struck in the head was previously seen in our clinic for Worker's Compensation claim with bilateral greater and lesser occipital neuralgia as well as extensive soft tissue tenderness in cervical and thoracic muscular strain. Patient was found to have no significant spinal pathology, but did have occipital neuralgia noted on his exam and historical narrative. Patient was referred for bilateral greater lesser occipital nerve blocks and returns back for these injections here today. The remainder of his symptoms, as they all remain unchanged from last visit, has been deferred for nonoperative management by occupational medicine. Patient notes no change in his symptoms, as previously noted last visit, he remains with headaches stemming from the superior aspect of his neck in a retroverted distribution through his occiput, vertex, ventrally.

ROS

Additionally reports: A 10-point review of systems was obtained as is unchanged since last review on 7/5/2019

Physical Exam

Patient is a 38-year-old male.

The patient is awake, alert, and oriented. Eyes open spontaneously, and extraocular movements are intact. Cranial nerves II-XII are intact and symmetric. The patient is notably sitting in a hunched forward posture with his neck tilted towards the right. His left shoulder, elbow joint, wrist joint, and all digits on the left hand are flexed and clenched at baseline, to a lesser degree than at last visit, however, he is able to have normal range of motion when asked and as well as observed delayed later throughout the exam. The patient has 5/5 bilateral upper and bilateral lower extremity strength. Of note, the patient has good full strength in both the flexors as well as all extensors of his upper extremity and does not have poor oppositional tone. The patient has no Hoffman sign or clonus bilaterally. The patient has no visualized skin changes throughout his visualized upper or lower extremities. The patient has diffuse tenderness to palpation overlying his bilateral trapezius muscles, right greater than left occipital nerves, as well as overlying his shoulders and other soft tissue. Sensation is intact to light touch to the bilateral upper and bilateral lower extremities. The patient has negative straight leg raise bilaterally. The patient has tenderness diffusely throughout his thoracolumbar paraspinous musculature. There is no significant tenderness to direct palpation overlying his cervical, thoracic, or lumbar spine. The patient has no significant tenderness overlying his bilateral SI joints or bilateral greater trochanters, but he does have tenderness diffusely throughout his soft tissues. The patient has a slowed and deliberate gait, but he does not have any gross instability or imbalance

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)
noted on exam. The patient has a slowed and deliberate rising from a seated position, but again, he does not have any significant weakness or other abnormalities visualized on exam portion in clinic here today. The patient has no easy work of breathing without respiratory distress or stridor noted upon exam.

Procedure Documentation

MTB Occipital Nerve Block:

Type of Procedure: Bilateralblock of greater and lesser occipital nerves

Physician: Matthew T. Brown, MD

Injection Solution: Depo-Medrol 20mg, 0.25% bupivacaine 7cc, 1% lidocaine w/o epinephrine 3cc

Diagnosis: Occipital neuralgia

Procedure: Following discussions of risks, benefits, and alternatives, informed, verbal consent was obtained from the patient. The patient was positioned sitting, with the hair moved from the region. The points of maximal pain overlying the nerves were identified and marked and the area was then cleansed with alcohol swabs. A time out was performed, and once the correct patient, side, and procedure were confirmed, the procedure began. Using sterile technique, a 1 inch 25 gauge needle was inserted into the skin at the marked location overlying the greater occipital nerve. Once confirmed the needle was extravascular through a negative aspiration, the solution was then injected into the region with slight redirection for a small field block.
The process was then repeated for lesser occipital nerve on the same side.
The process was then repeated for the greater and lesser occipital nerves on the contralateral side.
In total, 20mg of depo-medrol, 7cc of bupivacaine, and 3cc of lidocaine without epinephrine were injected. There were no immediate complications; the patient tolerated the procedure well and was monitored clinically in the office prior to discharge home.

Assessment / Plan

Patient is a 38-year-old Caucasian gentleman with a diffuse pain syndrome as well as muscular strain in addition to bilateral greater and lesser occipital neuralgia.
1. Have again spent time discussing with patient limitations occipital nerve blocks, and indication for this procedure. He does admit to some headache type symptoms which are not classic for occipital nerve issues, including photophobia and phonophobia. Despite this, he does have a classic distribution and pattern of his headaches with re-creation of palpation of his bilateral greater and lesser occipital nerves. Given his symptoms, historical narrative, mechanism of injury, and physical exam findings, we have again offered bilateral greater and lesser occipital nerve blocks here in clinic today.
#2. We have discussed the risks, benefits, alternatives of the procedure and he has elected to proceed with bilateral greater and lesser occipital nerve blocks with 20 mg of Depo-Medrol mixed and 3 cc of 1% lidocaine without epinephrine, and 7 cc of 0.25% Marcaine. We will plan to inject patient's bilateral greater and lesser occipital nerves and following clinic for response.
#3. Patient remains with extensive soft tissue tenderness and muscular strain symptoms which are not from his occipital neuralgia or from a primary spinal pathology. As previously noted, we will defer further nonoperative management for patient's muscular complaints to his occupational medicine physician and team. Given this, we'll plan to rate and release the patient according to the guides to evaluation of permanent impairment, 5th edition, as a DRE thoracic and lumbar category 1 with 0% impairment of the whole person, and DRE cervical category 2 with 5% impairment of the total person, owing to nonverifiable radicular complaints, and muscular tenderness, though no true muscle guarding was observed at the time of this visit.

Addendum:
Bilateral greater lesser occipital nerve blocks were performed and the patient observed in clinic and followed for response. Patient was found to have numbness within the bilateral greater and lesser occipital nerve distribution in locations previously associated with pain. Given his good response, we will continue to release patient from our care back to care of his occupational medicine team for conservative, nonoperative management for the remainder of his muscular complaints. Patient is at point of maximal medical improvement from a neurosurgical perspective and we do not anticipate that he will need any further neurosurgical intervention or recommendations in the future. We'll plan to discharge the patient from our clinic at this time.

The above is my evaluation of the patient's imaging, his provided medical records and his clinical syndrome at this time to a reasonable degree of medical certainty.

1. Cervico-occipital neuralgia
M54.81: Occipital neuralgia
- lidocaine 10 mg/mL (1 %) injection solution - Occipital Quantity: 3 mL Lot #: 94-185-dk Route: Injection Exp Date: 10/01/2020 Administered
- bupivacaine 0.25 % (2.5 mg/mL) injection solution - Occipital Quantity: 7 mL Lot #: ak3537 Route: Injection Exp Date: 11/01/2020 Administered
- methylprednisolone acetate 40 mg/mL suspension for injection - Occipital Quantity: 1 mL Lot #: 31326174b Route: Injection Exp Date: 06/01/2020 Administered

2. Chronic pain syndrome
G89.4: Chronic pain syndrome

Return to Office

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

None recorded.

Encounter Sign-Off

Encounter signed-off by Matthew T Brown, MD, 07/13/2019.

Encounter performed and documented by Matthew T Brown, MD
Encounter reviewed & signed by Matthew T Brown, MD on 07/13/2019 at 12:10pm

Encounter Date: 07/05/2019

Patient

Name	BAGLEY, KYLE (38yo, M) ID# 3248233	Appt. Date/Time	07/05/2019 08:15AM
DOB	11/03/1980	Service Dept.	PNE Office
Provider	MATTHEW T BROWN, MD		
Insurance	Med Worker's Comp: STRATEGIC COMP Employer Name : SUN FIBER LLC Case # : A00223320 Case Injury Date : 06/14/2019 Prescription: CVS|CAREMARK - Member is eligible. details		

Chief Complaint

Transition of Care Encounter
Upper Back, Neck, Low Back

CHIEF COMPLAINT: workers' compensation injury for diffuse left-sided upper and lower extremity sensory abnormalities.

Patient's Care Team

Insurance Adjuster (Worker's Comp): PATRICIA KLINE: Ph (800) 467-7725, Fax (855) 227-6359

Patient's Pharmacies

BI-LO PHARMACY CHESTER: 1436 J A COCHRAN BYPASS, CHESTER SC 29706, Ph (803) 581-6310, Fax (803) 385-5163

Vitals

[illegible] 08:26 am

BMI: 17.8 **Ht:** 6 ft 1 in (185.42 cm) **Pain Scale:** 10

Wt: 135 lbs (61.23 kg)

Allergies

Reviewed Allergies
NKDA

Medications

No medications reported

Problems

Reviewed Problems
- Cervico-occipital neuralgia - Onset: 07/05/2019
- Strain of neck muscle - Onset: 07/05/2019

Family History

Reviewed Family History

Social History

Reviewed Social History
Neuro-New Patient
Smoking Status: Current every day smoker
Smoker (1/2 PPD)
Chewing tobacco: none
Alcohol intake: None
Number of children: 3
Marital status: Married
Diet: Regular
Work History: Currently Working
Occupation: Maintenance
Employer: Sunfiber
Type of Work: Maintenance
Tobacco-years of use: 20
back, leg, neck, arm-PT in last 6 months: N

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)
Back, leg, neck, arm-NSAIDS, muscle relaxants or pain meds: Y (Notes: Tynenol, Flexeril and Zanaflex with little relief.)
Back, leg, neck, arm-Steroid injections in back or neck: N
Severity of pain: 10/10
Pain-Aching: Y
Pain-Burning: Y
Pain-Numbness: Y
Pain-Stiffness: Y
Pain-Swelling: Y
Pain-Throbbing: Y
Pain-Tingling: Y
Pain interferes w/Bathing: Y
Pain interferes w/Dressing: Y
Pain interferes w/Housework: Y
Pain interferes w/Sleep: Y
Pain interferes w/Work: Y
Pain Frequency: Constant
Painful Activities - Bending: Y
Painful Activities - Lying down: Y
Painful Activities - Sitting: Y
Painful Activities - Standing: Y
Painful Activities - Walking: Y
Claustrophobic: N
Metal in body: N

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History

Screening

None recorded.

HPI

HISTORY OF PRESENT ILLNESS:
The patient is a 38-year-old Caucasian gentleman who is referred to our clinic for a workers' compensation injury occurring on June 14, 2019. The patient states that he was welding and was struck upon the top of the head near the vertex with that he describes as a 700 lb bale. The patient states that he has had neck pain to his occiput radiating from the occiput up to the vertex. The patient notes that he has low back pain which "feels like glass" as well as left-sided posterior buttock pain radiating to the thigh into the proximal calf. The patient additionally notes left upper extremity pain that radiates down to his left hand with tingling sensation within all distribution of all of the digits. The patient has now what he would describe as some right-sided compensatory pain, however, this was not present following the initial injury. Following his initial injury, he noted 10/10 aching, burning, numbness, stiffness, swelling, throbbing, and tingling type of sensations which have since been constant and have significantly limited his quality of life. He states that he is unable to utilize his left upper extremity secondary to discomfort and feels that it is most comfortable in a flexed position at both the shoulder, elbow, wrist, and all digits. The patient states that he has been treated with Zanaflex as well as Flexeril and has sought care from a chiropractor who he states manipulated his neck and his pain worsened following that time and ultimately he then sought care with his occupational medicine and workers' compensation team. The patient states the has a positive history of trembling and cold sweats since his injury. He has trialed NSAIDs without significant improvement. He is also noting decreased appetite and unintentional weight loss. Overall, the patient feels that he has had all of these symptoms since his injury and he presents to us today with an MRI of his cervical, thoracic, and lumbar spine without contrast for our review. He states that he has trialed heat, ice, over-the-counter and prescription medications without significant relief.

ROS

Patient reports muscle aches, muscle weakness, back pain, swelling in the extremities, and neck pain
Additionally reports: REVIEW OF SYSTEMS:
The patient is positive for left upper and left lower extremity pain, numbness, and tingling paresthesias. The patient is positive for headaches. The patient is positive for neck pain. The patient is positive for low back pain. The patient is positive for unintentional weight loss. The patient is positive for decreased appetite. The patient is positive for constipation but denies bowel or bladder incontinence. The patient denies significant right-sided upper or lower extremity symptoms. The patient is positive for reported contractures within his left upper extremity. The patient is positive for cold sweats. The patient is positive for tremulousness.

Physical Exam

Patient is a 38-year-old male.

PHYSICAL EXAM:
The patient is awake, alert, and oriented. Eyes open spontaneously, and extraocular movements are intact. Cranial nerves II-XII are intact and symmetric. The patient is notably sitting in a hunched forward posture with his neck tilted towards the left. His left shoulder, elbow joint, wrist joint, and all digits on the left hand are flexed and clenched at baseline, however, he is able to have normal range of motion when asked and as well as observed delayed later throughout the exam. The patient has 5/5 bilateral upper and bilateral lower extremity strength. Of note, the patient has good full strength in both the flexors as well as all extensors of his upper extremity and does not have poor oppositional tone. The patient has no Hoffman sign or clonus bilaterally. The patient has no visualized skin

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

changes throughout his visualized upper or lower extremities. The patient has diffuse tenderness to palpation overlying his bilateral trapezius muscles, right greater than left occipital nerves, as well as overlying his shoulders and other soft tissue. Sensation is intact to light touch to the bilateral upper and bilateral lower extremities. The patient has negative straight leg raise bilaterally. The patient has tenderness diffusely throughout his thoracolumbar paraspinous musculature. There is no significant tenderness to direct palpation overlying his cervical, thoracic, or lumbar spine. The patient has no significant tenderness overlying his bilateral SI joints or bilateral greater trochanters, but he does have tenderness diffusely throughout his soft tissues. The patient has a slowed and deliberate gait, but he does not have any gross instability or imbalance noted on exam. The patient has a slowed and deliberate rising from a seated position, but again, he does not have any significant weakness or other abnormalities visualized on exam portion in clinic here today. The patient has no easy work of breathing without respiratory distress or stridor noted upon exam.

Assessment / Plan

IMAGING:
An MRI of the cervical, thoracic, and lumbar spine was performed and is available for evaluation which shows no acute significant pathology noted on imaging. The patient has good overall alignment as well as good preservation of disc height and disc hydration with no gross fractures, dislocations, or malalignment. The patient has no neurologic structure impingement throughout his cervical, thoracic, or lumbar spine with no central canal stenosis or significant foraminal stenosis which would explain any of the patient's symptoms at this time.

ASSESSMENT AND PLAN:
The patient is a 36-year-old Caucasian gentleman who reportedly suffered a traumatic head injury while at work with a 700 lb bale striking his head while he was welding. The patient has negative imaging and diffuse painful complaints which may be consistent with cervical and lumbar strain as well as bilateral greater and lesser occipital neuralgia.

1. I have reviewed the patient's historical narrative with him here in clinic today and I do feel that his symptoms do fit the time course with his stated injury, however, he does not have significant neurologic structure abnormality on imaging or on physical exam for his spine.

2. I do feel that the patient does have symptoms and historical narrative consistent with occipital neuralgia which would be related to his head injury and I have offered him management with other conservative management alone or with bilateral greater and lesser occipital nerve blocks which would be with 20 mg of Depo Medrol mixed with 3 cc of 1% lidocaine without epinephrine and 7 cc of 0.25% Marcaine. The patient has voiced interest in obtaining these injections and I have counseled him regarding the limitations of the injections which would be for his occipital headaches and nerve pain and not related to the majority of his upper or lower extremity pains and diffuse axial back pain. The patient has voiced understanding and we will refer him for this and request approval for bilateral greater and lesser occipital nerve blocks to be performed at his next visit.

3. The patient had diffuse muscular strain and I feel that this is also contributing to his overall poor tolerance to his symptoms at this time. We would recommend initiating conservative management with physical therapy for both his cervical as well as lumbar spine for at least 6 weeks with 2 to 3 visits per week. I have counseled the patient that he does not have any surgical indications on his MRI of his cervical, thoracic, and lumbar spine and that his symptoms are not consistent with a neurologic impingement syndrome or with the imaging at this time. Given this, I do not feel that the patient will need any surgical intervention for his cervical, thoracic, or lumbar spine and we will initiate conservative management with physical therapy, however, we will defer further management of this to the patient's occupational medicine physician or primary care physician.

4. We will have the patient return back to us once his occipital nerve blocks are approved for bilateral greater and lesser occipital neuralgia and we will treat these and then plan on releasing the patient at the point of maximal medical improvement from a neurosurgical perspective. We do not feel that the patient has any significant neurologic structure impingement or spine pathology that would limit his return back to normal activity following our injections or moving forward. We will maintain him out of work until we are able to treat his occipital neuralgia and then we will plan to release him from our care back to the care of his primary care physician or occupation medicine with no working restrictions for a neurosurgical perspective. We have discussed this with the patient as well as with Michelle Estep, RN his nursing case manager here in clinic today. They are in agreement and we will proceed with occipital nerve blocks once approved with plan for releasing back to his occupational medicine physician at point of MMI to follow.

1. Cervico-occipital neuralgia
M54.81: Occipital neuralgia
- lidocaine 10 mg/mL (1 %) injection solution - Occipital Quantity: 3 mL Route: Injection
- bupivacaine 0.25 % (2.6 mg/mL) injection solution - Occipital Quantity: 7 mL Route: Injection
- methylprednisolone acetate 40 mg/mL suspension for injection - Occipital Quantity: 1 mL Route: Injection

2. Strain of neck muscle
S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter
- PHYSICAL THERAPY REFERRAL - Schedule Within: provider's discretion

Note to Provider:
*** PT for cervical & lumbar spine. ***
Frequency: 2-3 time(s) a week

Duration: 6 week(s)

Specific Orders: Evaluate and Treat, Therapeutic Exercise

Precautions/ Restrictions: Teach home exercise program

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by Matthew T Brown, MD, 07/08/2019.

Encounter performed by Matthew T Brown, MD
Encounter scribed for Matthew T Brown, MD by Chelsea Movilla-Diago
Encounter signed by Chelsea Movilla-Diago as scribe at 07/07/2019 at 10:14pm
Encounter revlewed & signed by Matthew T Brown, MD on 07/08/2019 at 6:55am

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

* 8624230w5499 ClinDoc

Surgery Order

07/09/2019

From Provider	To Provider
MATTHEW T BROWN, MD Midlands Orthopaedics & Neurosurgery 1910 Blanding Street COLUMBIA, SC 29201-3520 Phone: (803) 256-4107 Fax: (803) 933-6100	

Orders Included: 1

Cervico-occipital neuralgia
ICD-10: M54.81: Occipital neuralgia
• NERVE BLOCK, GREATER OCCIPITAL (PROC)

Note to Provider:
64405
Bilateral Occipital Nerve Block
Dr. Brown
Date: To do at next visit.
Time:

Patient	NAME: BAGLEY, KYLE ** PATIENT ID: 3248233 ** PATIENT SSN: 248771503 Gender: M ** DOB: 11/03/1980 ** AGE: 38yo	
Address	628 LANCASTER HWY #223, CHESTER, SC 29706.	
Phone	H: (803) 374-2834 M: (803) 374-2834	
Primary Ins.	** ID: ** Policy Holder:	**Claim Case#: ** Case Injury Date: ** Case Worker's Name:
Secondary Ins.	** ID: ** Policy Holder:	

Electronically Signed by: MATTHEW T BROWN, MD

ON: 08/29/2019 01:18 PM

Letters

MIDLANDS orthopaedics & NEUROSURGERY

1910 Blanding Street
Phone: (803) 256-4107 * www.mldorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Kyle Bagley
DATE OF BIRTH: 11/03/1980
PROVIDER'S NAME: MATTHEW T BROWN, MD

ACCOUNT: 3248233
EMPLOYER: SUN FIBER LLC
DOS: 07/11/2019

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)
CARRIER: STRATEGIC COMP DOA: 6/14/2019
WC CLAIM#: A00223320
DX CODE(S) & DESCRIPTION: CERV/THOR/LUMB

WORK STATUS:
☑ Regular duty as of 07/11/19 with no restrictions.
(Availability of light duty is determined by the employer and not the physician).
☐ Medium physical demands as of * with restrictions.
☐ Light physical demands as of * with restrictions.
☐ Remain out of work until *
☐ Part-time (whether regular duty or light duty)
☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

☑ None	☐ No kneeling, squatting, crawling
☐ No walking	☐ Pushing or pulling limit ___ (lbs)
☐ No climbing	☐ Lifting and carrying limit ___ (lbs)
☐ No standing	☐ Sedentary duties only
☐ No prolonged standing	☐ No overhead work
☐ No twisting	☐ No stretching
☐ No work at heights	☐ Specific restrictions per FCE date: _____

Other: The patient is at point of MMI from NSR perspective. Zero futher restrictions & okay to return to work full duty with out limitations from spine perspective.

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Electronically Signed by: MATTHEW T BROWN, MD
MATTHEW T BROWN, MD
07/11/2019

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

MIDLANDS ORTHOPAEDICS & NEUROSURGERY

1910 Blanding Street
Phone: (803) 256-4107 * www.mldorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Kyle Bagley
DATE OF BIRTH: 11/03/1980
PROVIDER'S NAME: MATTHEW T BROWN, MD
CARRIER: STRATEGIC COMP
WC CLAIM#: A00223320
DX CODE(S) & DESCRIPTION: CERV/THOR/LUMB

ACCOUNT: 3248233
EMPLOYER: SUN FIBER LLC
DOS: 07/05/2019
DOA: 6/14/2019

WORK STATUS:

☐ Regular duty as of with no restrictions.
(Availability of light duty is determined by the employer and not the physician).
☐ Medium physical demands as of * with restrictions.
☐ Light physical demands as of * with restrictions.
☑ Remain out of work until follow up at occipital nerve block injection.
☐ Part-time (whether regular duty or light duty)
☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

☐ None
☐ No walking
☐ No climbing
☐ No standing
☐ No prolonged standing
☐ No twisting
☐ No work at heights
☐ No kneeling, squatting, crawling
☐ Pushing or pulling limit ___ (lbs)
☐ Lifting and carrying limit ___ (lbs)
☐ Sedentary duties only
☐ No overhead work
☐ No stretching
☐ Specific restrictions per FCE date: _____

Other:
These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

* Matthew T Brown, MD for ROV at PNE Office on

Electronically Signed by: MATTHEW T BROWN, MD
MATTHEW T BROWN, MD
07/05/2019

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

BAGLEY, KYLE 11/03/80 #3248233

* 9584301w3498 E-HealthHx

RAND 36 ITEM HEALTH SURVEY 1.0

Patient Name: Kyle Bagley

1. In general, would you say your health is: (Circle One Number)
   - Excellent 1
   - Very Good 2
   - Good 3
   - Fair 4
   - Poor 5

2. Compared to one year ago, how would you rate your general health right now? (Circle One Number)
   - Much better than one year ago 1
   - Somewhat better than one year ago 2
   - About the same 3
   - Somewhat worse now than one year ago 4
   - Much worse now than one year ago 5

The following items are about activities you might do during a typical day: Does your health now limit you in these activities? If so, how much? (Circle One Number on Each Line)	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited at All
3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	1	2	3
4. Moderate activities, such as moving a table pushing a vacuum cleaner, bowling or playing golf	1	2	3
5. Lifting or carrying groceries	1	2	3
6. Climbing several flights of stairs	1	2	3
7. Climbing one flight of stairs	1	2	3
8. Bending, kneeling or stooping	1	2	3
9. Walking more than a mile	1	2	3
10. Walking several blocks	1	2	3
11. Walking one block	1	2	3
12. Bathing or dressing yourself	1	2	3

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health ?: (Circle One Number on Each Line)	Yes	No
13. Cut down the amount of time you spend on work or other activities	1	2
14. Accomplish less than you would like	1	2
15. Were limited in the kind of work or other activities	1	2
16. Had difficulty performing the work or other activities (for example, took extra effort)	1	2

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems ?: (depressed, anxious) (Circle One Number on Each Line)	Yes	No
17. Cut down the amount of time you spend on work or other activities	1	2
18. Accomplish less than you would like	1	2
19. Didn't do work or other activities as carefully as usual	1	2

20. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups? (Circle One Number)
   - Not at all 1
   - Slightly 2
   - Moderate 3
   - Quite a bit 4
   - Good 5

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

BAGLEY, KYLE 11/03/80 #3248233

* 0564301w5490 E-HealthHx

21. How much bodily pain have you had during the past 4 weeks?
(Circle One Number)

None 1
Very Mild 2
Mild 3
Moderate 4
Severe 5
Very Severe ..... (6)

22. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework?
(Circle One Number)

Not at all 1
Slightly 2
Moderately 3
Quite a bit 4
Extremely ..... (5)

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks ... (Circle One Number on Each Line)	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
23. Did you feel full of pep?	1	2	3	4	(5)	6
24. Have you been a very nervous person?	(1)	2	3	4	5	6
25. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	(5)	6
26. Have you felt calm and peaceful?	1	2	(3)	4	5	6
27. Do you have a lot of energy?	1	2	3	4	(5)	6
28. Have you felt downhearted and blue?	1	2	(3)	4	5	6
29. Did you feel worn out?	(1)	2	3	4	5	6
30. Have you been a happy person?	1	(2)	3	4	5	6
31. Did you feel tired?	(1)	(2)	3	4	5	6

32. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities like visiting with family, friends, relatives, etc.?
(Circle One Number)

All of the time 1
Most of the time ..... (2)
Some of the time 3
A little of the time 4
None of the time 5

How TRUE or FALSE is each of the following statements for you? (Circle One Number on Each Line)	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
33. I seem to get sick a little easier than other people	1	2	3	(4)	5
34. I am as healthy as anybody I know	1	(2)	3	4	5
35. I expect my health to get worse	1	2	3	(4)	5
36. My health is excellent	1	(2)	3	4	5

Comments: _____

Patient Signature: Kyle Bagley Date: July 11/19

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

BAGLEY, KYLE 11/03/80 #3248233

MIDLANDS orthopaedics & NEUROSURGERY

Patient Name: Kyle Bagley 5584299w5490 E-Health-Ix

Date of Birth: 11 03 80 Appt. Date: _____

Chart Number: _____

Circle your average level of pain in your back and/or neck:
(no pain) 0 1 2 3 4 5 6 7 8 9 10 (severe)

Circle your average level of pain in your leg and/or arm:
(no pain) 0 1 2 3 4 5 6 7 8 9 10 (severe)

Since your last visit, how would you rate your improvement? Please circle the appropriate percentage. (no improvement in level of pain) 0% 25% 50% 75% * 100% (no pain)

Please read this questionnaire has been designed to give the doctor information on how your back pain has affected your ability to manage everyday life. Please answer every section, and mark in each section only the one answer that applies to you. We realise you may consider that two of the statements in any one section relate to you, but please check just one which most closely describes your problem.

Section 1 – Pain Intensity
- ☐ I can tolerate the pain I have without having to use painkillers.
- ☐ The pain is bad but I manage without taking painkillers.
- ☐ Painkillers give complete relief from pain.
- ☐ Painkillers give moderate relief from pain.
- ☐ Painkillers give very little relief from pain.
- ☐ Painkillers have no effect on the pain and I do not use them

Section 2 – Personal Care (Washing, Dressing, etc.)
- ☐ I can look after myself normally without causing extra pain.
- ☐ I can look after myself normally but it causes extra pain.
- ☒ It is painful to look after myself but I am slow and careful
- ☐ I need some help but manage most of my personal care.
- ☒ I need some help every day in most aspects of self-care
- ☒ I do not get dressed, wash with difficulty, and stay in bed

Section 3 – Lifting
- ☐ I can lift heavy weights without causing extra pain.
- ☐ I can lift heavy weights but it gives extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor. But I can manage if they are conveniently positioned, e.g. on table
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- ☐ I can lift only very light weights.
- ☒ I cannot lift or carry anything at all

Section 4 – Walking
- ☐ Pain does not prevent me from walking any distance.
- ☐ Pain prevents me from walking more than 1 mile,
- ☐ Pain prevents me from walking more than ½ mile.
- ☐ Pain prevents me from walking more than ¼ mile.
- ☐ I can only walk using a stick/cane or crutches.
- ☒ I am in bed most of the time and have to crawl to the toilet.

Section 5 – Sitting
- ☐ I can sit all in any chair as long as I like.
- ☐ I can sit in my favorite chair as long as I like.
- ☐ Pain prevents me from sitting more than an hour.
- ☒ Pain prevents me from sitting more than ½ hour.
- ☐ Pain prevents me from sitting more than 10 minutes
- ☐ Pain prevents me from sitting at all.

Section 6 – Standing
- ☐ I can stand as long as I want without extra pain.
- ☐ I can stand as long as I want but it gives me extra pain.
- ☐ Pain prevents me from standing more than 1 hour.
- ☒ Pain prevents me from standing more than 30 minutes
- ☐ Pain prevents me from standing more than 10 minutes.
- ☐ Pain prevents me from standing at all.

Section 7 – Sleeping
- ☐ Pain does not prevent me from sleeping at all
- ☐ I can sleep well only by using tablets.
- ☐ Even when I take tablets, I have less than 6 hours sleep.
- ☒ Even when I take tablets, I have less than 4 hours sleep.
- ☒ Even when I take tablets, I have less than 2 hours sleep.
- ☐ Pain prevents me from sleeping at all.

Section 8 – Sex Life
- ☐ My sex life is normal and causes no extra pain.
- ☐ My sex life is normal but causes some extra pain.
- ☐ My sex life is nearly normal but is very painful.
- ☐ My sex life is severely restricted by pain.
- ☐ My sex life is nearly absent because of pain.
- ☒ Pain prevents any sex life at all

Section 9 – Social Life
- ☐ My social life is normal and gives no extra pain.
- ☐ My social life is normal but increases the degree of pain.
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interest, e.g. dancing, etc.
- ☐ Pain has restricted my social life and I do not go out as often.
- ☒ Pain has restricted my social life to my home.
- ☒ I have no social life because of pain.

Section 10 – Travelling
- ☐ I can travel anywhere without extra pain.
- ☐ I can travel anywhere but it gives me extra pain.
- ☐ Pain is bad but I can manage journeys over 2 hours.
- ☒ Pain restricts me to journeys of less than 1 hour.
- ☒ Pain restricts me to short, necessary journeys less than 30 minutes.
- ☒ Pain prevents me from traveling except to the doctor or hospital

This spine follow-up form was reviewed by _____ MD/NP Date: _____

LeMaster ROV 4/17/2017

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

BAGLEY, KYLE 11/03/80 #3248233

MIDLANDS orthopaedics & NEUROSURGERY

Follow Up Questionnaire

*8664293w8400 E-HealthHx

***Development of New Allergy since last visit? No | Yes, NO

Current Pain Scale (circle one number)

NO PAIN 1 2 3 4 5 6 7 8 9 10 SEVERE PAIN

MILD MODERATE SEVERE

Please circle ONE answer for each question that applies to you:

- Are you working? Not at all | modified duty | regular duty
- Athletics? No participation | non-contact | full participation
- How are you feeling: Improving | Same | Worse
- Previous Physical Therapy: None | did not help | helped a little | helped temporarily | helped significantly
- Previous Injections: none | did not help | helped a little | helped temporarily | helped significantly

Medications: Helping a little | helping a lot | not helping at all | upsetting stomach
Not taking any medications for orthopedic problems

Change in symptoms: No | Yes, please describe: _____

Please describe any changes in your health since your last visit:

Please indicate if any of your medications have changed since your last visit:

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

MIDLANDS orthopaedics & NEUROSURGERY

Patient Name: _____
Date of Birth: _____ Appt Date: 3557766w5499 E-HealthHx
Chart Number: _____

Circle your average level of pain in your back and/or neck:
(no pain) 0 1 2 3 4 5 6 7 8 9 (10) (severe)

Circle your average level of pain in your leg and/or arm:
(no pain) 0 1 2 3 4 5 6 7 8 9 (10) (severe)

Since your last visit, how would you rate your improvement? Please circle the appropriate percentage. (no improvement in level of pain) (0%) 25% 50% 75% 100% (no pain)

Please read: This questionnaire has been designed to give the doctor information on how your back pain has affected your ability to manage everyday life. Please answer every section, and mark in each section only the one answer that applies to you. We realize you may consider that two of the statements in any one section relate to you, but please check just one which most closely describes your problem.

Section 1 – Pain Intensity
- ☐ I can tolerate the pain I have without having to use painkillers.
- ☐ The pain is bad but I manage without taking painkillers.
- ☐ Painkillers give complete relief from pain.
- ☐ Painkillers give moderate relief from pain.
- ☐ Painkillers give very little relief from pain.
- ☐ Painkillers have no effect on the pain and I do not use them.

Section 2 – Personal Care (Washing, Dressing, etc.)
- ☐ I can look after myself normally without causing extra pain.
- ☐ I can look after myself normally but it causes extra pain.
- ☐ It is painful to look after myself but I am slow and careful.
- ☐ I need some help but manage most of my personal care.
- ☐ I need some help every day in most aspects of self-care.
- ☐ I do not get dressed, wash with difficulty, and stay in bed.

Section 3 – Lifting
- ☐ I can lift heavy weights without causing extra pain.
- ☐ I can lift heavy weights but it gives extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor. But I can manage if they are conveniently positioned, e.g. on table.
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can lift only very light weights.
- ☐ I cannot lift or carry anything at all.

Section 4 – Walking
- ☐ Pain does not prevent me from walking any distance.
- ☐ Pain prevents me from walking more than 1 mile.
- ☐ Pain prevents me from walking more than ½ mile.
- ☐ Pain prevents me from walking more than ¼ mile.
- ☐ I can only walk using a stick/cane or crutches.
- ☐ I am in bed most of the time and have to crawl to the toilet.

Section 5 – Sitting
- ☐ I can sit in any chair as long as I like.
- ☐ I can sit in my favorite chair as long as I like.
- ☐ Pain prevents me from sitting more than an hour.
- ☐ Pain prevents me from sitting more than ½ hour.
- ☐ Pain prevents me from sitting more than 10 minutes.
- ☐ Pain prevents me from sitting at all.

Section 6 – Standing
- ☐ I can stand as long as I want without extra pain.
- ☐ I can stand as long as I want but it gives me extra pain.
- ☐ Pain prevents me from standing more than 1 hour.
- ☐ Pain prevents me from standing more than 30 minutes.
- ☐ Pain prevents me from standing more than 10 minutes.
- ☐ Pain prevents me from standing at all.

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- ☐ Even when I take tablets, I have less than 6 hours sleep.
- ☐ Even when I take tablets, I have less than 4 hours sleep.
- ☐ Even when I take tablets, I have less than 2 hours sleep.
- ☐ Pain prevents me from sleeping at all.

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- ☐ My sex life is severely restricted by pain.
- ☐ My sex life is nearly absent because of pain.
- ☐ Pain prevents any sex life at all.

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- ☐ My social life is normal but increases the degree of pain.
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interest, e.g. dancing, etc.
- ☐ Pain has restricted my social life and I do not go out as often.
- ☐ Pain has restricted my social life to my home.
- ☐ I have no social life because of pain.

Section 10 – Traveling
- ☐ I can travel anywhere without extra pain.
- ☐ I can travel anywhere but it gives me extra pain.
- ☐ Pain is bad but I can manage journeys over 2 hours.
- ☐ Pain restricts me to journeys of less than 1 hour.
- ☐ Pain restricts me to short, necessary journeys less than 30 minutes.
- ☐ Pain prevents me from traveling except to the doctor or hospital.

This spine follow-up form was reviewed by _____ MD/NP Date: _____

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

RAND 36 ITEM HEALTH SURVEY 1.0

Patient Name: Kyle Bagley

1. In general, would you say your health is: (Circle One Number)
   - Excellent 1
   - Very Good 2
   - Good 3
   - Fair 4
   - Poor 5

2. Compared to one year ago, how would you rate your general health right now? (Circle One Number)
   - Much better than one year ago 1
   - Somewhat better than one year ago 2
   - About the same 3
   - Somewhat worse now than one year ago 4
   - Much worse now than one year ago ..... (5)

The following items are about activities you might do during a typical day: Does your health now limit you in these activities? If so, how much? (Circle One Number on Each Line)	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited at All
3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	(1)	2	3
4. Moderate activities, such as moving a table pushing a vacuum cleaner, bowling or playing golf	(1)	2	3
5. Lifting or carrying groceries	(1)	2	3
6. Climbing several flights of stairs	(1)	2	3
7. Climbing one flight of stairs	(1)	2	3
8. Bending, kneeling or stooping	(1)	2	3
9. Walking more than a mile	(1)	2	3
10. Walking several blocks	(1)	2	3
11. Walking one block	(1)	2	3
12. Bathing or dressing yourself	(1)	2	3

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health ?: (Circle One Number on Each Line)	Yes	No
13. Cut down the amount of time you spend on work or other activities	(1)	2
14. Accomplish less than you would like	(1)	2
15. Were limited in the kind of work or other activities	(1)	2
16. Had difficulty performing the work or other activities (for example, took extra effort)	(1)	2

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems ?: (depressed, anxious) (Circle One Number on Each Line)	Yes	No
17. Cut down the amount of time you spend on work or other activities	(1)	2
18. Accomplish less than you would like	(1)	2
19. Didn't do work or other activities as carefully as usual	(1)	2

20. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups? (Circle One Number)
   - Not at all 1
   - Slightly 2
   - Moderate 3
   - Quite a bit ..... (4)
   - Good 5

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

*0557760w5409 E-HealthHx

21. How much bodily pain have you had during the past 4 weeks?
(Circle One Number)

None 1
Very Mild 2
Mild 3
Moderate 4
Severe 5
Very Severe 6

22. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework ?
(Circle One Number)

Not at all 1
Slightly 2
Moderately 3
Quite a bit 4
Extremely 5

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks . . . (Circle One Number on Each Line)	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
23. Did you feel full of pep?	1	2	3	4	5	6
24. Have you been a very nervous person?	1	2	3	4	5	6
25. Have you felt so down in the dumps that nothing could cheer you up ?	1	2	3	4	5	6
26. Have you felt calm and peaceful?	1	2	3	4	5	6
27. Do you have a lot of energy?	1	2	3	4	5	6
28. Have you felt downhearted and blue?	1	2	3	4	5	6
29. Did you feel worn out?	1	2	3	4	5	6
30. Have you been a happy person?	1	2	3	4	5	6
31. Did you feel tired?	1	2	3	4	5	6

32. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities like visiting with family, friends, relatives, etc.?
(Circle One Number)

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5

How TRUE or FALSE is each of the following statements for you? (Circle One Number on Each Line)	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
33. I seem to get sick a little easier than other people	1	2	3	4	5
34. I am as healthy as anybody I know	1	2	3	4	5
35. I expect my health to get worse	1	2	3	4	5
36. My health is excellent	1	2	3	4	5

Comments: _____

Patient Signature: _____ Date 7/5/2019

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

Jul 6 2019 09:21am P001/010
BAGLEY, KYLE 11/03/80 #3248233

MIDLANDS orthopaedics & NEUROSURGERY

[redacted]

*6557765w5409 E-HealthHx

LAST NAME: Bagley	FIRST NAME: Kyle	MIDDLE INITIAL: R			
GENDER: M	DATE OF BIRTH: 11-03-1980	SSN: [redacted]			
MAILING ADDRESS: 628 Lancaster Hwy #223		CITY: Chester	STATE: SC	ZIP CODE: 29706	
HOME #: 803-379-6464	MOBILE #: 803 374 2834 CONSENT TO TEXT: YES or NO	WORK #:			
Email: CONSENT TO eM: YES or NO Kylebagley28@gmail	Contact preference: (please circle) Home # Cell # Work # Spell Mail Portal				
LANGUAGE: English DECLINE TO ANSWER ☐	RACE: White DECLINE TO ANSWER ☐	ETHNICITY: DECLINE TO ANSWER ☐			
MARITAL STATUS: M	Emergency Contact Name/Relationship: Jessica Bagley	Mobile #: Home #: 803-379-6464			
PATIENT'S EMPLOYER: Sun Fiber OCCUPATION: maintence	Referring Doctor: ☐ Self referred				

GUARANTOR - PERSON RESPONSIBLE FOR THE BILL IF THE PATIENT IS A MINOR OR STUDENT:

LAST NAME:	FIRST NAME:	RELATIONSHIP:		
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:	
DATE OF BIRTH:	SS#:	HOME #:	MOBILE #:	WORK #:

*INSURANCE INFORMATION *COPIES OF YOU INSURANCE CARDS ARE REQUIRED**

INSURANCE #1 (PRIMARY INSURANCE): WC	INSURANCE #2 (SECONDARY INSURANCE)
INSURED'S NAME: / RELATIONSHIP TO PATIENT:	INSURED'S NAME: / RELATIONSHIP TO PATIENT:
SS# OF INSURED (IF DIFFERENT FORM PATIENT): ☐ Same as above	SS# OF INSURED (IF DIFFERENT FORM PATIENT):
DATE OF BIRTH OF INSURED: ☐ Same as above	DATE OF BIRTH OF INSURED:
INSURED'S EMPLOYER:	INSURED'S EMPLOYER:

I acknowledge that by providing insurance information, I have asked and requested to pay for services provided in exchange for this information. I assign to Midlands Orthopaedics & Neurosurgery, PA, all health insurance benefits available for services provided to me. I understand that fees for services provided by Midlands Orthopaedics & Neurosurgery, PA, are my responsibility and I agree to pay any balance left unpaid by any insurance company or third party solely and immediately upon notification of said balance. If I do not have insurance, I understand that I am responsible for any incurred expenses in their entirety.

Patient/Guardian: Kyle Bagley Date: 7/5/2019

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

Jul 6 2019 09:23am P005/010
BAGLEY, KYLE 11/03/80 #3248233

*5557765w5409 E-HealthHx

GENERAL MEDICAL INFORMATION

Reason for your visit today? _____

Was this the result of an accident? No ✓ Yes If yes, DATE of accident and please describe.

Date 6/14/2019 Was hit with bat / coming off the line.

Where did the injury occur? ✓ Work Auto Home Other _____

Primary Physician Information	Other specialists involved in care:
Name: Pyler, Drewid - Lewis family Medicine Chester SC 29706	
Please provide your preferred pharmacy information	
Preferred Pharmacy: Name: Bi Lo Address: 1536 J A Cochran Bypass Chester SC Phone: 803 581-6310	Mail-In Pharmacy: Name Address: Phone:

Height 6'1 Weight: 135

Current Pain Scales (circle one number)

NO PAIN 1 2 3 4 5 6 7 8 9 10 WORST PAIN

Name of Allergy:	Reaction	Name of Allergy	Reaction
None			

FAMILY HISTORY (Please check any that have occurred with a blood relative)			
	Relationship		Relationship
Blood Clots in Legs or Lungs		Heart Disease	
Bleeding Disorder		Aneurysm	
Osteoporosis		High blood pressure	
Osteoarthritis		Diabetes	
Rheumatoid arthritis		Nerve Disease	
Muscle or Bone Disease		Depression	
Cancer		Lupus	
Thyroid disease		Malignant Hyperthermia	

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

MIDLANDS orthopaedics & NEUROSURGERY

*5557756w5499 E-HealthHx

Are you a: Current Smoker | Nonsmoker | Former Smoker
Tobacco-years of use (current and former smokers): 20 Years
If current smoker, how often do you smoke cigarettes? Every Day | Some Days
If current smoker, how much do you smoke per day? ½ PD | ¾ PD | 1 PD | 1 ½ PD | 2PD | 3PD
Cigar/pipe Use: Yes | No
Chewing Tobacco: 1/day | 2-4/day | 5/day
Alcohol: None | Occasional | Moderate | Heavy
Number of Children? 3
Marital Status: Married | Single | Divorced | Separated | Widowed | Domestic Partner
Diet: Regular | Vegetarian | Vegan | Gluten free | Carbohydrate (limited) | Cardiac | Diabetic
Work History: Disabled | Student | Homemaker | Retired
Are you currently employed? Yes | No Are you currently working? Yes | No
Occupation: Maintenance Dept
Employer: Sunfiber
Type of work: Maintenance

Please List.	Please list:
None.	None

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

MIDLANDS orthopaedics & NEUROSURGERY

*5557755W5499 E-Health Hx

Blood Clots in legs or lungs	Diabetes	Bronchitis
High Blood Pressure	Lupus	Skin Disorder
Congestive Heart Failure	Parkinson's Disease	Enlarged prostate
Heart Disease	Multiple Sclerosis	Bladder disease
Mitral Valve Prolapse	Hepatitis B or C	Kidney disease
Heart Attack	Stomach Ulcers	Seizure disorder
Irregular Heart Beat	Irritable Bowel	Thyroid Disorder
Congenital Heart Defect	Hepatitis	Cancer
High Cholesterol	Liver Disease	Glaucoma
Stroke	Pneumonia	Osteoarthritis
Circulation problems	Tuberculosis	Rheumatoid Arthritis
Bleeding disorder	Emphysema	Restless legs
Gout	Infectious Blood Disease	Pregnancy (current or recent)

Do you have sleep apnea? Yes or (No)
If yes, do you use C-PAP or Bi-PAP? Yes or No Device Settings:

Do you have cardiac stents? Yes or (No) If yes, please list date(s):

Do you have a pacemaker or AICD? Yes or (No) If yes, please date of placement:

Mouth/Throat: sore throat | bleeding gums | snoring | dry mouth | mouth ulcers | oral abnormalities | teeth problems

Cardiovascular: shortness of breath | palpitations | heart murmur

Respiratory: coughing | wheezing | shortness of breath | coughing up blood | sleep apnea

Musculoskeletal: ~~muscle aches~~ | muscle weakness | joint pain | back pain | swelling in extremities | cramps | Osteoporosis | recent fractures | ~~neck pain~~

Any additional information you would like to share:

const headaches
dizzy
fingers numb
back on fire

left shoulder
upper back
left knee

BAGLEY, KYLE (Id #3248233, dob: 11/03/1980)

When did your pain first start? (date or approx. month/year): 6-14-2019 * 5557755w5499 E-HealthHx

When did it worsen? (date and event, if applicable) Same day

Rate the severity of your pain on a scale from 1 to 10, with 1 being the least painful and 10 being the most severe:
1 2 3 4 5 6 7 8 9 10

Type of pain (circle all that apply):

Aching Cramps Numbness Shooting Sweating Tingling
Burning Dull Sharp Stiffness Throbbing

Does the pain interfere with any of the following activities of daily living? (Circle all that apply)

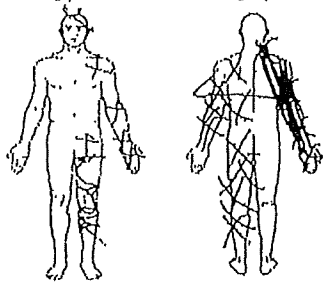
Bathing Feeding Grooming Sleep Work
Dressing Food preparation Housework Toilet hygiene

How often are you having pain? ___ Constant ___ It comes and goes

Activities or movements that are painful to perform: (circle all that apply)

Bending Lying down Sitting Standing Walking

Mark "X" on the picture where you are having pain, numbness or tingling:



In the past 6 months, have you received any formal therapy for this condition? ___Yes ___ No
If yes, when? _____

Do you perform home exercises/stretches for this condition? ___Yes ___ No

Have you received an Epidural Steroid Injection for this condition? ___Yes ___ No
If yes, when? _____

What percentage relief did the injection provide?
_____

For how long? _____ (hours, days, weeks, months)
When did the pain return? (date)
_____

Have you tried any of the following for pain relief?	YES	NO	Did this provide relief?	Name of Medication
Heat	/			
Ice	/			
Over the Counter Medications	/			
Prescription	/			

Are you claustrophobic (fear of being in a closed/confined place)? ___Yes ___No

Do you have metal in your body? ___ Yes ___ No If yes, where? _____

BAGLEY, KYLE (id #3248233, dob: 11/03/1980)

Admin Documents

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:	Kyle Bagley	Employer's Name:	Sun Fibor LLC
Physician's Name:	Matthew Brown, MD	Insurance Carrier:	Strategic Comp
Practice/Clinic:	Midlands Orthopaedics & Neurosurgery	SCWCC File No:	claim #A00223320
Preparer's Name:	Carla Watts	Phone:	803-462-3614

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: 06/14/2019 Date of first office visit: 07/05/2019 Date of last office visit: 07/11/2019

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

Diagnosis or nature of injury or illness: S16.1XXA and M54.01

Body part(s) injured: cervical/thoracic/lumbar spine Body part(s) affected: _____

Date of maximum medical improvement: 07/11/2019

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

If so, the permanent physical impairment is: 5 % medical impairment to the whole person (for cervical) (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: 0 % medical whole person (thoracic/lumbar) (additional body part injured or effected)

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

X The AMA's *Guides to the Evaluation of Permanent Impairment* 6th Edition; or:
_____ Other medical treatise: _____ or
_____ Other: _____

Does the Claimant have permanent physical limitations as a result of the injury? _____ Yes X No

If so, the permanent physical limitations are: _____

Does the Claimant possess retained hardware as a result of the injury? _____ Yes X 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 end to lessen the period of disability or maintain the current level of function: X Yes _____ No

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

Patient is at point of maximal medical improvement from a neurosurgical perspective and we do not anticipate that he will need any further neurosurgical intervention or recommendations in the future. As previously noted, we will defer further nonoperative management for patient's muscular complaints to his occupational medicine physician and team.

*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.

MD

Treating or Evaluating Physician

08/26/2019
Date

Wellness & Physical Therapy- Fort
Main Street
Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): GASTON, LEE ANN

Time In/Out: 2:45 pm/4:00 pm
Visit No.: 1

Insurance Name: Medrisk EPO

Date of Daily Note: 07/22/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain

Subjective

Current Complaints / Gains: Patient is employed in maintenance for the past 4 years on 3rd shift. Reports that his lower back has referred pain into the left calf and tightness in the lower back with sitting and walking/standing. Pain into the left lower extremity limits weight bearing through the extremity. Minimal change in discomfort with lying down.
He reports HA in the back of the neck down daily for 2-3 hours and often returns. Neck pain is reported mainly as tightness with limited left UE mobility. Assisted with bathing, not able to drive, unable to fix light meals.

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving

Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs

Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles

Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation

Current Functional Limitations:

Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting

Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling

Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance

Pain Location: neck, back, left LE, left UE

Pain Scale: Worst: 10 **Best:** 10 **Current:** 10

Pain Description: ache, sharp, throb, shooting

Pain Follow-up Plan: mobilization/stabilization

Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending

Restrictions and Pain Alleviators:

Better With: lying on right or in recliner on the right

Occupation/Social History:

Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story
Is Patient a Tobacco User: Yes
Does patient smoke cigarettes and/or use other forms of tobacco: No
Home Health Care: No
History of Falls: No
Falls Documented: No
Medical History: No Known Significant PMH To Affect Treatment

Y our Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Patient N ame:BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 07/22/2019

Daily Note / Billing Sheet

Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)

Mental Status/Cognitive Function Appears Impaired? No

Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.

Objective

CPT® Code	Direct Timed Codes	Units
97112	Neuromuscular Re-Education Proprioception/Balance Training Posture standing posture and weight shift. Patient and wife education to consciously relax left UE and shift weight to the left LE. Instructed in postural ex. in front of a mirror	1
97140	Manual Therapy general joint mobilization/oscillations to the left shoulder/elbw/hand to encourage normal tone and extension. general mobilization /oscillations to left hip and knee to encourage normal tone for WB/weight shifting	1

CPT® Code	Untimed Codes	Units
97163	PT Evaluation: High Complexity	1

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Pre-Treatment	10/10
Post-Treatment	8/10 with improved ability to stand upright and WB on the left Le

Assessment

Assessment/Diagnosis: Works at Sun Fiber LLC. Went to weld a ramp and was hit by the fiber in the top of his head. He is unsure of LOC. Several days later he went to the ER and his primary care. Later was set up through Riverview and referral to neurologist. Has received injections for occipital neuralgia. He does not feel like the injections helped with the pain. He also reports an MRI / CT to neck and lower back. No medical treatment to lower back. Denies previous neck or back discomfort.

Patient is employed in maintenance for the past 4 years on 3rd shift. Reports that his lower back has referred pain into the left calf and tightness in the lower back with sitting and walking/standing. Pain into the left lower extremity limits weight bearing through the extremity. Minimal change in discomfort with lying down.
He reports HA in the back of the neck down daily for 2-3 hours and often returns. Neck pain is reported mainly as tightness with limited left UE mobility. Postures left UE in the flexed adducted posture and left lower extremity bent at the knee. Assisted with bathing, not able to drive, unable to fix light meals. Patient with flat affect and high tone posturing of the left UE/LE. Patient has signs of central and peripheral sensitization, neurological involvement with left side avoidance due to spinal compression injury and depression/anger.

Patient Education: postural education

Rehab Potential: Good

Patient Problems:

- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:

1: (4 Weeks) | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release |
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |

Long Term Goals:

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Patient N ame:BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 07/22/2019

Daily Note / Billing Sheet

1: (10 Weeks) | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally |
2: (6 Weeks) | Normal WB on the L LE in standing and with walking on all terrains |
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

Plan

Instructions: Progressing Patient Next Visit
evaluation completed 60 min

Lee C Gaston, PT, CMTPT

Lee Ann Gaston
License #2342

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Plan of Care

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): GASTON, LEE ANN

Time In/Out: 2:45 pm/4:00 pm
Visit No.: 1

Date of Plan of Care: 07/22/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain

Assessment

Assessment/Diagnosis: Works at Sun Fiber LLC. Went to weld a ramp and was hit by the fiber in the top of his head. He is unsure of LOC. Several days later he went to the ER and his primary care. Later was set up through Riverview and referral to neurologist. Has received injections for occipital neuralgia. He does not feel like the injections helped with the pain. He also reports an MRI / CT to neck and lower back. No medical treatment to lower back. Denies previous neck or back discomfort.

Patient is employed in maintenance for the past 4 years on 3rd shift. Reports that his lower back has referred pain into the left calf and tightness in the lower back with sitting and walking/standing. Pain into the left lower extremity limits weight bearing through the extremity. Minimal change in discomfort with lying down.
He reports HA in the back of the neck down daily for 2-3 hours and often returns. Neck pain is reported mainly as tightness with limited left UE mobility. Postures left UE in the flexed adducted posture and left lower extremity bent at the knee. Assisted with bathing, not able to drive, unable to fix light meals. Patient with flat affect and high tone posturing of the left UE/LE. Patient has signs of central and peripheral sensitization, neurological involvement with left side avoidance due to spinal compression injury and depression/anger.
Patient Education: postural education
Following the evaluation and extensive patient education regarding diagnosis, prognosis, and treatment goals, the patient (parent/guardian, power of attorney holder) actively participated in the creation of the current goals and agrees to the current treatment plan.
Rehab Potential: Good
Contraindications to Therapy: None
Patient Problems:
- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:
1: (4 Weeks) | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release |
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |
Long Term Goals:
1: (10 Weeks) | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally |
2: (6 Weeks) | Normal WB on the L LE in standing and with walking on all terrains |
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

Plan

Frequency: 2 times a week
Duration: 10 weeks
Plan: Begin Plan as Outlined
Treatment to be provided:
Procedures
Therapeutic Exercises (ROM, Endurance, Stability), Therapeutic Activity (Work Specific, Transfers, Bed Mobility, ADL Specific), Gait Training (Even Surfaces, Uneven Surfaces, Stairs), Neuromuscular Rehabilitation (Balance/Proprioception Training, Muscle Re-Education, Sequencing), Manual Therapy (Joint Mobilization, Spinal Mobilization, Myofascial Release, Dry Needling/ Intramuscular Manual Therapy), Patient Education (Home Exercise Program, Postural Training)

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Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 07/22/2019

Plan of Care

To Improve (Pain Relief, Decrease Inflammation), Electrical Stimulation (Interferential)
evaluation completed 60 min

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (803)548-5662.

Please sign and return: Fax#: (803)548-5635

I certify the need for these services furnished under this plan of treatment and while under my care.

__I have no revisions to the plan of care.
__Revise the plan of care as follows_____

Lee C Gaston, PT, CMTPT

Lee Ann Gaston
License #2342
Electronically Signed by Lee Ann Gaston on July 25, 2019 at 7:07 am

Physician Signature_____
L. GASTON

Y our Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Physical Therapy Initial Examination

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): GASTON, LEE ANN

Date of Initial Examination: 07/22/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Visit No.: 1

Time In/Out: 2:45 pm/4:00 pm
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain

Subjective

History of Present Condition/Mechanism of Injury: Works at Sun Fiber LLC. Went to weld a ramp and was hit by the fiber in the top of his head. He is unsure of LOC. Several days later he went to the ER and his primary care. Later was set up through Riverview and referral to neurologist. Has received injections for occipital neuralgia. He does not feel like the injections helped with the pain. He also reports an MRI / CT to neck and lower back. No medical treatment to lower back. Denies previous neck or back discomfort.

Primary Concern/Chief Complaint: Patient is employed in maintenance for the past 4 years on 3rd shift. Reports that his lower back has referred pain into the left calf and tightness in the lower back with sitting and walking/standing. Pain into the left lower extremity limits weight bearing through the extremity. Minimal change in discomfort with lying down.
He reports HA in the back of the neck down daily for 2-3 hours and often returns. Neck pain is reported mainly as tightness with limited left UE mobility. Assisted with bathing, not able to drive, unable to fix light meals.

Before the injury/onset/change of status date, the patient was able to perform the following activities:
Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving
Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs
Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles
Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation

Current Functional Limitations:
Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry
Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting
Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling
Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance

Pain Location: neck, back, left LE, left UE
Pain Scale: Worst: 10 **Best:** 10 **Current:** 10
Pain Description: ache, sharp, throb, shooting
Pain Follow-up Plan: mobilization/stabilization
Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending
Restrictions and Pain Alleviators:
Better With: lying on right or in recliner on the right
General Health: Good
Occupation/Social History:
Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story
Is Patient a Tobacco User: Yes
Does patient smoke cigarettes and/or use other forms of tobacco: No
Home Health Care: No
History of Falls: No

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Physical Therapy Initial Examination

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 07/22/2019

Medical History: No Known Significant PMH To Affect Treatment
Diagnostic Testing/Imaging: MRI
CT
x-rays
Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)
Medical History Review: The patient has a history of present problem with a history of 3 or more factors and/or comorbidities that impact the plan of care.
Mental Status/Cognitive Function Appears Impaired? No
Current Medications: Prescription (flexoril), Over The Counter (Aleve)
Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.
Patient Goals: Pain free and able to resume normal function, return to work

Objective

Inspection

Patient Consent	
Patient/Parent/Guardian Consent	Yes
Chaperone	
Chaperone Present	Yes wife
Body Mass Index	135
Weight	71
Height	lbs/in
Units	18.83
Index	none needed
Followup Plan	

Outcome Measurement Tools

Pain	
Pain Disability Index	62
Pain Follow-up Plan	Mobilization, posture, PNE
The Fear-Avoidance Beliefs Questionnaire (FABQ)	
Scale 1	42/42
Scale 2	24/24
Pain Follow-up Plan	PNE, patient education
Spine	
Modified Oswestry Low Back Pain	84% disability

Observation

Vitals	
Blood Pressure	Right Arm: 115/80 Upper Arm Sitting
Pulse	69, BPM Radial
Standing Posture	head forward, flexed at walst, left arm and leg flexed
Galt	Antalgic, Lacks Proper Heel Strike/Toe Off avoids WB to the left LE

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Physical Therapy Initial Examination

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 07/22/2019

Muscle Guarding Moderate

Apprehension of Movement Severe

Range of Motion

Cervical AROM	
Forward Bending	30°
Backward Bending	5°
Right Side Bending	20°
Left Side Bending	20°
Cervical AROM Comments	rests head in 20 degrees of cerv. flexion able to correct to 5 degrees with verbal and tactile cues

Shoulder AROM	Right	Left
Flexion	WNL	15°
Scaption	WNL	Not Tested
Abduction	WNL	15°
Extension	WNL	WNL
ER in Neutral Position	WNL	10 °
IR in Neutral Position	WNL	10 °
Horizontal Abduction	WNL	0 °
Horizontal Adduction	WNL	10 °

Lumbar AROM	
Forward Bending	finger tips to mid-thigh°
Backward Bending	can not get to neutral°
Right Side Bending	Reach To Mid-Thigh
Left Side Bending	Reach To Mid-Thigh
Lumbar AROM Comments	Patient postures in severe forward flexed posture with reversed lumbar lordosis, head forward and left UE drawn up to the chest.

Hip AROM	Right	Left
Flexion	WNL	WNL
Extension	WNL	WNL
Abduction	WNL	WNL
Adduction	WNL	WNL
Internal Rotation	WNL	WNL
External Rotation	WNL	WNL

Strength

Comments Unable to specifically MMT due to pain and limited functional mobility. Gross mms is 3/5 in all major joints. Left UE is postured in severe flexion of all joints.

Neuro-Vascular

Complaints of any radicular symptoms in either extremity

Complaints of any radicular symptoms in either extremity	Yes (left UE and L)

Cranial Nerve Screen	
Unilateral Smell (CN 1)	Negative (Normal)

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Physical Therapy Initial Examination

Patient Name: BAGLEY, KYLE
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Document Date: 07/22/2019

Finger Rustle (CN 8 Coch)	Negative (Normal)
Convergence (CN 3,4,6)	Negative (Normal)
Facial Sensation (CN 5)	Negative (Normal)
Smile (CN 7)	Negative (Normal)
Frown (CN 7)	Negative (Normal)
Swallowing (CN 9)	Negative (Normal)
Uvula Test (CN 10)	Negative (Normal)
Trapezius / SCM (CN 11)	Negative (Normal)
Tongue Protrusion (CN 12)	Negative (Normal)

Myotomes Upper	Right	Left
C1-2 Resist Chin In	Normal	
C1-2 Resist Chin up	Normal	
C3 Lat Cerv Flexion	Good	Good
C4 Shoulder Elevation	Good	Poor
C5 Shoulder Abduction	Good	Poor
C6 Wrist Extension	Good	Poor
C7 Triceps	Good	Poor
C8 1st Extension	Good	Poor
T1 Hand Intrinsics	Good	Poor

Myotomes Lower	Right	Left
L1, 2 Iliopsoas	Normal	Fair
L3 Quadriceps	Normal	Good
L4 Anterior Tibialis	Normal	Fair
L5 EHL	Normal	Fair
S1 Gastroc	Normal	Good
S2 Hamstrings	Normal	Fair

Dermatomes Upper	Right	Left
C4	Normal	Normal
C5	Normal	Normal
C6	Normal	Normal
C7	Normal	Normal
C8	Normal	Normal
T1	Normal	Normal

Dermatomes Lower	Right	Left
L1, 2 Mid Anterior Thigh	Normal	Normal
L3 Distal Inner Thigh	Normal	Normal
L4 Anterior Tibialis	Normal	Normal
L5 EHL	Normal	Normal
S1 Lateral Foot	Normal	Normal
S2 Mid Gastoc/Hamstring	Normal	Normal

Neural Tissue Tension Upper	Right	Left
Median Nerve	Not Tested	Positive
Radial Nerve	Not Tested	Positive
Ulnar Nerve	Not Tested	Negative
Musculocutaneous Nerve	Not Tested	Positive
Axillary Nerve	Not Tested	Positive
Suprascapular Nerve	Not Tested	Negative

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Physical Therapy Initial Examination

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 07/22/2019

	Right	Left
Neural Tissue Tension Lower	Not Tested	Negative
Sciatic Nerve	Not Tested	Negative
Common Peroneal Nerve	Not Tested	Negative
Tibial Nerve		

	Right	Left
Lasegue's SLR	Negative	Negative

Palpation

Palpation
Palpable tenderness or increased muscular tone noted: Palpable nm spasm of left UE/LE MM. Tissue restriction with neurologic tightness to the same.

Assessment

Assessment/Diagnosis: Works at Sun Fiber LLC. Went to weld a ramp and was hit by the fiber in the top of his head. He is unsure of LOC. Several days later he went to the ER and his primary care. Later was set up through Riverview and referral to neurologist. Has received injections for occipital neuralgia. He does not feel like the injections helped with the pain. He also reports an MRI / CT to neck and lower back. No medical treatment to lower back. Denies previous neck or back discomfort.

Patient is employed in maintenance for the past 4 years on 3rd shift. Reports that his lower back has referred pain into the left calf and tightness in the lower back with sitting and walking/standing. Pain into the left lower extremity limits weight bearing through the extremity. Minimal change in discomfort with lying down.
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Patient Clinical Presentation: The clinical presentation is unstable with unpredictable characteristics.
Patient Education: postural education
Following the evaluation and extensive patient education regarding diagnosis, prognosis, and treatment goals, the patient (parent/guardian, power of attorney holder) actively participated in the creation of the current goals and agrees to the current treatment plan.
Rehab Potential: Good
Contraindications to Therapy: None
Patient Problems:
- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:
1: (4 Weeks) | Improved head over shoulder posture and increased mobility by 15 degrees in all planes
2: (4 Weeks) | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy
Long Term Goals:
1: (10 Weeks) | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally
2: (6 Weeks) | Normal WB on the L LE in standing and with walking on all terrains
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis

Plan

Frequency: 2 times a week

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Physical Therapy Initial Examination

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 07/22/2019

Plan: Begin Plan as Outlined

Treatment to be provided:

Procedures

Therapeutic Exercises (ROM, Endurance, Stability), Therapeutic Activity (Work Specific, Transfers, Bed Mobility, ADL Specific), Gait Training (Even Surfaces, Uneven Surfaces, Stairs), Neuromuscular Rehabilitation (Balance/Proprioception Training, Muscle Re-Education, Sequencing), Manual Therapy (Joint Mobilization, Spinal Mobilization, Myofascial Release, Dry Needling/ Intramuscular Manual Therapy), Patient Education (Home Exercise Program, Postural Training)

Modalities

To Improve (Pain Relief, Decrease Inflammation), Electrical Stimulation (Interferential)

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (803)548-5662.

Please sign and return: Fax#: (803)548-5635

I certify the need for these services furnished under this plan of treatment and while under my care.

__I have no revisions to the plan of care.
__Revise the plan of care as follows_____

Lee C Gaston, PT, CHTPT

Lee Ann Gaston
License #2342
Electronically Signed by Lee Ann Gaston on July 25, 2019 at 7:07 am

Physician Signature_____
L. GASTON

Date: Time:

Y our Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Time In/Out: 11:00 am/12:15 pm
Visit No.: 2

Insurance Name: Medrisk EPO

Date of Daily Note: 07/29/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Workers' Comp Claim: A00223320

Subjective

Current Complaints / Gains: The patient states that he has been working on standing up straight and extending his left arm and leg daily until yesterday. He reports a significant increase in discomfort yesterday and was unable to any activities.
Before the injury/onset/change of status date, the patient was able to perform the following activities:
Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving
Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs
Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles
Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation
Current Functional Limitations:
Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry
Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting
Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling
Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance
Functional Deficits / Gains: Continues to posture left upper extremity in a flexor toned position. Difficulty posturing himself upright for over 3-5 min intervals.
Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending
Restrictions and Pain Alleviators:
Better With: lying on right or in recliner on the right
Occupation/Social History:
Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story
Home Health Care: No
History of Falls: No
Falls Documented: No
Medical History: No Known Significant PMH To Affect Treatment
Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)
Mental Status/Cognitive Function Appears Impaired? No
Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authoriz ed representative.

Objective

CPT® Code	Direct Timed Codes	*Units*

Y our Life Wellness & Physical Therapy- Fort Lawn
5564 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 07/29/2019

Daily Note / Billing Sheet

97110	Therapeutic Exercise UBE to promote mobility	1 2
97112	Neuromuscular Re-Education Proprioception/Balance Training Posture standing posture and weight shift. Patient and wife education to consciously relax left UE and shift weight to the left LE. Reviewed postural ex. In front of a mirror Active UE/LE stretching in supine Bridge for nm activation along with DNF	1
97140	Manual Therapy general joint mobiliz ation/oscillations to the left shoulder/elbw/hand to encourage normal tone and extension. general mobiliz ation /oscillations to left hip and knee to encourage normal tone for WB/weight shifting	

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Objective Findings	More upright when walking into therapy today. This declined throughout the treatment.
Pre-Treatment	8/10
Post-Treatment	8/10 significant fatigue following therapy

Assessment

Assessment/Diagnosis: Improved ability to extend his right elbow actively but difficulty with opening hand. Good quality left quad set to extend the left leg but unable to maintain in standing. Hunched shuffling gait pattern persists.
Patient Demonstrates Compliance with Prescribed HEP
Rehab Potential: Good
Patient Problems:
- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitiz ation

Short Term Goals:
1: (4 Weeks) | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release |
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitiz ation to aid progress during therapy |
Long Term Goals:
1: (10 Weeks) | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally |
2: (6 Weeks) | Normal WB on the L LE in standing and with walking on all terrains |
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

Y our Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 07/29/2019

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit
Patient requires persistent verbal and tactile cues to stand/walk upright. Patient will benefit from VOR for postural retraining.

Lee C Gaston, PT, CNTTPT

Lee Ann Gaston
License #2342

Your Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T, MD

Time In/Out: 10:45 am/11:45 am
Visit No.: 3

Insurance Name: Medrisk EPO

Date of Daily Note: 08/01/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Workers' Comp Claim: A00223320

Subjective

Current Complaints / Gains: The patient states that he been really tired, trying not to sleep as much. He woke up feeling good this morning and didn't go back to sleep.
Before the injury/onset/change of status date, the patient was able to perform the following activities:
Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving
Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs
Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles
Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation
Current Functional Limitations:
Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry
Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting
Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling
Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use; Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance
Functional Deficits / Gains: Continues to posture left upper extremity in a flexor toned position. Difficulty posturing himself upright for over 3-5 min intervals.
Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending
Restrictions and Pain Alleviators:
Better With: lying on right or in recliner on the right
Occupation/Social History:
Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story
Home Health Care: No
History of Falls: No
Falls Documented: No
Medical History: No Known Significant PMH To Affect Treatment
Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)
Mental Status/Cognitive Function Appears Impaired? No
Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.

Objective

CPT® Code	Direct Timed Codes	Units

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Y our Life Wellness & Physical Therapy- Fort Lawn
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Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/01/2019

Daily Note / Billing Sheet

97110	Therapeutic Exercise UBE to promote mobility, LTR instructed on for mobility of hips to assist gait and putty exercises to improve normal hand movement	1 2
97 112	Neuromuscular Re-Education Proprioception/Balance Training Posture standing posture and weight shift at wall. Patient and wife education to consciously relax left UE and shift weight to the left LE. Reviewed postural ex. in front of a mirror Active UE/LE stretching in supine in various ranges, use of cane with UE AAROM Bridge for nm activation along with DNF review	1
97 140	Manual Therapy general joint mobilization/oscillations to the left shoulder/elbw/hand to encourage normal tone and extension. general mobilization /oscillations to left hip and knee to encourage normal tone for WB/weight shifting	

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Objective Findings	Trunk and head posture worsens during treatment with fatigue Progressed LE/UE movements and standing activities
Pre-Treatment	8+/10, low back
Post-Treatment	7/10 significant fatigue following therapy

Assessment

Assessment/Diagnosis: Patient able to actively extend elbow and leg but tends to not keep there. Patient was able to demonstrate some opening of hand when cued, education on keeping arm relaxed at side vs flexed up. Patient with decreased gait quality/cadence with fatigue throughout session .
Patient Education: Added putty, cane UE flexion and active heel slides
Patient Demonstrates Compliance with Prescribed HEP
Rehab Potential: Good
Patient Problems:
- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:
1: (4 Weeks) | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release |
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |
Long Term Goals:
1: (10 Weeks) | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally |
2: (6 Weeks) | Normal WB on the L LE in standing and with walking on all terrains |
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |
Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

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Phone: (803)548-5662
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Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/01/2019

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit
Patient requires persistent verbal and tactile cues to stand/walk upright. Patient will benefit from VOR for postural retraining.

Jennifer D. Duley. PTA

Jennifer Duley
License #1383
Initiated by Jennifer Duley on August 2, 2019 at 8:15 am

PT, DPT

Elizabeth McKinnon
License #8245

Y our Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Time In/Out: 11:30 am/12:40 pm
Visit No.: 4

Insurance Name: Medrisk EPO

Date of Daily Note: 08/05/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Workers' Comp Claim: A00223320

Subjective

Current Complaints / Gains: Patient states that he has been working on posture, relaxing left UE/LE. Complaining of mild left plantar fas. discomfort so walking on his toe. Not able to tolerate shoes.
Before the injury/onset/change of status date, the patient was able to perform the following activities:
Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving
Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs
Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles
Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation
Current Functional Limitations:
Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry
Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting
Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling
Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance
Functional Deficits / Gains: Significant improvement in upright posture and relaxing the left Ue when arriving. Tires quickly at about 20 min and starts to loose this position. Difficulty correcting posture after therapy for 50 min.
Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending
Restrictions and Pain Alleviators:
Better With: lying on right or in recliner on the right
Occupation/Social History:
Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story
Home Health Care: No
History of Falls: No
Falls Documented: No
Medical History: No Known Significant PMH To Affect Treatment
Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)
Mental Status/Cognitive Function Appears Impaired? No
Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authoriz ed representative.

Objective

CPT® Code	Direct Timed Codes	Units

Y our Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/05/2019

Daily Note / Billing Sheet

97110	Therapeutic Exercise UBE to promote mobility, LTR instructed on for mobility of hips to assist gait and putty exercises to improve normal hand movement	1 2
97112	Neuromuscular Re-Education Proprioception/Balance Training Posture weight shift at wall. Patient and wife education to consciously relax left UE and shift weight to the left LE. Reviewed postural ex. in front of a mirror Active UE/LE stretching in supine in various ranges, use of cane with UE AAROM Bridge for nm activation along with DNF review posture in sitting with towel lumbar support as he was very fatigued and had diffi	1
97140	Manual Therapy general joint mobiliz ation/oscillations to the left shoulder/elbw/hand to encourage normal tone and extension. general mobiliz ation /oscillations to left hip and knee to encourage normal tone for WB/weight shifting	

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Objective Findings	evidence of follow through with home program, diligent about technique
Pre-Treatment	6/10, low back
Post-Treatment	5/10, very tired

Assessment

Assessment/Diagnosis: Definite evidence of the patient working on ex. and posture/walking at home. Comes to therapy today with improved upright posture and gait pattern but fatigues very quickly. Improve affect, eye contact and speech.
Patient Demonstrates Compliance with Prescribed HEP
Rehab Potential: Good
Patient Problems:
- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitiz ation

Short Term Goals:
1: (4 Weeks) | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release |
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitiz ation to aid progress during therapy |
Long Term Goals:
1: (10 Weeks) | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally |
2: (6 Weeks) | Normal WB on the L LE in standing and with walking on all terrains |
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

Y our Life Wellness & Physical Therapy- Fort Lawn
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Fort Lawn, SC 29714-0000
Phone: (803)548-5662
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Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/05/2019

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit
Patient requires persistent verbal and tactile cues to stand/walk upright. Patient will benefit from VOR for postural retraining.

Lee C Gaston, PT, CMTPT

Lee Ann Gaston
License #2342

Y our Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Workers' Comp Claim: A00223320

Date of Daily Note: 08/08/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Visit No.: 5
Insurance Name: Medrisk EPO

Subjective

Current Complaints / Gains: Pt reports that he wasn't able to get his left shoe on this morning due to his left plantar fascia foot pain, but states that he was able to stretch it some this week. He reports good compliance with his hand exercises and the putty. He states that he has conitnued back, neck , and HA pain.

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving
Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs
Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles
Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation

Current Functional Limitations:

Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry
Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting
Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling
Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance

Functional Deficits / Gains: Improved standing posture and improving ease with transitional movements. Tires quickly at about 20 min and starts to loose this position. Difficulty correcting posture after therapy for 50 min.
Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending
Restrictions and Pain Alleviators:
Better With: lying on right or in recliner on the right

Occupation/Social History:

Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story
Home Health Care: No
History of Falls: No
Falls Documented: No
Medical History: No Known Significant PMH To Affect Treatment
Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)
Mental Status/Cognitive Function Appears Impaired? No
Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.

Objective

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Y our Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/08/2019

Daily Note / Billing Sheet

CPT® Code	Direct Timed Codes	Units
97110	Therapeutic Exercise UBE to promote mobility, LTR instructed on for mobility of hips to assist gait and putty exercises to improve normal hand movement	1 2
97112	Neuromuscular Re-Education Proprioception/Balance Training Posture weight shift at wall. Patient and wife education to consciously relax left UE and shift weight to the left LE. Active UE/LE stretching in supine in various ranges, use of cane with UE AAROM Bridge for nm activation along with DNF review posture in standing with back against the wall	1
97140	Manual Therapy general joint mobilization/oscillations to the left shoulder/elbw/hand to encourage normal tone and extension. general mobilization /oscillations to left hip and knee to encourage normal tone for WB/weight shifting	

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Pre-Treatment	6/10, low back and HA pain
Post-Treatment	5/10, very tired

Assessment

Assessment/Diagnosis: Pt demonstrates significant fatigue and difficulty walking after all the exercises completed today. He was with significant difficulty obtaining upright posture. Pt demonstrates improved ability to relax with L UE but only with verbal cueing.

Patient Education: supine left elbow and wrist extension stretch and AROM

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Patient Problems:

- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:

1: (4 Weeks) | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release |
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitiz ation to aid progress during therapy |

Long Term Goals:

1: (10 Weeks) | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally |
2: (6 Weeks) | Normal WB on the L LE in standing and with walking on all terrains |
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

Y our Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/08/2019

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit
Patient requires persistent verbal and tactile cues to stand/walk upright. Patient will benefit from VOR for postural retraining.

Elizabeth H McKinnon PT, DPT

Elizabeth McKinnon

Y our Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Time In/Out: 11:00 am/12:30 pm
Visit No.: 6

Insurance Name: Medrisk EPO

Date of Daily Note: 08/12/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Workers' Comp Claim: A00223320

Subjective

Current Complaints / Gains: States that he walked for several hours yesterday with and without support. Very tired today. Frustrated with limited use of left hand and arm.
Before the injury/onset/change of status date, the patient was able to perform the following activities:
Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving
Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs
Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles
Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation
Current Functional Limitations:
Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry
Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting
Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling
Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance
Functional Deficits / Gains: Upright posture is improving when walking. Mild Benediction sign of the left hand. Gait continues to be slow and with much concentration.
Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending
Restrictions and Pain Alleviators:
Better With: lying on right or in recliner on the right
Occupation/Social History:
Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Y es
Litigation: Y es
Home Layout: 2-story
Home Health Care: No
History of Falls: No
Falls Documented: No
Medical History: No Known Significant PMH To Affect Treatment
Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)
Mental Status/Cognitive Function Appears Impaired? No
Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.

Objective

CPT® Code	Direct Timed Codes	Units

Your Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/12/2019

Daily Note / Billing Sheet

97110	Therapeutic Exercise UBE to promote mobility, LTR instructed on for mobility of hips to assist gait and putty exercises to improve normal hand movement	1 2
97112	Neuromuscular Re-Education Proprioception/Balance Training Posture weight shift at wall. Patient and wife education to consciously relax left UE and shift weight to the left LE. Active UE/LE stretching in supine in various ranges, use of cane with UE AAROM Bridge for nm activation along with DNF review posture in standing with back against the wall SL UTR bilaterally to work on weight shifting and pelvic movement with gait Finger tip to thumb on the left Initiated VOR activities	1
97140	Manual Therapy general joint mobilization/oscillations to the left shoulder/elbw/hand to encourage normal tone and extension; general mobilization /oscillations to left hip and knee to encourage normal tone for WB/weight shifting	

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Pre-Treatment	6/10, low back with complaint of being tired
Post-Treatment	5/10, very tired

Assessment

Assessment/Diagnosis: Improved upright posture during standing and gait. He continues to posture left hand and UE in the flexed position but has more active control. Movement is slow and deliberate requiring significant concentration to complete tasks. Patient is very cooperative during therapy and willing to try all tasks.

Patient Education: added finger tips to thumb

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Patient Problems:

- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:

1: (4 Weeks) | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release |
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |

Long Term Goals:

1: (10 Weeks) | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally |
2: (6 Weeks) | Normal WB on the L LE in standing and with walking on all terrains |
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

Y our Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-6662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/12/2019

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit
Patient requires persistent verbal and tactile cues to stand/walk upright. Patient will benefit from VOR for postural retraining.

Lee C Gaston, PT, CMTPT

Lee Ann Gaston
License #2342

Y our Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Time In/Out: 11:00 am/12:05 pm
Visit No.: 7

Insurance Name: Medrisk EPO

Date of Daily Note: 08/15/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Workers' Comp Claim: A00223320

Subjective

Current Complaints / Gains: States that he was up a lot last night, but has been working on stretching hand more. He tried to hold coffee cup but felt weird so put it down.

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving

Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs

Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles

Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation

Current Functional Limitations:

Self Care: Hygiene; Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting

Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling

Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance

Functional Deficits / Gains: Upright posture is improving when walking. Mild Benediction sign of the left hand. Gait continues to be slow and with much concentration.

Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending

Restrictions and Pain Alleviators:

Better With: lying on right or in recliner on the right

Occupation/Social History:

Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story
Home Health Care: No
History of Falls: No
Falls Documented: No

Medical History: No Known Significant PMH To Affect Treatment

Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)

Mental Status/Cognitive Function Appears Impaired? No

Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.

Objective

CPT® Code	Direct Timed Codes	Units

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5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/15/2019

Daily Note / Billing Sheet

		1
97110	Therapeutic Exercise UBE with LEs to promote mobility, LTR instructed on for mobility of hips to assist gait Active/AAROM to both UE/LE in all planes	
		2
97112	Neuromuscular Re-Education Proprioception/Balance Training Posture Patient and wife education to consciously relax left UE/hand and shift weight to the left LE. Functional sit to stand with equal weight bearing through LEs Active UE/LE stretching in supine in various ranges, use of cane with UE AAROM Bridge for nm activation along with DNF review posture in standing with back against the wall SL UTR bilaterally to work on weight shifting and pelvic movement with gait Finger tip to thumb on the left, and PIP Initiated VOR activities in seated position	1
97140	Manual Therapy general joint mobilization/oscillations to the left shoulder/elbw/hand to encourage normal tone and extension. general mobilization /oscillations to left hip and knee to encourage normal tone for WB/weight shifting	

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Objective Findings	Patient came into clinic with hand more relaxed position
Pre-Treatment	6-7/10, low back and arm
Post-Treatment	5/10, very tired

Assessment

Assessment/Diagnosis: Patient with some dizziness during VOR eyes R/L, significant fatifue during tasks requiring moderate concentration to perform. Patient demontrates improved upright posture and endurance for standing before posture goes into flexed position. Patient had less flexed posturing of hand/elbow today, increased active movement with concentration and increased tiem to complete task.

Patient Education: finger opposition/ sit to stand

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Patient Problems:

- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:

1: (4 Weeks) | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release |
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |

Long Term Goals:

1: (10 Weeks) | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally |
2: (6 Weeks) | Normal WB on the L LE in standing and with walking on all terrains |
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Plan

Your Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/15/2019

Daily Note / Billing Sheet

Instructions: Progressing Patient Next Visit
Patient requires persistent verbal and tactile cues to stand/walk upright. Patient will benefit from VOR for postural retraining.

Jennifer D. Duley, PTA

Jennifer Duley
License #1383
Initiated by Jennifer Duley on August 15, 2019 at 9:16 pm

Elizabeth H. McKinnon, PT, DPT

Elizabeth McKinnon
License #8245

Y our Life Wellness & Physical Therapy - Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Time In/Out: 11:30 am/12:30 pm
Visit No.: 8

Insurance Name: Medrisk EPO

Date of Daily Note: 08/19/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Workers' Comp Claim: A00223320

Subjective

Current Complaints / Gains: Pt reports that he has been without HAs since Weds last week. He reports moderate low back and B hip muscle soreness this morning of 6/10. He reports that he is walking better. He states that he continues to have low back and B hip pain. Pt reports that his symptoms worsen throughout the day and he is more tired by the evening. He reports that he has increased dizziness when he stands all the way upright. He reports improving ability to move between rooms and transition out of bed. He reports that he is getting better getting in/out of the car.

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving
Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs
Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles
Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation

Current Functional Limitations:

Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry
Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting
Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling
Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance

Functional Deficits / Gains: Improved gait and upright posture - still forward flexed in standing
Difficulty walking with shortened stride length
Without HAs for 5 days in a row
Pain Location: neck, back, left LE, left UE
Pain Scale: Worst: 9 **Best:** 6 **Current:** 6 **Previous Findings as of 07/22/2019 - Worst:10 Best:10 Current:10*
Pain Description: ache, sharp, throb, shooting
Pain Follow-up Plan: mobilization/stabilization
Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending
Restrictions and Pain Alleviators:
Better With: lying on right or in recliner on the right
Occupation/Social History:
Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story
Is Patient a Tobacco User: Yes
Does patient smoke cigarettes and/or use other forms of tobacco: No
Home Health Care: No
History of Falls: No
Falls Documented: No
Medical History: No Known Significant PMH To Affect Treatment

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Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/19/2019

Daily Note / Billing Sheet

Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)
Mental Status/Cognitive Function Appears Impaired? No
Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.

Objective

CPT® Code	Direct Timed Codes	Units
9 7 110	Therapeutic Exercise UBE with LEs 4 mins to promote mobility, LTR instructed on for mobility of hips to assist gait Active/AAROM to both UE/LE in all planes.	1
97112	Neuromuscular Re-Education Proprioception/Balance Training Posture Patient education to consciously relax left UE/hand and shift weight to the left LE. Functional sit to stand with equal weight bearing through LEs Active UE/LE stretching in supine in various ranges, use of cane with UE AAROM flexion Added seated posture check with scapular retraction Added seated posture with B shoulder ER and horiz abduction 2 reps each to improve reaching and posture in sitting/standing. Bridge for nm activation x20 reps to improve transitional movements. posture in standing with back against the wall SL UTR bilaterally to work on weight shifting and pelvic movement with gait Initiated smooth pursuit and VOR activities in seated position	2 1
97140	Manual Therapy general joint mobilization/oscillations to the left shoulder/elbw/hand to encourage normal tone and extension. general mobilization /oscillations to left hip and knee to encourage normal tone for WB/weight shifting	

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Pre-Treatment	6-7/10 LBP
Post-Treatment	5/10

Assessment

Assessment/Diagnosis: Pt demonstrates great improvements in gait, though still forward flexed posture with guarded left arm posture. He demonstrates improved endurance for standing/walking in clinic, still lacks normal postures and requires verbal cueing to correct posture. He is with improving seated posture , but still lacks the ability to line up head over shoulders and sits with head in flexed position. He is with significant improvement in L shoulder AROM all planes to improve ability to dress/bathe and complete reaching tasks. Pt will benefit from continued posture cueing and strengthening to improve ability to stand and walking with more upright position. He will benefit from VOR and smooth pursuit activities to reduce symptoms of dizziness as this increases dizziness symptoms at this time.
Patient Education: finger opposition
UE B shoulder ER in sitting
supine cervical rotation and DNF
Patient Demonstrates Compliance with Prescribed HEP
Rehab Potential: Good
Patient Problems:
- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities

Y our Life Wellness & Physical Therapy- Fort Lawn
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Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/19/2019

Daily Note / Billing Sheet

- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:
1: (4 Weeks) | 50% | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | 20% | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release | requires verbal cueing
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |

Long Term Goals:
1: (10 Weeks) | 15% | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally | requires verbal cueing
2: (6 Weeks) | 40% | Normal WB on the L LE in standing and with walking on all terrains | Improved posture in standing
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

Plan

Instructions: Progressing Patient Next Visit
PT re-assessment completed today

Continue with current POC for general strengthening, gait training, and flexibility/ROM training to improve function with all ADLs.
Add balance as tolerated to improve stability with gait.

Elizabeth H. McKinnon, PT, DPT

Elizabeth McKinnon
License #8245

Electronically signed by Elizabeth McKinnon on August 19, 2019 at 12:59 pm

APA #6 pg 97

Patient Outcomes

Report Date: 8/19/2019

KYLE BAGLEY — 84 OF 100

Patient ID: 4772370
Case Key: 25579905
Visit Date: 8/19/2019
Entry Date: 8/19/2019

ICD Code: M5481 - Occipital neuralgia
Gender: M
Date of Birth: 11/3/1980

Questionnaire Type: Follow Up
Area: Lower Back
Clinician: McKinnon, Elizabeth
Clinic: Your Life Wellness & Physical Therapy- Fort Lawn
Referral Source: BROWN, MATTHEW T
Workers Compensation
Litigation: Yes **Direct Access:** No

Workers Compensation Information

Work Status: Full time, full duty no restrictions
Claim Number: A00223320
Employer:
Administrator:

#	Question	Answer	Value	Scale
	Pain Level	10	10	(0 to 10)
	Pain Intensity	Pain medication has no effect on my pain.	5	(0 to 5)
	Personal Care (eg, Washing, Dressing)	I need help, but I am able to manage most of my personal care.	3	(0 to 5)
	Lifting	I cannot lift or carry anything at all.	5	(0 to 5)
	Walking	Pain prevents me from walking more than 1/4 mile.	3	(0 to 5)
	Sitting	Pain prevents me from sitting for more than 1/2 hour.	3	(0 to 5)
	Standing	Pain prevents me from standing more than 10 minutes.	4	(0 to 5)
	Sleeping	Even when I take pain medication, I sleep less than 2 hours.	4	(0 to 5)
	Social Life	I have hardly any social life because of my pain.	5	(0 to 5)
	Traveling	My pain prevents all travel except for visits to the physician/therapist or hospital.	5	(0 to 5)

Patient Outcomes

Report Date: 8/19/2019

#	Question	Answer	Value	Scale
	Employment/Homemaking	Pain prevents me from performing any job or homemaking chores.	5	(0 to 5)

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Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Plan of Care

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Time In/Out: 11:30 am/12:30 pm
Visit No.: 8

Date of Plan of Care: 08/19/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain

Assessment

Assessment/Diagnosis: Pt demonstrates great improvements in gait, though still forward flexed posture with guarded left arm posture. He demonstrates improved endurance for standing/walking in clinic, still lacks normal postures and requires verbal cueing to correct posture. He is with improving seated posture , but still lacks the ability to line up head over shoulders and sits with head in flexed position. He is with significant improvement in L shoulder AROM all planes to improve ability to dress/bathe and complete reaching tasks. Pt will benefit from continued posture cueing and strengthening to improve ability to stand and walking with more upright position. He will benefit from VOR and smooth pursuit activities to reduce symptoms of dizziness as this increases dizziness symptoms at this time.

Patient Education: finger opposition
UE B shoulder ER in sitting
supine cervical rotation and DNF

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Patient Problems:

- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:

1: (4 Weeks) | 50% | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | 20% | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release | requires verbal cueing
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |

Long Term Goals:

1: (10 Weeks) | 15% | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally | requires verbal cueing
2: (6 Weeks) | 40% | Normal WB on the L LE in standing and with walking on all terrains | improved posture in standing
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

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Phone: (803)548-5662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/19/2019

Plan of Care

Plan

Frequency: 2 times a week
Duration: 10 weeks
Treatment to be provided:

Procedures

Therapeutic Exercises (ROM, Endurance, Stability), Therapeutic Activity (Work Specific, Transfers, Bed Mobility, ADL Specific), Gait Training (Even Surfaces, Uneven Surfaces, Stairs), Neuromuscular Rehabilitation (Balance/Proprioception Training, Muscle Re-Education, Sequencing), Manual Therapy (Joint Mobilization, Spinal Mobilization, Myofascial Release, Dry Needling/ Intramuscular Manual Therapy), Patient Education (Home Exercise Program, Postural Training)

Modalities

To Improve (Pain Relief, Decrease Inflammation), Electrical Stimulation (Interferential)

PT re-assessment completed today

Continue with current POC for general strengthening, gait training, and flexibility/ROM training to improve function with all ADLs. Add balance as tolerated to improve stability with gait.

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (803)548-5662.

Please sign and return: Fax#: (803)548-5635

I certify the need for these services furnished under this plan of treatment and while under my care.

__I have no revisions to the plan of care.
__Revise the plan of care as follows_____

Elizabeth H. McK- PT, DPT

Elizabeth McKinnon
License #8245
Electronically Signed by Elizabeth McKinnon on August 19, 2019 at 12:59 pm

Physician Signature_____
M. T. BROWN, MD

Y our Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Physical Therapy Progress Note

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Time In/Out: 11:30 am/12:30 pm
Visit No.: 8

Date of Progress Note: 08/19/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain

Subjective

History of Present Condition/Mechanism of Injury: Works at Sun Fiber LLC. Went to weld a ramp and was hit by the fiber in the top of his head. He is unsure of LOC. Several days later he went to the ER and his primary care. Later was set up through Riverview and referral to neurologist. Has received injections for occipital neuralgia. He does not feel like the injections helped with the pain. He also reports an MRI / CT to neck and lower back. No medical treatment to lower back. Denies previous neck or back discomfort.

Current Complaints / Gains: Pt reports that he has been without HAs since Weds last week. He reports moderate low back and B hip muscle soreness this morning of 6/10. He reports that he is walking better. He states that he continues to have low back and B hip pain. Pt reports that his symptoms worsen throughout the day and he is more tired by the evening. He reports that he has increased dizziness when he stands all the way upright. He reports improving ability to move between rooms and transition out of bed. He reports that he is getting better getting in/out of the car.

Before the injury/onset/change of status date, the patient was able to perform the following activities:
Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving
Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs
Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles
Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation

Current Functional Limitations:
Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry
Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting
Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling
Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance
Functional Deficits / Gains: Improved gait and upright posture - still forward flexed in standing
Difficulty walking with shortened stride length
Without HAs for 5 days in a row
Pain Location: neck, back, left LE, left UE
Pain Scale: Worst: 9 **Best:** 6 **Current:** 6 **Previous Findings as of 07/22/2019 - Worst:10 Best:10 Current:10*
Pain Description: ache, sharp, throb, shooting
Pain Follow-up Plan: mobilization/stabilization
Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending
Restrictions and Pain Alleviators:
Better With: lying on right or in recliner on the right
General Health: Good
Occupation/Social History:
Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story
Is Patient a Tobacco User: Yes
Does patient smoke cigarettes and/or use other forms of tobacco: No

Y our Life Wellness & Physical Therapy- Fort Lawn
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Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/19/2019

Physical Therapy Progress Note

Home Health Care: No
History of Falls: No
Falls Documented: No
Medical History: No Known Significant PMH To Affect Treatment
Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)
Medical History Review: The patient has a history of present problem with a history of 3 or more factors and/or comorbidities that impact the plan of care.
Mental Status/Cognitive Function Appears Impaired? No
Current Medications: Prescription (flexoril), Over The Counter (Aleve)
Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.

Objective

Inspection

Patient Consent	
Patient/Parent/Guardian Consent	Yes
Chaperone	
Chaperone Present	Yes wife
Body Mass Index	135
Weight	71
Height	lbs/in
Units	18.83
Index	none needed
Followup Plan	

Outcome Measurement Tools

		*Previous Findings as of 07/22/2019
Pain		*62*
Pain Disability Index	62	*Mobilization, posture, PNE*
Pain Follow-up Plan	Mobilization, posture, PNE	
The Fear-Avoidance Beliefs Questionnaire (FABQ)		*42/42*
Scale 1	42/42	*24/24*
Scale 2	24/24	*PNE, patient education*
Pain Follow-up Plan	PNE, patient education	
Spine		*84*
Modified Oswestry Low Back Pain	84% disability	

Observation

Vitals	
Blood Pressure	Right Arm: 115/80 Upper Arm Sitting
Pulse	69, BPM Radial
Standing Posture	head forward, flexed at waist, left arm and leg flexed
Gait	Antalgic, Lacks Proper Heel Strike/Toe Off shortened stride length, forward flexed posture at hips

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Date of Birth: 11/03/1980
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Physical Therapy Progress Note

Muscle Guarding Moderate

Apprehension of Movement Moderate

Range of Motion

		*Previous Findings as of 07/22/2019
Cervical AROM		
Forward Bending	30°	*30°*
Backward Bending	5°	*5°*
Right Rotation	30°	
Left Rotation	30°	*20°*
Right Side Bending	20°	*20°*
Left Side Bending	20°	
Cervical AROM Comments	rests head in 20 degrees of cerv. flexion able to correct to 5 degrees with verbal and tactile cues, increased muscle guarding of neck and shoulder muscles with cervical AROM	*rests head in 20 degrees of cerv. flexion able to correct to 5 degrees with verbal and tactile cues*

Shoulder AROM	**Right**	**Left**	*WNL*	*15°*
Flexion	WNL	160 °	*WNL*	*Not Tested*
Scaption	WNL	Not Tested	*WNL*	*15°*
Abduction	WNL	150 °	*WNL*	*WNL*
Extension	WNL	WNL	*WNL*	*10 °*
ER in Neutral Position	WNL	60 °	*WNL*	*10 °*
IR in Neutral Position	WNL	to belly	*WNL*	*0 °*
Horizontal Abduction	WNL	80 °	*WNL*	*10 °*
Horizontal Adduction	WNL	10 °		

Lumbar AROM		
Forward Bending	finger tips to mid-thigh°	*finger tips to mid-thigh°*
Backward Bending	can not get to neutral°	*can not get to neutral°*
Right Side Bending	Reach To Mid-Thigh	*Reach To Mid-Thigh*
Left Side Bending	Reach To Mid-Thigh	*Reach To Mid-Thigh*
Lumbar AROM Comments	Patient postures in severe forward flexed posture with reversed lumbar lordosis, head forward and left UE drawn up to the chest.	*Patient postures in severe forward flexed posture with reversed lumbar lordosis, head forward and left UE drawn up to the chest.*

Hip AROM	**Right**	**Left**	*WNL*	*WNL*
Flexion	WNL	WNL	*WNL*	*WNL*
Extension	WNL	WNL	*WNL*	*WNL*
Abduction	WNL	WNL	*WNL*	*WNL*
Adduction	WNL	WNL	*WNL*	*WNL*
Internal Rotation	WNL	WNL	*WNL*	*WNL*
External Rotation	WNL	WNL		

Strength

**Previous Findings as of 07/22/2019*

Comments	Unable to specifically MMT due to pain and limited functional mobility. Gross mms is 3/5 in all major joints. Left UE is postured in moderate flexion of all joints.	*Unable to specifically MMT due to pain and limited functional mobility. Gross mms is 3/5 in all major joints. Left UE is postured in severe flexion of all joints.*

**Previous Findings as of 07/22/2019*

Neuro-Vascular

Complaints of any radicular symptoms in either extremity

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Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
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Physical Therapy Progress Note

Complaints of any radicular symptoms in either extremity	Yes (left UE and L)	*Yes (left UE and L)*

Cranial Nerve Screen	
Unilateral Smell (CN 1)	Negative (Normal)
Finger Rustle (CN 8 Coch)	Negative (Normal)
Convergence (CN 3,4,6)	Negative (Normal)
Facial Sensation (CN 5)	Negative (Normal)
Smile (CN 7)	Negative (Normal)
Frown (CN 7)	Negative (Normal)
Swallowing (CN 9)	Negative (Normal)
Uvula Test (CN 10)	Negative (Normal)
Trapezius / SCM (CN 11)	Negative (Normal)
Tongue Protrusion (CN 12)	Negative (Normal)

Myotomes Upper				
C1-2 Resist Chin in	Normal		*Normal*	
C1-2 Resist Chin up	Normal		*Normal*	
	Right	**Left**		
C3 Lat Cerv Flexion	Good	Good	*Good*	*Good*
C4 Shoulder Elevation	Good	Poor	*Good*	*Poor*
C5 Shoulder Abduction	Good	Poor	*Good*	*Poor*
C6 Wrist Extension	Good	Poor	*Good*	*Poor*
C7 Triceps	Good	Poor	*Good*	*Poor*
C8 1st Extension	Good	Poor	*Good*	*Poor*
T1 Hand Intrinsics	Good	Poor	*Good*	*Poor*

Myotomes Lower				
	Right	**Left**		
L1, 2 Iliopsoas	Normal	Fair	*Normal*	*Fair*
L3 Quadriceps	Normal	Good	*Normal*	*Good*
L4 Anterior Tiblalis	Normal	Fair	*Normal*	*Fair*
L5 EHL	Normal	Fair	*Normal*	*Fair*
S1 Gastroc	Normal	Good	*Normal*	*Good*
S2 Hamstrings	Normal	Fair	*Normal*	*Fair*

Dermatomes Upper				
	Right	**Left**		
C4	Normal	Normal	*Normal*	*Normal*
C5	Normal	Normal	*Normal*	*Normal*
C6	Normal	Normal	*Normal*	*Normal*
C7	Normal	Normal	*Normal*	*Normal*
C8	Normal	Normal	*Normal*	*Normal*
T1	Normal	Normal	*Normal*	*Normal*

Dermatomes Lower				
	Right	**Left**		
L1, 2 Mid Anterior Thigh	Normal	Normal	*Normal*	*Normal*
L3 Distal Inner Thigh	Normal	Normal	*Normal*	*Normal*
L4 Anterior Tibialis	Normal	Normal	*Normal*	*Normal*
L5 EHL	Normal	Normal	*Normal*	*Normal*
S1 Lateral Foot	Normal	Normal	*Normal*	*Normal*
S2 Mid Gastoc/ Hamstring	Normal	Normal	*Normal*	*Normal*

Neural Tissue Tension Upper	Right	Left

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Physical Therapy Progress Note

Median Nerve	Not Tested	Positive	*Not Tested*	*Positive*
Radial Nerve	Not Tested	Positive	*Not Tested*	*Positive*
Ulnar Nerve	Not Tested	Negative	*Not Tested*	*Negative*
Musculocutaneous Nerve	Not Tested	Positive	*Not Tested*	*Positive*
Axillary Nerve	Not Tested	Positive	*Not Tested*	*Positive*
Suprascapular Nerve	Not Tested	Negative	*Not Tested*	*Negative*

Neural Tissue Tension Lower	Right	Left		
Sciatic Nerve	Not Tested	Negative	*Not Tested*	*Negative*
Common Peroneal Nerve	Not Tested	Negative	*Not Tested*	*Negative*
Tibial Nerve	Not Tested	Negative	*Not Tested*	*Negative*

	Right	Left		
Lasegue's SLR	Negative	Negative	*Negative*	*Negative*

Palpation

Palpation
Palpable tenderness or increased muscular tone noted: Palpable nm spasm of left UE/LE MM. Tissue restriction with neurologilc tightness to the same.

Assessment

Assessment/Diagnosis: Pt demonstrates great improvements in gait, though still forward flexed posture with guarded left arm posture. He demonstrates improved endurance for standing/walking in clinic, still lacks normal postures and requires verbal cueing to correct posture. He is with improving seated posture , but still lacks the ability to line up head over shoulders and sits with head in flexed position. He is with significant improvement in L shoulder AROM all planes to improve ability to dress/bathe and complete reaching tasks. Pt will benefit from continued posture cueing and strengthening to improve ability to stand and walking with more upright position. He will benefit from VOR and smooth pursuit activities to reduce symptoms of dizziness as this increases dizziness symptoms at this time.
Patient Clinical Presentation: The clinical presentation is unstable with unpredictable characteristics.
Patient Education: finger opposition
UE B shoulder ER in sitting
supine cervical rotation and DNF
Patient Demonstrates Compliance with Prescribed HEP
Rehab Potential: Good
Patient Problems:
- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:
1: (4 Weeks) | 50% | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | 20% | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release | requires verbal cueing
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |
Long Term Goals:
1: (10 Weeks) | 15% | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally | requires verbal cueing
2: (6 Weeks) | 40% | Normal WB on the L LE in standing and with walking on all terrains | Improved posture in standing

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Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/19/2019

Physical Therapy Progress Note

3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

Plan

Frequency: 2 times a week
Duration: 10 weeks
Treatment to be provided:

Procedures

Therapeutic Exercises (ROM, Endurance, Stability), Therapeutic Activity (Work Specific, Transfers, Bed Mobility, ADL Specific), Gait Training (Even Surfaces, Uneven Surfaces, Stairs), Neuromuscular Rehabilitation (Balance/Proprioception Training, Muscle Re-Education, Sequencing), Manual Therapy (Joint Mobilization, Spinal Mobilization, Myofascial Release, Dry Needling/ Intramuscular Manual Therapy), Patient Education (Home Exercise Program, Postural Training)

Modalities

To Improve (Pain Relief, Decrease Inflammation), Electrical Stimulation (Interferential)

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (803)548-5662.

Please sign and return: Fax#: (803)548-5635

I certify the need for these services furnished under this plan of treatment and while under my care.

__I have no revisions to the plan of care.
__Revise the plan of care as follows_____

Elizabeth McKinnon, PT, DPT

Elizabeth McKinnon
License #8245
Electronically Signed by Elizabeth McKinnon on August 19, 2019 at 12:59 pm

Physician Signature_____
M. T. BROWN, MD

Date: Time: _ ____

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Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Workers' Comp Claim: A00223320

Date of Daily Note: 08/26/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Visit No.: 9
Insurance Name: Medrisk EPO

Subjective

Current Complaints / Gains: Pt reports that he's been wearing his shoes the past 3 days and came in with regular clothes. He says feel tight with shoes on and "weird." Wife reports he's been doing his exercises at home, even got walker and walked in Walmart for about 30 minutes.

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving
Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs
Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles
Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation

Current Functional Limitations:

Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry
Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting
Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling
Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance

Functional Deficits / Gains: Improved gait and upright posture - still forward flexed in standing
Difficulty walking with shortened stride length
Without HAs for 5 days in a row
Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending
Restrictions and Pain Alleviators:
Better With: lying on right or in recliner on the right

Occupation/Social History:

Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story
Home Health Care: No
History of Falls: No
Falls Documented: No
Medical History: No Known Significant PMH To Affect Treatment
Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)
Mental Status/Cognitive Function Appears Impaired? No

Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.

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Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/26/2019

Daily Note / Billing Sheet

Objective

CPT® Code	Direct Timed Codes	Units
97110	Therapeutic Exercise UBE with LEs 4 mins to promote mobility, LTR instructed on for mobility of hips to assist gait Active/AAROM to both UE/LE in all planes. Seated DF/PF with board to assist in WB and stretch	1
97112	Neuromuscular Re-Education Proprioception/Balance Training Posture Patient education to consciously relax left UE/hand and shift weight to the left LE. Functional sit to stand with equal weight bearing through LEs Active UE/LE stretching in supine in various ranges, use of PNF patterns Rev seated posture check with scapular retraction Stand posture with B shoulder ER and horiz abduction 2 reps each to improve reaching and posture in sitting/standing. Bridge for nm activation x20 reps to improve transitional movements. posture in standing with back against the wall Seated trunk rotation with reach of hands to assist in mobility to improve gait Initiated smooth pursuit and VOR activities in stand position today vs seated	2
97140	Manual Therapy general joint mobilization/oscillations to the left shoulder/elbow/hand to encourage normal tone and extension. general mobilization /oscillations to left hip and knee to encourage normal tone for WB/weight shifting	1

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Objective Findings	Patient very tearful and upset during session regarding his condition Education on relaxation on focusing on his progress and getting better
Pre-Treatment	6/10 LBP
Post-Treatment	5/10

Assessment

Assessment/Diagnosis: Patient con't c/o blurry vision with concentration, more with up/down movements vs lateral. Patient demonstrates improved upright posture and gait but fatigues throughout the session requiring cues to relax. Patient with increased guarding today and fatigue d/t stress and high body tension but pushed through to complete tasks at hand.
Patient Education: trunk rotation, use of hand relaxed
Patient Demonstrates Compliance with Prescribed HEP
Rehab Potential: Good
Patient Problems:
- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:
1: (4 Weeks) | 50% | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | 20% | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release | requires verbal cueing

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Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/26/2019

Daily Note / Billing Sheet

3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |

Long Term Goals:

1: (10 Weeks) | 15% | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally | requires verbal cueing
2: (6 Weeks) | 40% | Normal WB on the L LE in standing and with walking on all terrains | Improved posture in standing
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Plan

Instructions: Progressing Patient Next Visit

Continue with current POC for general strengthening, gait training, and flexibility/ROM training to improve function with all ADLs. Add balance as tolerated to improve stability with gait.

Jennifer D. Duley, PTA

Jennifer Duley
License #1383
Initiated by Jennifer Duley on August 26, 2019 at 12:20 pm

Lee C Gaston, PT, CMTPT

Lee Ann Gaston
License #2342
Signed by Lee Ann Gaston on August 26, 2019 at 3:28 pm

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Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Time In/Out: 1:40 pm/2:50 pm
Visit No.: 10

Insurance Name: Medrisk EPO

Date of Daily Note: 08/29/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Workers' Comp Claim: A00223320

Subjective

Current Complaints / Gains: Pt comes to therapy with lots of concerns. He reports that he saw Dr. Gerald today and an MRI was ordered. He states that he had the MRI today and follows up with Dr. Gerald on 9/5/19 for the results.

He reports that he is also concerned about his weight loss stating that he lost 50# since the time of injury. He reports that he has concerns about depression as well. He states that he wants referrals for a counselor and nutritionist to help him. He also expresses concerns about work, stating that he was told he was supposed to return to work this Friday. He reports that he spoke with his employer and his employer wants him to see the doctor on 9/5/19, then a decision to return to work or not will be made.

Before the injury/onset/change of status date, the patient was able to perform the following activities:
Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving
Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs
Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles
Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation

Current Functional Limitations:
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Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting
Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling
Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use; Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance
Functional Deficits / Gains: Improved gait and upright posture - still forward flexed in standing
Left arm hangs by side with left wrist and hand held in flexion with full fisting
Difficulty walking with shortened stride length
Without HAs for 5 days in a row
Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending
Restrictions and Pain Alleviators:
Better With: lying on right or in recliner on the right
Occupation/Social History:
Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story
Home Health Care: No
History of Falls: No
Falls Documented: No
Medical History: No Known Significant PMH To Affect Treatment
Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)

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Daily Note / Billing Sheet

Mental Status/Cognitive Function Appears Impaired? No

Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.

Objective

CPT® Code	Direct Timed Codes	Units
97110	Therapeutic Exercise bike LEs 5 mins to promote mobility, LTR instructed on for mobility of hips to assist gait Active/AAROM to both UE/LE in all planes in supine. Seated DF/PF with board to assist in WB and stretch	1
97 112	Neuromuscular Re-Education Proprioception/Balance Training Posture Patient education to consciously relax left UE/hand and shift weight to the left LE. Functional sit to stand with equal weight bearing through LEs Active UE/LE stretching in supine in various ranges, use of PNF patterns. Added L ER AROM in supine. Rev seated posture check with scapular retraction 2 mins with 10 sec holds Stand posture with B shoulder ER and horiz abduction 2 reps each to improve reaching and posture in sitting/standing. Bridge for nm activation x20 reps to improve transitional movements. posture in standing with back against the wall Seated trunk rotation with reach of hands to assist in mobility to improve gait Held smooth pursuit and VOR activities in stand position today vs seated	2 1
97 140	Manual Therapy general joint mobiliz ation/oscillations to the left shoulder/elbow/hand to encourage normal tone and extension. general mobiliz ation /oscillations to left hip and knee to encourage normal tone for WB/weight shifting	

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Pre-Treatment	6/10 LBP
Post-Treatment	5/10

Assessment

Assessment/Diagnosis: Pt demonstrates improved ability to stand upright, but has increased c/o blurry vision. He is able to reach upright posture for about 10 secs prior to blurry vision and nausea. He demonstrates fatigue post treatment.
Patient Education: continue with current HEP
Patient Demonstrates Compliance with Prescribed HEP
Rehab Potential: Good
Patient Problems:
- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitiz ation

Short Term Goals:
1: (4 Weeks) | 50% | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |

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Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 08/29/2019

Daily Note / Billing Sheet

2: (4 Weeks) | 20% | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release | requires verbal cueing
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitiz ation to aid progress during therapy |

Long Term Goals:

1: (10 Weeks) | 15% | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally | requires verbal cueing
2: (6 Weeks) | 40% | Normal WB on the L LE in standing and with walking on all terrains | improved posture in standing
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

Plan

Instructions: Progressing Patient Next Visit
Continue with current POC for general strengthening to improve function and stretching to improve ROM.

MD follow up with Dr. Gerald on 9/5/19 for results of MRI.

Elizabeth H McKinnon PT, DPT

Elizabeth McKinnon
License #8245

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Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Time In/Out: 10:30 am/11:50 am
Visit No.: 11

Insurance Name: Medrisk EPO

Date of Daily Note: 09/05/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Workers' Comp Claim: A00223320

Subjective

Current Complaints / Gains: Patient 1 hour late for appointment due to a flat tire. He has a follow up with neurologist today. Continues to be limited in gait and functional activities. Unable to drive or actively use the left UE. He is dressing and bathing while sitting on a stool.

Before the injury/onset/change of status date, the patient was able to perform the following activities:
Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving
Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs
Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles
Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation

Current Functional Limitations:
Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry
Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting
Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling
Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance

Functional Deficits / Gains: Improved gait and upright posture - still forward flexed in standing with limited weight bearing on the left leg and flexed posture of the left UE.
Difficulty walking with shortened stride length
Goes about 3 days without HA's which he states are affected by his ability to sleep.

Pain Location: neck, back, left LE, left UE
Pain Scale: Worst: 9 **Best:** 5 **Current:** 6 **Previous Findings as of 08/19/2019 - Worst:9 Best:6 Current:6*
Pain Description: ache, sharp, throb, shooting
Pain Follow-up Plan: mobilization/stabilization
Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending
Restrictions and Pain Alleviators:
Better With: lying on right or in recliner on the right

Occupation/Social History:
Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story
Is Patient a Tobacco User: Yes
Does patient smoke cigarettes and/or use other forms of tobacco: No
Home Health Care: No
History of Falls: No
Falls Documented: No
Medical History: No Known Significant PMH To Affect Treatment

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Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environ
Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)

Mental Status/Cognitive Function Appears Impaired? No

Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.

Objective

CPT® Code	Direct Timed Codes	Units
97110	Therapeutic Exercise bike LEs 5 mins to promote mobility, LTR instructed on for mobility of hips to assist gait Active/AAROM to both UE/LE in all planes in supine. Seated DF/PF with board to assist in WB and stretch	1
97112	Neuromuscular Re-Education Proprioception/Balance Training Posture Patient education to consciously relax left UE/hand and shift weight to the left LE. Functional sit to stand with equal weight bearing through LEs Active UE/LE stretching in supine in various ranges, use of PNF patterns. Added L ER AROM in supine. Rev seated posture check with scapular retraction 2 mins with 10 sec holds Stand posture with B shoulder ER and horiz abduction 2 reps each to improve reaching and posture in sitting/standing. Bridge for nm activation x20 reps to improve transitional movements. posture in standing with back against the wall Seated trunk rotation with reach of hands to assist in mobility to improve gait Held smooth pursuit and VOR activities in stand position today vs seated	2
97140	Manual Therapy general joint mobilization/oscillations to the left shoulder/elbow/hand to encourage normal tone and extension. general mobilization /oscillations to left hip and knee to encourage normal tone for WB/weight shifting	1

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Pre-Treatment	6/10 LBP and left hand
Post-Treatment	5/10

Assessment

Assessment/Diagnosis: The patient presents with improvement in his upright posture but continues to maintain the left UE and LE in the flexed posture. HA's continue several times per week. He continues to be unable to drive or walk long distances being limited to under 300 feet with a slow unsteady pace. He presents with L5 - S2 and C 5-T1 nerve distribution involvement.

Patient is motivated during therapy and demonstrates an improved ability to follow 2 and 3 step directions as well as improved recall of past events.

Patient Education: reviewed home program of AROM/AAROM, gait and postural activities

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Patient Problems:

- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities

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Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/05/2019

Daily Note / Billing Sheet

- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:
1: (4 Weeks) | 50% | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | 20% | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release | requires verbal cueing
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |

Long Term Goals:
1: (10 Weeks) | 25% | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally | requires verbal cueing
2: (6 Weeks) | 40% | Normal WB on the L LE in standing and with walking on all terrains | improved posture in standing
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

Plan

Instructions: Progressing Patient Next Visit
PT re-assessment completed today

Continue with current POC for general strengthening, gait training, and flexibility/ROM training to improve function with all ADLs.
Add balance as tolerated to improve stability with gait.

Lee C Gaston, PT, CMTPT

Lee Ann Gaston
License #2342
Electronically Signed by Lee Ann Gaston on September 5, 2019 at 11:00 am

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Plan of Care

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Time In/Out: 10:30 am/11:50 am
Visit No.: 11

Date of Plan of Care: 09/05/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1X X A: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1X X A: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain

Assessment

Assessment/Diagnosis: The patient presents with improvement in his upright posture but continues to maintain the left UE and LE in the flexed posture. HA's continue several times per week. He continues to be unable to drive or walk long distances being limited to under 300 feet with a slow unsteady pace. He presents with L5 - S2 and C 5-T1 nerve distribution involvement.

Patient is motivated during therapy and demonstrates an improved ability to follow 2 and 3 step directions as well as improved recall of past events.
Patient Education: reviewed home program of AROM/AAROM, gait and postural activities
Patient Demonstrates Compliance with Prescribed HEP
Rehab Potential: Good
Patient Problems:
- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:
1: (4 Weeks) | 50% | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | 20% | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release | requires verbal cueing
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |
Long Term Goals:
1: (10 Weeks) | 25% | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally | requires verbal cueing
2: (6 Weeks) | 40% | Normal WB on the L LE in standing and with walking on all terrains | improved posture in standing
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |
Summary/Recommendations: The patient has demonstrated improvement in posture and mild improvement in gait pattern although he is more stable with his gait. He continues to benefit from skilled physical therapy to treat neurologic and muscular impairments.

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Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/05/2019

Plan of Care

Plan

Frequency: 2 times a week

Duration: 10 weeks

Treatment to be provided:

Procedures

Therapeutic Exercises (ROM, Endurance, Stability), Therapeutic Activity (Work Specific, Transfers, Bed Mobility, ADL Specific), Gait Training (Even Surfaces, Uneven Surfaces, Stairs), Neuromuscular Rehabilitation (Balance/Proprioception Training, Muscle Re-Education, Sequencing), Manual Therapy (Joint Mobilization, Spinal Mobilization, Myofascial Release, Dry Needling/ Intramuscular Manual Therapy), Patient Education (Home Exercise Program, Postural Training)

Modalities

To Improve (Pain Relief, Decrease Inflammation), Electrical Stimulation (Interferential)

PT re-assessment completed today

Continue with current POC for general strengthening, gait training, and flexibility/ROM training to improve function with all ADLs. Add balance as tolerated to improve stability with gait.

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (803)548-5662.

Please sign and return: Fax#: (803)548-5635

I certify the need for these services furnished under this plan of treatment and while under my care.

__I have no revisions to the plan of care.
__Revise the plan of care as follows_____

Lee C Gaston, PT, CMTPT

Lee Ann Gaston
License #2342
Electronically Signed by Lee Ann Gaston on September 5, 2019 at 11:00 am

Physician Signature_____
M. T. BROWN, MD

Date: Time:

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Physical Therapy Recertification Note

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Time In/Out: 10:30 am/11:50 am
Visit No.: 11

Date of Recertification: 09/05/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain

Subjective

History of Present Condition/Mechanism of Injury: Works at Sun Fiber LLC. Went to weld a ramp and was hit by the fiber in the top of his head. He is unsure of LOC. Several days later he went to the ER and his primary care. Later was set up through Riverview and referral to neurologist. Has received injections for occipital neuralgia. He does not feel like the injections helped with the pain. He also reports an MRI / CT to neck and lower back. No medical treatment to lower back. Denies previous neck or back discomfort.

Current Complaints / Gains: Patient 1 hour late for appointment due to a flat tire. He has a follow up with neurologist today. Continues to be limited in gait and functional activities. Unable to drive or actively use the left UE. He is dressing and bathing while sitting on a stool.

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving

Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs

Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles

Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation

Current Functional Limitations:

Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting

Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling

Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance

Functional Deficits / Gains: Improved gait and upright posture - still forward flexed in standing with limited weight bearing on the left leg and flexed posture of the left UE.
Difficulty walking with shortened stride length
Goes about 3 days without HA's which he states are affected by his ability to sleep.

Pain Location: neck, back, left LE, left UE

Pain Scale: Worst: 9 **Best:** 5 **Current:** 6 **Previous Findings as of 08/19/2019 - Worst:9 Best:6 Current:6*

Pain Description: ache, sharp, throb, shooting

Pain Follow-up Plan: mobilization/stabilization

Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending

Restrictions and Pain Alleviators:

Better With: lying on right or in recliner on the right

General Health: Good

Occupation/Social History:

Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story
Is Patient a Tobacco User: Yes

Does patient smoke cigarettes and/or use other forms of tobacco: No

Home Health Care: No

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Physical Therapy Recertification Note

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/05/2019

History of Falls: No
Falls Documented: No
Medical History: No Known Significant PMH To Affect Treatment
Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)
Medical History Review: The patient has a history of present problem with a history of 3 or more factors and/or comorbidities that impact the plan of care.
Mental Status/Cognitive Function Appears Impaired? No
Current Medications: Prescription (flexoril), Over The Counter (Aleve)
Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.

Objective

Inspection

Patient Consent	
Patient/Parent/Guardian Consent	Yes
Chaperone	
Chaperone Present	Yes wife
Body Mass Index	
Weight	135
Height	71
Units	lbs/in
Index	18.83
Followup Plan	none needed

Outcome Measurement Tools

		*Previous Findings as of 08/19/2019
Pain		*62*
Pain Disability Index	62	*Mobilization, posture, PNE*
Pain Follow-up Plan	Mobilization, posture, PNE	
The Fear-Avoidance Beliefs Questionnaire (FABQ)		*42/42*
Scale 1	42/42	*24/24*
Scale 2	24/24	*PNE, patient education*
Pain Follow-up Plan	PNE, patient education	
Spine		*84*
Modified Oswestry Low Back Pain	84% disability	

Observation

Vitals	
Blood Pressure	Right Arm: 115/80 Upper Arm Sitting
Pulse	69, BPM Radial
Standing Posture	head forward, flexed at waist, left arm and leg flexed
Gait	Antalgic, Lacks Proper Heel Strike/Toe Off shortened stride length, forward flexed posture at hips
Muscle Guarding	Moderate

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Physical Therapy Recertification Note

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/05/2019

Apprehension of Movement Moderate

Range of Motion

**Previous Findings as of 08/19/2019*

Cervical AROM		
Forward Bending	40°	*30°*
Backward Bending	10°	*5°*
Right Rotation	45°	*30°*
Left Rotation	45°	*30°*
Right Side Bending	20°	*20°*
Left Side Bending	20°	*20°*
Cervical AROM Comments	Improved posturing of cervical spine	*rests head in 20 degrees of cerv. flexion able to correct to 5 degrees with verbal and tactile cues, increased muscle guarding of neck and shoulder muscles with cervical AROM*

Shoulder AROM	**Right**	**Left**		
Flexion	WNL	160 °	*WNL*	*160 °*
Scaption	WNL	Not Tested	*WNL*	*Not Tested*
Abduction	WNL	150 °	*WNL*	*150 °*
Extension	WNL	WNL	*WNL*	*WNL*
ER in Neutral Position	WNL	60 °	*WNL*	*60 °*
IR in Neutral Position	WNL	to belly	*WNL*	*to belly*
Horizontal Abduction	WNL	80 °	*WNL*	*80 °*
Horizontal Adduction	WNL	10 °	*WNL*	*10 °*

Lumbar AROM		
Forward Bending	finger tips to patella°	*finger tips to mid-thigh°*
Backward Bending	to upright°	*can not get to neutral°*
Right Side Bending	Reach To Mid-Thigh	*Reach To Mid-Thigh*
Left Side Bending	Reach To Mid-Thigh	*Reach To Mid-Thigh*
Lumbar AROM Comments	Improving upright posture but continues to posture left LE and UE in a flexed posture.	*Patient postures in severe forward flexed posture with reversed lumbar lordosis, head forward and left UE drawn up to the chest.*

Hip AROM	**Right**	**Left**		
Flexion	WNL	WNL	*WNL*	*WNL*
Extension	WNL	WNL	*WNL*	*WNL*
Abduction	WNL	WNL	*WNL*	*WNL*
Adduction	WNL	WNL	*WNL*	*WNL*
Internal Rotation	WNL	WNL	*WNL*	*WNL*
External Rotation	WNL	WNL	*WNL*	*WNL*

Comments Unable to actively open the left hand or extend the left elbow.

Limited full left knee extension with weight bearing during standing and gait.

Strength

**Previous Findings as of 08/19/2019*

Comments	Unable to specifically MMT due to pain and limited functional mobility. Gross mms is 3/5 in all major joints. Left UE is postured in moderate flexion of all joints and left lower extremity flexed at hip/knee and plantar flexion of the left ankle with gait.	*Unable to specifically MMT due to pain and limited functional mobility. Gross mms is 3/5 in all major joints. Left UE is postured in moderate flexion of all joints.*

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Physical Therapy Recertification Note

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/05/2019

Neuro-Vascular

**Previous Findings as of 08/19/2019*

Complaints of any radicular symptoms in either extremity

		Yes (left UE and L)
Complaints of any radicular symptoms in either extremity	Yes (left UE and L)	

Cranial Nerve Screen

Unilateral Smell (CN 1)	Negative (Normal)	
Finger Rustle (CN 8 Coch)	Negative (Normal)	
Convergence (CN 3,4,6)	Negative (Normal)	
Facial Sensation (CN 5)	Negative (Normal)	
Smile (CN 7)	Negative (Normal)	
Frown (CN 7)	Negative (Normal)	
Swallowing (CN 9)	Negative (Normal)	
Uvula Test (CN 10)	Negative (Normal)	
Trapezius / SCM (CN 11)	Negative (Normal)	
Tongue Protrusion (CN 12)	Negative (Normal)	

Myotomes Upper

C1-2 Resist Chin In	Normal		*Normal*	
C1-2 Resist Chin up	Normal		*Normal*	
	Right	Left		
C3 Lat Cerv Flexion	Good	Good	*Good*	*Good*
C4 Shoulder Elevation	Good	Poor	*Good*	*Poor*
C5 Shoulder Abduction	Good	Poor	*Good*	*Poor*
C6 Wrist Extension	Good	Poor	*Good*	*Poor*
C7 Triceps	Good	Poor	*Good*	*Poor*
C8 1st Extension	Good	Poor	*Good*	*Poor*
T1 Hand Intrinsics	Good	Poor	*Good*	*Poor*

Myotomes Lower

	Right	Left		
L1, 2 Iliopsoas	Normal	Fair	*Normal*	*Fair*
L3 Quadriceps	Normal	Good	*Normal*	*Good*
L4 Anterior Tibialis	Normal	Fair	*Normal*	*Fair*
L5 EHL	Normal	Fair	*Normal*	*Fair*
S1 Gastroc	Normal	Good	*Normal*	*Good*
S2 Hamstrings	Normal	Fair	*Normal*	*Fair*

Dermatomes Upper

	Right	Left		
C4	Normal	Normal	*Normal*	*Normal*
C5	Normal	Normal	*Normal*	*Normal*
C6	Normal	Normal	*Normal*	*Normal*
C7	Normal	Normal	*Normal*	*Normal*
C8	Normal	Normal	*Normal*	*Normal*
T1	Normal	Normal	*Normal*	*Normal*

Dermatomes Lower

	Right	Left		
L1, 2 Mid Anterior Thigh	Normal	Normal	*Normal*	*Normal*
L3 Distal Inner Thigh	Normal	Normal	*Normal*	*Normal*
L4 Anterior Tibialis	Normal	Normal	*Normal*	*Normal*
L5 EHL	Normal	Normal	*Normal*	*Normal*
S1 Lateral Foot	Normal	Normal	*Normal*	*Normal*

Y our Life Wellness & Physical Therapy- Fort Lawn
5564 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Physical Therapy Recertification Note

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/05/2019

S2 Mid Gastoc/ Hamstring	Normal	Normal	*Normal*	*Normal*
Neural Tissue Tension Upper	**Right**	**Left**		
Median Nerve	Not Tested	Positive	*Not Tested*	*Positive*
Radial Nerve	Not Tested	Positive	*Not Tested*	*Positive*
Ulnar Nerve	Not Tested	Negative	*Not Tested*	*Negative*
Musculocutaneous Nerve	Not Tested	Positive	*Not Tested*	*Positive*
Axillary Nerve	Not Tested	Positive	*Not Tested*	*Positive*
Suprascapular Nerve	Not Tested	Negative	*Not Tested*	*Negative*
Neural Tissue Tension Lower	**Right**	**Left**		
Sciatic Nerve	Not Tested	Negative	*Not Tested*	*Negative*
Common Peroneal Nerve	Not Tested	Negative	*Not Tested*	*Negative*
Tibial Nerve	Not Tested	Negative	*Not Tested*	*Negative*
	Right	**Left**		
Lasegue's SLR	Negative	Negative	*Negative*	*Negative*
Lasegue's SLR comments:	significant left nm tightness of the left UE and left LE.			

Palpation

Palpation
Palpable tenderness or increased muscular tone noted: Palpable nm spasm of left UE/LE MM. Tissue restriction with neurologlic tightness to the same.

Assessment

Assessment/Diagnosis: The patient presents with improvement in his upright posture but continues to maintain the left UE and LE in the flexed posture. HA's continue several times per week. He continues to be unable to drive or walk long distances being limited to under 300 feet with a slow unsteady pace. He presents with L5 - S2 and C 5-T1 nerve distribution involvement.

Patient is motivated during therapy and demonstrates an improved ability to follow 2 and 3 step directions as well as improved recall of past events.
Patient Clinical Presentation: The clinical presentation is unstable with unpredictable characteristics.
Patient Education: reviewed home program of AROM/AAROM, gait and postural activities
Patient Demonstrates Compliance with Prescribed HEP
Rehab Potential: Good
Patient Problems:
- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:
1: (4 Weeks) | 50% | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | 20% | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release | requires verbal cueing
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |

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Y our Life Wellness & Physical Therapy- Fort Lawn
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Fax: (803)548-5635

Physical Therapy Recertification Note

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/05/2019

Long Term Goals:
1: (10 Weeks) | 25% | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally | requires verbal cueing
2: (6 Weeks) | 40% | Normal WB on the L LE in standing and with walking on all terrains | Improved posture in standing
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |
Summary/Recommendations: The patient has demonstrated improvement in posture and mild improvement in gait pattern although he is more stable with his gait. He continues to benefit from skilled physical therapy to treat neurologic and muscular impairments.

Plan

Frequency: 2 times a week
Duration: 10 weeks
Treatment to be provided:

Procedures
Therapeutic Exercises (ROM, Endurance, Stability), Therapeutic Activity (Work Specific, Transfers, Bed Mobility, ADL Specific), Gait Training (Even Surfaces, Uneven Surfaces, Stairs), Neuromuscular Rehabilitation (Balance/Proprioception Training, Muscle Re-Education, Sequencing), Manual Therapy (Joint Mobilization, Spinal Mobilization, Myofascial Release, Dry Needling/ Intramuscular Manual Therapy), Patient Education (Home Exercise Program, Postural Training)

Modalities
To Improve (Pain Relief, Decrease Inflammation), Electrical Stimulation (Interferential)

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (803)548-5662.

Please sign and return: Fax#: (803)548-5635

I certify the need for these services furnished under this plan of treatment and while under my care.

__I have no revisions to the plan of care.
__Revise the plan of care as follows_____

Lee C Gaston, PT, CMTPT

Lee Ann Gaston
License #2342
Electronically Signed by Lee Ann Gaston on September 5, 2019 at 11:00 am

Physician Signature_____
M. T. BROWN, MD
Date: Time:

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Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

No show

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain

Date of Case Note: 09/05/2019
Physician Name: BROWN, MATTHEW T. MD

Patient missed appt, attempted to call and R/S for afternoon but phone only accepts certain numbers and wouldn't allow call to be received.

Patient then arrived 1 hour late for appointment without phone call. Added a valid phone number to record.

Jennifer D. Duley, PTA

Jennifer Duley
License #1383
Initiated on September 5, 2019 at 1:49 pm

Lee C Gaston, PT, CMTPT

Lee Ann Gaston
License #2342
Approved on September 5, 2019 at 2:25 pm

Your Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Time In/Out: 1:25 pm/2:30 pm
Visit No.: 12

Insurance Name: Medrisk EPO

Date of Daily Note: 09/09/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Workers' Comp Claim: A00223320

Subjective

Current Complaints / Gains: Patient saw neurologist who told him no brain damage noted and wants him to see an ortho doctor for his neck/shoulder which will be Thursday. He's scheduled to go into work tonight so he will go and see what happens. He's having more R low back and hip pain, sleeps on that side only

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving

Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs

Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles

Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation

Current Functional Limitations:

Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting

Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling

Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance

Functional Deficits / Gains: Improved gait and upright posture - still forward flexed in standing with limited weight bearing on the left leg and flexed posture of the left UE.
Difficulty walking with shortened stride length
Goes about 3 days without HA's which he states are affected by his ability to sleep.

Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending

Restrictions and Pain Alleviators:

Better With: lying on right or in recliner on the right

Occupation/Social History:

Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story
Home Health Care: No
History of Falls: No
Falls Documented: No
Medical History: No Known Significant PMH To Affect Treatment
Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)
Mental Status/Cognitive Function Appears Impaired? No

Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.

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Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/09/2019

Daily Note / Billing Sheet

Objective

CPT® Code	Direct Timed Codes	Units
97110	Therapeutic Exercise bike LEs 7 mins to promote mobility, LTR instructed on for mobility of hips to assist gait Active/AAROM to both UE/LE in all planes in supine. Functional sit to stand with more weight through LLE Active UE reaching with L hand for cones reaching down and up to head height to work on grip and weight shift	1
97112	Neuromuscular Re-Education Proprioception/Balance Training Posture Patient education to consciously relax left UE/hand and shift weight to the left LE. 2 pt UE wb on table fwd/lateral weigths shifts 2 min each f/b 4 pt on table cat/camel and fwd weigth shift x5 each. Rev stand posture check with scapular retraction 2 mins with 10 sec holds while standing at wall VOR seated and standing Held smooth pursuit and VOR activities in stand position today vs seated	2
97140	Manual Therapy general joint mobilization/oscillations to the left shoulder/elbow/hand to encourage normal tone and extension. general mobilization /oscillations to left hip and knee to encourage normal tone for WB/weight shifting	1

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Objective Findings	Increases fisting noted of L hand, more difficulty to stretch today but once did patient kept open during tasks for at least 5 minutes
Pre-Treatment	7/10 LBP and left hand
Post-Treatment	6/10

Assessment

Assessment/Diagnosis: Patient continues to have flexed L hand and foot/knee more with fatigue. Patient tolerated increased WB in 2pt/4 pt but faitgued quickly requiring more rest periods but willing to try any task asked of him. Patient reported increased "fuzzy" vision with eyes looking up/down and with head turns R/L. Patient requires re-direction during therapy at time to not perseverate on his condition.

Patient Education: HEP/hand posturing

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Patient Problems:

- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:

1: (4 Weeks) | 50% | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |

2: (4 Weeks) | 20% | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release | requires verbal cueing

3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |

Long Term Goals:

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Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/09/2019

Daily Note / Billing Sheet

1: (10 Weeks) | 25% | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally | requires verbal cueing
2: (6 Weeks) | 40% | Normal WB on the L LE in standing and with walking on all terrains | Improved posture in standing
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |
Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Plan

Instructions: Progressing Patient Next Visit

Continue with current POC for general strengthening, gait training, and flexibility/ROM training to improve function with all ADLs. Add balance as tolerated to improve stability with gait.

Jennifer D. Duley, PTA

Jennifer Duley
License #1383
Initiated by Jennifer Duley on September 9, 2019 at 3:16 pm

Lee C Gaston, PT, CHTPT

Lee Ann Gaston
License #2342
Electronically Co-Signed by Lee Ann Gaston on September 10, 2019 at 6:50 am

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Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Time In/Out: 1:40 pm/3:10 pm
Visit No.: 13

Insurance Name: Medrisk EPO

Date of Daily Note: 09/12/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Workers' Comp Claim: A00223320

Subjective:

Current Complaints / Gains: Pt saw orthopedic spine specialist today (Dr. Duprey) and had an xray completed of the entire spine today. He reports that he will have contrast MRI completed in 5-10 days and will have EMG completed as well. He is going to have a splint made for foot and wrist/hand. Pt reports that he is tired today and continues to be frustrated with his slow progress. Pt reports that he went to work the other day as requested and was unable to stay at work because he couldn't even walk across the workplace.

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving

Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs

Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles

Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation

Current Functional Limitations:

Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting

Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling

Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance

Functional Deficits / Gains: Improved gait and upright posture - still forward flexed in standing with limited weight bearing on the left leg and flexed posture of the left UE.
Difficulty walking with shortened stride length
Goes about 3 days without HA's which he states are affected by his ability to sleep.

Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending

Restrictions and Pain Alleviators:

Better With: lying on right or in recliner on the right

Occupation/Social History:

Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story
Home Health Care: No
History of Falls: No
Falls Documented: No
Medical History: No Known Significant PMH To Affect Treatment
Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)
Mental Status/Cognitive Function Appears Impaired? No

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Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/12/2019

Daily Note / Billing Sheet

Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.

Objective

CPT® Code	Direct Timed Codes	Units
97110	Therapeutic Exercise bike LEs 8 mins to promote mobility, LTR instructed on for mobility of hips to assist gait UBE for 8 mins to promote UE strength and mobility Active/AAROM to both UE/LE in all planes in supine. Functional sit to stand with more weight through LLE Active UE reaching with L hand for cones reaching down and up to head height to work on grip and weight shift	2
97112	Neuromuscular Re-Education Proprioception/Balance Training Posture Patient education to consciously relax left UE/hand and shift weight to the left LE. Standing UE reach and standing toe tap to step alternating feet to improve balance, posture, and gait. 2 pt UE WB'ing on table fwd/lateral weights shifts 2 min each f/b 4 pt on table cat/camel and fwd weight shift x5 each. Rev stand posture check with scapular retraction 2 mins with 10 sec holds while standing at wall VOR seated and smooth pursuit 1 min each direction	2
97140	Manual Therapy general joint mobilization/oscillations to the left shoulder/elbow/hand to encourage normal tone and extension. general mobilization /oscillations to left hip and knee to encourage normal tone for WB/weight shifting 20 mins	1

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Pre-Treatment	6/10 LBP and left hand
Post-Treatment	5/10

Assessment

Assessment/Diagnosis: Pt demonstrates improved left elbow extension mobility. He continues to have severely flexed hand and finger posture. He demonstrates fair stability with quadruped forward/back rocking and had difficulty with angry cat with extension mobility. He was very fatigued post treatment with slower gait, but still remained more upright with posture. He required rest periods throughout treatment, but was able to complete each task.

Patient Education: HEP, stretching

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Patient Problems:

- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:

1: (4 Weeks) | 50% | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | 20% | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release | requires verbal cueing

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Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/12/2019

Daily Note / Billing Sheet

3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |

Long Term Goals:

1: (10 Weeks) | 25% | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally | requires verbal cueing

2: (6 Weeks) | 40% | Normal WB on the L LE in standing and with walking on all terrains | improved posture in standing

3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

Plan

Instructions: Progressing Patient Next Visit

Continue with current POC for general strengthening, gait training, and flexibility/ROM training to improve function with all ADLs. Add balance as tolerated to improve stability with gait.

Elizabeth H. McKinnon, PT, DPT

Elizabeth McKinnon
License #8245
Electronically Signed by Elizabeth McKinnon on September 12, 2019 at 3:44 pm

Your Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Time In/Out: 1:30 pm/3:00 pm
Visit No.: 14

Insurance Name: Medrisk EPO

Date of Daily Note: 09/16/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Workers' Comp Claim: A00223320

Subjective

Current Complaints / Gains: States that he has been having headaches again. Continues to be fearful about walking out side when alone. Scheduled for further testing on Thursday.

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving

Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs

Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles

Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation

Current Functional Limitations:

Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting

Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling

Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance

Functional Deficits / Gains: Improved gait and upright posture - still forward flexed in standing with limited weight bearing on the left leg and flexed posture of the left UE.
Difficulty walking with shortened stride length
Goes about 3 days without HA's which he states are affected by his ability to sleep.

Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending

Restrictions and Pain Alleviators:

Better With: lying on right or in recliner on the right

Occupation/Social History:

Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story
Home Health Care: No
History of Falls: No
Falls Documented: No
Medical History: No Known Significant PMH To Affect Treatment
Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)
Mental Status/Cognitive Function Appears Impaired? No

Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.

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Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/16/2019

Daily Note / Billing Sheet

Objective

CPT® Code	Direct Timed Codes	Units
97110	Therapeutic Exercise bike LEs 8 mins to promote mobility, LTR instructed on for mobility of hips to assist gait UBE for 8 mins to promote UE strength and mobility Active/AAROM to both UE/LE in all planes in supine. Functional sit to stand with more weight through LLE Active UE reaching with L hand for cones reaching down and up to head height to work on grip and weight shift	2
97112	Neuromuscular Re-Education Proprioception/Balance Training Posture Patient education to consciously relax left UE/hand and shift weight to the left LE. Standing UE reach and standing toe tap to step alternating feet to improve balance, posture, and gait. 2 pt UE WB'ing on table fwd/lateral weights shifts 2 min each f/b 4 pt on table cat/camel and fwd weight shift x5 each. Rev stand posture check with scapular retraction 2 mins with 10 sec holds while standing at wall VOR seated and smooth pursuit 1 min each direction	2
97140	Manual Therapy general joint mobilization/oscillations to the left shoulder/elbow/hand to encourage normal tone and extension. general mobilization /oscillations to left hip and knee to encourage normal tone for WB/weight shifting 20 mins	1

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Pre-Treatment	6/10 LBP and left hand and with headaches
Post-Treatment	5/10

Assessment

Assessment/Diagnosis: Continues with abnormal gait pattern and posturing of the left UE and LE. Headaches continue but are less frequent. Full PROM of the left shoulder, neck and hip. Tone continues to be abnormal more in the UE than the LE. Patient is very cooperative and willing to for himself. Follows direction well.

Patient Education: reviewed home program

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Patient Problems:

- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:

1: (4 Weeks) | 50% | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |

2: (4 Weeks) | 20% | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release | requires verbal cueing

3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |

Long Term Goals:

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Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/16/2019

Daily Note / Billing Sheet

1: (10 Weeks) | 25% | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally | requires verbal cueing
2: (6 Weeks) | 40% | Normal WB on the L LE in standing and with walking on all terrains | Improved posture in standing
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

Plan

Instructions: Progressing Patient Next Visit

Continue with current POC for general strengthening, gait training, and flexibility/ROM training to improve function with all ADLs. Add balance as tolerated to improve stability with gait.

Lee C Gaston, PT, CMTPT

Lee Ann Gaston
License #2342
Electronically Signed by Lee Ann Gaston on September 16, 2019 at 2:13 pm

Your Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): BROWN, MATTHEW T. MD

Time In/Out: 1:00 pm/2:30 am
Visit No.: 15

Insurance Name: Medrisk EPO

Date of Daily Note: 09/23/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Workers' Comp Claim: A00223320

Subjective

Current Complaints / Gains: The patient saw Dr. Dupuy and was also seen by an OT and fit for a wrist hand splint. He is scheduled for further testing and a follow up with the MD this week. He reports that last night with his splint that he had a pop and pain in his hand. Numbness of the lateral middle, ring and medial small finger. Discoloration of the same.

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving

Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs

Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles

Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation

Current Functional Limitations:

Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting

Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling

Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance

Functional Deficits / Gains: Improved gait and upright posture - still forward flexed in standing with limited weight bearing on the left leg and flexed posture of the left UE.
Difficulty walking with shortened stride length
Goes about 3 days without HA's which he states are affected by his ability to sleep.

Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending

Restrictions and Pain Alleviators:

Better With: lying on right or in recliner on the right

Occupation/Social History:

Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story

Home Health Care: No

History of Falls: No

Falls Documented: No

Medical History: No Known Significant PMH To Affect Treatment

Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)

Mental Status/Cognitive Function Appears Impaired? No

Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.

Your Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/23/2019

Daily Note / Billing Sheet

Objective

CPT® Code	Direct Timed Codes	Units
97110	Therapeutic Exercise bike LEs 8 mins to promote mobility, LTR instructed on for mobility of hips to assist gait UBE for 8 mins to promote UE strength and mobility Active/AAROM to both UE/LE in all planes in supine. Functional sit to stand with more weight through LLE Active UE reaching with L hand for cones reaching down and up to head height to work on grip and weight shift	2
97112	Neuromuscular Re-Education Proprioception/Balance Training Posture Patient education to consciously relax left UE/hand and shift weight to the left LE. Standing UE reach and standing toe tap to step alternating feet to improve balance, posture, and gait. 2 pt UE WB'ing on table fwd/lateral weights shifts 2 min each f/b 4 pt on table cat/camel and fwd weight shift x5 each. Rev stand posture check with scapular retraction 2 mins with 10 sec holds while standing at wall VOR seated and smooth pursuit 1 min each direction	2
97140	Manual Therapy general joint mobilization/oscillations to the left shoulder/elbow/hand to encourage normal tone and extension. general mobilization /oscillations to left hip and knee to encourage normal tone for WB/weight shifting 20 mins	1

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Pre-Treatment	5/10 LBP and left hand and occ headaches
Post-Treatment	5/10

Assessment

Patient Demonstrates Compliance with Prescribed HEP
Rehab Potential: Good
Patient Problems:
- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:
1: (4 Weeks) | 50% | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |
2: (4 Weeks) | 20% | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release | requires verbal cueing
3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |
Long Term Goals:
1: (10 Weeks) | 25% | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally | requires verbal cueing
2: (6 Weeks) | 40% | Normal WB on the L LE in standing and with walking on all terrains | improved posture in standing
3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

Your Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/23/2019

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit

Continue with current POC for general strengthening, gait training, and flexibility/ROM training to improve function with all ADLs. Add balance as tolerated to improve stability with gait.

Lee C Gaston, PT, CMTPT

Lee Ann Gaston
License #2342
Electronically Signed by Lee Ann Gaston on September 23, 2019 at 1:53 pm

Your Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Referring Physician(s): Dupuy, David MD

Date of Original Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Workers' Comp Claim: A00223320

Date of Daily Note: 09/26/2019
Injury/Onset/Change of Status Date: 06/14/2019 New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Visit No.: 16
Insurance Name: Medrisk EPO

Subjective

Current Complaints / Gains: Pt reports that he has 10/10 low back and left arm pain. He reports that he is to be getting a "boot" for his left foot. He states that he has been using his hand splint regularly, but was having difficulty sleeping with it this week.

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Self Care: Hygiene; Sleep; IADLs; Household Chores; Drive Community Distance; Volunteering; Caregiving

Changing & Maintaining Body Position: Maintaining a Body Position; Transfers; IADLs

Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles

Carrying, Moving & Handling Objects: IADLs; Hand & Arm Use; Fine Hand Use; Moving Objects with Lower Extremities; Community Integration/Access; Work/Vocation/Occupation; Recreation

Current Functional Limitations:

Self Care: Hygiene: Dressing [Putting on Clothes, Putting on Footwear, Removing Clothes, Removing Footwear], Bathing [Showering]; Sleep: Disturbed Sleep, Sleeping Postures; IADLs: Shopping, Food Preparation, Housekeeping, Laundry

Changing & Maintaining Body Position: Maintaining a Body Position: Remaining Seated, Remaining Standing, Squatting

Mobility: Walking & Moving Around: IADLs: Food Preparation, Housekeeping; Walking: Forward, Backward, Sideways, Strolling

Carrying, Moving & Handling Objects: IADLs: Food Preparation, Housekeeping; Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching; Fine Hand Use: Picking Up, Grasping, Manipulating; Work/Vocation/Occupation: maintenance

Functional Deficits / Gains: Improved gait and upright posture - still forward flexed in standing with limited weight bearing on the left leg and flexed posture of the left UE.
Difficulty walking with shortened stride length
Goes about 3 days without HA's which he states are affected by his ability to sleep.

Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand, Bending

Restrictions and Pain Alleviators:

Better With: lying on right or in recliner on the right

Occupation/Social History:

Social History: Lives with Family
Name of Occupation: maintenance
Status of Occupation: Full Time
Duty Level: Heavy
Description: general maintenance
Out of Work Since: 06/14/2019
Workers Compensation: Yes
Litigation: Yes
Home Layout: 2-story

Home Health Care: No

History of Falls: No

Falls Documented: No

Medical History: No Known Significant PMH To Affect Treatment

Complicating/Personal Factors: Allergies (none reported), Education level (GED), Home Environment (lives with wife), Litigation (has a lawyer), Multiple Treatment Areas (neck
back
Left UE/LE), Rehab Potential (good), Surgical History (none reported)

Mental Status/Cognitive Function Appears Impaired? No

Written provider documentation was obtained confirming that current medications with dosages were verified with the patient or authorized representative.

Your Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/26/2019

Daily Note / Billing Sheet

Objective

CPT® Code	Direct Timed Codes	Units
97110	Therapeutic Exercise Active/AAROM to both UE in all planes in supine. Functional sit to stand with more weight through LLE	1
97112	Neuromuscular Re-Education Proprioception/Balance Training Posture Patient education to consciously relax left UE/hand and shift weight to the left LE. Standing UE reach with back against the wall alt arms for 4 mins. Standing toe tap to step alternating feet to improve balance, posture, and gait. Required constant verbal cueing to correct posture after 1 minute. 4 pt on table cat/camel x6 and fwd weight shift x5 each. Added 4 pt to child's pose x6 Rev stand posture check with scapular retraction 2 mins with 10 sec holds while standing at wall VOR standing and smooth pursuit 2x 1 min, each direction	2
97140	Manual Therapy general joint mobilization/oscillations to the left shoulder/elbow/hand to encourage normal tone and extension. general mobilization /oscillations to left hip and knee to encourage normal tone for WB/weight shifting 10 mins	1

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Pre-Treatment	10/10
Post-Treatment	8/10

Assessment

Assessment/Diagnosis: Pt demonstrates improved standing posture. He was able to complete standing posture with 1 hand rail assist for 4 mins with VOR/smooth pursuit activities. He lost postural awareness after 1 min of standing toe taps to step and required constant verbal cueing to correct posture. Able to complete standing at wall for 4 mins maintaining upright posture.

Patient Education: continue with HEP.

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Patient Problems:

- Abnormal posture for standing, gait and sitting activities
- Abnormal gait pattern due to difficulty with loading and unloading on bilateral lower extremities.
- Avoids WB on the left and use of left UE, abnormal posturing of extremities
- Head forward posture with limited mobility into all planes
- Constant cervical, lower back and left UE/LE pain limiting functional use
- Unable to maintain supine, sitting, walking or standing for longer than 10 min intervals
- Signs of depression/anger, central and peripheral sensitization

Short Term Goals:

1: (4 Weeks) | 50% | Improved head over shoulder posture and increased mobility by 15 degrees in all planes |

2: (4 Weeks) | 20% | Normal posturing of the left UE and able to reach forward/OH and use hand to grasp and release | requires verbal cueing

3: (2 Weeks) | Recommended medical follow-up for depression/anger, treatment for central and peripheral sensitization to aid progress during therapy |

Long Term Goals:

1: (10 Weeks) | 25% | Normal gait pattern and weight shifting with upright posture and relaxed arm swing bilaterally | requires verbal cueing

Your Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
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Daily Note / Billing Sheet

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Document Date: 09/26/2019

3: (10 Weeks) | Pain with activities < 4/10 on an intermittent basis |

Plan

Instructions: Progressing Patient Next Visit

Continue with current POC for general strengthening, gait training, and flexibility/ROM training to improve function with all ADLs. Add balance as tolerated to improve stability with gait.

MD follow up with Dr. Dupuy this afternoon.

Elizabeth H McK- PT, DPT

Elizabeth McKinnon
License #8245
Electronically Signed by Elizabeth McKinnon on September 26, 2019 at 2:04 pm

Your Life Wellness & Physical Therapy- Fort Lawn
5554 Main Street
Fort Lawn, SC 29714-0000
Phone: (803)548-5662
Fax: (803)548-5635

Discharge Note

Patient Name: BAGLEY, KYLE
Date of Birth: 11/03/1980
Physician Name: D. Dupuy, MD

Date of Last Eval: 07/22/2019
Treatment Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain

Date of Discharge Note: 10/16/2019
Injury/Onset Date: New Injury
Diagnosis: ICD10: M54.81: Occipital neuralgia, S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial encounter, M54.2: Cervicalgia, M54.5: Low back pain
Visit No.: 16

BAGLEY, KYLE has been discharged from our care for the following reasons:
No further care authorized. Discharge at this time.

Please see the last progress report or notes above for the patient's most recent status. Thank you for the opportunity to assist you in the rehabilitation of this patient. If you have any questions or concerns, please feel free to contact me at (803)548-5662.

Lee C Gaston, PT, CMTPT

Lee Ann Gaston
License #2342

CAROLINA NeuroSurgery & Spine ASSOCIATES

14135 Ballantyne Corporate Place
Suite 100
Charlotte, NC 28277-3383
Phone: (704)831-4300

Patient ID: 000000--584114
Patient: Kyle Bagley
Visit Type: Consult
Provider: S Taylor Jarrell MD
Historian: self

Date of Birth: 11/03/1980
Date: 08/22/2019 10:45 AM

This 38 year old male presents for neck pain.

HISTORY OF PRESENT ILLNESS:

1. neck pain
   I have seen Kyle Bagley in the office today at the request of Dr. Plyler . He has a 38-year-old gentleman involved in a work accident June 14th of this year. He apparently was hit on the head by a 700 lb rule which knocked him back. His primary complaint is back and neck pain. He feels some headache and pain on the top of his head as well. He has some limitation in movement in the left shoulder and arm and is seeing physical therapy for his injuries. He apparently is filed under worker's Comp. He does have normal strength and reflexes, but has some limitation in the left upper extremity for some reason. Apparently he has had x-rays which were negative, but I do not think he has been seen by Orthopedics.

PAST MEDICAL, SURGICAL, HISTORY, FAMILY, SOCIAL

PAST MEDICAL HISTORY, SURGICAL HISTORY, FAMILY HISTORY, SOCIAL HISTORY AND REVIEW OF SYSTEMS

I have reviewed the patient's past medical, surgical, family and social history as well as the comprehensive review of systems as included on the Carolina NeuroSurgery & Spine Associates history form dated 08/22/2019, which I have signed.

Family History:

(Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
				Family history of Asthma	N	
				Family history of Cancer, unknown	N	

Family history of Migraine	N
Family history of Myocardial infarction	N
Family history of Hypertension	N
Family history of Diabetes mellitus	N
Family history of Stroke	N

Social History: (Detailed)
Tobacco use reviewed.
Preferred language is English.
Smoking status: Current every day smoker.

SMOKING STATUS

Type	Smoking Status	Usage per Day	Years Used	Total Pack Years
	Current every day smoker			

TOBACCO CESSATION INFORMATION

Date	Counseled By	Order	Status	Description Code	Tobacco Cessation Information
08/22/2019	Krista Rives CNA	Tobacco cessation counseling	completed		Smoking cessation education

MEDICATIONS: *(added, continued or stopped this visit)*

Started	Medication	Duration	Instructions	Stopped
08/22/2019	cyclobenzaprine 10 mg tablet	take 1 tablet by ORAL route 3 times every day as needed		

ALLERGIES:

Ingredient	Reaction	Medication Name	Comment
NKDA			

Reviewed, updated.

PHYSICAL EXAM:

Vitals

Date	Temp	BP	Pulse	Resp	Wt	BMI	O2 SA	Pain Score
08/22/2019		129/106	115	73	131	17.28		10/10

PHYSICAL EXAM Details
General
Level of Distress: no acute distress
Overall Appearance: Normal

Respiratory

Lungs:	normal

Neurological

Orientation:	normal
Recent and Remote Memory:	normal
Attention Span and Concentration:	normal
Language:	normal
Fund of Knowledge:	normal

	Right	Left
Sensation:	normal	normal
Upper Extremity Coordination:	normal	normal
Lower Extremity Coordination:	normal	normal

Musculoskeletal

Gait and Station:	normal

	Right	Left
Upper Extremity Muscle Strength:	normal	normal
Lower Extremity Muscle Strength:	normal	normal
Upper Extremity Muscle Tone:	normal	normal
Lower Extremity Muscle Tone:	normal	normal

Motor Strength

Upper and lower extremity motor strength was tested in the clinically pertinent muscles.

Deep Tendon Reflexes

	Right	Left
Biceps:	normal	normal
Triceps:	normal	normal
Brachioradialis:	normal	normal
Patellar:	normal	normal
Achilles:	normal	normal

Sensory

Sensation was tested at C2 to S1.

Cranial Nerves

II. Optic Nerve/Visual Fields:	normal
III. Oculomotor:	normal
IV. Trochlear:	normal
V. Trigeminal:	normal
VI. Abducens:	normal
VII. Facial:	normal
VIII. Acoustic/Vestibular:	normal
IX. Glossopharyngeal:	normal
X. Vagus:	normal
XI. Spinal Accessory:	normal
XII. Hypoglossal:	normal

Motor and other Tests

	Right	Left
Spurlings	negative	negative
Hoffman's:	absent	absent
Clonus:	absent	absent
SLR:	negative	negative
Tinels Elbow:	negative	negative
Tinels Wrist:	negative	negative
SI Joint:	nontender	nontender
Tandem Gait:	normal	normal
Phalen:	negative	negative

DIAGNOSTIC RESULTS:

He has MRIs of his cervical, thoracic, and lumbar spines which are all essentially normal.

IMPRESSION:

Headache, neck pain and back pain.

PLAN:

His MRIs are all essentially normal. He has previously seen a neurosurgeon who told him that he does not need any surgery which I would agree with. He hasn't had his head evaluated, so I have ordered a head CT and will see him back in follow-up. If that is negative then he may benefit from referral to pain management or orthopedics about the left shoulder and arm. At this point no surgical lesions.

Orders:

Diagnostic Procedures:

Assessment	Procedure
S09.90XA	CT Head/Brain W/o Contrast

Instruction(s)/Education:

Assessment	Instructions
	Tobacco cessation counselling
R03.0	Giving encouragement to exercise

Completed Orders (this encounter)

Order	Details	Reason	Start	Interpretation	Result	Priority	Treatment	Comments
Giving encouragement to exercise	Encouraged patient to follow up with primary care doctor if blood pressure remains elevated.							
Tobacco cessation counseling								

Assessment/Plan

	Detail type	Detail text
1.	Assessment	Traumatic injury of head, initial encounter (S09.90XA).
2.	Assessment	Elevated blood-pressure reading, w/o diagnosis of htn (R03.0).

Plan for today: Today's instructions / counselling include(s): Giving encouragement to exercise, Clinical information/comments: Encouraged patient to follow up with primary care doctor in Blood pressure remains elevated.

Diagnostic History Entered Today

Performed	Study	Interpretation	Results
07/03/2019	MRI Spine/thor W/o Contrast	on stentor	See scanned report.
07/03/2019	MRI Spine/lumb W/o Contrast	on stentor	See scanned report.
07/03/2019	MRI Spinal/cerv W/o Contrast	on stentor	See scanned report.

Pain Management Plan

Pain Scale: 10/10.
Method: Numeric Pain Intensity Scale.
Location: Neck, (L) arm, back, (L) leg.
Onset: 06/14/2019.
Duration: varies.
Quality: discomforting.
Pain management follow-up plan of care: use ice or heat as tolerated.

Provider: S Taylor Jarrell MD 08/22/2019 11:25 AM
Dictation edited by: Heather Curtis

CC Providers:
Drewid Poulos
Lowry's Family Medicine
517 Doctors Ct
Chester, SC 29706-8644

Electronically signed by S Taylor Jarrell MD on 09/05/2019 01:00 PM

CAROLINA NeuroSurgery & Spine ASSOCIATES

14135 Ballantyne Corporate Place
Suite 100
Charlotte, NC 28277-3383
Phone: (704)831-4300

Date: August 22, 2019

To: Scheduling-Piedmont Medical Center
Phone: (803)329-6878
Fax: (803)329-6812

From: Heather Curtis

Patient Name: Kyle Bagley
DOB: 11/03/1980
MRN: 000000-584114

Date and Time of Study: 08/29/2019 at 11:15 AM

Scheduled For:

1. CT Head/Brain W/o Contrast
   Traumatic injury of head, initial encounter S09.90XA
   Comments: **Please push Images to Stentor

Ordered by:

S Taylor Jarrell MD 08/22/2019

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place Suite 100
Charlotte, NC 282773383
Phone: (704)831-4300
Fax: (704)831-4301

August 22, 2019

RE: Kyle Bagley
DOB: 11/03/1980
MRN: 000000-584114

To Whom It May Concern:

Kyle Bagley is currently under my care.
The patient is unable to return to work at this time.

Return to work status will be reevaluated at next appointment on: 09/05/2019

If you have any further questions, please do not hesitate to contact our office.

Sincerely,

Taylor Jarrell MD 08/22/2019

CAROLINA NeuroSurgery & Spine ASSOCIATES

14135 Ballantyne Corporate Place
Suite 100
Charlotte, NC 28277-3383
Phone: (704)831-4300

Patient ID:	000000--584114		
Patient:	Kyle Bagley	Date of Birth:	11/03/1980
Visit Type:	Office Visit	Date:	09/05/2019 01:00 PM
Provider:	S Taylor Jarrell MD		
Historian:	self		

This 38 year old male presents for back pain.

HISTORY OF PRESENT ILLNESS:

1. back pain
   I have seen Kyle Bagley in the office today in follow-up with a head CT. He continues to have pain in the left shoulder and hand and foot. He has stiffness in his hand and has trouble extending his fingers. He has not seen an orthopedist.

Medical/Surgical/Interim History

Reviewed, no change.
Last detailed document date:08/22/2019.

PAST MEDICAL HISTORY, SURGICAL HISTORY, FAMILY HISTORY, SOCIAL HISTORY AND REVIEW OF SYSTEMS

I have reviewed the patient's past medical, surgical, family and social history as well as the comprehensive review of systems as included on the Carolina NeuroSurgery & Spine Associates history form dated 08/22/2019, which I have signed.

Family History

Reviewed, no changes. Last detailed document date:08/22/2019.

Social History:

Reviewed, no changes. Last detailed document date: 08/22/2019.

MEDICATIONS: *(added, continued or stopped this visit)*

Started	Medication	Directions	Instruction	Stopped
08/22/2019	cyclobenzaprine 10 mg tablet	take 1 tablet by ORAL route 3 times every day as needed		
09/05/2019	vitamins ORAL	take as directed		

ALLERGIES:

Ingredient	Reaction	Medication Name Component	Type	Severity

NKDA

Reviewed, no changes.

PHYSICAL EXAM:

Vitals

Date	Temp	BP	Pulse	Ht	Wt	BMI	HSA	Pain Score
09/05/2019		127/99	115	70	130	18.65		10/10

DIAGNOSTIC RESULTS:

He has a head CT which is normal. Previous MRIs of his thoracic, lumbar, and cervical spines were all essentially normal.

IMPRESSION:

Left upper extremity and left foot pain.

PLAN:

All of his neuro imaging is normal. I do not think he needs a neurosurgeon. I think he would probably benefit from a referral to Orthopedics. We will see him back on an as-needed basis, but I do not have anything to offer at this point.

Orders:

Diagnostic Procedures:

Assessment(s)	Procedure
S09.90XA	CT Head/Brain W/o Contrast

Instruction(s)/Education:

Assessment	Instruction
	Tobacco cessation counseling
R03.0	Giving encouragement to exercise

Completed Orders (this encounter)

Order	Details	Reason	Date/Interpretation	Result	Comment	Date/Time	Removal
							Treatment

Problem	Priority	Class
Tobacco cessation counseling		
Giving encouragement to exercise		
encouragement patient to follow up with primary care doctor		
blood pressure remains elevated		

Assessment/Plan

	Plan Type	Description
1.	Assessment	Traumatic injury of head, initial encounter (S09.90XA).
2.	Assessment	Elevated blood-pressure reading, w/o diagnosis of htn (R03.0).
	Plan Orders	Today's Instructions / counseling include(s): Giving encouragement to exercise, Clinical information/comments: encouraged patient to follow up with primary care doctor, blood pressure remains elevated.

Diagnostic History Entered Today

Performed	Study	Interpretation	Results
08/29/2019	CT Head/Brain W/o Contrast	on stentor	See scanned report.

Pain Management Plan

Pain Scale: 10/10.
Method: Numeric Pain Intensity Scale.
Location: back, knee, (R) shoulder.
Onset: 06/14/2019.
Duration: varies.
Quality: discomforting.
Pain management follow-up plan of care: use ice or heat as tolerated.

Provider: S Taylor Jarrell MD 09/06/2019 11:29 AM
Dictation edited by: Heather Curtis

CC Providers:
Drewid Poulos
Lowry's Family Medicine
517 Doctors Ct
Chester, SC 29706-8644

Electronically signed by S Taylor Jarrell MD on 09/12/2019 11:26 AM

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place Suite 100
Charlotte, NC 282773383
Phone: (704)831-4300
Fax: (704)831-4301

September 6, 2019

RE: Kyle Bagley
DOB: 11/03/1980
MRN: 000000-584114

To Whom It May Concern:

Kyle Bagley is currently under my care.

The patient may return to work full time without restrictions, pending appointment with OrthoCarolina, date to be determined.

Date of Return: 09/09/2019

If you have any further questions, please do not hesitate to contact our office.

Sincerely,

Taylor Jarrell MD 09/06/2019

CAROLINA NeuroSurgery & Spine ASSOCIATES
NEUROSURGERY • PHYSIATRY • PHYSICAL THERAPY • IMAGING

PATIENT REGISTRATION

Physician Turner II
Date: Aug 22 Init: MFW
Account # 508114

Can we leave a detailed message on voicemail? Yes No

Name: Bagley Kyle Ray 8033742834 8035791646
Last First MI Primary Phone Secondary Phone

628 Lancaster Hyway App 223 Chester SC 29706
Address City State Zip Code

Email Address KyleBagley1254@gmail.com Do you live alone? Yes No Birthdate 11.03.80 Age 38

Sex: Male Female Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown

Race: American Indian or Alaska Native Black or African American Native Hawaiian or Other Pacific Islander
Asian White Unknown Other

Occupation Maintance Employer Smartfibre LLC Length of employment 4½ yr

Business Address Frederick rd Richburg SC.

Name of Spouse, Parents, Significant Other Jessica Bagley

Referring Physician

Phone

Primary Care Physician
DR. Tyler R
Lowery's family medicine
. David Tyler

Phone

Which is your preferred hospital, if a procedure is required? ?

CURRENT CHIEF COMPLAINT: Thoracic Lowerback Left shoulder hand

When did your pain start? June 14 Date of injury June 14 How did symptoms start
building a camp in the floor. Product - 700 lb hit in the back head

Pain began: Suddenly Gradually Chronic Related to: Job Accident Unsure Other:

CURRENT MEDICAL PROBLEMS (Check all that apply)

AIDS HIV	Diabetes – Type or Type II	Irregular Heartbeat	Seizures
Arthritis / Gout	Depression	Liver or Kidney Problems	Stroke
Asthma	Emphysema / COPD	Neuropathy	Thyroid Disease
Bleeding Condition	Glaucoma	Osteoporosis	Ulcers or Reflux
Blood clots / DVT	Heart Disease or Heart Attack	Pacemaker or heart valve	Other
Cancer (Type/Location)	High Blood Pressure	Pancreatitis	

MEDICAL HISTORY:

List Surgeries (include dates):

1.
2.
3.
4.

Medications you are currently taking:
(include dosage, supplements and over the counter drugs)

1. Cyclobenzaprine
2.
3.
4.
5.
6.
7.
8.

Pharmacy Name: Pharmacy B, LLC

May we have consent to access your medication history? ✓ Yes No.

Other illnesses requiring hospitalizations (include dates):

1.
2.
3.
4.
5.
6.
7.

Medication Allergies Yes ✓ No. If yes, please list:

1.
2.
3.

Are you allergic to ADHESIVE TAPE? Yes ✓ No

Are you allergic to LATEX? Yes ✓ No

Are you allergic to CT Contrast (Kidney Dye Iodine) Yes ✓ No.

Are you allergic to Gadolinium MRI Contrast? Yes ✓ No.

Phone:

REVIEW OF SYSTEMS: Please check YES or NO if you have had these in the last 6 months:

		Y	N		Y	N		Y	N
Constitutional:	Recurrent fevers			Fatigue	✓		Weight loss / gain	✓	
Skin:	Rash			Ulceration			Excessive dryness		
Hematologic:	Bruising	✓		Easy bleeding			Swollen glands		
Endocrine:	Tremors	✓		Hair loss			Generalized weakness	✓	
Eyes:	Blurry			Dry eyes			Excess tearing		
ENT:	Ringing ears			Bloody noses			Trouble swallowing		
Cardio:	Chest pain			Racing heart			Leg swelling	✓	
Respiratory:	Coughing	✓		Congestion			Short of breath		
GI:	Tarry stools			Bloody stools			Abdominal pain	✓	
Urinary:	Frequency	✓		Blood urine			Burning	✓	
Allergies / Immun:	Asthma			Hives			Hay fever		
Mus / Skeleta:	Muscle pain	✓		Joint pain		✓	Joint swelling	✓	
Neurological:	Dizziness	✓		Facial pain			Headaches	✓	
Psychiatric:	Depression			Anxiety		✓	Mood Swing	✓	

Physician Dr Pyler Date: Aug 22

Int: Account #

IMMEDIATE FAMILY HISTORY:

Do you live with your spouse? ✓ Yes No Do you have children? ✓ Yes No. If so, list below

CHILDREN	AGE	HEALTH	PROBLEM
Nathan	17	✓ Good	
Kaleb	13	✓ Good	
Nathan	14	✓ Good	
		Good	
		Good	

Do any blood relatives have the following major health problems? If yes, Who?

- AIDS
- Aneurysm / Brain
- ✓ Asthma Brother
- Bladder disease
- Blood vessel disease
- ✓ Cancer Grandparents — Type:
- ✓ Degenerative disc disease Grandmother
- ✓ Diabetes G-DAD
- Epilepsy
- Heart Attack G DAD
- Heart problem G DAD
- High blood pressure G DAD
- Lung disease — Type:
- ✓ Migraine headaches Mother
- ✓ Neurofibromatosis Aunt
- Polycystic kidney
- Psychological disorder
- Spina bifida
- ✓ Stroke G DAD
- Other

Are there any hereditary diseases in your family that you are aware of? Yes ✓ No. If yes, please list:

SOCIAL HISTORY:

Marital Status: ✓ Married Separated Divorced Single Widowed

Tobacco Use: None ✓ Smoke 1 pack per day 12 Years smoked Chewing Tobacco / Snuff Cigars

Did you ever smoke? Yes No If yes, when did you quit?

Alcohol use: None ✓ Occasional / Social Daily

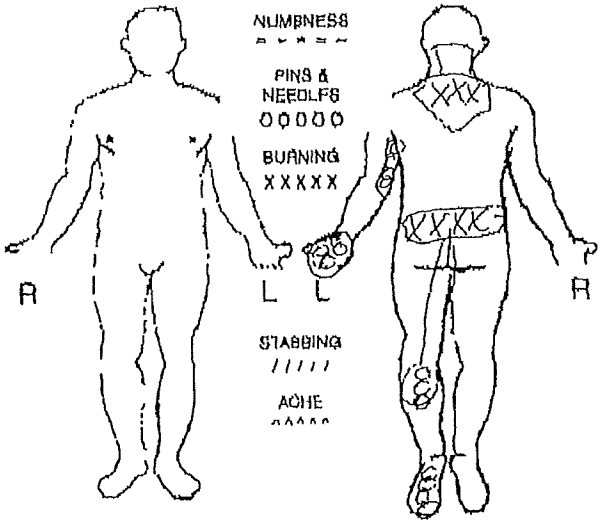
Are you pregnant? Yes ✓ No Is it possible that you could be pregnant?

Height 6'1 Weight 131 One year ago? 166 Maximum weight? When? 2018

Hand Preference: ✓ Right Left

FOR SPINE PATIENTS ONLY — WHERE IS YOUR PAIN NOW:

Mark all that apply:



	worse	better
Walking		
Standing		
Sitting		
Lying down		
Bending		
Bowel Movement		
Driving		
Coughing / Sneezing		
Rising from sitting		
Home Remedy		

VISUAL ANALOG SCALE
Please indicate on the scale below your leve of pain with 10 being the worst. Use an "X" to indicate your most severe pain, and use an "O" to indicate your average amount of pain.

RATE YOUR PAIN

None 0 1 2 3 4 5 6 7 8 9 (10) Worst

Pain in arm(s) / leg(s) compared to neck / back: More than X Same as Less than

Is there weakness of your arms / legs? X Yes No

How long can you sit with no / minimal pain? 30 40 min How long can you stand with no / minimal pain? - 1 hr

How far can you walk with no / minimal pain? 2

Have you had trouble controlling your bowels or bladder? Yes X No If yes, is this a new problem? Yes No

In the past twelve months, have you had Physical Therapy, Chiropractic, Medications, Steroid Injections or Imaging studies for your pain?

X Yes No If yes, please check below and include last date of treatment.

	Dates of treatment		Dates of treatment		Dates of treatment		Dates of treatment
None		Discogram		Non-narcotic meds		Pain Management	
X MR		EMG / NCS		Narcotic meds		Holistic Medicine	
X CT	Jun 16-17	Bloodwork		X Physical Therapy	Still Going	Massage Therapy	
Myelogram		Epidural		Chiropractic		Acupuncture	
X X-Rays		Facet Block		Traction Decompression		Bracing	
Bone Scan		X Steroid Injections	And nerve blockers	Exercise Program		TENS Unit	
	Describe List		Dates of treatment		Describe List		Dates of treatment
Other	4) inj			Other	1 - back inj		

The above information is accurate and complete to the best of my knowledge and is only for use in my treatment, billing, and processing of insurance for benefits for which I am entitled. I will not hold my physician or any member of his or her staff responsible for any errors or omissions that I may have made in the completion of this form.

Date: Aug 22 Patient's Signature Kyle Bagley

Date: Physician's Signature

OrthoCarolina

Patient:	KYLE R. BAGLEY 628 LANCASTER HWY APT 223 CHESTER, SC 29706	**Age/DOB:** **MRN:**	38/Nov 03, 1980 10997149

Provider: David DuPuy M.D.
Document Type: New Visit
Status: Final

Enc Date: 09/12/2019

Chief Complaint

Mr. BAGLEY is a 38 year old male who presents today for back pain.
Pain is best described as. At present pain scale 9/10.

Dictation

DIAGNOSIS
Head injury with decorticate presentation affecting left upper and lower extremities.

CHIEF COMPLAINT
My neck and back hurt, and my arms are weak.

HISTORY OF PRESENT ILLNESS
Mr Bagley was on his job welding, and a 700 pound object struck him on the head. He was seen through worker's comp, and they did a CT scan and said it was unremarkable for a bleed. He has been getting physical therapy, but it is not effective. He was sent to an orthotist, and they questioned what type of brace to make. He states this happened 3 months ago.

The pain is described at 3 or 4 out of 10 with it being constant, throbbing, and achy. It is made worse by vigorous use and helped by rest and ice. It occasionally awakens the patient from sleep. The patient can take some NSAIDs without GI upset.

He denies bowel or bladder symptoms.

PHYSICAL EXAMINATION
Well-developed, well-nourished, pleasant individual oriented x3 with normal stance and gait. There is no scleral icterus with unlabored breathing and normal cardiac rhythm. There is normal skin texture with no adenopathy and normal neurovascular function.

He has limited left lateral rotation and holds his head somewhat in flexion. He has the classic decorticate position of the left hand with tight finger flexion into the palm, thumb adduction, wrist flexion, and forearm pronation. He is very tight, but I can get his fingers out of his palm. He has a dropfoot appearance on the left but does have some ability to dorsiflex nearly to neutral and has a 5- or 6-beat clonus when he does do the extension.

X-RAYS
I obtained x-rays, AP and lateral of the cervical and lumbar spine, including the coccyx, and see no

evidence of acute changes. He has loss of the normal anterior curve as seen on lateral for the cervical spine.

DISPOSITION
He apparently is getting physical therapy but clearly needs the extension brace for his fixed contracture on the left hand. I ordered that for him from OT and ordered a dropfoot brace for the left foot. I told his wife and him that it is critical that he stop smoking, and they both are determined to do that as of today because I explained how the nicotine has such a damaging effect to nerve tissue. I put him on a steroid decreasing Dosepak and set him up for an MRI of the brain with careful attention to the right hemisphere, which would give him the symptoms to the left upper and lower extremities. I will see him after the scan. Apparently this is worker's compensation, but I am not seeing him through the worker's comp, so I did not write him a work note, but clearly he is unable to work even at light duty at this time. /lls

Assessment
1. Back pain (M54.9)
2. Cervical pain (M54.2)
3. Closed head injury, initial encounter (S09.90XA)

Orders
1. Tobacco Use Screening; Status:Complete; Done: 12Sep2019

Vitals
Vitals Panel
Height: 6 ft 1 in
Weight: 135 lb
BMI Calculated: 17.81
BSA Calculated: 1.82
Pain Scale: 9
Height: 6 ft 1 in
Weight: 135 lb
BMI Calculated: 17.81
BSA Calculated: 1.82
Pain Scale: 9.79

Allergies
No Known Drug Allergies

Current Meds
- Cyclobenzaprine HCl - 10 MG Oral Tablet

Active Problems
Back pain (M54.9)
Tobacco user (Z72.0)

Past Medical History
No significant past medical history

Surgical History

Tonsillectomy

Family History

Father
Family history of malignant neoplasm (Z80.9)
Other
Family history of diabetes mellitus (Z83.3)
Family history of hypertension (Z82.49)

Social History

Cigarette smoker (F17.210)
: 1 packs/day
Current smoker (F17.200)
High school or GED
Married
Non drinker / no alcohol use
Occupation
: Maintenance mechanic

Review of Systems

Systemic - Recurring Fever (No) SYSTEMIC - RECENT WEIGHT CHANGE (Yes)
DID YOUR WEIGHT INCREASE OR DECREASE? - DECREASE
HEAD - HEADACHES (Yes)
EYES - VISION PROBLEMS (Yes) Otolaryngeal - Loss of Hearing (No) Otolaryngeal - Hoarseness (No)
Cardiovascular - Chest Pain/Discomfort (No) Cardiovascular - Heart Palpitations (No) Pulmonary - Difficulty Breathing (No)
Pulmonary - Chronic Cough (No) GASTROINTESTINAL - DECREASED APPETITE (Yes)
Gastrointestinal - Difficulty Swallowing (No)
Gastrointestinal - Heartburn (No) Gastrointestinal - Nausea (No) Gastrointestinal - Vomiting (No)
Gastrointestinal - Abdominal Pain (No) Gastrointestinal - Blood In Stool (No) Genitourinary - Blood In Urine (No)
Genitourinary - Increased Need to Urinate (No) Genitourinary - Painful Urination (No)
Endocrine - Excessive Thirst (No)
Endocrine - Temperature Intolerance (No) Hematologic - Bleeds Easily (No) Hematologic - Bruise Easily (No)
NEUROLOGICAL - DIZZINESS (Yes)Neurological - Convulsions (No) Psychological - Psychological Disorder (No)
PSYCHOLOGICAL - SLEEP DISTURBANCES (Yes) Skin - Skin Problems (No)
MUSCULOSKELETAL - JOINT PROBLEMS (Yes)

Signatures

Electronically signed by : David DuPuy, M.D.; Sep 17 2019 10:11AM EST

OrthoCarolina

Patient:	KYLE R. BAGLEY 628 LANCASTER HWY APT 223 CHESTER, SC 29706	Age/DOB: MRN:	38/Nov 03, 1980 10997149

Provider: OC Therapy OT
Document Type: Therapy Initial Eval
Status: Final

Enc Date: 09/19/2019

Note Heading

INITIAL EVALUATION
Referring Physician: DAVID DUPUY
Initial Eval Date: 09/19/2019. Number of Visits: 1.
Medical Diagnosis: TBI.
Treatment Diagnosis: hypertonicity of LUE, dec ROM, dec strength, joint stiffness, dec functional L hand use, dec strength, impaired sensation.

Allergies

No Known Drug Allergies

Current Meds

- Cyclobenzaprine HCl - 10 MG Oral Tablet
- methylPREDNISolone 4 MG Oral Tablet Therapy Pack; Depense one 21 tablet therapy pack. Take per package instructions

Vitals

Adult Vitals Panel

Height: 6 ft 1 in
Weight: 135 lb
BMI Calculated: 17.81
BSA Calculated: 1.82

Active Problems

Back pain (M54.9)
Cervical pain (M54.2)
Closed head injury, initial encounter (S09.90XA)
Tobacco user (Z72.0)

Past Medical History

No significant past medical history

Surgical History

Tonsillectomy

Charges

Evaluation: 97166 OT Mod complexity.
97140 Manual Therapy 10 minutes, 1 units.
97112 Neuromusoular Re-education 10 minutes, 1 units.
Orthotics: units.
Total Treatment Time: 60 minutes.

Subjective

Refer to the intake form and patient's pain diagram markings copied from the Patient Therapy Intake Portal in the EMR. The form has been reviewed and modified based on therapist subjective evaluation today and included below.
Intake Form: When did current symptoms start? - Jun 14th 2019
Are your symptoms related to an injury? - Yes
Please give date of injury: - Jun 14th 2019
What was the cause of your pain or symptoms? - Got hit in the top of the head with 650 700 pnd balle
Please rate your pain now. (0-None, 10-Worst ever) - 10-Worst ever
Please rate your pain at its worst in the last 7 days. (0-None, 10-Worst ever) - 10-Worst ever
What makes your pain worse? (Select all that apply) - Sitting, Standing, Walking, Lifting, Reaching, Bending, Twisting
What makes your pain better? (Select all that apply) - Rest/lying down, Nothing, Other
Explain other: - When I dont move around a lot or sleeping
surgery for problem - No
Occupation - Maintenance
If student please indicate the school that you attend - None
Are you currently working? - No
Rate your overall general health: - Poor
Living Situation - With spouse
Home environment - 1-story
What does your home environment have? - Stairs
What are your rehabilitation goals or expectations while in this program? - Generally over all get better
Do you use any Patient Assistant devices such as: - Walker, Cane
previous PT/OT - Yes
current/different problem - Current problem
details (current problem) - Your life wellness center
REASON FOR APPOINTMENT
reason for visit - Upper extremity (e.g. Hand, Wrist, Elbow, Shoulder)

Explanation of Onset and Reason for Skilled Therapy:. Pt is a 38 year R hand dominant male who reports was hit in the head on 6/14/19 and sustained TBI. Pt was initially seen by a neurologist and then referred to Physical therapy, attending PT 2x/week, working on stretching, working on hand a little and some vision stuff. Pt reports pain is to lower leg, left hand and wrist, and bottom of foot and headaches. Pt (7/10) at rest and is burning to arm. Pt reports numbness/tingling to left hand. Owns a shower chair, shower bar, rolling walker, able to dress with some assistance. Pt reports current difficulties with performing functional activities such as: opening jars, cutting food, buttoning pants. Pt not working due to injury. Hobbies include: carpentry, painting, fish

...
Prior Level of Function (PLOF): Prior to onset the patient reports he could perform all activities of daily living without compensation or limitation.

Current Level of Function(CLOF): Quick DASH . Refer to patient reported functional limitations taken from Functional Outcomes Study copied below via the Patient Therapy Portal.
Functional Outcome Study: THIS QUESTIONNAIRE ASKS ABOUT YOUR SYMPTOM AS...
Open a tight or new jar. - Unable
Do heavy household chores (e.g., wash walls, floors). - Unable
Carry a shopping bag or briefcase. - Unable
Wash your back. - Unable
Use a knife to cut food. - Unable
Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.). - Unable
During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups? - Extremely
During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem? - Unable
PLEASE RATE THE SEVERITY OF THE FOLLOWING...
Arm, shoulder or hand pain. - Extreme
Tingling (pins and needles) in your arm, shoulder or hand - Extreme
During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? - Severe Difficulty

PATIENT TRENDS
Scores 09/13/2019
(0 days ago)
Quick Dash (0 - 100) 97.73 CM 80-100% Sev.

Current Functional/Activity Limitations: Patient reports impaired function with bending, lifting/carrying, pushing/pulling, driving, mobilize in/out of vehicle, negotiate stairs, rise from sitting, walking, sleep, dressing, grasping, grooming/bathing, opening doors, reaching overhead, using a keyboard, opening jars, eating/cutting food, cooking, housekeeping, performing work activities, performing recreational/sports activities and gardening/yardwork.
Precautions/Restrictions: per MD/PAC orders.
Factors that could potentially complicate outcomes:
Co-Morbidities: smoking.
Personal Factors: none.
Occupational Profile:
Daily routine: job disability/construction .
Progress satisfaction level: not satisfied.
Coping status: fair.
Learning style: visual, auditory, tactile.
Chart review was expanded and based on review of MD/PAC documentation and Referring provider order.

Objective

Hand Dominance/Preference: right.
Observation: acute distress . Pt kept eyes closed and focused on deep breathing for relaxation to minimize tone. Pt expressed feeling anxious.
Mental Status: alert and oriented x 3 (person,place and time) . Good historian of events. Report possible visual field and ocular motor impairments.

Posture: forward head and rounded shoulders . LUE in flexor synergist pattern, antalgic gait.
Orthosis Requirements: custom resting hand splint.
Skin Status: Unremarkable
Palpation:
Moderate with attempts to extend digits on left tenderness.
Severe decreased soft tissue mobility flexor tone of wrist and digits, .
Edema: negative
Sensation:
Light touch sensation is impaired to dorsal and volar hand.
Nerve Function: deferred
TBA further.
Cervical Screen: N/A
UE ROM: WNL except:
Elbow AROM: Measured in degrees
Supination:..... Left: 70
Pronation:..... Left: 70
Right Hand ROM: (measured in degrees) WNL
Left Hand ROM: (measured in degrees) deferred
Joint Mobility: deferred
Flexibility:
able to extend digits 1/2 ROM, hand held in significant flexion into DPC due to increase in tone.
Extrinsic Flexor limitation: severe on left.
Strength: WFL except:
Elbow/Forearm Strength:
Flexion:..... Left: 4/5
Extension:..... Left: 4/5
Supination:..... Left: 4/5
Pronation:..... Left: 4/5
Wrist Strength:
Flexion:..... Left: 3+/5
Extension:..... Left: 3+/5
Grip/Pinch: deferred left
Special Tests:
thumb oppose to RF.
Left hand held in flexor pattern (flexed wrist, pronated, UD and flexed digits).
Able to move shoulder and elbow in full AROM. Mild to moderate increase tone to flexor elbow flex/ext, wrist flex/ext. Able to actively extend digits 3/4, actively supinate 3/4 ROM,.
Assistance/modifications needed to complete evaluation: None.

Treatment:
Manual therapy was performed today.
MROM for digital extension, wrist extension, Deep pressure for muscle inhibition.
Neuromuscular Re-education was performed today muscle inhibition .
Deep pressure for muscle inhibition for digital and wrist flexors. Instructed pt on deep breathing to modulate tone for muscle inhibition.
Modalities were performed today muscle inhibition.
Modalities included:
A hot pack was applied for 5 minutes to the left hand.
Orthotic: resting hand splint orthotic.

Fabricated a resting hand orthotic today. Patient is able to donn/doff orthotic independently. Patients has been educated on wear schedule (on/off during day prn, nightly) and proper care for orthotic,

..

Assessment

1. Closed head injury, subsequent encounter (S09.90XD)
2. Muscle hypertonicity (M62.89)
3. Impaired sensation to light touch (R20.8)
4. Contracture of joint of left hand (M24.542)

Mr. BAGLEY presents with signs and symptoms and functional deficits consistent with the referring diagnosis which requires skilled therapy services .
Patient is a 38 year R hand dominant male referred to OT s/p TBI resulting in hypertonicity of LUE/LE. Evaluation findings include: antalgic gait, increase flexor tone to LUE resulting in flexor contracture, dec ROM, dec strength, dec functional use, impaired sensation, possible Visual perceptual deficits and impaired cognition. Impairments limit functional activities of: dressing, feeding, tying shoes, lifting, driving. Patient will benefit from skilled OT to improve L UE functional use to maximize independence with ADLs and return to PLOF. Thank you.

Patient presents with the following body structure(s) to be addressed: left shoulder, elbow, forearm, wrist, hand and thumb.
Impaired body functions and systems to be addressed: pain , hypersensitivity , poor postural or positioning habits , decreased soft tissue mobility , muscle guarding , decreased sensation , decreased ROM , decreased proprioception , decreased flexibility , decreased strength , decreased static balance/stabilization , decreased dynamic balance/stabilization , need for static orthosis , need for dynamic orthosis , limited knowledge of present condition management and HEP and increase muscle tone.
Functional/Activity Limitations:
See Subjective CLOF section for limitations to be addressed.
Current Level of Function Outcome Measure:
Quickdash UE: Score = 97.73 CM 80-100%.
Projected Level of Function for Goal Status Outcome Measures:
Quickdash UE: Score = CI 1-19%
Prognosis: good.
Motivation: adequate.
Barriers Complicating Rehabilitation:
See Subjective Complicating Factors section for barriers to be considered.
Performance Deficits: 5+ (high).
# of Treatment Options: Multiple (high).
Co-morbidities: Yes (1 or >).
Task Modification: None (low).
Evaluation Complexity: High.

Goals

Free Text:
Long Term Goals: 09/19/2019
1. Patient will utilize left hand to perform desired daily activities without difficulty or pain 90% of the time within 12 weeks.

Short Term Goals:
1. Pt will improve left hand ROM to open hand upon command 3/4 ROM to grasp objects of various sizes (tooth brush, cup, phone, etc) and hold in hand with enough force to use object functionally. 8 weeks
2. Pt will improve left grip strength to > 25# to grasp and lift laundry basket and push grocery cart. 6 weeks.
3. Pt will utilize various muscle inhibitory strategies, such as deep breathing, weight bearing, to decrease pain and allow for voluntary functional movement of LUE. 8 week.
4. Pt will be independent with A/PROM, stretching and strengthening HEP. 4 weeks
5. Pt will report improved sensation with numbness or tingling <2/10 and with less than 50% frequency. 6 weeks.
6. Pt will report pain < 2/10 with activity. 6 weeks
7. Pt will improve Quick DASH FOS score to < 19% impairment. 12 weeks.
8.. Patient will be able to perform BUE functional tasks, such a put on a pillowcase, tie shoes, cut food, open a bottle, with minimal to no assistance. 8 weeks.
9. Pt will be demo no joint contractures on LUE and report good compliance of orthotic use. 8 weeks.

PlanTherapy recommended 1 time per week for.
Treatment may include but not limited to Therapeutic Exercise , Manual Therapy Techniques , Neuromuscular Re-education, Therapeutic Activity, Postural Education- Body Mechanics and Home Exercise Program with Patient Education.
Modalities may include CP, MHP, Ultrasound, Electrical Stimulation and Fluidotherapy.
Orthosis: fabrication/instruction/adjustment.
Patient response to treatment: Improved ROM, Increased independence with HEP and returned demonstration of HEP.
Results of Evaluation/POC were discussed with and agreed upon by patient and spouse.
Patient has understanding of presenting diagnosis, risk/precautions and benefits and is agreeable to plan

Plan for next visit: Plan to assess orthotic fit and progress with NMR.

Authorization

By signing this referral, I certify that I have examined the patient and physical and/or hand therapy is medically necessary. This authorization expires 90 days from today.

Signatures

Electronically signed by : Teresa Mintz, MS,OTR/L|CHT; Sep 24 2019 11:36AM EST

OrthoCarolina

Patient:	KYLE R. BAGLEY 628 LANCASTER HWY APT 223 CHESTER, SC 29706	**Age/DOB:** **MRN:**	38/Nov 03, 1980 10997149

Provider: MRI MRI
Document Type: MRI Triad
Status: Final - Receipt

Enc Date: 09/24/2019

INDICATION: Left side body weakness with unsteady balance after hit in the head 6/14/2019. Assess right hemisphere.
Additional history : None

TECHNIQUE: MRI Brain W/O Multiplanar, multisequence study.
Contrast: None
COMPARISON: None available.

FINDINGS:

Mastoid air cells appear clear. Left maxillary sinus retention cyst or polyp. No internal acoustic canal abnormality. No brainstem abnormality. No diffusion abnormality. Normal vascular flow voids.

No evidence of mass, vascular territory infarct, hemorrhage, hydrocephalus, or atrophy. Single small 4 mm bright spot in the right parietal subcortical white matter. No other white matter abnormality is identified. No orbital abnormality. Mild lateral ventricle asymmetry is within normal variation..

IMPRESSION:

Single 4 mm bright spot in the right parietal subcortical white matter is nonspecific.

Mild asymmetry of the lateral ventricles is within normal variation.

Left maxillary sinus retention cyst or polyp.

Electronically Signed by Eric Fitzcharles; 9/25/2019 6:33 PM

Document Originated from: Triad Radiology
Accession: TR1836589101

OrthoCarolina

Patient:	KYLE R. BAGLEY 628 LANCASTER HWY APT 223 CHESTER, SC 29706	Age/DOB: MRN:	38/Nov 03, 1980 10997149

Provider: David DuPuy M.D.
Document Type: Follow Up
Status: Final

Enc Date: 09/26/2019

Chief Complaint

Mr. BAGLEY is a 38 year old male who presents today for follow up of back pain.

Dictation

DIAGNOSIS
No evidence of significant head trauma by MRI.

CHIEF COMPLAINT
I am no better now.

HISTORY OF PRESENT ILLNESS
Mr Bagley states that he is getting the therapy, and they made him a wrist splint and they are working now on finger extension.

PHYSICAL EXAMINATION
Well-developed, well-nourished pleasant individual oriented x 3 with normal stance and gait. There is no scleral icterus with unlabored breathing and normal cardiac rhythm. There is normal skin texture with no adenopathy and normal neurovascular function.

He still has the decorticate clinical appearance to the right side.

DISPOSITION
I told him that I want an EMG nerve conduction study of the right upper extremity to determine the etiology of the muscle dysfunction. After that is performed, he needs a neurology consult to determine whether any of this injury is related to cervical or more peripheral rather than central from the brain. The neurology consult should come after the EMG nerve conduction study. In the meantime, he is taking the Tylenol and Ibuprofen and is completely out of work until I see him in followup. /hbh

Assessment

1. Back pain (M54.9)
2. Cervical pain (M54.2)
3. Closed head injury, subsequent encounter (S09.90XD)

Orders

OrthoCarolina

Patient: KYLE R. BAGLEY
MRN: 10997149

Encounter: 09/26/2019
DOB: 11/03/1980

1. Tobacco Use Screening; Status:Complete; Done: 26Sep2019

Vitals

Vitals Panel

Height: 6 ft 1 in
Weight: 135 lb
BMI Calculated: 17.81
BSA Calculated: 1.82

Allergies

No Known Drug Allergies

Current Meds

- Cyclobenzaprine HCl - 10 MG Oral Tablet

Active Problems

Back pain (M54.9)
Cervical pain (M54.2)
Closed head injury, subsequent encounter (S09.90XD)
Contracture of joint of left hand (M24.542)
Impaired sensation to light touch (R20.8)
Muscle hypertonicity (M62.89)
Tobacco user (Z72.0)

Past Medical History

No significant past medical history

Surgical History

Tonsillectomy

Family History

Father
Family history of malignant neoplasm (Z80.9)
Other
Family history of diabetes mellitus (Z83.3)
Family history of hypertension (Z82.49)

Social History

Cigarette smoker (F17.210)
: 1 packs/day
Current smoker (F17.200)
High school or GED
Married
Non drinker / no alcohol use
Occupation
: Maintenance mechanic

Review of Systems

GENERAL: (+) weight change and decreased appetite, but no recurring fever.

OrthoCarolina

Patient:	KYLE R. BAGLEY	Encounter:	09/26/2019
MRN:	10997149	DOB:	11/03/1980

EYES: no vision impairment.
NEURO: (+) tingling, (+) burning sensation and (+) numbness, but no dizziness.
MUSC- SKEL: See HPI.

Signatures

Electronically signed by : David DuPuy, M.D.; Oct 3 2019 8:49AM EST

OrthoCarolina

Patient:	KYLE R. BAGLEY 628 LANCASTER HWY APT 223 CHESTER, SC 29706	Age/DOB: MRN:	38/Nov 03, 1980 10997149

Provider: OC Therapy OT
Document Type: Therapy Daily Note
Status: Final

Enc Date: 10/07/2019

Note Heading

INITIAL EVALUATION
Referring Physician:
Initial Eval Date: 09/19/2019. Number of Visits: 2 10/07/2019.
Medical Diagnosis: TBI.
Treatment Diagnosis: hypertonicity of LUE, dec ROM, dec strength, joint stiffness, dec functional L hand use, dec strength, impaired sensation.

Charges

97140 Manual Therapy 15 minutes, 1 units.
97112 Neuromuscular Re-education 30 minutes, 2 units.
97010 Hot Pack 5 minutes.
Total Treatment Time: 50 minutes.

Subjective

Pt reports wearing orthotic during day and off during night and feels its helping with keeping the fingers straight. The fingers will start to flex into palm after about 2 hours with split off. "I wake up with headaches a lot of the time and my vision is worse when looking to the right">.

Objective

Status:
10/07/2019

Severe decreased soft tissue mobility flexor tone of wrist and digits,.

Flexibility:
able to extend digits 3/4 AROM. Able to fully actively flex and extend. Flexor synergy UE pattern noted during ambulation.

Elbow/Forearm Strength:
Flexion:..... Left: 4/5
Extension:..... Left: 4/5
Supination:..... Left: 4/5
Pronation:..... Left: 4/5
Wrist Strength:
Flexion:..... Left: 3+/5

Extension:..... Left: 3+/5

..

Treatment:
Therapeutic exercises were performed today to improve flexibility and to instruct in HEP . HEP handouts given to patient.
Pt has been instructed on AAROM for elbow and shoulder w/ cane for HEP. Also instructed on WB for inhibition for HEP. Patient was provided with written instructions via handouts. Patient demonstrates and verbalizes good understanding of HEP.

Manual therapy was performed today to improve soft tissue mobility .
MROM for digital extension, wrist extension, Deep pressure for muscle inhibition.
Neuromuscular Re-education was performed today to promote neuromuscular recruitment and muscle inhibition .
Deep pressure for muscle inhibition for digital and wrist flexors. Instructed pt on deep breathing to modulate tone for muscle inhibition.
-Weight bearing and weight shifting for proprioceptive input to L UE.
Modalities were performed today muscle inhibition.
Modalities included: .
A hot pack was applied for 5 minutes to the left hand.

Flowsheet:
supine AAROM for shoulder flex and chest press, 12x2.
weight bearing to LUE in sitting w/ trunk rotation, 10'.

Assessment

1. Contracture of joint of left hand (M24.642)
2. Closed head injury, subsequent encounter (S09.90XD)
3. Impaired sensation to light touch (R20.8)
4. Muscle hypertonicity (M62.89)

Pt with improved skin integrity and positioning of left hand at rest with use of resting hand splint. Able to actively extend and flex digits grossly after muscle inhibition. Pt with increase in synergist movement of LUE during ambulation and effort. Pt to benefit from cont OT to address NMR impairments to improve independence with ADLS.

Goals

Long Term Goals: 09/19/2019

1. Patient will utilize left hand to perform desired daily activities without difficulty or pain 90% of the time within 12 weeks.

Short Term Goals:

1. Pt will improve left hand ROM to open hand upon command 3/4 ROM to grasp objects of various sizes (tooth brush, cup, phone, etc) and hold in hand with enough force to use object functionally. 8 weeks

2. Pt will improve left grip strength to > 26# to grasp and lift laundry basket and push grocery cart. 6

OrthoCarolina

Patient:	KYLE R. BAGLEY	Encounter:	10/07/2019
MRN:	10997149	DOB:	11/03/1980

weeks.

3. Pt will utilize various muscle inhibitory strategies, such as deep breathing, weight bearing, to decrease pain and allow for voluntary functional movement of LUE. 8 week.

4. Pt will be independent with A/PROM, stretching and strengthening HEP. 4 weeks

5. Pt will report improved sensation with numbness or tingling <2/10 and with less than 50% frequency. 6 weeks.

6. Pt will report pain < 2/10 with activity. 6 weeks

7. Pt will improve Quick DASH FOS score to < 19% impairment. 12 weeks.

8.. Patient will be able to perform BUE functional tasks, such a put on a pillowcase, tie shoes, cut food, open a bottle, with minimal to no assistance. 8 weeks.

9. Pt will be demo no joint contractures on LUE and report good compliance of orthotic use. 8 weeks.

PlanContinue POC 1-2 time(s) per week for 8 week(s) plan to progress with NMR, assess oculo-motor/visual perceptual, functional tasks.
Increase ROM, strength and functional activities as tolerated.

Signatures

Electronically signed by : Teresa Mintz, MS,OTR/L|CHT; Oct 7 2019 10:38AM EST

OrthoCarolina

Patient:	KYLE R. BAGLEY 628 LANCASTER HWY APT 223 CHESTER, SC 29706	Age/DOB: MRN:	38/Nov 03, 1980 10997149

Provider: OC Therapy OT — Enc Date: 10/08/2019
Document Type: Therapy Daily Note
Status: Final

Note Heading

DAILY NOTE
Referring Physician: DAVID DUPUY
Initial Eval Date: 09/19/2019. Number of Visits: 3 10/08/2019.
Medical Diagnosis: TBI.
Treatment Diagnosis: hypertonicity of LUE, dec ROM, dec strength, joint stiffness, dec functional L hand use, dec strength, impaired sensation.

Charges

97112 Neuromuscular Re-education 30 minutes, 2 units.
97535 Self Care 20 mins, 1 units.
Total Treatment Time: 50 minutes.

Subjective

Pt reports back was a little sore after last session and found out that his PT appointments are cancelled and work comp has closed claim.

Objective

Status:
10/08/2019
Pt able to donn and doff socks and shoes with SBA, cues to use left hand. Able to use lateral pinch on left to assist with sock. Unable to tie shoes.

Severe decreased soft tissue mobility flexor tone of wrist and digits,
Flexibility: able to extend digits 3/4 AROM. Able to fully actively flex and extend. Flexor synergy UE pattern noted during ambulation.

Observed increase in accessory movements on right side with attempts to use left UE in functional tasks, Tactile and verbal cues for muscle inhibition and relaxation.

Treatment:
Therapeutic exercises were performed today to improve flexibility and to instruct in HEP . HEP handouts given to patient.
Pt has been instructed on AAROM for elbow and shoulder w/ cane for HEP. Also instructed on WB for

Inhibition for HEP. Patient was provided with written instructions via handouts. Patient demonstrates and verbalizes good understanding of HEP.
-Pt instructed to encourage functional use of left hand during BUE tasks (such as folding towel, open a jar or stabilize objects) to improve NMR. Incorporate weight bearing when increase in tone noted for muscle inhibition to allow for more coordinated movement.

Manual therapy was performed today to improve soft tissue mobility .
MROM for digital extension, wrist extension, Deep pressure for muscle inhibition.
Neuromuscular Re-education was performed today to promote neuromuscular recruitment, to increase postural awareness/control and muscle inhibition .
Deep pressure for muscle inhibition for digital and wrist flexors. Instructed pt on deep breathing to modulate tone for muscle inhibition.

-Weight bearing and weight shifting for proprioceptive input to L UE, prone over ball for modified push ups.
Therapeutic activities were performed today to improve functional performance via dynamic activities
Reaching
Grasping .
Modalities were performed today muscle inhibition.
Modalities included:
A hot pack was applied for 5 minutes to the left hand.

Self care/home management training was performed today.
Lower body dressing for sock and shoes.
Able to reach for small cup with min A and vc to fully extend digits, and bring to mouth to drink with SBA.
Training included ADL's for meal preparation and dressing.
Training included instruction in compensatory skills.

Flowsheet:
supine AAROM for shoulder flex and chest press, 12x2.
weight bearing to LUE in sitting w/ trunk rotation, 10'.
modified push up over swiss ball for weight bearing, proprioceptive input and co-contraction of proximal mm, 10'.
wrist ranger, 1x.

Assessment

1. Contracture of joint of left hand (M24.542)
2. Closed head injury, subsequent encounter (S09.90XD)
3. Impaired sensation to light touch (R20.8)
4. Muscle hypertonicity (M62.89)

Pt with improved muscle tone after weight bearing and NMR for normalization of tone to allow for functional movement. Requires vc and tc to use left hand during functional tasks, such as LB dressing. Pt unable to tie toes. Able to move out of synergist movement patterns but moves slow and accessory movements (fisting of right hand and elevated shoulders) noted with attempts.
Patient response to treatment: functional use is improving as expected .
Progressing appropriately toward goals.

Goals

OrthoCarolina

Patient:	KYLE R. BAGLEY	Encounter:	10/08/2019
MRN:	10997149	DOB:	11/03/1980

Long Term Goals: 09/19/2019

1. Patient will utilize left hand to perform desired daily activities without difficulty or pain 90% of the time within 12 weeks.

Short Term Goals:

1. Pt will improve left hand ROM to open hand upon command 3/4 ROM to grasp objects of various sizes (tooth brush, cup, phone, etc) and hold in hand with enough force to use object functionally. 8 weeks

2. Pt will improve left grip strength to > 25# to grasp and lift laundry basket and push grocery cart. 6 weeks.

3. Pt will utilize various muscle inhibitory strategies, such as deep breathing, weight bearing, to decrease pain and allow for voluntary functional movement of LUE. 8 week.

4. Pt will be independent with A/PROM, stretching and strengthening HEP. 4 weeks

5. Pt will report improved sensation with numbness or tingling <2/10 and with less than 50% frequency. 6 weeks.

6. Pt will report pain < 2/10 with activity. 6 weeks

7. Pt will improve Quick DASH FOS score to < 19% impairment. 12 weeks.

8,. Patient will be able to perform BUE functional tasks, such a put on a pillowcase, tie shoes, cut food, open a bottle, with minimal to no assistance. 8 weeks.

9. Pt will be demo no joint contractures on LUE and report good compliance of orthotic use. 8 weeks.

Plan Continue POC 1-2 time(s) per week for 8 week(s) plan to progress with NMR, assess oculo-motor/visual perceptual, functional tasks.
Increase ROM, strength and functional activities as tolerated.

Signatures

Electronically signed by : Teresa Mintz, MS,OTR/L|CHT; Oct 9 2019 10:38AM EST

OrthoCarolina

Patient:	KYLE R. BAGLEY 628 LANCASTER HWY APT 223 CHESTER, SC 29706	Age/DOB: MRN:	38/Nov 03, 1980 10997149

Provider: OC Therapy OT
Document Type: Therapy Daily Note
Status: Final

Enc Date: 10/15/2019

Note Heading

DAILY NOTE
Referring Physician: DAVID DUPUY
Initial Eval Date: 09/19/2019. Number of Visits: 4 10/15/2019.
Medical Diagnosis: TBI.
Treatment Diagnosis: hypertonicity of LUE, dec ROM, dec strength, joint stiffness, dec functional L hand use, dec strength, impaired sensation.

Charges

97112 Neuromuscular Re-education 15 minutes, 1 units.
97530 Therapeutic Activities 10 minutes, 1 units.
97022 Fluidotherapy/Whirlpool 10 minutes.
97535 Self Care 15 mins, 1 units.
Total Treatment Time: 50 minutes.

Subjective

Pt states there is a small area with white bumps to volar RF and express concern. Pt reports he is trying to use his hand more functionally, "I tried to help my wife stir the mashed potatoes and I was squeezing a coke bottle".

Objective

Status:
10/15/2019

Pt able to tie shoes with SBA. Digits 3-5 stay flexed but able to use IF for pinch.

Flexibility: Able to fully actively flex and extend. Flexor synergy UE pattern noted during ambulation
Observed increase in accessory movements on right side with attempts to use left UE in functional tasks, Tactile and verbal cues for muscle inhibition and relaxation.

Treatment:
Therapeutic exercises were performed today to improve flexibility and to instruct in HEP . HEP handouts given to patient.
Pt has been instructed on AAROM for elbow and shoulder w/ cane for HEP. Also instructed on WB for inhibition for HEP. Patient was provided with written instructions via handouts. Patient demonstrates

and verbalizes good understanding of HEP.
-Pt instructed to encourage functional use of left hand during BUE tasks (such as folding towel, open a jar or stabilize objects) to improve NMR. Incorporate weight bearing when increase in tone noted for muscle inhibition to allow for more coordinated movement.

Manual therapy was performed today to improve soft tissue mobility .
MROM for digital extension, wrist extension, Deep pressure for muscle inhibition.
Neuromuscular Re-education was performed today to promote neuromuscular recruitment, to increase postural awareness/control and muscle inhibition .
Deep pressure for muscle inhibition for digital and wrist flexors. Instructed pt on deep breathing to modulate tone for muscle inhibition.
-Weight bearing and weight shifting for proprioceptive input to L UE, chair push ups.
Therapeutic activities were performed today to improve functional performance via dynamic activities
Reaching
Grasping .
Modalities were performed today to improve neuromuscular recruitment, to improve blood flow and muscle inhibition.
Modalities included:
Fluidotherapy at 120 degrees to the left hand for 10 minutes.

Self care/home management training was performed today to improve functional ability/independence .
Able to tie shoes with SBA while shoes donned.
Training included ADL's for meal preparation and dressing.
Training included instruction in compensatory skills.

Flowsheet:

Therapeutic Exercises 97110

supine AAROM for shoulder flex and chest press, 12x2.
UBE, 1.0, 5'.
weight bearing to LUE in sitting w/ trunk rotation, 10' . Not performed today.
modified push up over swiss ball for weight bearing, proprioceptive input and co-contraction of proximal mm, 10' . Not performed today.
chair push ups for weight bearing, 10x.
trunk rotations for muscle inhibition, 4x.
balloon volley with LUE to proprioception, ball catch velcro, 10'.
wrist ranger, 1x . Not performed today.
lacing board to simulate lacing shoes, 6x.
tying shoelaces, 10'.
put on pillowcase and fold pillowcase, 2x.

Assessment

1. Contracture of joint of left hand (M24.542)
2. Closed head injury, subsequent encounter (S09.90XD)
3. Impaired sensation to light touch (R20.8)
4. Muscle hypertonicity (M62.89)

No signs of infection or skin issues with white bumps on skin, possibly due to humidity in orthotic. Pt able to use a pincer grasp to lace board and tie shoe laces today. Digits 3-5 tend to flex during functional tasks but with vc for deep breathing and volitional extension of digits, able to move out synergist patterns. Demo improving use of LUE during Bilateral functional tasks. Pt demo great effort and improving confidence to attempt functional tasks.
Patient response to treatment: functional use is improving as expected .

OrthoCarolina

Patient:	KYLE R. BAGLEY	Encounter:	10/15/2019
MRN:	10997149	DOB:	11/03/1980

Progressing appropriately toward goals.
Patient with return demonstration/understanding of HEP.

Goals

Long Term Goals: 09/19/2019

1. Patient will utilize left hand to perform desired daily activities without difficulty or pain 90% of the time within 12 weeks.

Short Term Goals:

1. Pt will improve left hand ROM to open hand upon command 3/4 ROM to grasp objects of various sizes (tooth brush, cup, phone, etc) and hold in hand with enough force to use object functionally. 8 weeks

2. Pt will improve left grip strength to > 25# to grasp and lift laundry basket and push grocery cart. 6 weeks.

3. Pt will utilize various muscle inhibitory strategies, such as deep breathing, weight bearing, to decrease pain and allow for voluntary functional movement of LUE. 8 week.

4. Pt will be independent with A/PROM, stretching and strengthening HEP. 4 weeks

5. Pt will report improved sensation with numbness or tingling <2/10 and with less than 50% frequency. 6 weeks.

6. Pt will report pain < 2/10 with activity. 6 weeks

7. Pt will improve Quick DASH FOS score to < 19% impairment. 12 weeks.

8.. Patient will be able to perform BUE functional tasks, such a put on a pillowcase, tie shoes, cut food, open a bottle, with minimal to no assistance. 8 weeks.

9. Pt will be demo no joint contractures on LUE and report good compliance of orthotic use. 8 weeks.

Plan Continue POC 1-2 time(s) per week for 8 week(s) plan to progress with NMR, assess oculo-motor/visual perceptual, functional tasks.
Increase ROM, strength and functional activities as tolerated.

Signatures

Electronically signed by : Teresa Mintz, MS,OTR/L|CHT; Oct 15 2019 5:20PM EST

SEP-24-2019 07:53 AM From: Page:002

Originated From:
Allscripts Touchworks
Rock Hill - OrthoCarolina
197 Piedmont Blvd
Rock Hill, SC 29732
(803) 328-6306

Performing Facility:
Outside Referral

Requisition #:213999505
213999505

Patient: KYLE BAGLEY
628 LANCASTER HWY APT 223
CHESTER, SC 29706

Patient ID: 10997149 Sex: M
DOB: 03-Nov-1980
Insurance: BCBSSC
PO BOX 100300
COLUMBIA, SC 29202
(800)868-2510

Home: (803) 374-2834
Work:
Mobile: (803)374-2834

Ordering Provider:
David Dupuy, M.D. - [25]
NPI: 1861474603

Group Number:
Policy Number: [redacted]
Name of Insured: BAGLEY KYLE R [Self]
Guarantor: BAGLEY, KYLE - [Guarantor]

Bill Type: T

» - Outside Referral - [OCOutside]

Order #: TW661028050

Date Ordered	Approving Provider	CPT4 Code	Patient Instructions
23-Sep-2019	David Dupuy [NPI:1861474603]		

Electronic Signature

To Be Done Date	Priority	Status	Collitments for Scheduler
23 Sep 2019	Routine	Hold For	

Referral Information
Referral Reason: Head Injury
Bilateral Upper and Lower Extremity EMG
Referred To: Metrolina Neuro Assoc
Address: METROLINA NEUR ASSOC;200 S HERLOG AVE STE H
Referred To: Outside Referral

Referral Type: Evaluation and Treatment
Phone: (803) 366-6135
Fax: (803) 366-3439
Phone:

Prompts
(MU) Care Summary provided. : Yes

Please contract pt with appt info

Problems
Cervical pain (723.1)(M54.2)
Closed head injury, initial encounter (959.01)(S09.90XA)

10-22-19
Dr Mandell
arrive 8:45 Am
127 Professional Park

SEP/24/2019/TUE 07:50 AM FAX No. P. 002

APA # 8 pg 180

OrthoCarolina
Work Status

Today's Date 09/12/19

Is the injury work-related? ☐ Yes ☐ No

Patient name KYLE R BAGLEY Chart Number 10997149

Diagnosis Rotator cuff injury Right☐ Left☐ Bilateral☐

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

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

_____ 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

☐ 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 ____/____/____ at _____ AM/PM

Physician signature: [signature] Date 09/12/19

Physician Name: DAVID DUPUY, MD Date 09/12/19

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.

The Neurological Institute

2607 East 7th Street, Ste 200
Charlotte, NC 28204
Phone : 704-449-6064, Fax : 704-731-0936

Patient Name	Mr. Kyle Bagley	**Account #**	123264
Date Of Birth	11/03/1980	**Date**	10/31/2019

Mr. Kyle Bagley is a 38 year old male who is here for a new patient evaluation.

Chief Complaint Brain Injury

HPI

Associated Symptoms	1. Associated symptoms: visual disturbance
Context	1. Context: Headaches, pain in back, left hand and left foot
Duration	1. Duration: few seconds, 30 minutes, few days, few months, constant
Location	1. Site: back, arm, hand, leg, foot,Head
Modifying Factors	1. Aggravating: Sitting or standing for long periods of time
	2. Alleviating: Heat
Severity	1. Severity: 10
Timing	1. Onset: Began suddenly on June 14, 2019
	2. Frequency: constant, every few seconds, every few min, once per hr

This 38 year old white male presents in the office today stating that on June 14, 2019 he was at work and was welding when he stood up and was hit in the head by a 622 lb bale of product that was coming off of the line. He is unsure if he had LOC but does not remember what happened. The next thing he remembers is getting up and going to the supervisors office where he reported his injury but no medical treatment was given and he continued to work. He stayed in bed until the following Monday. He developed weakness of the left arm and leg, headaches, neck pain, thoracic back pain and low back pain. He also had numbness and tingling of the left upper and lower extremities. He holds the left arm in a flexed position with the long, ring and 5th digits flexed as well. The left foot is held in inversion. He has had CT scans of the cervical, thoracic and lumbar spines that were negative and an MRI of the brain that showed a single 4 mm bright spot in the right parietal subcortical white matter. There was mild asymmetry of the lateral ventricle that was felt to be within the normal variation and a left maxillary sinus retention cyst or polyp. He continues to complain of pain of the neck, thoracic and low backs that he rates as an 8 on a scale of 1-10 and states that at times his back feels like it's on fire. The numbness of the left upper extremity is reported to be in the left palm, long, ring and 5th digits but when he had nerve testing he states that he could not feel the needles until it was close to the shoulder. He also has numbness of the plantar aspect of the left foot and lateral lower leg. He has been treated with PT which has helped somewhat with the flexion contracture of the left upper extremity. He also complains of headaches that are daily and are located in the posterior aspect of the head and the forehead with some light sensitivity. He rates his headaches as a 6-7 on a scale of 1-10. He has had some memory issues and difficulty processing information. He states that the physical therapist told him that it takes him a long time to follow instructions. He has had personality changes with irritability and depression. He has had dizziness and sometimes feels like he will pass out. Sometimes in PT while doing visual exercises he states that the vision of the right eye becomes blurred. He also complains of imbalance. He has had a 40 lb weight loss since his injury as well. He presents now for further evaluation and treatment.

Past Medical History

Anxiety/Panic attacks
Bipolar disorder
Closed head injury
Depression
Migraine

The Neurological Institute

2607 East 7th Street, Ste 200
Charlotte, NC 28204
Phone : 704-449-6064, Fax : 704-731-0936

Patient Name	Mr. Kyle Bagley	**Account #**	123264
Date Of Birth	11/03/1980	**Date**	10/31/2019

Past Surgical History	Tonsils removed
Current Medications	Cyclobenzaprine HCl 10 MG TABS 1 PO TID Ibuprofen 800 MG TABS 1 PO TID Tylenol PRN
Allergies	No Known Allergies
Social History	Marital Status : Married Education : GED Alcohol : Non-Drinker Tobacco - Smoking Status : Current Every Day Smoker, smokes 1/2 ppd Tobacco - Chewing Status : Non-Chewer Drugs : Takes no drugs
Family History	Father : Cancer

Review of Systems

Constitutional	**recent weight loss, fatigue, weakness of entire body, fever, chills, sweats.**
Eyes	**loss of vision, redness, dryness.**
Ears-Nose-Mouth-Throat	**ringing in ears.**
Cardiovascular	**swelling in legs or feet.**
Respiratory	**shortness of breath.**
Gastrointestional	**decreased appetite.**
Genitourinary	Negative.
Musculoskeletal	**muscle pain, muscle spasm, joint pain, joint stiffness, back pain, difficulty walking, neck pain.**
Integumentary	**hair loss.**
Neurological	**headaches, dizziness, weakness in extremity, pain in extremity, numbness, tingling, tremor.**
Psychiatric	**depression, anxiety or nervousness, stress, insomnia.**
Endocrine	Negative.
Hematologic/Lymphatic	Negative.
Allergic/Immunologic	Negative.

Physical Examination

Vitals	Blood Pressure : 122/78 (sitting, R arm), Height : 73 inches, Weight : 158 lbs, BMI : 20.8
Constitutional	Well-developed. Well-nourished. Well-appearing.

The Neurological Institute

2607 East 7th Street, Ste 200
Charlotte, NC 28204
Phone : 704-449-6064, Fax : 704-731-0936

Patient Name	Mr. Kyle Bagley	**Account #**	123264
Date Of Birth	11/03/1980	**Date**	10/31/2019

Head and Face	Normocephalic. Atraumtic.
Eyes	No proptosis, No lens opacities and conjuentival injection or scleral icterus.
Ears-Nose-Mouth-Throat	External auditory canals membranes appear normal.
Neck	**Cervical paraspinal muscle tenderness**
Respiratory	Clear to ausculation. No rales and rhonchi or wheezing.
Cardiovascular	Normal rate and rhythm. No murmurs and gallops or rubs. No carotid bruits. Peripheral pulses normal. No peripheral edema.
Gastrointestinal	Normal bowel sounds. Soft. Non-tender. No masses. No hepatomegaly or splenomegaly.
Musculoskeletal	**Tenderness of the cervical, thoracic and lumbar spines with very tight muscles.**
Mental Status	**An MMSE was performed and patient scored 27/30.**
Cranial Nerve II	Optic discs appeared normal. Normal retinal vessels. Normal visual acuity. Visual fields were full to confrontation.
Cranial Nerves III-IV-VI	Pupils were equal, round and reactive to light and accomodation. No ptosis. Extraocular muscles were intact.
Cranial Nerve V	Facial sensation was intact. Normal corneal reflex.
Cranial Nerve VII	Face appeared symmetric. No facial weakness.
Cranial Nerve VIII	Hearing was intact. No nystagmus.
Cranial Nerves IX-X	Symmetric elevation of soft palate.
Cranial Nerve XI	Lateral rotation of head and shoulder shrug were normal.
Cranial Nerve XII	No tongue atrophy or fasciculations. Tongue remains midline when protruded.
Motor	**The left upper extremity is held in flexion especially a the wrist and long, ring and 5th digits. The left foot is held in inversion. He has decreased muscle strength of the left upper and lower extremities and a partial left foot drop.**
Sensation	**Decreased in the left upper extremity especially of the palm of the hand, long, right and 5th digits. Decreased sensation of the left lower extremity on the plantar and dorsal foot as well as in the lower leg.**
Reflexes	**Brisk of the left upper and lower extremities. Plantar response was silent on the L side**
Station and Gait	**Hemiparetic gait and needs a cane to ambulate for even short distances**

Impression

- Headaches, memory loss/cognitive dysfunction, difficulty with comprehension, personality changes, imbalance, flexion contracture of the left upper extremity, inversion of the left foot, weakness, numbness and tingling of the left upper and lower extremities. Differential diagnosis: results of a closed head injury versus spinal injury.

Plan

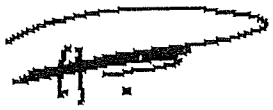
- He was evaluated with Dr. Rao. We will order an EEG and he will follow up in a few days. Jan Harris PAC

The Neurological Institute

2607 East 7th Street, Ste 200
Charlotte, NC 28204
Phone : 704-449-6064, Fax : 704-731-0936

Patient Name	Mr. Kyle Bagley	**Account #**	123264
Date Of Birth	11/03/1980	**Date**	10/31/2019

* The patient was seen and examined independently by me. The plan, differential diagnosis and recommendations were reviewed at length with the patient and Jan Harris, PA. Their questions were answered to their satisfaction. They are in agreement with this line of management. Hemanth Rao, MD



T Rao[MD]

Date : 11/01/2019 12:58 PM (EST)

CC : 1. Self Referral, MD

The Neurological Institute

2607 East 7th Street, Ste 200
Charlotte, NC 28204
Phone : 704-449-6064, Fax : 704-731-0936

Patient Name	Mr. Kyle Bagley	**Account #**	123264
Date Of Birth	11/03/1980	**Date**	11/19/2019

Mr. Kyle Bagley is a 39 year old male who is here for a followup visit.

Chief Complaint Brain Injury

HPI

Associated Symptoms	1. Associated symptoms: visual disturbance
Context	1. Context: Headaches, pain in back, left hand and left foot
Duration	1. Duration: few seconds, 30 minutes, few days, few months, constant
Location	1. Site: back, arm, hand, leg, foot,Head
Modifying Factors	1. Aggravating: Sitting or standing for long periods of time
	2. Alleviating: Heat
Severity	1. Severity: 10
Timing	1. Onset: Began suddenly on June 14, 2019
	2. Frequency: constant, every few seconds, every few min, once per hr

This 38 year old white male presents in the office today stating that on June 14, 2019 he was at work and was welding when he stood up and was hit in the head by a 622 lb bale of product that was coming off of the line. He is unsure if he had LOC but does not remember what happened. The next thing he remembers is getting up and going to the supervisors office where he reported his injury but no medical treatment was given and he continued to work. He stayed in bed until the following Monday. He developed weakness of the left arm and leg, headaches, neck pain, thoracic back pain and low back pain. He also had numbness and tingling of the left upper and lower extremities. He holds the left arm in a flexed position with the long, ring and 5th digits flexed as well. The left foot is held in inversion. He has had CT scans of the cervical, thoracic and lumbar spines that were negative and an MRI of the brain that showed a single 4 mm bright spot in the right parietal subcortical white matter. There was mild asymmetry of the lateral ventricle that was felt to be within the normal variation and a left maxillary sinus retention cyst or polyp. He continues to complain of pain of the neck, thoracic and low backs that he rates as an 8 on a scale of 1-10 and states that at times his back feels like it's on fire. The numbness of the left upper extremity is reported to be in the left palm, long, ring and 5th digits but when he had nerve testing he states that he could not feel the needles until it was close to the shoulder. He also has numbness of the plantar aspect of the left foot and lateral lower leg. He has been treated with PT which has helped somewhat with the flexion contracture of the left upper extremity. He also complains of headaches that are daily and are located in the posterior aspect of the head and the forehead with some light sensitivity. He rates his headaches as a 6-7 on a scale of 1-10. He has had some memory issues and difficulty processing information. He states that the physical therapist told him that it takes him a long time to follow instructions. He has had personality changes with irritability and depression. He has had dizziness and sometimes feels like he will pass out. Sometimes in PT while doing visual exercises he states that the vision of the right eye becomes blurred. He also complains of imbalance. He has had a 40 lb weight loss since his injury as well. He presents for follow up with ongoing symptoms. Regular EKG revealed a left frontal slow wave focus.

Current Medications

Cyclobenzaprine HCl 10 MG TABS 1 PO TID

Ibuprofen 800 MG TABS 1 PO TID

Tylenol PRN

Social History Marital Status : Married

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Patient Name	Mr. Kyle Bagley	**Account #**	123264
Date Of Birth	11/03/1980	**Date**	11/19/2019

Education : GED
Alcohol : Non-Drinker
Tobacco - Smoking Status : Current Every Day Smoker, smokes 1/2 ppd
Tobacco - Chewing Status : Non-Chewer
Drugs : Takes no drugs

Review of Systems

Constitutional	**recent weight loss, fatigue, weakness of entire body, fever, chills, sweats.**
Eyes	**loss of vision, redness, dryness.**
Ears-Nose-Mouth-Throat	**ringing in ears.**
Cardiovascular	**swelling in legs or feet.**
Respiratory	**shortness of breath.**
Gastrointestional	**decreased appetite.**
Genitourinary	Negative.
Musculoskeletal	**muscle pain, muscle spasm, joint pain, joint stiffness, back pain, difficulty walking, neck pain.**
Integumentary	**hair loss.**
Neurological	**headaches, dizziness, weakness in extremity, pain in extremity, numbness, tingling, tremor.**
Psychiatric	**depression, anxiety or nervousness, stress, insomnia.**
Endocrine	Negative.
Hematologic/Lymphatic	Negative.
Allergic/Immunologic	Negative.

Physical Examination

Vitals	Blood Pressure : 122/80 (sitting, R arm), Height : 73 inches, Weight : 158 lbs, BMI : 20.8
Constitutional	Well-developed, Well-nourished, Well-appearing.
Head and Face	Normocephalic, Atraumtic.
Eyes	No proptosis, No lens opacities and conjuentival injection or scleral icterus.
Ears-Nose-Mouth-Throat	External auditory canals membranes appear normal.
Neck	**Cervical paraspinal muscle tenderness**
Respiratory	Clear to auscultation. No rales and rhonchi or wheezing.
Cardiovascular	Normal rate and rhythm. No murmurs and gallops or rubs. No carotid bruits. Peripheral pulses normal. No peripheral edema.

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Patient Name	Mr. Kyle Bagley	**Account #**	123264
Date Of Birth	11/03/1980	**Date**	11/19/2019

Gastrointestinal	Normal bowel sounds. Soft. Non-tender. No masses. No hepatomegaly or splenomegaly.
Musculoskeletal	**Tenderness of the cervical, thoracic and lumbar spines with very tight muscles.**
Mental Status	**An MMSE was performed at his initial visit and patient scored 27/30.**
Cranial Nerve II	Optic discs appeared normal. Normal retinal vessels. Normal visual acuity. Visual fields were full to confrontation.
Cranial Nerves III-IV-VI	Pupils were equal, round and reactive to light and accomodation. No ptosis. Extraocular muscles were intact.
Cranial Nerve V	Facial sensation was intact. Normal corneal reflex.
Cranial Nerve VII	Face appeared symmetric. No facial weakness.
Cranial Nerve VIII	Hearing was intact. No nystagmus.
Cranial Nerves IX-X	Symmetric elevation of soft palate.
Cranial Nerve XI	Lateral rotation of head and shoulder shrug were normal.
Cranial Nerve XII	No tongue atrophy or fasciculations. Tongue remains midline when protruded.
Motor	**The left upper extremity is held in flexion especially a the wrist and long, ring and 5th digits. The left foot is held in inversion. He has decreased muscle strength of the left upper and lower extremities and a partial left foot drop.**
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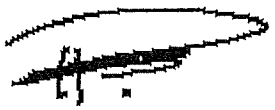
Impression

- Headaches, memory loss/cognitive dysfunction, difficulty with comprehension, personality changes, imbalance, flexion contracture of the left upper extremity, inversion of the left foot, weakness, numbness and tingling of the left upper and lower extremities. Differential diagnosis: results of a closed head injury versus spinal injury.

Plan

- Discussed with patient and his father at length. Given his ongoing symptoms and his regular EEG finding I have recommended 96 hour video EEG monitoring to capture these events and better characterize them. The patient would likely benefit from our outpatient brain injury program given all of the symptoms that he has. Their questions were answered to their satisfaction and they are in agreement with this line of management. Patient will return for follow-up in a few weeks or sooner if any problems arise.



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Patient Name	Mr. Kyle Bagley	**Account #**	123264
Date Of Birth	11/03/1980	**Date**	11/19/2019

T Rao[MD]

Date : 11/24/2019 09:08 AM (EST)

CC : 1. Self Referral, MD

NEUROLOGICAL

Report of Electroencephalography

Name: Kyle Bagley Age: 39 DOB: 11-3-1980

Date: 11-6-19 Account# 123264 EEG# CH-206 Dr. Rao

TECHNIQUE: ✓ Routine ____ Sleep Deprived ____ Prolonged recording time

CONDITION OF RECORDING: ✓ Awake ____ Drowsy ✓ Asleep

RELEVANT MEDICATIONS: ____

REASON FOR REFERRAL: SIP Headache w/ aura & computer issues, paresthesia, Aeq and epileptiform activity.

A 21 channel digital recording was obtained using the International 10-20- system of Electode placement with EKG and EOG leads.

____Hyperventilation was not done due to the patient's
___Age/History
___Level of comprehension/cooperation

____During sleep, there are normal amounts of slow activity, vertex waves, K-complexes and 12-14/second bilateral spindles.

___Normal EEG recording without evidence to suggest focality or epileptiform features. Clinical correlation is advised.

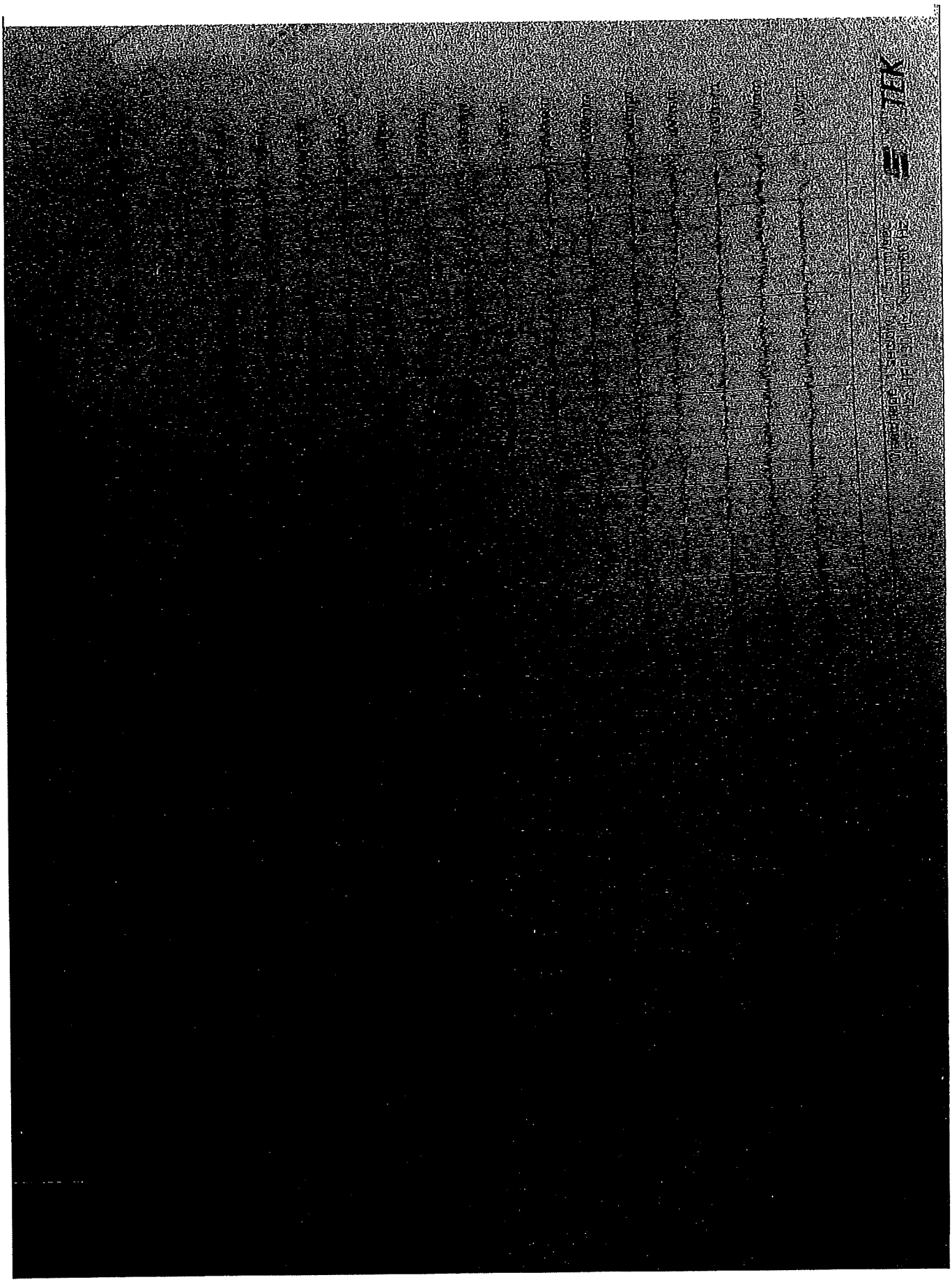
___The background consisted of a moderate amplitude, ___HZ alpha rhythm. Intermittent photic stimulation produced a normal response. No response was seen to hyperventilation. Drowsiness was achieved. No epileptiform activity was observed.

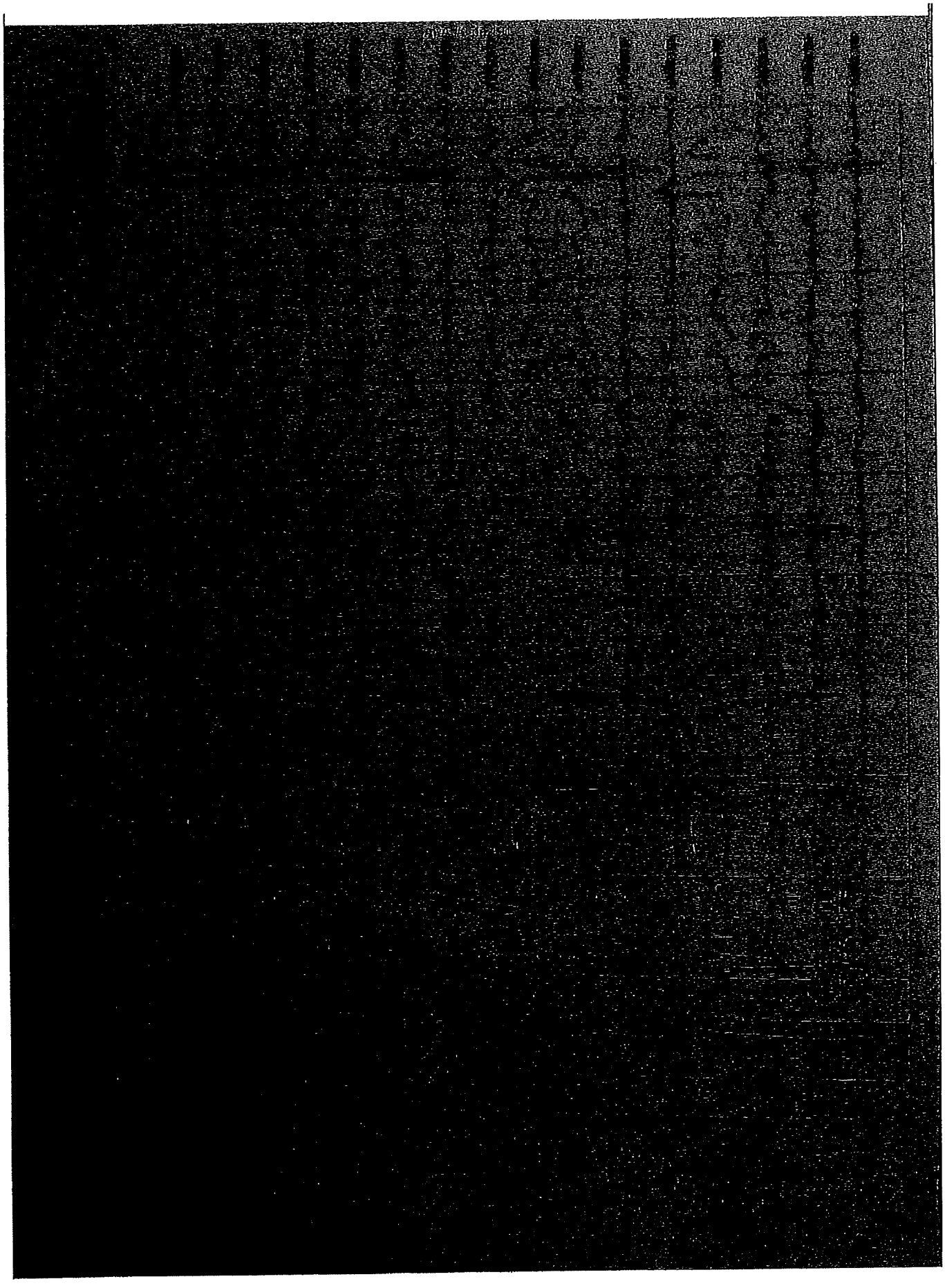
___Digital Spike Analysis: DSA files were reviewed in detail. These files include examples Of movement artifacts and sleep discharges.

___This EEG is abnormal due to:
Impression: ____

(R) Frontal slowing, focal R10 Underlying structural pathology. Consider lorazepam monitoring up to daytime levels and bitemporal

____ CC: ____
Physician Signature





NEUROLOGICAL INSTITUTE
T. HEMANTH RAO, M.D.
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1006 WELLNESS BOULEVARD, SUITE 210
MONROE, NC 28110
TEL: 449-6064

NAME Kyle Bagley DOB 11/3/80
ADDRESS DATE 11/12/19

NUMEROUS STATE FEATURES INCLUDING SAFETY BLUE BRAND, RESISTANT BACKGROUND, "ILLEGAL" PANTOGRAPH, AND REFILL INDICATOR

℞

96 hr. Video EEG (in our office)
dx: abnormal routine EEG.

Refill NR 1 2 3 4 5

PRODUCT SELECTION PERMITTED
DISPENSE AS WRITTEN
BBNE6089476

* would like to get patient *
scheduled next week.
11/18/19 - 11/22/19