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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Appellate Case No. 2022-000090

Randall Dalton, Employee, ...Appellant,

v.

The Muffin Mam, Employer,
and Amerisure Mutual Insurance Company, Inc., Carrier, ...Respondents.

RECORD ON APPEAL
VOLUME I

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1713760

RANDALL G. DALTON,

Employee,

Claimant,

vs.

THE MUFFIN MAM, INC.,

Employer,

AND

AMERISURE MUTUAL INSURANCE
COMPANY, INC.,

Carrier,

Defendants.

DECISION AND ORDER

DATE OF HEARING:

Hearing held in Greenville, S.C. on April 14, 2021.

APPEARANCES:

Claimant appeared and represented by C. Logan Rollins,
Esquire of HawkLaw of Spartanburg, South Carolina.

Defendants represented by John D. Stroud, Esquire of
McAngus Goudelock & Courie, L.L.C. of Charleston,
South Carolina.

PURPOSE OF THE HEARING:

To determine all issues as set forth in Forms 50 and 51.

COMMISSIONER:

Commissioner Avery B. Wilkerson, Jr.

FILED:

June 30, 2021

STIPULATIONS

The parties stipulate to the following:

1. That the South Carolina Workers' Compensation Commission has jurisdiction to hear this matter, and that venue is proper.
2. That Claimant has an average weekly wage of \$1,057.18 and a corresponding compensation rate of \$704.82.
3. That this hearing will address the issues on both the Claimant's Form 50 and Defendants' Form 21.

APA SUBMISSIONS

Without objection from Defendants, Claimant submitted the following pursuant to the Administrative Procedures Act:

TAB	NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE #
5	J. Adger Brown, Jr. Rehabilitation Consulting	04/13/20	177-184
6	Reedy Family Medicine Dr. James R. Fuson	01/25/19-08/05/20	185-251
7	Pain Medicine- Eastside Dr. Phillip Joshua Smith	10/05/20	252-260
8	Innervision Medical Imaging	11/27/17	261-262
9	MD360	06/26/17	263-266
10	Center for Health and Occupational Services	07/05/17-09/18/17	267-282
11	Emergency MD	08/03/17	283-285
12	Carolina Ortho & Neurosurgical Associates	12/05/17-01/31/18	286-287

TAB	EXHIBIT	DATE	PAGE #
A	Email correspondence from Claimant's Counsel to Defense Counsel	08/17/20-08/31/20	288-289
B	Deposition Transcript of Terri Anne Jemon – 30 (b) (6)	06/09/20	290-315
C	Deposition Transcript of Ronnie Williams	10/06/20	316-332
D	Deposition Transcript of Dr. Phillip J. Smith	03/23/21	333-338
E	Resume of J. Adger Brown, Jr.	***	339-341

Without objection from Claimant, Defendants submitted the following pursuant to the Administrative Procedures Act:

APA #	DOCTOR	PRACTICE	DATES	PAGES
1.		Carolina Orthopaedics and Neurosurgical Associates	11/16/17 – 4/12/19	1-148
2.		Prisma Health (Reedy Family Medical Center)	10/12/20	149-160
3.		Functional Capacity Evaluation	12/16/20	161-172
4.		SCDEW wages		173-176

STATEMENT OF THE CASE

This matter was brought before the undersigned Commissioner pursuant to Claimant's Form 50 request for a hearing. During the Hearing, Defendants brought to the undersigned Commissioner's attention that they were under the impression the hearing was on a Form 21 Employer's request for hearing as well, which was inconsistent with the Commissioner's file and hearing docket. However, Claimant stipulated to proceeding with the hearing to address the issues on both the Form 50 and Form 21.

It was the position of the Claimant that, as a matter of law, he is permanently and totally disabled under either Section 42-9-10 or 42-9-30, arguing Claimant sustained 50% or more permanent disability to the back, even though Claimant continued to be employed by Defendants. In support of his position, Claimant points to his work restrictions that limit him to a maximum of exerting 30 pounds of pressure at all and a maximum of 10 pounds of pressure overhead. Claimant argues that the record demonstrates that his actual ability is lifting 10 pounds maximum and lifting only 7 pounds over his head. Claimant asserts his only work history is doing mechanical repairs, and the only vocational evidence in the record establishes that he would be unhireable at any place other than his current place of employment that has someone

other than Claimant perform all activities he is now physically incapable of performing. Claimant also took the position that Clark v. Phillips Electronics, 433 S.C. 186 (Ct. App. 2021) required considering the opinion of the vocational expert in determining whether Claimant was permanently and totally disabled.

Defendants deny an injury to the Claimant's legs, right hip, and bilateral hands but admit Claimant sustained a compensable injury to his low back, neck, and right shoulder. Defendants asserted that Claimant received all necessary medical treatment, had reached MMI, and requested a determination of permanency as well as Claimant's entitlement to additional benefits under the Act. Defendants also requested a credit for overpayment of TTD benefits. Defendants denied Claimant was permanently and totally disabled, and that the current accommodations would not fall under the sheltered employment doctrine as the accommodations were legitimate and Claimant was a valued employee. Defendants took the position that the case law relied upon by Claimant was inapplicable to the facts at hand in support of their denial that Claimant is entitled to an award for permanent and total disability.

EVIDENCE OF THE CASE

APA Submissions/Exhibits

Claimant presented to MD360 on June 26, 2017 with complaints of right shoulder, right hip, right groin and right upper back pain following a slip and fall down 4-5 steps while performing work for Muffin Mam. (APA p. 263). Claimant was given medications and referred to Center for Health and Occupational Services. Claimant presented to Center for Health and Occupational Service on July 6, 2017 with continued complaints with his back, neck, and groin, and was prescribed medications and placed on restrictions of no lifting over 10 pounds, no excessive twisting or bending at waist level, no squatting, no forklift driving, sedentary work

with frequent breaks. (APA p. 267). On July 13, 2017 Claimant returned reporting continued back and neck pain, but noted the groin pain was getting better. (APA p. 269). Claimant continued to treat with Center for Health and Occupational for pain in his back, neck, groin, right shoulder and both hands until he was referred to an Orthopedist on September 18, 2017. (APA p. 272-282). During this treatment, Claimant underwent an MRI of his neck and lower back on August 3, 2017. (APA p. 283). The MRI of the lumbar spine revealed a broad-based posterior disc herniation extending to the right posterolateral recess at the level of L5 on S1, a posterocentral disc herniation at L4-L5, an annular bulge at L3-L4, dehydration of the discs, loss of disc height, and mild narrowing of the right intervertebral neural foramen at L5 and S1. The MRI of the cervical spine revealed a reversal of the cervical lordosis, spondylosis, and multilevel degenerative disc disease, but no acute traumatic pathology.

Claimant presented to Carolina Orthopedics and Neurosurgical Associates on November 16, 2017 with complaints of back, neck, right shoulder pain and radiation into his arms and thighs. An EMG/NCS was ordered, and Claimant was referred to Dr. Hoenig to evaluate the right shoulder. (APA p. 1). After evaluating the right shoulder on November 20, 2017, Dr. Hoenig ordered an MRI. (APA p. 4). The MRI was taken on November 27, 2017, revealing a full tear of the supraspinatus tendon, as well as severe infraspinatus and moderate subscapular tendinosis. (APA p. 261). Claimant returned to Dr. Lim on February 8, 2018 with continued complaints of left hip pain that will radiate down his bilateral lower extremities. Claimant reported no relief from bilateral L5-S1 transforaminal epidural steroid injection with Dr. Behr. (APA p. 22).

On February 14, 2018 Claimant underwent a right shoulder arthroscopy with extensive debridement and biceps tenotomy, subacromial decompression, distal clavicle resection of 8 mm,

and rotator cuff repair, which did include the installation of hardware. (APA p. 28). Claimant continued to treat with Dr. Hoenig and received the expected post-operative care physical therapy and return visits until he reached MMI for his right shoulder on June 18, 2018. (APA p. 36-119). On June 18, 2018, Dr. Hoenig placed Claimant at MMI, assigned 8% impairment to the right shoulder, and permanent restrictions of no lifting greater than 10 pounds overhead. Claimant's shoulder pain increased after an FCE was done on November 14, 2018 and an injection was performed on December 17, 2018. (APA p. 136). Claimant returned to Dr. Hoenig on January 14, 2019, at which time Dr. Hoenig opined he returned to baseline, placed him at MMI again, and made no changes to the 14B he issued previously. (APA p. 141).

On May 22, 2018 Claimant returned to Dr. Lim with continued complaints of back pain and radiation down both legs. (APA p. 97). Claimant returned on July 27, 2018 reporting pain in his neck going down his right shoulder and thoracic spine into his lower back and both legs. Claimant was given medications and sent to physical therapy. (APA p. 121). Claimant returned on September 5, 2018 with continued complaints of neck and back pain. Claimant was given medication, repeat lumbar injections were recommended, and Claimant was instructed to continue physical therapy. (APA p. 126). Claimant returned to Dr. Behr on November 7, 2018 with continued complaints of right shoulder pain and pain in his lower back, radiating into both legs. Claimant declined facet injections, and Dr. Behr placed Claimant at MMI for both cervical and lumbar spine with ongoing pain management to include medications recommended for at least 2 years. (APA p. 131). On November 20, 2018 Dr. Behr prepared a 14B confirming the date of MMI and future medical treatment, assigned a 4% to the cervical spine, 8% to the lumbar spine, and permanent restrictions of no lifting more than 30 pounds. (APA p. 136).

After being placed at MMI by the Authorized Treating Physicians, Claimant continued to treat with his primary care physician. During that time, Claimant reported a twisting injury in his lower back on October 22, 2019 with radiation into his buttocks, and was written out of work for a week. (APA p. 203). On October 29, 2019 Claimant returned reporting no pain, and was cleared to return to work full duty. (APA p. 208). Claimant reported neck pain on August 5, 2020 and August 17, 2020, and received an injection. (APA p. 240 and 244).

On October 5, 2020 Claimant was evaluated by Dr. Smith with Interventional Pain Management Associates. (APA p. 252). Claimant reported chronic neck and back pain, noting that it flares up periodically, resolving on its own. Claimant was referred to pain management and instructed to continue use of a TENS unit. The last record available from Claimant's primary care physician is dated October 12, 2020, at which time Claimant reported he was much better, only having mild pains and was ready to return to work. Claimant was given work restrictions of no lifting over 10 pounds and instructed to follow up in one month. (APA p. 149).

On December 16, 2020 Claimant underwent a functional capacity evaluation with Garber physical therapy, which found Claimant was capable of functioning at a Light level of work based on his material handling performance. (APA p. 161). The Claimant demonstrated consistency of performance on all consistency tests pertaining to gripping and pinching. On April 19, 2020 Claimant underwent a vocational evaluation with J. Adger Brown, Jr. (APA p. 218). In short, Mr. Brown opined Claimant is able to continue to work under his accommodations with the employer, but that should Mr. Dalton lose his job for any reason, whether it be through reinjury, termination, downsizing, layoff, sale of the company, or any other reason, he would find himself unemployed and, more likely than not, totally disabled from any and all forms of work.

The deposition of Dr. Smith was taken on March 23, 2021. Dr. Smith confirmed that he only saw the Claimant once. (APA p. 335). Dr. Smith opined that Claimant would benefit from continued pain management and epidural injections. Dr. Smith testified he was unable to comment on maximum medical improvement and would defer to the authorized treating physician. Dr. Smith also deferred to Claimant's primary care or the authorized treating physicians with regard to whether or not he is capable of returning to work. Dr. Smith testified that he was unaware of the Claimant's current condition because it had been six months since he evaluated the claimant. Dr. Smith admitted that he was unable to provide a medical opinion based on the lack of knowledge of Claimant's current condition and the time that had lapsed since his IME. Dr. Smith admitted that any recommendation for future medical treatment would be speculative at this point. The remainder of the deposition was reviewed by the undersigned, but further summary here within this order is unnecessary based on the findings of facts below.

The deposition of an employer representative, Terri Anne Jermon was also submitted into evidence. Mrs. Jermon testified that based on his qualifications, Claimant would probably have been hired by Muffin Mam given his current restrictions, but admitted she is not in charge of hiring. (APA p. 302 and 303). She testified Claimant has been able to handle pretty much anything that's needed to be done. (APA p. 303). She further testified that she was under the belief that Claimant has taken on a more supervisory role as shift supervisor. (APA p. 303-304).

The deposition of another employer representative, Ronnie Williams, was also submitted into evidence. Mr. Williams testified that he is the director of engineering for Muffin Mam. Mr. Williams confirmed that a maintenance technician may need to work overhead to work on pieces of equipment, but did not believe the job would require exertion of more than 30 pounds of force while doing so. (Williams Deposition Tr. p. 10). Mr. Williams testified that most of the pieces

of equipment that would be required to move weight “5, 10, 15, maybe 25 pounds.” Id. Mr. Williams testified that he was unaware Claimant was on restrictions, stating he performed his functions just as well as everyone else. Id. at 12. Mr. Williams admitted that he wouldn’t hire anyone who couldn’t lift his hands over his head. Id. at 13. Mr. Williams testified that he would not hire someone who could not lift more than 30 pounds with both arms, but wouldn’t disqualify someone with one arm as long as they were able to do what needed to be done. Id. at 14. Mr. Williams confirmed that he would hire someone with a restriction of no lifting 10 pounds overhead. Id. at 15-16.

Claimant’s testimony

At the hearing, Claimant testified on his own behalf. Claimant testified that he is 61 years old and graduated high school. (Hr. Tr. p. 16). Claimant denied getting any college certificates or licenses after high school, but did admit he attended some technical college courses for auto mechanics and industrial electronics. (Hr. Tr. p. 17). He testified he is not familiar with Microsoft Word, Excel, or Powerpoint, but is capable of using CAMs at work. Id. at 17-18. Claimant testified he has been working for Muffin Mam for almost 18 years and 6 months, and his current job title is maintenance supervisor. Id. at 19-20. Claimant confirmed that he was promoted to his current position approximately one year prior to the hearing. Id. at 20. Prior to his promotion, Claimant’s job title was a maintenance technician. Id. at 21. Claimant testified that his current job requires him to perform maintenance on several machines, but confirmed that he doesn’t have to lift any weight because the machines are on wheels. Id. at 21-23. Claimant testified that he may sometimes need to do overhead work, which would require more than 10 pounds of pressure if you had to torque nuts. (Id. at 24-25). Claimant confirmed that he can have someone else do work that he would be incapable of doing. Id.

Prior to working for Muffin Mam, Claimant worked for Goglanian Bakery as a maintenance technician. (Id. at 27-28). Claimant testified that Muffin Mam had different equipment, and he had to learn how to operate the new machinery. Id. at 28. Prior to working for Goglanian Bakery, Claimant worked at Sew Simple wiring control panels. Id. at 29. Claimant testified that he doesn't think he could return to that job because he has forgotten how to wire the control panels. Id. Prior to Sew Simple, Claimant worked at GE service center rebuilding electric motors, doing "switch gear work." Id. at 31.

Claimant testified his shoulder pain these days on average is 2-3/10. Id. at 39. Claimant testified that his neck pain is similar, and he has difficulty tilting his head back. Id. at 41. Claimant testified the worst his neck pain gets would be 5-6/10. Id. at 42. With regards to his lower back, Claimant testified his pain on average is 3-4/10, but can be as high as 6-7/10. Id. at 43. As a result of his injuries, Claimant testified that he is unable to lift his shoulder over a certain level, and can no longer throw a baseball the way he used to. Id. at 38-39. Claimant testified that his lower back is aggravated by walking long distances, which he has been doing more since moving to a larger facility. Id. at 33-34.

Claimant testified that the employer recently shut down a facility and moved operations to a larger facility in Laurens, SC. Id. at 33. Claimant confirmed that he knows the equipment Muffin Mam uses better than anyone else there. Id. at 48. Claimant testified that the most important factor in his experience doing this job is working on that specific equipment for a long period of time. Id. Claimant testified that he is training co-workers to be more familiar with the older equipment. Id. Claimant confirmed that he believes he provides a valuable service to the employer based on his experience with the older equipment. Id. at 50. Claimant testified that after work he goes home, takes a shower, and applied heat to his shoulder. Id. at 52. Claimant

testified that he has about 4 bad days a week. Id. On the weekends, Claimant usually rests because he needs to rest his body. Id. Claimant testified that he is planning on working for Muffin Mam as long as they will have him and as long as he is able to. Id. at 58. Claimant confirmed that he is happy with his employer. Id. at 60.

On cross-examination, Claimant confirmed that he obtained a certificate in switch gear repair through his employment with GE. Id. at 63. Claimant admitted that he didn't have experience in switch gear repair but was able to learn how to do it. Id. Claimant confirmed he also received a balancing certificate through GE, which again was something he had no experience in but was able to learn. Id. at 63-64. Claimant confirmed that he is certified in operating a forklift. Id. at 67. Claimant couldn't recall if he told the vocational expert about these certifications. Id. Claimant confirmed that he is now getting paid a salary at \$72,000.00 a month. Id. at 68. Claimant confirmed that Muffin Mam shut down the facility he was working in, transferred him to the new facility, switched him to a salary base pay and gave him a raise. Id. at 68-69. Claimant testified that he was not furloughed or laid off during the COVID 19 pandemic. Id. at 71.

On May 12, 2021, the undersigned Commissioner issued directives to the parties to prepare an Order finding the following:

FINDINGS OF FACT

1. Based upon the average weekly wage stipulated by the parties, I find that at the time of the injury Claimant made approximately \$54,973.36 a year. Based on his testimony, Claimant is now paid a salary of \$72,000 a year.
2. I find the employer has made accommodations for Claimant's permanent restrictions. By all accounts, including his own testimony, Claimant is a valued employee. Claimant is the

only person who understands and knows the old equipment, and nobody else can do his job at Muffin Mam. Claimant was transferred from a former location to the new location in Laurens, South Carolina. Claimant has major lifetime restrictions of no lifting more than 10 pounds overhead, yet the employer has accommodated these restrictions over the past 3 years.

3. I do not find sheltered environment employment. Therefore, I do not find Claimant is permanently and totally disabled. Claimant is making more money now than before accident.
4. Claimant has hardware stemming from the shoulder surgery authorized by Defendants. Therefore, Claimant is entitled to lifetime maintenance and repair of said hardware.
5. Defendants are not entitled to any credit for overpayment of TTD benefits. No evidence was produced at the hearing to prove overpayment. The record was left open and documents were submitted after the hearing. However, the documents submitted by Defendants do not provide any reliable information or prove an overpayment.
6. I find Claimant exerted full effort during his FCE, and the restrictions recommended in the FCE are reliable and an accurate representation of Claimant's permanent restrictions.
7. I find Claimant reached MMI for his shoulder on June 18, 2018. Dr. Hoenig assigned 8% to the right shoulder and did not recommend any further medical treatment.
8. I find Claimant reached MMI for his lumbar and cervical spine on November 7, 2018. Dr. Behr assigned an impairment rating of 4% tot the cervical spine and 8% to the lumbar spine, and recommended ongoing pain management to include medications for at least 2 years.

9. I find Claimant failed to meet the burden required to establish a compensable injury to his right hand, left hand, groin, right lower extremity, left lower extremity, and right hip as pled on Claimant's Form 50 request for hearing and pre-hearing brief. Therefore, I find Claimant reached MMI for all compensable body parts as of November 7, 2018 per Dr. Behr's report.
10. Based on the evidence, I give greater weight to the two authorized treating physicians at Carolina Ortho and Neurosurgical Associates, Dr. Hoenig and Dr. Behr. I am not persuaded by Dr. Smith's testimony and rely on the opinions of the authorized treating physicians with regard to all issues, including date of MMI, level of impairment, and future medical care.
11. Based on the greater weight of the case, I would find Randall Dalton had a 15% disability to his right shoulder and a combined rating for cervical and lumbar spine of 15% to his back.
12. I find Claimant is entitled to causally-related medical treatment to the neck and lumbar spine as recommended by Dr. Behr, which is ongoing pain management to include medications for at least 2 years.
13. I find Claimant is entitled to life time maintenance and repair of the hardware installed in his right shoulder during the operation that took place on February 14, 2018. Claimant is not entitled to any other medical treatment for the shoulder.
14. I find Claimant is not entitled to any benefits under the Act for the right hand, left hand, groin, right lower extremity, left lower extremity, and right hip, as Claimant failed to meet the burden establishing a compensable injury to these denied body parts.

CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. §42-9-10, I find Claimant has failed to meet his burden of proof required to establish an award for permanent and total disability.
2. Pursuant to S.C. Code Ann. §42-9-30, I find Claimant has failed to meet his burden of proof required to establish an award for permanent and total disability.
3. I find that the Claimant has not met his burden of proof required to establish sheltered employment and entitlement to an award for permanent disability under Peoples v. Cone Mills Corporation 342 S.E.2d 798 (N.C. 1986) and other cited case law. I find the facts of this claim to be significantly different with the facts at issue in Peoples, and therefore the case law is inapplicable.
4. Defendants have failed to prove entitlement to credit for overpayment of TTD benefits under S.C. Code Ann. §42-9-210.
5. Claimant has failed to prove a compensable injury to the right hand, left hand, groin, right lower extremity, left lower extremity, and right hip pursuant to S.C. Code Ann. §42-1-160.
6. Claimant is not entitled to medical treatment for the right hand, left hand, groin, right lower extremity, left lower extremity, and right hip pursuant to S.C. Code Ann. §42-15-60.
7. Pursuant to S.C. Code Ann. §42-9-30, Claimant is entitled to an award of permanent partial disability of 15% to the spine and 15% to the right shoulder.
8. Pursuant to S.C. Code Ann. §42-15-60, I find Claimant is entitled to additional medical treatment to as recommended by Dr. Behr to the lower back and neck only, and lifetime maintenance and repair of Claimant's hardware installed during the surgery on his right shoulder.

ORDER

IT IS HEREBY ORDERED that Claimant is entitled to an award for 15% disability to his right shoulder and a combined rating for cervical and lumbar spine of 15% to his back.

IT IS FURTHER ORDERED that the award shall be paid in lump sum, and Claimant's proceeds of Sixty-Three Thousand, Four Hundred, Thirty-Three and 80/100 (\$63, 433.80) shall be allocated as follows: Twenty-One Thousand, One Hundred, Forty-Four and 60/100 (\$21,144.60) Dollars in attorney's fees and Four Thousand, Two Hundred, Ninety-Four and 37/100 (\$4,294.37) Dollars in costs; Thirty-Seven Thousand, Nine Hundred, Ninety-Four and 83/100 (\$37,994.83) Dollars in compromise settlement of disputed future disability benefits to Claimant at the rate of \$36.81 per week commencing June 28, 2021, for 19.85 yrs (1,032.20 wks) based upon the claimant's life expectancy thereafter pursuant to Section 19-1-150 of the South Carolina Code of Law, (1976 as Amended), and as is interpreted by the South Carolina Supreme Court in the decision of *Utica Mohawk Mills vs. Orr*, 87 S.E.2d 589 (S.C. 1955); *Sciarotta v. Bowen*, 837 F.2d 135 (3rd Cir. 1988; *Lemire v. Secretary of Health and Human Services*, 682 F. Supp. 102 (D.C.N.H.) and *Hatch v. Heckler*, 626 F. Supp. 1367 (N.D. California 1986). POMS §52001.555 (c) (4)." See *James v. Anne's Inc.*, 390 S.C. 188, 701 S.E.2d 730 (S.C. 2010). For ERISA and social security disability purposes, these settlement funds are to be apportioned for the entire life span of 19.85 yrs (1,032.20 wks).

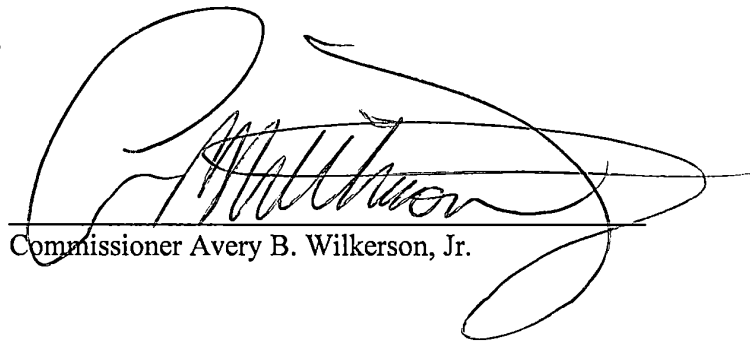
IT IS FURTHER ORDERED that Claimant is entitled to causally-related future medical treatment for the neck and low back as recommended by Dr. Behr, which is

ongoing pain management to include medications for at least 2 years, as well as lifetime maintenance and repair of Claimant's hardware installed during the surgery on his right shoulder.

IT IS FURTHER ORDERED that Claimant failed to prove a compensable injury to the right hand, left hand, groin, right lower extremity, left lower extremity, and right hip, and therefore is not entitled to any benefits under the act for those body parts.

IT IS FURTHER ORDERED that Defendants are not entitled to any credit for overpayment of temporary total disability benefits.

AND IT IS SO ORDERED.



Commissioner 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 Deborah Hutto on June 30, 2021

APPELLATE PANEL DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1713760

Randall G. Dalton

EMPLOYEE,
CLAIMANT/RESPONDENT

VS.

The Muffin Mam, Inc.

EMPLOYER,

AND

Amerisure Mutual Insurance Company, Inc.

CARRIER,
DEFENDANTS/APPELLANTS,

Appellate Panel Review held virtually in South
Carolina, on November 23, 2021 per notices timely
And properly served upon all parties of interest.

Appellate Panel Decision and Order Filed:

January 7, 2022

APPEARANCES: Claimant/Appellant represented by C. Logan Rollins

Defendants/Respondents represented by John D. Stroud

STATEMENT OF THE CASE

The parties were heard by Commissioner Avery B. Wilkerson on April 13, 2021 in Greenville, South Carolina. On June 30, 2021, the hearing Commissioner issued the following Order:

That Claimant is entitled to an award for 15% disability to his right shoulder and a combined rating for cervical and lumbar spine of 15% to his back.

That the award shall be paid in lump sum, and Claimant's proceeds of Sixty-Three Thousand, Four Hundred, Thirty-Three and 80/100 (\$63,433.80) shall be allocated as follows: Twenty-One Thousand, One Hundred, Forty-Four and 60/100 (\$21,144.60) Dollars in attorney's fees and Four Thousand, Two Hundred, Ninety-Four and 37/100 (\$4,294.37) Dollars in costs; Thirty-Seven Thousand, Nine Hundred, Ninety-Four and 83/100 (\$37,994.83) Dollars in compromise settlement of disputed future disability benefits to Claimant at the rate of \$36.81 per week commencing June 28, 2021, for 19.85 yrs (1,032.20 wks) based upon the claimant's life expectancy thereafter pursuant to Section 19-1-150 of the South Carolina Code of Law, (1976 as Amended), and as is interpreted by the South Carolina Supreme Court in the decision of *Utica Mohawk Mills vs. Orr*, 87 S.E.2d 589 (S.C. 1955); *Sciarotta v. Bowen*, 837 F.2d 135 (3rd Cir. 1988; *Lemire v. Secretary of Health and Human Services*, 682 F. Supp. 102 (D.C.N.H.) and *Hatch v. Heckler*, 626 F. Supp. 1367 (N.D. California 1986). POMS §52001.555 (c) (4)." See *James v. Anne's Inc.*, 390 S.C. 188, 701 S.E.2d 730 (S.C. 2010). For ERISA and social security disability purposes, these settlement funds are to be apportioned for the entire life span of 19.85 yrs (1,032.20 wks).

That Claimant is entitled to causally-related future medical treatment for the neck and low back as recommended by Dr. Behr, which is ongoing pain management to include medications for at least 2 years, as well as lifetime maintenance and repair of Claimant's hardware installed during the surgery on his right shoulder.

That Claimant failed to prove a compensable injury to the right hand, left hand, groin, right lower extremity, left lower extremity, and right hip, and therefore is not entitled to any benefits under the act for those body parts.

That Defendants are not entitled to any credit for overpayment of temporary total disability benefits.

In support of his order, the Hearing Commissioner made the following Findings of Facts and Conclusions of Law:

HEARING COMMISSIONER'S FINDINGS OF FACT

1. Based upon the average weekly wage stipulated by the parties, I find that at the time of the injury Claimant made approximately \$54,973.36 a year. Based on his testimony, Claimant is now paid a salary of \$72,000 a year.
2. I find the employer has made accommodations for Claimant's permanent restrictions. By all accounts, including his own testimony, Claimant is a valued employee. Claimant is the only person who understands and knows the old equipment, and nobody else can do his job at Muffin Mam. Claimant was transferred from a former location to the new location in Laurens, South Carolina. Claimant has major lifetime restrictions of no lifting more than 10 pounds overhead, yet the employer has accommodated these restrictions over the past 3 years.
3. I do not find sheltered environment employment. Therefore, I do not find Claimant is permanently and totally disabled. Claimant is making more money now than before accident.
4. Claimant has hardware stemming from the shoulder surgery authorized by Defendants. Therefore, Claimant is entitled to lifetime maintenance and repair of said hardware.
5. Defendants are not entitled to any credit for overpayment of TTD benefits. No evidence was produced at the hearing to prove overpayment. The record was left open and documents were submitted after the hearing. However, the documents submitted by Defendants do not provide any reliable information or prove an overpayment.

6. I find Claimant exerted full effort during his FCE, and the restrictions recommended in the FCE are reliable and an accurate representation of Claimant's permanent restrictions.
7. I find Claimant reached MMI for his shoulder on June 18, 2018. Dr. Hoenig assigned 8% to the right shoulder and did not recommend any further medical treatment.
8. I find Claimant reached MMI for his lumbar and cervical spine on November 7, 2018. Dr. Behr assigned an impairment rating of 4% to the cervical spine and 8% to the lumbar spine, and recommended ongoing pain management to include medications for at least 2 years.
9. I find Claimant failed to meet the burden required to establish a compensable injury to his right hand, left hand, groin, right lower extremity, left lower extremity, and right hip as pled on Claimant's Form 50 request for hearing and pre-hearing brief. Therefore, I find Claimant reached MMI for all compensable body parts as of November 7, 2018 per Dr. Behr's report.
10. Based on the evidence, I give greater weight to the two authorized treating physicians at Carolina Ortho and Neurosurgical Associates, Dr. Hoenig and Dr. Behr. I am not persuaded by Dr. Smith's testimony and rely on the opinions of the authorized treating physicians with regard to all issues, including date of MMI, level of impairment, and future medical care.
11. Based on the greater weight of the case, I would find Randall Dalton had a 15% disability to his right shoulder and a combined rating for cervical and lumbar spine of 15% to his back.

12. I find Claimant is entitled to causally-related medical treatment to the neck and lumbar spine as recommended by Dr. Behr, which is ongoing pain management to include medications for at least 2 years.
13. I find Claimant is entitled to life time maintenance and repair of the hardware installed in his right shoulder during the operation that took place on February 14, 2018. Claimant is not entitled to any other medical treatment for the shoulder.
14. I find Claimant is not entitled to any benefits under the Act for the right hand, left hand, groin, right lower extremity, left lower extremity, and right hip, as Claimant failed to meet the burden establishing a compensable injury to these denied body parts.

HEARING COMMISSIONER'S CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. §42-9-10, I find Claimant has failed to meet his burden of proof required to establish an award for permanent and total disability.
2. Pursuant to S.C. Code Ann. §42-9-30, I find Claimant has failed to meet his burden of proof required to establish an award for permanent and total disability.
3. I find that the Claimant has not met his burden of proof required to establish sheltered employment and entitlement to an award for permanent disability under Peoples v. Cone Mills Corporation 342 S.E.2d 798 (N.C. 1986) and other cited case law. I find the facts of this claim to be significantly different with the facts at issue in Peoples, and therefore the case law is inapplicable.
4. Defendants have failed to prove entitlement to credit for overpayment of TTD benefits under S.C. Code Ann. §42-9-210.

5. Claimant has failed to prove a compensable injury to the right hand, left hand, groin, right lower extremity, left lower extremity, and right hip pursuant to S.C. Code Ann. §42-1-160.
6. Claimant is not entitled to medical treatment for the right hand, left hand, groin, right lower extremity, left lower extremity, and right hip pursuant to S.C. Code Ann. §42-15-60.
7. Pursuant to S.C. Code Ann. §42-9-30, Claimant is entitled to an award of permanent partial disability of 15% to the spine and 15% to the right shoulder.
8. Pursuant to S.C. Code Ann. §42-15-60, I find Claimant is entitled to additional medical treatment to as recommended by Dr. Behr to the lower back and neck only, and lifetime maintenance and repair of Claimant's hardware installed during the surgery on his right shoulder.

Within the statutory period, counsel for the Claimant filed an Application for Review in the case setting forth his reasons, copies of which were furnished to all interested parties, prior to oral argument presented before the Appellate Panel on November 23, 2021.

All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Appellate Panel and has since been under study and consideration.

By appeal it is respectfully submitted that the Hearing Commissioner erred in the following:

1. Did the Single Commissioner err in determining that Claimant sustained only 15 percent disability to his right shoulder and only 15 percent disability to his back when the greater weight of the evidence establishes that Claimant's disability to each member substantially

exceeds 15 percent (I.e., if Claimant is not totally and permanently disabled—see below—was the scheduled member award nevertheless too low)?

2. Did the Single Commissioner err in finding that Claimant did not meet his burden to establish that he was permanently and totally disabled pursuant to S.C. Code Ann. § 42-9-30 (21) for loss of use to the back that exceeds 50 percent?
3. Did the Single Commissioner err in failing specifically to hold that the State of South Carolina does recognize the doctrine of “sheltered work” or “sheltered employment?”
4. Did the Single Commissioner err in finding that Claimant failed to meet his burden establishing that he was permanently and totally disabled pursuant to S.C. Code Ann. § 42-9-10, including his claim on the basis that “shelter employment” doctrine applied because all evidence (or at least the greater weight of evidence) in the record established that he could not compete for wages in the open marketplace?
5. Did the Single Commissioner err in disregarding *Clark v. Phillips Electronics*, 433 SC 186 (Ct. App. 2021) and its mandate to consider Claimant's uncontradicted vocational evaluation that unequivocally stated that Claimant was incapable of employment at any position other than his sheltered work with Respondent employer.

In an Appellate Review, the Appellate Panel shall, pursuant to S.C. Code Ann. §42-17-50 (1985,) review the Award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner.

After careful review in the instant case, the Commission, by unanimous vote, has determined that the Hearing Commissioner’s Findings of Fact are correct in part and incorrect in part, however the Rulings of Law are correct. Accordingly, the Appellate Panel has stated the

following Findings of Fact and Rulings of Law and they shall become the law of the case; and, therefore, the Decision and Order of the Hearing Commissioner is Affirmed with Amendments, as follows.

FINDINGS OF FACT

1. Based upon the average weekly wage stipulated by the parties, we find that at the time of the injury Claimant made approximately \$54,973.36 a year. Based on his testimony, Claimant is now paid a salary of \$72,000 a year.
2. We find the employer has made accommodations for Claimant's permanent restrictions. By all accounts, including his own testimony, Claimant is a valued employee. Claimant is the only person who understands and knows the old equipment, and nobody else can do his job at Muffin Mam. Claimant was transferred from a former location to the new location in Laurens, South Carolina. Claimant has major lifetime restrictions of no lifting more than 10 pounds overhead, yet the employer has accommodated these restrictions over the past 3 years.
3. We do not find sheltered environment employment. Therefore, we do not find Claimant is permanently and totally disabled. Claimant is making more money now than before accident.
4. Further, we find from a vocational standpoint, it was the opinion of Claimant's vocational expert that an excellent rehabilitation outcome has been achieved in that Mr. Dalton is continuing to work with his same employer of about seventeen years in a modified position where he is performing legitimate work of value to his employer. Although he is not performing the full range of his prior work, Mr. Dalton is able to make use of his experience to direct, supervise, and train others, and intermittently perform work beyond

the range of light, and has remained consistently employed, with his employer advancing him from an hourly to a salaried status and making him a supervisor. (APA p. 183).

5. Claimant has hardware stemming from the shoulder surgery authorized by Defendants. Therefore, Claimant is entitled to lifetime maintenance and repair of said hardware.
6. Defendants are not entitled to any credit for overpayment of TTD benefits. No evidence was produced at the hearing to prove overpayment. The record was left open and documents were submitted after the hearing. However, the documents submitted by Defendants do not provide any reliable information or prove an overpayment.
7. We find Claimant exerted full effort during his FCE, and the restrictions recommended in the FCE are reliable and an accurate representation of Claimant's permanent restrictions.
8. We find Claimant reached MMI for his shoulder on June 18, 2018. Dr. Hoenig assigned 8% to the right shoulder and did not recommend any further medical treatment.
9. We find Claimant reached MMI for his lumbar and cervical spine on November 7, 2018. Dr. Behr assigned an impairment rating of 4% to the cervical spine and 8% to the lumbar spine, and recommended ongoing pain management to include medications for at least 2 years.
10. We find Claimant failed to meet the burden required to establish a compensable injury to his right hand, left hand, groin, right lower extremity, left lower extremity, and right hip as pled on Claimant's Form 50 request for hearing and pre-hearing brief. Therefore, we find Claimant reached MMI for all compensable body parts as of November 7, 2018 per Dr. Behr's report.
11. Based on the evidence, we give greater weight to the two authorized treating physicians at Carolina Ortho and Neurosurgical Associates, Dr. Hoenig and Dr. Behr. We are not

persuaded by Dr. Smith's testimony and rely on the opinions of the authorized treating physicians with regard to all issues, including date of MMI, level of impairment, and future medical care.

12. Based on the greater weight of the case, we find Randall Dalton had a 25% disability to his right shoulder and a combined rating for cervical and lumbar spine of 25% to his back.
13. We find Claimant is entitled to causally-related medical treatment to the neck and lumbar spine as recommended by Dr. Behr, which is ongoing pain management to include medications for at least 2 years.
14. We find Claimant is entitled to life time maintenance and repair of the hardware installed in his right shoulder during the operation that took place on February 14, 2018. Claimant is not entitled to any other medical treatment for the shoulder.
15. We find Claimant is not entitled to any benefits under the Act for the right hand, left hand, groin, right lower extremity, left lower extremity, and right hip, as Claimant failed to meet the burden establishing a compensable injury to these denied body parts.

CONCLUSIONS OF LAW

9. Pursuant to S.C. Code Ann. §42-9-10, we find Claimant has failed to meet his burden of proof required to establish an award for permanent and total disability.
10. Pursuant to S.C. Code Ann. §42-9-30, we find Claimant has failed to meet his burden of proof required to establish an award for permanent and total disability.
11. We find that the Claimant has not met his burden of proof required to establish sheltered employment and entitlement to an award for permanent disability under Peoples v. Cone Mills Corporation 342 S.E.2d 798 (N.C. 1986) and other cited case law. We find the

facts of this claim to be significantly different with the facts at issue in Peoples, and therefore the case law is inapplicable.

12. Defendants have failed to prove entitlement to credit for overpayment of TTD benefits under S.C. Code Ann. §42-9-210.
13. Claimant has failed to prove a compensable injury to the right hand, left hand, groin, right lower extremity, left lower extremity, and right hip pursuant to S.C. Code Ann. §42-1-160.
14. Claimant is not entitled to medical treatment for the right hand, left hand, groin, right lower extremity, left lower extremity, and right hip pursuant to S.C. Code Ann. §42-15-60.
15. Pursuant to S.C. Code Ann. §42-9-30, Claimant is entitled to an award of permanent partial disability of 25% to the spine and 25% to the right shoulder.
16. Pursuant to S.C. Code Ann. §42-15-60, we find Claimant is entitled to additional medical treatment to as recommended by Dr. Behr to the lower back and neck only, and lifetime maintenance and repair of Claimant's hardware installed during the surgery on his right shoulder.

ORDER

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that Claimant is entitled to an award for 25% disability to his right shoulder and a combined rating for cervical and lumbar spine of 25% to his back.

IT IS FURTHER ORDERED that the award shall be paid in lump sum, and Claimant's proceeds of One Hundred-Five Thousand, Seven Hundred, Twenty-Three and 00/100

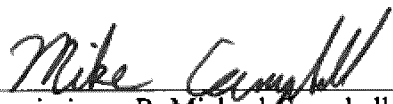
(\$105,723.00) shall be allocated as follows: Thirty-Five Thousand, Two Hundred, Forty-One and 00/100 (\$35,241.00) Dollars in attorney's fees and Four Thousand, Four Hundred, Forty-Four and 37/100 (\$4,444.37) Dollars in costs; Sixty-Six Thousand, Thirty-Seven and 63/100 (\$66,037.63) Dollars in compromise settlement of disputed future disability benefits to Claimant at the rate of \$66.63 per week commencing December 29, 2021, for 19.06 yrs (991.12 wks) based upon the claimant's life expectancy thereafter pursuant to Section 19-1-150 of the South Carolina Code of Law, (1976 as Amended), and as is interpreted by the South Carolina Supreme Court in the decision of Utica Mohawk Mills vs. Orr, 87 S.E.2d 589 (S.C. 1955); Sciarotta v. Bowen, 837 F.2d 135 (3rd Cir. 1988; Lemire v. Secretary of Health and Human Services, 682 F. Supp. 102 (D.C.N.H.) and Hatch v. Heckler, 626 F. Supp. 1367 (N.D. California 1986). POMS §52001.555 (c) (4)." See James v. Anne's Inc., 390 S.C. 188, 701 S.E.2d 730 (S. C. 2010). For ERISA and social security disability purposes, these settlement funds are to be apportioned for the entire lifespan of 19.06 yrs (991.12 wks).

IT IS FURTHER ORDERED that Claimant is entitled to causally-related future medical treatment for the neck and low back as recommended by Dr. Behr, which is ongoing pain management to include medications for at least 2 years, as well as lifetime maintenance and repair of Claimant's hardware installed during the surgery on his right shoulder.

IT IS FURTHER ORDERED that Claimant failed to prove a compensable injury to the right hand, left hand, groin, right lower extremity, left lower extremity, and right hip, and therefore is not entitled to any benefits under the act for those body parts.

IT IS FURTHER ORDERED that Defendants are not entitled to any credit for overpayment of temporary total disability benefits.

IT IS SO ORDERED.



Commissioner R. Michael Campbell, II
For the Appellate Panel

WE CONCUR:



Commissioner Melody L. James



Commissioner Aisha Taylor

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 Valerie Deller on January 7, 2022



HAWKLAW[®]

September 3, 2020

S.C. Workers' Compensation Commission
Attn: Judicial Dept.
P.O. Box 1715
Columbia, SC 29202-1715

Re: Randall Dalton v. The Muffin Man, Inc.
WCC No.: 1713760

Dear Sir or Madam:

Enclosed please find our South Carolina Workers' Compensation Commission Form 50 request for hearing which we are filing relating to the above-captioned claimant, along with a Certificate of Service for the same, and a copy of each. Please return one clocked copy to me in the enclosed envelope. I am also sending a check for the filing fee of \$50.00 as we are requesting a hearing.

If you have any questions, please do not hesitate to call on me.

Thanking you in advance, I remain

Sincerely,

Logan Rollins
Attorney

LR/hs
Enclosure

cc: Ms. Allison C. Nussbaum (via email)

Mailing Address:
P.O. Box 5048
Spartanburg, SC 29304

(888) HAWKLAW
Fax: (864) 574-8810
www.Hawk.Law

HawkLaw has offices located in Spartanburg, Greenville, Columbia, and Charleston

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 #: 1713760
Carrier File #: 2099882
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Randall Dalton SSN: _____ Employer's Name: The Muffin Mam, Inc.
Address: 433 Phillips Lane Address: 3129 N. Industrial Drive
City: Greer State: SC Zip: 29650 City: Simpsonville State: SC Zip: 29681
Home Phone: 8644779914 Work Phone: _____ Insurance Carrier: Amerisure Ins. Co.
Preparer's Name: Logan Rollins Law Firm: HawkLaw, PA Preparer's Phone #: (864) 574-8801

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, right shoulder, back, both hands, groin, right lower extremity, left lower extremity, and right hip (Part(s) of Body Injured) on 06/26/2017 (Month/Day/Year) in Greenville County, State of SC.
2. Body part(s) affected are: neck, right shoulder, back, both hands, groin, right lower extremity, left lower extremity, and right hip
Briefly describe how the accident occurred. Claimant slipped and fell on stairs
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 06/25/2017 (Month/Day/Year) in the following manner:
Reported to Mark Warner

☒ 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: pain management for neck

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

☒ 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:
TBD

10a. At the time of the injury, the Claimant was paid weekly wages of \$1,057.18, 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:
The Muffin Mam, Inc.

11. Further grounds or unusual aspects of claim:

Claimant seeks medical treatment to neck, including pain management, payment of medical bills, lump sum and Utica Mohawk language. Claimant is totally disabled.

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:
Carolina Ortho & Neurosurgical (1330 Boiling Springs Road, Spartanburg SC 29303); MD 360 (Verdae Blvd, Greenville SC); Center for Health and Occupational Services (1020 Grove Road, Greenville SC 29605); Restoration Physiotherapy; Palmetto Physical Therapy; Piedmont Spine & Neurosurgical Group (3 St. Francis Dr Ste 490 Greenville SC 29601); Upstate Carolina Radiology; Reedy Family Medicine (135 Commonwealth Drive Ste 100, Greenville SC 29615)

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

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

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

Estimated time needed for hearing: 45 minutes

☒ 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 Allison C. Nussbaum of McAngus, Goudelock & Courie LLC via email to allison.nussbaum@mgclaw.com (See attached COS) on 09/03/2020 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.

	Attorney	logan.rollins@hawklawfirm.com	September 3, 2020
Preparer's Signature	Title	Email	Date

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

WCC Form # 50
Revised 1/19

50

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

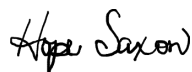
BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1713760

Randall Dalton,)
)
Employee/Claimant,)
)
vs.)
)
The Muffin Mam, Inc.,)
)
Employer,)
)
and)
)
Amerisure Insurance Company,)
)
Defendants.)
_____)

CERTIFICATE OF SERVICE

The undersigned certifies that she served a copy of the **Form 50 Employee's Request for Hearing** upon the employer/defendants by electronic service on the date listed below, addressed to:

Ms. Allison C. Nussbaum
McAngus Goudelock & Courie LLC
allison.nussbaum@mgclaw.com



Hope Saxon
Paralegal
HawkLaw, PA
P.O. Box 5048
Spartanburg, SC 29304
(864) 574-8801
(864) 208-0509 (Facsimile)
hope.saxon@hawklawfirm.com

September 3, 2020

Reply To

ALLISON C. NUSSBAUM
Direct Dial: (843) 576-2925
allison.nussbaum@mgclaw.com

October 1, 2020

Amy Bracy, Judicial Director
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Randall G. Dalton vs. The Muffin Mam, Inc. and Amerisure Mutual
Insurance Company, Inc.
Date of Accident: June 25, 2017
WCC File No.: 1713760
Our File No.: 20493.19365
Claim No.: 2099882

Dear Ms. Bracy:

Please find enclosed the Form 51 on behalf of the employer and carrier in the above matter for filing in your office.

By copy of this letter, we are serving a copy of the Form 51 on the Claimant's attorney, C. Logan Rollins.

Very truly yours,



Allison C. Nussbaum

ACN/smm

Enclosures

cc: Marie Roberts, Amerisure Mutual Insurance Company, Inc. (w/encl.)(via fax)
Kimberly Wade, The Muffin Mam, Inc. (w/encl.)(via email)
C. Logan Rollins, HawkLaw (w/encl.)



Claimant's Name: Randall G. Dalton SSN SS# Employer's Name: The Muffin Man, Inc.
Address: 433 Phillips Lane Post Office Box 6282
Greer, South Carolina 29650 Address: Greenville, South Carolina 29606
Home Phone: (964) 915-8362 Work Phone # Insurance Carrier: Amerisure Mutual Insurance Company, Inc.
Date of Injury: 6/25/17
Preparer's Name: Allison C. Nussbaum Law Firm McAngus Goudelock & Courie Preparer's Phone #: (843) 576-2925

Date of Injury or Illness: 6/25/17 Estimated time for hearing: Two hours

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:

- It is ☒ **Admitted** ☐ **Denied** the employee sustained an injury or illness on or about the date set forth in the application. The reasons for denial are: Defendants admit Claimant was involved in an accident on or about June 25, 2017 involving his cervical spine, lumbar spine, and right shoulder. Defendants deny the nature and extent of injury and any resulting disability.
- 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: See No. 1 above.
- It is ☒ **Admitted** ☐ **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are: See No. 1 above.
- 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: See No. 1 above.
- It is ☒ **Admitted** ☐ **Denied** notice of injury was given the employer. The reasons for denial are: See No. 1 above.
- 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: Based upon information and belief, Claimant has received any and all causally-related medical treatment and been released to maximum medical improvement.
- It is ☐ **Admitted** ☒ **Denied** the employee is entitled to temporary total disability for the period(s) of: Based upon information and belief, Claimant has received any and all appropriate temporary total and/or temporary partial disability benefits and has returned to work.
- It is ☐ **Admitted** ☒ **Denied** the employee is permanently disabled. The reasons for denial are: No evidence of permanent disability and Claimant is currently working.
- It is ☐ **Admitted** ☒ **Denied** the employee has serious disfigurement.
- It is contended that an average weekly wage of \$ 1,057.18 applies, according to attached Form 20 as provided by law.
- Further contentions, grounds of defense, or unusual aspects are: S.C. Code Ann. §42-1-160; §42-15-60; §42-9-35; pre-existing condition; natural progression of a pre-existing condition; §42-9-30; Hartzell v. Palmetto Collision; Michau v. Georgetown County; Geathers v. JV; Defendants reserve the right to supplement or amend this responsive pleading and assert any applicable defenses supported by the evidence during discovery.

☐ **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. Logan Rollins

Address Post Office Box 5048

Spartanburg, South Carolina 29304 on the 1st day of October, 2020 by:

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

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

Preparer's Signature

Attorney for Employer/Carrier
Title

allison.nussbaum@mqclaw.com
Email

October 1, 2020
Date

WCC Form # 51
Revised 07/15

51

Employer's Answer to Request for Hearing

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1713760

RANDALL G. DALTON,	}	
	}	
Employee,	}	
	}	
Claimant,	}	
	}	
vs.	}	
	}	
THE MUFFIN MAM, INC.,	}	
	}	
Employer,	}	CERTIFICATE
	}	OF
AND	}	SERVICE
	}	
AMERISURE MUTUAL INSURANCE	}	
COMPANY, INC.,	}	
	}	
Carrier,	}	
	}	
Defendants.	}	
	}	

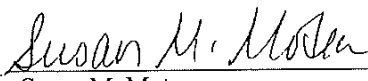
The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: C. Logan Rollins
HawkLaw
Post Office Box 5048
Spartanburg, South Carolina 29304

S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

DOCUMENT: Form 51

DATE OF Mailing: October 1, 2020

MAILING: 
Susan M. Moten
Legal Assistant to Allison C. Nussbaum

Reply To

ALLISON C. NUSSBAUM
Direct Dial: (843) 576-2925
allison.nussbaum@mgclaw.com

March 29, 2021

VIA eCASE

Commissioner Avery B. Wilkerson, Jr.
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Randall G. Dalton vs. The Muffin Mam, Inc. and Amerisure Mutual
Insurance Company, Inc.
Date of Accident: June 25, 2017
WCC File No.: 1713760
Our File No.: 20493.19365
Claim No.: 2099882

Dear Commissioner Wilkerson:

Please find enclosed our Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports for filing in the above captioned matter.

By copy of this letter to C. Logan Rollins, the claimant's attorney, we are notifying him of these submissions and serving copies of the same upon him by e-mail.

Very truly yours,



Allison C. Nussbaum

ACN/smm

Enclosures

cc: Marie Roberts, Amerisure Mutual Insurance Company, Inc. (w/encl.)(via fax)
Kimberly Wade, The Muffin Mam, Inc. (w/encl.)(via email)
C. Logan Rollins, HawkLaw (w/encl.)(via email)

MCANGUS GOUDELOCK & COURIE LLC

735 JOHNNIE DODDS BLVD, STE 200
POST OFFICE BOX 650007
MT. PLEASANT, SC 29465

843.576.2900 PHONE
843.534.0605 FAX
WWW.MGCLAW.COM



PRE-HEARING BRIEF
WCC File No: 1713760

Claimant's Name: Randall G. Dalton SSN: SS#
433 Phillips Lane
Address: Greer, South Carolina 29650
Home Phone: (964) 915-8362 Work Phone: _____
Preparer's Name: Allison C. Nussbaum

Employer's Name: The Muffin Mam, Inc.
Post Office Box 6282
Address: Greenville, South Carolina 29606
Carrier: Amerisure Mutual Insurance Company, Inc.
Preparer's Phone #: (843) 576-2925

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Comp. Rate: \$704.82 2. AWW: \$ 1,057.18 Date of Injury: 06/25/17
3. Type of injury and body part(s): Cervical and lumbar spine, right shoulder, Defendants deny any and all other body parts alleged by the Claimant.
4. Facts in controversy: Defendants admit that the Claimant sustained compensable injuries to his spine and right shoulder as a result of a work related accident on June 25, 2017. Defendants contend that the Claimant has been provided with all causally related medical treatment and has been released to MMI for the body parts in question. The Claimant has returned to work for the Insured and is currently working in a full-time position earning higher wages than he did at the time of the accident. Defendants request an Order from the Commission addressing permanency, and addressing Defendants' credit for the overpayment of benefits in this case. Therefore, the facts in controversy are 1) is the Claimant at maximum medical improvement; 2) is the Claimant entitled to any additional medical treatment or benefits in this matter; 3) what is the extent, if any, of permanent impairment.
5. Legal issues involved: §42-9-30; see No. 4 above.
6. Unusual aspects: Claimant was released to MMI for his right shoulder as of June 18, 2018 and to MMI for his spine as of November 7, 2018. Claimant has continued to work for the Insured in a full duty position since his release to MMI. Defendants contend that Claimant's contention that he is permanently and totally disabled as a result of this accident is not supported by the evidence.
7. Witnesses (designate if expert):* Terri Anne Jermon, Kimberly Wade, Ronnie Williams, and/or any other representatives from the employer may be called to testify.
8. Exhibits: SCDEW wages, Claimant's personnel file and deposition transcript may be used in response to testimony.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Medical records from Carolina Orthopaedics and Neurosurgical Associates; Prisma Health (Reedy Family Medical Center); FCE.
10. Name, address, and specialty, if any, of the treating physician: Carolina Orthopaedics and Neurosurgical Associates, 1330 Boiling Springs Road, Suite 1600, Spartanburg, South Carolina 20303.
11. Impairment rating(s); body part(s); physician and date of opinion: 8% impairment to the right shoulder by Dr. Michael Hoenig, June 18, 2018 and 4% impairment to the cervical spine as well as 8% impairment to the lumbar spine, by Dr. James Behr, November 7, 2018.
12. I am amending my Form 50/51 in the following manner: N/A

☐ **Mediation**

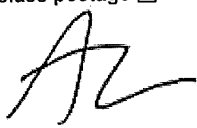
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-4803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to C. Logan Rollins, HawkLaw

Post Office Box 5048
address Spartanburg, South Carolina 29304 on the 29th day of March 20 21.
by ☐ first class postage ☐ certified mail ☐ personal service ☒ electronic service

Signature: 

Date of Hearing: April 13, 2021

Email: allison.nussbaum@mgclaw.com
Time needed for hearing: One hour

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1713760

RANDALL G. DALTON,

Employee,

Claimant,

vs.

THE MUFFIN MAM, INC.,

Employer,

AND

AMERISURE MUTUAL INSURANCE
COMPANY, INC.,

Carrier,

Defendants.

**NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS
TO BE INTRODUCED AS
DIRECT EVIDENCE ON BEHALF
OF DEFENDANT**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND C.
LOGAN ROLLINS:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

APA#	DOCTOR	PRACTICE	DATES	PAGES
1.		Carolina Orthopaedics and Neurosurgical Associates	11/16/17 – 4/12/19	1-148
2.		Prisma Health (Reedy Family Medical Center)	10/12/20	149-160
3.		Functional Capacity Evaluation	12/16/20	161-172
4.		SCDEW wages		173-176

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Terri Anne Jermon, Kimberly Wade, Ronnie Williams, and/or any other representatives from the employer may be called to testify.



ALLISON C. NUSSBAUM
MCANGUS GOUDELOCK & COURIE, L.L.C.
Post Office Box 650007
735 Johnnie Dodds Blvd, Suite 200
Mt. Pleasant, South Carolina 29465
(843) 534-0101
Attorneys for the Employer/Carrier

Charleston, South Carolina
March 29, 2021

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1713760

RANDALL G. DALTON,

Employee,

Claimant,

vs.

THE MUFFIN MAM, INC.,

Employer,

AND

AMERISURE MUTUAL INSURANCE
COMPANY, INC.,

Carrier,

Defendants.

**CERTIFICATE
OF
SERVICE**

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, 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 depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: C. Logan Rollins (*via email*)
HawkLaw
Post Office Box 5048
Spartanburg, South Carolina 29304

VIA eCase
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

DOCUMENT: Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports

DATE OF
MAILING: March 29, 2021



Susan M. Moten
Legal Assistant to Allison C. Nussbaum

Randall G DaltonMale DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616

Ins: Amerisure WC

11/16/2017 - Office Visit: NP: Cervical and Lumbar**Provider: Chi Lim****Location of Care: Carolina Orthopaedic & Neurosurgical Associates****History of Present Illness**

Mr. Randall Dalton is a 57 Years Old male, who is here for a .

Chief Complaint: Mr. Dalton is here as a new patient for low back pain.

Mr. Dalton is a pleasant 57-year-old male, who injured himself at work on June 25, 2017, while working as a maintenance mechanic for Muffin Man. He states that he was coming down some steps and slipped on a step, when his leg came out from underneath him and he fell on his back down about four to five steps. He denies any loss of consciousness. He has no major back issues from the past, other than strains here and there. He does state that he did have epidural injections years ago into his back, which gave him 100% relief and that he had not been having any pain until his most recent fall. Since the fall, the patient complains of pain in his neck that will radiate into his bilateral upper extremities, into all the digits on his fingers. He also complains of pain down the posterior, as well as anterior portions of both thighs. He denies any balance or clumsiness issues and is currently on Norco for pain control. He did attend physical therapy for eight weeks, which gave him some relief in the beginning; however, then he plateaued. He has had no recent injections into his back. He denies any bowel or bladder changes. Three weeks ago, he had hernia surgery by Dr. Warren. He also complains of right shoulder pain, too.

Previous Treatment**Have you had any of the following for this problem?** MRI Cervical and Lumbar @ Emergency MD 8/3/2017**History of OA Fractures or Procedures:****Active Medications Prior to This Update (reviewed today):**

HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Medications (reviewed today):

HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Allergies (reviewed today):

No known allergies

PHYSICAL EXAM:

On exam, Mr. Dalton is a 57-year-old male in no acute distress. He is alert and oriented x3. The patient ambulates with an upright posture and normal heel-to-toe gait. He is able to perform toe-and-heel walking without difficulty. He can

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

perform lumbar flexion to his mid tibia and lumbar extension to 20 degrees. He is not tender to palpation over his cervical or lumbar spinous processes. There are no stepoffs. He has 4-/5 strength with the right deltoid; 4/5 strength with right biceps and triceps; otherwise, 5/5 in the upper and lower extremities. His sensation is intact to light touch in the upper and lower extremities. He does have positive empty can test with the right arm. He is able to appropriately perform rapid opening and closing of her hands and thumb opposition, touching each finger to her thumb. He has negative Hoffmann's and negative inverted radial reflex.

IMAGING:

X-rays were taken today (11/16/2017) of the patient's lumbar spine, as well as cervical spine. Imaging of the cervical spine does show mild degenerative changes with overall good alignment. Imaging of the lumbar spine also shows mild degenerative changes with overall good alignment. An MRI of the patient's cervical spine was done at Emergency MD, as well as the lumbar spine were also reviewed. Imaging does show a right paracentral disk herniation, mild in nature at L5-S1, as well as a small central disk herniation at L4-L5. The MRI of the neck does show degenerative changes; however, there is no significant nerve compression seen. There is no signal change within the spinal cord.

ASSESSMENT

Mr. Dalton is a 57-year-old male with right shoulder pain, cervical and lumbar radiculopathy.

Radiculopathy, lumbar region (ICD-724.4) (ICD10-M54.16)
Radiculopathy, cervical region (ICD-723.4) (ICD10-M54.12)
Pain in right shoulder (ICD-719.41) (ICD10-M25.511)

PLAN

The plan at this time is to send Mr. Dalton for an EMG of his bilateral upper extremities to assess for any chronic versus acute nerve damage. As far as his right shoulder is concerned, I would like to refer him to Dr. Hoenig for further evaluation and treatment. In regards to his low back, due to the disk herniation at L5-S1, I would like to send him for a bilateral L5-S1 transforaminal epidural steroid injection to see if he gets any improvement with his current symptoms. I will give him Flexeril, as well as naproxen at today's office visit for pain control and place him on light duty. We will follow up with him two weeks after the injection to see if he gets any improvement and discuss further treatment options at that time. In the interim, if the patient has any questions or concerns, he can call our office sooner.

Dictated by: Megan M. Nicholas, PA-C for Chi Lim, MD

cc: Patient's Primary Care Physician

New Orders:

Consult w WC Nurse Case Manager [CPT-99366]
Level 4 Office consult [CPT-99244]
Cervical 2-3 views [72040]
Lumbar Spine 2-3 Views [72100]

Disposition: Return to office 2 weeks after injection

Prescriptions:

NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food #60 x 0

Entered by: Angela Fairley
Authorized by: Chi Lim
Electronically signed by: Angela Fairley on 11/16/2017
Method used: Print then Give to Patient
RxID: 1826447187163320
Handout requested.

CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN #90 x 0

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

December 1, 2017 12/18/2017 12:33:16
Page 3
Office Visit

Randall G Dalton
Male DOB **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Entered by: Angela Fairley
Authorized by: Chi Lim
Electronically signed by: Angela Fairley on 11/16/2017
Method used: Print then Give to Patient
RxID: 1826447187163280
Handout requested.

]

Electronically signed by Chi Lim on 11/17/2017 at 2:24 PM

AM173351220.pdf
Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

December 7, 2017 12/14/2017 09:30:58
Page 1
Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

11/20/2017 - Office Visit: NP-Rt shoulder
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

Mr. Randall Dalton is a 57 Years Old male, who is here for a first time visit.

Chief Complaint: Right shoulder pain.

History From: Patient

Referral Source: WC

Family Physician: Dr. Crosby

Mr. Dalton is a 57-year-old male who comes in today for evaluation of his right shoulder as a referral from Dr. Lim. He was injured on 06/26/2017 when he injured it at work while working as a maintenance mechanic. He was coming down steps, slipped on a step, his leg came out from underneath him, and he fell on his back down 4 or 5 steps. He is currently under the care of Dr. Lim for neck and back issues. He is currently scheduled for an EMG as well as epidurals of the cervical spine. He complains of pain at its worse in the neck that goes out into the bilateral trapezius area and occasional numbness and tingling into the hands. He does note that the neck pops with use. He rates his pain 7/10, kind of a constant pain, pain while trying to sleep. The pain is worse with movement of the neck. Treatment thus far has been some physical therapy for neck and low back with a little bit of therapy for the shoulder. He has also been taking Naprosyn, Flexeril, and occasional Norco. He denies any significant problems with the shoulder previously. He did have an injection in the shoulder a few years ago.

Injury / Condition

Was this the result of an injury? yes

Injury Date: 06/26/2017

Are you claiming as Workers Compensation? yes

Type of Problem

pain 7/10

Location of Your Injury / condition

hip right, shoulder bilateral, leg bilateral, arm right, knee bilateral, hand bilateral, back pain bilateral, pelvis bilateral, neck pain bilateral, shoulder right

Previous Treatment

Have you had any of the following for this problem? xray rt shoulder @ cona 11/20/2017

History of OA Fractures or Procedures:

Past Medical History

Active Medications Prior to This Update (reviewed today):

MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed
HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Medications (reviewed today):

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12/14/2017 09:30:58

4

AM173351220.pdf
Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

December 7, 2017 12/14/2017 09:30:58
Page 2
Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed
HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Allergies (reviewed today):
No known allergies

Past Surgical History
Hand (Bilateral)

Review of Systems

General: Positive for fatigue.

Eyes: Positive for eye irritation.

ENT: Patient denies decreased hearing, difficulty swallowing.

Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.

Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.

Gastrointestinal: Patient denies vomiting, diarrhea, nausea.

Genitourinary: Patient denies pain, urinary retention, frequent UTI.

Musculoskeletal: Positive for back pain, joint pain, muscle aches, stiffness.

Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.

Neurologic: Positive for headaches, numbness, tingling.

Psychiatric: Patient denies anxiety, depression.

Heme/Lymphatic: Patient denies abnormal bruising.

Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is divorced, never smoker, and lives with spouse/partner. Has no children. drinks alcohol, drinks occasionally. does exercise, occasionally. Occupation: maintenance mechanic at muffin man.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Patient has not had a Bone Density Screening

Family History

Cancer (Father, Mother)

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb

Height (in): 68

Weight (lb): 185

Randall G Dalton
Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

BMI (in-lb) 28.13
P: 69 R: 16 BP: 142/84

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAM:

Examination of the cervical spine reveals adequate cervical range of motion. He does get pain to the trapezius with cervical range of motion.

Exam of the left shoulder reveals motion to 160/60/L2. Strength is adequate.

Exam of the right shoulder reveals motion to 160/60/L2. Some mild discomfort with impingement test, but a lot of that pain is in the trapezius. Strength is adequate. He denies any specific tenderness of the shoulder joint. Neurovascularly intact.

IMAGING:

Four views of the right shoulder were ordered, reviewed, interpreted, and show a type II to III acromion but otherwise no acute changes.

MRI of the cervical spine done at Emergency MD as well as the lumbar spine were reviewed. The lumbar MRI shows a right paracentral disk herniation, mild in nature, at the L5-S1 as well as a small central disk herniation at L4-5.

MRI of the neck shows some degenerative changes. No significant nerve compression seen. No signal change within the spinal cord.

ASSESSMENT

Right shoulder pain, complicated by cervical pain.

PLAN

Dr. Hoenig saw the patient as well. We will go ahead and place him on a Medrol Dosepak as well as get an MRI of the right shoulder. It does appear that at least some degree of his pain is coming from the shoulder but likely more so from the neck. Work restrictions will be no lifting more than 5 pounds waist to shoulder, no overhead lifting. We will see him back following the MRI of the shoulder.

His care was discussed with case manager, Joshua Henderson. The treatment plan was discussed in detail and all questions and concerns were addressed with the case manager while the patient was present. This interdisciplinary team meeting/consultation was 10 minutes in duration.

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD
mm

New Orders:

Est. Level 3 [CPT-99213]

Consult w WC Nurse Case Manager [CPT-99366]

Scapula complete [73010]

Shoulder complete 2+ views [73030]

Disposition: Return to office after studies

Prescriptions:

AM173351220.pdf
Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

December 7, 2017 12/14/2017 09:30:58
Page 4
Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed #1[Package] x 0

Entered by: Amanda Hudson
Authorized by: Michael P Hoenig MD
Electronically signed by: Amanda Hudson on 11/20/2017
Method used: Electronically to
CVS-Pelha* (retail)
3401 Pelham Rd
Greenville, SC 29615
Ph: (864) 288-3672
Fax: (864) 297-5572
RxID: 1826803755580600
Handout requested.

]

Electronically signed by Michael P Hoenig MD on 11/21/2017 at 4:24 PM

Carolina Orthopaedic & Neurosurgical Associates
 1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
 (864) 582-6396 Fax: (864) 542-2939

January 12, 2018 01/23/2018 09:18:39
 Page 1
 Office Visit

Randall G Dalton
 Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
 Ins: Amerisure WC

01/08/2018 - Office Visit: f/u after MRI - right shoulder @ Innervision
 Provider: Michael P Hoenig MD
 Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

Mr. Randall Dalton is a 58 Years Old White / Caucasian male, who is here for a follow-up appointment.
Chief Complaint: Right shoulder pain.

History From: Patient

Race: White / Caucasian

Referral Source: WC

Family Physician: Dr. Crosby

Mr. Dalton comes in today for followup of his right shoulder. He was referred by Dr. Lim. He was injured in June 2017 when he slipped on a step and fell on his back down 4 or 5 steps. He still is having significant pain in his neck that radiates to the trapezius area on both shoulders. He also has some numbness and tingling in his hands. He still is having significant pain in the right shoulder. He has so far been treated with physical therapy and medications.

He did have an injection in his shoulder a few years ago.

Injury / Condition

Was this the result of an injury? yes

Injury Date: 06/26/2017

Are you claiming as Workers Compensation? yes

Type of Problem

pain 5/10

Previous Treatment

Have you had any of the following for this problem? MRI Rt shoulder @ Innervision 11/27/2017

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 12/05/2017

Past Medical History

Active Medications Prior to This Update (reviewed today):

PROMETHAZINE HCL 25 MG ORAL TABLET (PROMETHAZINE HCL) 1 po q 8 hours prn nausea
 NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po q 6-8 hours prn pain
 NAPROXEN 500 MG ORAL TABLET (NAPROXEN) 1 po bid
 MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed
 HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
 NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
 CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Medications (reviewed today):

AM180160877.pdf
Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

January 12, 2018 01/23/2018 09:18:39
Page 2
Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

PROMETHAZINE HCL 25 MG ORAL TABLET (PROMETHAZINE HCL) 1 po q 8 hours prn nausea
NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po q 6-8 hours prn pain
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) 1 po bid
MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed
HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Allergies (reviewed today):
No known allergies

Past Surgical History
Hand (Bilateral)

Review of Systems

General: Positive for fatigue.

Eyes: Positive for eye irritation.

ENT: Patient denies decreased hearing, difficulty swallowing.

Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.

Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.

Gastrointestinal: Patient denies vomiting, diarrhea, nausea.

Genitourinary: Patient denies pain, urinary retention, frequent UTI.

Musculoskeletal: Positive for back pain, joint pain, muscle aches, stiffness.

Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.

Neurologic: Positive for headaches, numbness, tingling.

Psychiatric: Patient denies anxiety, depression.

Heme/Lymphatic: Patient denies abnormal bruising.

Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is divorced, Never smoker, and lives with spouse/partner. Has no children. drinks alcohol, drinks occasionally. does exercise, occasionally. Occupation: maintenance mechanic at muffin man.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Patient has not had a Bone Density Screening

Family History

Cancer (Father, Mother)

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb

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Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
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January 12, 2018 01/23/2018 09:18:39
Page 3
Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Height (in): 68
Weight (lb): 185
BMI (in-lb) 28.13
P: 74 R: 16 BP: 127/72

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAM:

Examination of his neck shows slightly decreased range of motion. He has some pain in the trapezius bilaterally.

Examination of the right shoulder shows motion 165/60/T12. He is weak with external rotation. He has pain with impingement maneuvers, and is tender at the AC joint.

IMAGING:

Radiographs of the right shoulder show type 2 acromion.

MRI of the cervical spine shows degenerative changes. No significant nerve compression.

MRI of the right shoulder shows a large full-thickness tear of the supraspinatus tendon. Infraspinatus and subscapularis tendinosis. Subacromial bursitis. AC arthropathy.

ASSESSMENT

1. Right shoulder pain.
2. Neck pain.

Strain of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter (ICD-840.8) (ICD10-S46.011A)

PLAN

For his right shoulder, given the rotator cuff tear, I think he would do best with surgery. Surgery would consist of right shoulder scope with decompression, distal clavicle resection, rotator cuff repair, and biceps tenotomy. Informed consent was obtained. Risks, benefits, and expected outcomes were explained. Risks include but are not limited to infection, neurologic injury, vascular injury, possible incomplete pain relief. Work restriction with no use of the right arm.

I spoke with Joshua Henderson. The treatment plan was discussed in detail and all questions and concerns were addressed with the case manager while the patient was present. This interdisciplinary team meeting/consultation was 10 minutes in duration.

Dictated by: Michael P. Hoenig, MD

New Orders:

Est. Level 4 [CPT-99214]

Consult w WC Nurse Case Manager [CPT-99366]

Disposition: Return to office post op

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January 12, 2018 01/23/2018 09:18:39
Page 4
Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Prescriptions:

PROMETHAZINE HCL 25 MG ORAL TABLET (PROMETHAZINE HCL) 1 po q 8 hours prn nausea #10 x 0

Entered by: Amanda N Freestone RTR

Authorized by: Michael P Hoenig MD

Electronically signed by: Amanda N Freestone RTR on 01/08/2018

Method used: Print then Give to Patient

RxID: 1831038821677640

Handout requested.

NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po q 6-8 hours prn pain #50 x 0

Entered by: Amanda N Freestone RTR

Authorized by: Michael P Hoenig MD

Electronically signed by: Amanda N Freestone RTR on 01/08/2018

Method used: Print then Give to Patient

RxID: 1831038821677580

Handout requested.

NAPROXEN 500 MG ORAL TABLET (NAPROXEN) 1 po bid #60 x 2

Entered by: Amanda N Freestone RTR

Authorized by: Michael P Hoenig MD

Electronically signed by: Amanda N Freestone RTR on 01/08/2018

Method used: Print then Give to Patient

RxID: 1831038794675900

Handout requested.

Vital Signs:

Patient Profile: 58 Years Old Male

Height: 68 inches

Weight: 185 pounds

BMI: 28.13

Pulse rate: 74 / minute

Resp: 16 per minute

BP sitting: 127 / 72

]

The patient declined the influenza vaccine.

Electronically signed by Michael P Hoenig MD on 01/09/2018 at 9:38 AM

Carolina Orthopaedic & Neurosurgical Associates
1075 Boiling Springs Rd.
Spartanburg, SC 29303-2248

Phone: (864) 582-6396
Fax: (864) 582-1608

Lab Dir: Joseph Sleater, M.D.
State Lic. Number: COLA 26318CLIA ID: 42D2013021

Patient ID: 225345		Patient Name: Dalton, Randall		DOB/Age: DOB 1959 58 years		Sex: M
Accession # 3978	Specimen ID: 1010918003	Collection Location: LAB	Collected: 1/8/2018 - 1:57:00 PM	Received: 1/9/2018 - 10:39:00 AM		
Ordering By: Hoenig, Michael P M.D.		Specimen Temperature:	CPT Code:	Diagnosis Code:		
Current Medication:		Hydrocodone, Norco				
PT Notes:						
Order Notes:						
Tests/Panels Ordered: Qualitative Drug Screen - EIA						

Executive Summary

Test	Interpretation	Result	Units	Cut Off	Instrument	Comment

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Patient ID: 225345		Patient Name: Dalton, Randall		DOB/Age: DOB 1959 58 years		Sex: M
Accession # 3978	Specimen ID: 1010918003	Collection Location: LAB	Collected: 1/8/2018 - 1:57:00 PM	Received: 1/9/2018 - 10:39:00 AM		
Ordering By: Hoenig, Michael P M.D.		Specimen Temperature:	CPT Code:	Diagnosis Code:		
Current Medication:		Hydrocodone, Norco				
PT Notes:						

● **Qualitative Drug Screen - EIA**

Test Name	Units	Results	Interpretation	Reference Cut Off	Date/Time Released
Heroin EIA	ng/mL	Not Detected		10	01/10/18 - 08:34 (EMD)
Amphetamine EIA	ng/mL	Not Detected		500	01/10/18 - 08:34 (EMD)
Benzodiazepine EIA	ng/mL	Not Detected		200	01/10/18 - 08:34 (EMD)
Buprenorphine EIA	ng/mL	Not Detected		20	01/10/18 - 08:34 (EMD)
Cocaine EIA	ng/mL	Not Detected		150	01/10/18 - 08:34 (EMD)
Ethanol	mg/dL	Not Detected		100	01/10/18 - 08:34 (EMD)
Methadone EIA	ng/mL	Not Detected		300	01/10/18 - 08:34 (EMD)
Opiate EIA	ng/mL	Not Detected		300	01/10/18 - 08:34 (EMD)
Oxycodone EIA	ng/mL	Not Detected		300	01/10/18 - 08:34 (EMD)
Cannabinoids EIA	ng/mL	Not Detected		50	01/10/18 - 08:34 (EMD)
Tramadol EIA	ng/mL	Not Detected		200	01/10/18 - 08:34 (EMD)
Creatinine EIA	mg/dL	Normal		>20	01/10/18 - 08:34 (EMD)
Oxidants EIA	ug/mL	Not Detected		200	01/10/18 - 08:34 (EMD)
Specific Gravity		1.034		1.003 - 1.035	01/10/18 - 08:34 (EMD)

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Lab Dir: Joseph Sleater, M.D.
State Lic. Number: COLA 26318 CLIA ID: 42D2013021

Patient ID: 225345		Patient Name: Dalton, Randall		DOB/Age: DOB 1959 58 years		Sex: M
Accession # 4246	Specimen ID: 1011218059	Collection Location: LAB	Collected: 1/8/2018 - 3:56:00 PM	Received: 1/12/2018 - 3:56:00 PM		
Ordering By: Hoenig, Michael P M.D.		Specimen Temperature:	CPT Code:	Diagnosis Code:		
Current Medication:						
PT Notes:						
Order Notes:						
Tests/Panels Ordered: HIGH RISK PANEL						

Executive Summary

Test	Interpretation	Result	Units	Cut Off	Instrument	Comment
Cotinine	>1000	> 1000	ng/mL	100	API4500	

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Phone: (864) 582-6396
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Lab Dir: Joseph Sleater, M.D.
State Lic. Number: COLA 2631&CLIA ID: 42D2013021

Patient ID: 225345		Patient Name: Dalton, Randall		DOB/Age: DOB 1959 58 years		Sex: M
Accession # 4246	Specimen ID: 1011218059	Collection Location: LAB	Collected: 1/8/2018 - 3:56:00 PM	Received: 1/12/2018 - 3:56:00 PM		
Ordering By: Hoenig, Michael P. M.D.		Specimen Temperature:	CPT Code:	Diagnosis Code:		
Current Medication:						
PT Notes:						

● HIGH RISK PANEL

Test Name	Units	Results	Interpretation	Reference / Cut Off	Date / Time Released
6-MAM	ng/mL	0.20	Not Detected	10	01/23/18 - 09:43 (KP)
Amphetamine	ng/mL	0.48	Not Detected	250	01/23/18 - 09:43 (KP)
Benzoyllecgonine	ng/mL	1.15	Not Detected	50	01/23/18 - 09:43 (KP)
Cotinine	ng/mL	> 1000	> 1000	100	01/23/18 - 09:43 (KP)
Ketamine	ng/mL	0.47	Not detected	20	01/23/18 - 09:43 (KP)
Methamphetamine	ng/mL	< 0	Not Detected	50	01/23/18 - 09:43 (KP)
Phencyclidine	ng/mL	N/A	Not Detected	10	01/23/18 - 09:43 (KP)
THC Carboxy	ng/mL	< 0	Non Detected	50	01/23/18 - 09:43 (KP)
Codeine	ng/mL	< 0	Not Detected	50	01/23/18 - 09:43 (KP)
Morphine	ng/mL	N/A	Not Detected	50	01/23/18 - 09:43 (KP)
Hydromorphone	ng/mL	0.81	Not Detected	50	01/23/18 - 09:43 (KP)
Hydrocodone	ng/mL	2.04	Not Detected	50	01/23/18 - 09:43 (KP)
Norhydrocodone	ng/mL	< 0	Not detected	50	01/23/18 - 09:43 (KP)
Oxycodone	ng/mL	< 0	Not Detected	50	01/23/18 - 09:43 (KP)
Noroxycodone	ng/dL	28.55	Not Detected	50	01/23/18 - 09:43 (KP)
Oxymorphone	ng/mL	2.33	Not Detected	50	01/23/18 - 09:43 (KP)
Meperidine	ng/mL	0.54	Not Detected	100	01/23/18 - 09:43 (KP)
Buprenorphine	ng/mL	< 0	Not Detected	50	01/23/18 - 09:43 (KP)
Norbuprenorphine	ng/mL	0.33	Not Detected	100	01/23/18 - 09:43 (KP)
Methadone	ng/mL	< 0	Not Detected	300	01/23/18 - 09:43 (KP)
Fentanyl	ng/mL	0.27	Not Detected	3	01/23/18 - 09:43 (KP)
CIS Tramadol	ng/mL	< 0	Not Detected	50	01/23/18 - 09:43 (KP)
OD Tramadol	ng/mL	< 0	Not detected	50	01/23/18 - 09:43 (KP)
Tapentadol	ng/mL	4.98	Not Detected	50	01/23/18 - 09:43 (KP)
7-Aminoclonazepam	ng/mL	< 0	Not Detected	50	01/23/18 - 09:43 (KP)
Alprazolam	ng/mL	< 0	Not Detected	100	01/23/18 - 09:43 (KP)
Alpha-Hydroxyalpraz	ng/mL	< 0	Not Detected	40	01/23/18 - 09:43 (KP)
Diazepam	ng/mL	< 0	Not Detected	100	01/23/18 - 09:43 (KP)

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State Lic. Number: COLA 26318CLIA ID: 42D2013021

Patient ID: 225345		Patient Name: Dalton, Randall		DOB/Age: DOB 1959 58 years		Sex: M
Accession # 4246	Specimen ID: 1011218059	Collection Location: LAB	Collected: 1/8/2018 - 3:56:00 PM	Received: 1/12/2018 - 3:56:00 PM		
Ordering By: Hoenig, Michael P M.D.		Specimen Temperature:	CPT Code:	Diagnosis Code:		
Current Medication:						
PT Notes:						

● **HIGH RISK PANEL**

Test Name	Units	Results	Interpretation	Reference / Cutoff	Date/Time Released
Nordiazepam	ng/mL	< 0	Not Detected	100	01/23/18 - 09:43 (KP)
Temazepam	ng/mL	< 0	Not Detected	50	01/23/18 - 09:43 (KP)
Oxazepam	ng/mL	2.46	Not Detected	100	01/23/18 - 09:43 (KP)
Lorazepam	ng/mL	< 0	Not Detected	50	01/23/18 - 09:43 (KP)
Methylphenidate	ng/mL	2.01	Not Detected	10	01/23/18 - 09:43 (KP)
MDA	ng/mL	0.93	Not Detected	50	01/23/18 - 09:43 (KP)
ETG	ng/mL	N/A	Not detected	500	01/23/18 - 09:43 (KP)
ETS	ng/mL	9.67	Not detected	500	01/23/18 - 09:43 (KP)
Comments: The performance specifications for the test were established by the testing laboratory. This test methodology has not been cleared or approved by the FDA.					
Gabapentin	ng/mL	< 0	Not Detected	500	01/23/18 - 09:43 (KP)
EDDP	ng/mL	< 0	Not Detected	100	01/23/18 - 09:43 (KP)
Norfentanyl	ng/mL	0.09	Not Detected	10	01/23/18 - 09:43 (KP)
Normeperidine	ng/mL	< 0	Not Detected	100	01/23/18 - 09:43 (KP)
Pregabalin	ng/dL	21.1	Not detected	500	01/23/18 - 09:43 (KP)
Chlordiazepoxide	ng/dL	1.12	Not detected	20	01/23/18 - 09:43 (KP)
Clonazepam	ng/mL	1.21	Not Detected	20	01/23/18 - 09:43 (KP)

Patient: Randall Dalton
S46.011A

DOB: **DOB** 1959 MRN: 225345 Sex: ICD-10 DX Code(s):

X Urine Specimen ☐ Oral Specimen
Temperature Range 90.5-99.8°F ☒ Yes ☐ No

UTOX Test Panels

* Qualitative Analyzer (positive/negative)

☐ **ALL Panels:** Opiates/Opioids, Opioid Antagonists, Drugs of Abuse, Stimulants, Benzodiazepines, Skeletal Muscle Relaxants, Alcohol Metabolites, Barbiturates, Anti-Convulsants, Cofiline

☒ **HIGH RISK Panels:** Drugs of Abuse, Opioids, Benzodiazepines, Stimulants, Alcohol Metabolites, Appropriate Reflex Testing*

☐ **MEDIUM RISK Panels:** Drugs of Abuse, Prescribed Drug categories (mark below), Benzodiazepines, Alcohol Metabolites, Appropriate Reflex Testing*

☐ **LOW RISK Panels:** Prescribed Drug categories (mark below), Alcohol Metabolites, Appropriate Reflex Testing*

Main Panel

☐ Opiates/Opioids

-Codeine
-Morphine
-Hydromorphone
-Hydrocodone
-Norhydrocodone
-Oxycodone
-Noroxycodone
-Oxymorphone
-Meperidine
-Normeperidine
-Buprenorphine
-Norbuprenorphine
-Fentanyl
-Norfentanyl
-Tramadol
-OD Tramadol
-Methadone
-EDDP
-Tapentadol

☐ Anti-Convulsant

-Gabapentin
-Pregabalin

☐ Drugs of Abuse

-6-Acetylmorphine
-Amphetamine
-Benzoylcegonine
-Cocaine
-Ketamine
-MDMA
-Methamphetamine
-PCP
-THCA

☐ Stimulants

-Methylphenidate

☐ Barbiturates

-Butalbital
-Phenobarbital
-Secobarbital

☐ Opioid Antagonists

-Naloxone
-Naltrexone

☐ Benzodiazepines

-7-Aminoclonazepam
-Alprazolam
-Alpha-Hydroxylprazolam
-Clonazepam
-Diazepam
-Nordiazepam
-Temazepam
-Oxazepam
-Lorazepam
-Chlordiazepoxide

☐ Skeletal Muscle Relaxants

-Carisoprodol
-Cyclobenzaprine
-Meprobamate

☐ Alcohol Metabolites

-Ethyl Glucuronide
-Ethyl Sulfate

☐ Other:

CPT Codes: ☐ G0483 ☐ G0482 ☐ G0481

☐ G0481

Provider Electronic Signature: Dr. Michael Hoenig

Patient Signature: Randall Dalton

Collected Date & Time: 1/8/18 01:57 Collector: 25

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February 2, 2018 02/08/2018 09:39:59
Page 1
Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

01/11/2018 - Office Visit: FU: Cervical and Lumbar
Provider: Chi Lim
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

Mr. Randall Dalton is a 58 Years Old White / Caucasian male, who is here for a follow-up appointment.

Chief Complaint: Mr. Dalton is here for followup after a lumbar injection.

History From: Patient

Race: White / Caucasian

Referral Source: WC

Family Physician: Dr. Crosby

Mr. Dalton is a pleasant 58-year-old male who recently had a bilateral L5-S1 TFESI with Dr. Behr which gave him greater than 70% relief with the left side pain he was having as well as 10% relief with the right side pain he was having. A few weeks ago the patient states he did fall on his left side. He continues to have pain down the anterior portion of both thighs that will radiate into his groin area as well as sometimes down his entire right lower extremity. He also complains of neck pain, low back pain and right hip pain at this time. He has tried physical therapy for his neck and back which helped slightly. He has had no recent neck injections. He is currently on naproxen and Flexeril for pain control. He says that the pain in his neck will radiate into his upper trapezius area as well as cause numbness and tingling in both of his hands. His pain today is 7 out of 10 on the pain scale. He is scheduled for an EMG on 01/24/2018. He is also seeing Dr. Hoenig for his right shoulder.

Injury / Condition

Was this the result of an injury? yes

Injury Date: 06/26/2017

If yes, where did it happen?

Work

Are you claiming as Workers Compensation? yes

Type of Problem

Pain 7/10

Previous Treatment

Have you had any of the following for this problem? MRI Rt shoulder @ Innervision 11/27/2017, X-ray

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 12/05/2017

Past Medical History

Active Medications Prior to This Update (reviewed today):

GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID

NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po q 6-8 hours prn pain

NAPROXEN 500 MG ORAL TABLET (NAPROXEN) 1 po bid

MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed

HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain

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Male DOB: **DOB**1959

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Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Medications (reviewed today):

GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID
NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po q 6-8 hours prn pain
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) 1 po bid
MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed
HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Allergies (reviewed today):

No known allergies

Past Surgical History

Hand (Bilateral)

Review of Systems

General: Positive for fatigue.

Eyes: Positive for eye irritation.

ENT: Patient denies decreased hearing, difficulty swallowing.

Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.

Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.

Gastrointestinal: Patient denies vomiting, diarrhea, nausea.

Genitourinary: Patient denies pain, urinary retention, frequent UTI.

Musculoskeletal: Positive for back pain, joint pain, muscle aches, stiffness.

Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.

Neurologic: Positive for headaches, numbness, tingling.

Psychiatric: Patient denies anxiety, depression.

Heme/Lymphatic: Patient denies abnormal bruising.

Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is divorced, Never smoker, and lives with spouse/partner. Has no children. drinks alcohol, drinks occasionally. does exercise, occasionally. Occupation: maintenance mechanic at muffin man.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Patient has not had a Bone Density Screening

Family History

Cancer (Father, Mother)

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE - Signed

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

VITAL SIGNS

Body Mass Index in-lb

Height (in): 68
Weight (lb): 185
BMI (in-lb) 28.13
P: 88 R: 16 BP: 116/78

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM:

On exam, Mr. Dalton is a 58-year-old male in no acute distress. He is alert and oriented x3. He has positive pain with internal rotation and deep flexion of the right hip. He has 4/5 strength in the right biceps, otherwise 5/5 in the upper extremities. He has 5/5 strength in the strength in the bilateral lower extremities. His sensation is intact to light touch in the bilateral upper and lower extremities. He is neurovascularly intact and compartments are soft.

IMAGING:

No imaging was done at today's office visit. However, an MRI of the cervical spine and the lumbar spine were reviewed which shows a right paracentral disc herniation at L5-S1 as well as a small central disc herniation at L4-L5. The neck does show degenerative changes; however, there is no significant nerve compression and no signal change within the spinal cord.

ASSESSMENT

Mr. Dalton is a 58-year-old male with cervical and lumbar radiculopathy and right hip pain.

Pain in right hip (ICD-719.45) (ICD10-M25.551)

PLAN

The plan at this time is to send Mr. Dalton for an MRI of his right hip due to findings on exam to rule out a labral tear. I would like him to continue forward with the EMG he has scheduled on 01/24/2018. Due to the significant relief he had with the first injection, I would like to send him for bilateral L5-S1 TFESI with Dr. Behr once again to see if he gets greater relief for a longer period of time. I would like to add also an EMG of the patient's bilateral lower extremities to rule out any chronic versus acute nerve damage. We will follow up the patient two weeks after his injection or after the MRI of his right hip whichever comes sooner. We will also give him gabapentin at this time for pain control. I will keep him on light duty. In the interim, if the patient has any questions or concerns, he can call our office sooner. The treatment plan was discussed with the patient's case manager.

Dictated by: Megan M. Nicholas, PA-C for Chi Lim, MD

cc: Primary care physician

kb

New Orders:

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

February 2, 2018 02/08/2018 09:39:59
Page 4
Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Est. Level 3 [CPT-99213]
Consult w WC Nurse Case Manager [CPT-99366]

Disposition: Return to office 2 weeks after injection

Prescriptions:

GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID #90 x 0

Entered by: Angela Fairley

Authorized by: Chi Lim

Electronically signed by: Angela Fairley on 01/11/2018

Method used: Print then Give to Patient

RxD: 1831284923006360

Handout requested.

]

Patient at risk for falls: no
The patient declined the influenza vaccine.

Electronically signed by Chi Lim on 01/26/2018 at 10:41 AM

Carolina Orthopaedic & Neurosurgical Associates

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
 (864) 582-6396 Fax: (864) 542-2939

February 15, 2018

Page 1

Office Visit

Randall G DaltonMale DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616

Ins: Amerisure WC

02/08/2018 - Office Visit: FU: MRI and Lumbar Injection

Provider: Chi Lim

Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

Mr. Randall Dalton is a 58 Years Old White / Caucasian male, who is here for a follow-up appointment.

Chief Complaint: Mr. Dalton is here for a followup after an MRI of his right hip.

History From: Patient

Race: White / Caucasian**Family Physician:** Dr. Crosby

Mr. Dalton is a pleasant 58-year-old male, who is here for a followup after an EMG, as well as an MRI of his right hip. He recently had a bilateral L5-S1 transforaminal epidural steroid injection with Dr. Behr, which gave him zero percent relief. Today, he continues to complain of left hip pain that will radiate down his bilateral lower extremities. He says that he does toss and turn at night due to the pain and his pain today is a 7 out of 10 on the pain scale.

Injury / Condition**Was this the result of an injury?** yes**Injury Date:** 06/26/2017**Are you claiming as Workers Compensation?** no**Type of Problem**

Pain 7/10, pain

Previous Treatment

Have you had any of the following for this problem? MRI Rt shoulder @ innervision 11/27/2017, MRI Right Hip @ Innervision 1/22/18 uploaded and In Dr. Lim's Filing cabinet.

History of OA Fractures or Procedures:**Fracture/Surgery/Injection:** Bilateral L5-S1 TFESI**Date of Procedure:** 12/05/2017**Fracture/Surgery/Injection:** Bilateral L5-S1 TFESI**Date of Procedure:** 01/31/2018**Past Medical History****Active Medications Prior to This Update (reviewed today):**

GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID

MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed

HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain

NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food

CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Medications (reviewed today):

GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID

MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed

HYDROCODONE-ACETAMINOPHEN 5-325.MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain

NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food

Carolina Orthopaedic & Neurosurgical Associates

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

02/27/2018 09:28:36
February 15, 2018
Page 2
Office Visit

Randall G DaltonMale DOB: **DOB**/1959

225345

Home: (864) 915-8362 Work: (864) 962-0616

Ins: Amerisure WC

CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Allergies (reviewed today):

No known allergies

Past Surgical History

Hand (Bilateral)

Review of Systems**General:** Positive for fatigue.**Eyes:** Positive for eye irritation.**ENT:** Patient denies decreased hearing, difficulty swallowing.**Cardiovascular:** Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.**Respiratory:** Patient denies shortness of breath, wheezing, cough, coughing up blood.**Gastrointestinal:** Patient denies vomiting, diarrhea, nausea.**Genitourinary:** Patient denies pain, urinary retention, frequent UTI.**Musculoskeletal:** Positive for back pain, joint pain, muscle aches, stiffness.**Skin:** Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.**Neurologic:** Positive for headaches, numbness, tingling.**Psychiatric:** Patient denies anxiety, depression.**Heme/Lymphatic:** Patient denies abnormal bruising.**Allergic/Immunologic:** Patient denies seasonal allergies, persistent infections.**Social History**

Patient is divorced, Never smoker, and lives with spouse/partner. Has no children. drinks alcohol, drinks occasionally. does exercise, occasionally. Occupation: maintenance mechanic at muffin man.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Patient has not had a Bone Density Screening

Family History

Cancer (Father, Mother)

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS**Body Mass Index in-lb**

Height (in): 68

Weight (lb): 185

BMI (in-lb) 28.13

P: 88 R: 15 BP: 120/83

Carolina Orthopaedic & Neurosurgical Associates
 1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
 (864) 582-6396 Fax: (864) 542-2939

02/27/2018 09:28:36
 February 15, 2018
 Page 3
 Office Visit

Randall G Dalton
 Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
 Ins: Amerisure WC

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAM:

On exam, Mr. Dalton is a 58-year-old male in no acute distress. He is alert and oriented x3. He has positive pain with internal rotation and deep flexion of the right hip. He has 4/5 strength in the right biceps; otherwise, 5/5 in the bilateral upper extremities. He has 5/5 strength in the strength in the bilateral lower extremities. His sensation is intact to light touch in the bilateral upper and lower extremities. He is neurovascularly intact and compartments are soft.

IMAGING:

No imaging was done at today's (11/16/2017) office visit. However, an MRI of the cervical spine and the lumbar spine were reviewed, which shows a right paracentral disk herniation at L5-S1, as well as a small central disk herniation at L4-L5. The neck does show degenerative changes; however, there is no significant nerve compression and no signal change within the spinal cord.

Today (02/08/2018), an MRI of the right hip was also reviewed in length with the patient, which shows mild right gluteus minimus tendinosis. The pelvic ring is intact and he has normal SI joints. There is evidence of BPH. An EMG was also reviewed in length with the patient, which does show evidence consistent with radiculopathy affecting the L5 nerve root on the right. There is also electrodiagnostic evidence suggestive of L5 nerve root irritation on the left. He does have carpal tunnel on the right. There is no evidence of cervical radiculopathy, brachial plexopathies, generalized polyneuropathy, or other localized nerve compromise on this study.

ASSESSMENT

Mr. Dalton is a 58-year-old male with cervical and lumbar radiculopathy and right hip pain.

PLAN

At this time, Mr. Dalton has tried injections, which have given him zero percent relief. I do not feel he is a surgical candidate at this time. I would like to refer him to pain management for further pain control, as well as send him for a functional capacity evaluation. We will follow up with him after his functional capacity evaluation is complete and likely give him an MMI at that time. In the interim, if the patient has any questions or concerns, he can call our office sooner.

This office visit was discussed with his nurse case manager today (02/08/2018).

Dictated by: Megan M. Nicholas, PA-C for Chi Lim, MD

cc: Patient's Primary Care Physician

kb

New Orders:

Est. Level 4 [CPT-99214]

Lifestyle Education Regarding Hypertension [SCT-443402002]

Disposition: Return to office with FCE

}

Patient at risk for falls: no

03/23/2018 09:52:02
25

South Carolina SC USA DRIVER'S LICENSE

DL#: **DL#** DALTON, RANDALL GLEN
433 PHILIPS LN
GREER SC 296603930

DOB: **DOB 1959**
Issued: 12-18-2017
Expires: 12-26-2027
Class: D
Sex: M
Weight: 180
Height: 5-08
Restrict: None
Endorse: None

12-26-1959

230080 R02

GOVERNOR

HOENIG
DOB: **DOB** 59 58 M Whi
MR# 50254 DOS: 02/14/18
DALTON, RANDALL

SURGERY CENTER AT PELHAM, LLC

PATIENT REGISTRATION

PATIENT INFORMATION			
NAME: DALTON, RANDALL G	MRN: 0050254	DOB: DOB 1959	SEX: M
ADDRESS: 433 PHILLIPS RD.	CITY: GREER	STATE: SC	ZIP: 29650
SS#: SS#	HOME#: 864-915-8362	WORK#:	
Email: cudanator501@gmail.com			

EMERGENCY CONTACT INFORMATION	
NAME: Wendy Wells Roberts	
ADDRESS: 433 Phillips Lane Greer, S.C. 29650	
PHONE: 864-593-7777	RELATIONSHIP: Girl Friend

GUARANTOR INFORMATION			
NAME: DALTON, RANDALL	RELATIONSHIP: 01-Self	EMPLOYER:	
ADDRESS: 433 PHILLIPS RD.	CITY: GREER	STATE: SC	ZIP: 29650
SS#: SS#	HOME#: 864-915-8362	WORK#:	

PRIMARY INSURANCE			
PAYER: AMERISURE - WORK COMP			
PAYER ADDRESS: PO BOX 33478	CITY: DETROIT	STATE: MI	ZIP: 48232
INSURED'S NAME: RANDALL G DALTON	DOB: DOB 59	RELATIONSHIP: 18-Self	
SS#: SS#	INSURED'S ID#: 2099882	GROUP#:	

SECONDARY INSURANCE			
PAYER:			
PAYER ADDRESS:	CITY:	STATE:	ZIP:
INSURED'S NAME:	DOB:	RELATIONSHIP:	
SS#:	INSURED'S ID#:	GROUP#:	

ACCIDENT INFORMATION	
IS YOUR PROCEDURE DUE TO AN ACCIDENT? Y (N)	
WORK ☒	VEHICLE ☐ OTHER ☐
DATE OF ACCIDENT:	
ADJUSTOR NAME:	ADJUSTOR PHONE:

SURGERY		
SURGERY DATE: Wednesday, Feb 14 2018	SURGEON: MICHAEL HOENIG MD	ANESTHESIA TYPE: GENERAL
AMOUNT DUE DOS: \$ 0.00		
Dx1: S46.011A Strain of musc/tend the r	Dx2:	Dx3:
PROCEDURES (1-3):		
1) 29826 RIGHT SHOULDER ARTHROSCOPY, SAD, DCR, RCR, BICEPS TENOTOMY**ARTHREX**SCALENE BLOCK**		
2) 29824 DISTAL CLAVICLE RESECTION		
3) 29827 ROTATOR CUFF REPAIR		

Patient Signature: Randall Dalton Date: 2-14-2018

Surgery Center of Pelham, LLC
2755 South Highway 14
Greer, SC 29650

OPERATIVE REPORT

PATIENT NAME: DALTON, RANDALL
PATIENT ID NO: 0050254
DICTATING PHYSICIAN: Michael P. Hoenig, M.D.
DATE OF PROCEDURE: 02/14/18
DATE OF BIRTH: **DOB** 1959

PREOPERATIVE DIAGNOSES:

1. Right shoulder biceps tendinopathy.
2. Impingement.
3. AC arthropathy.
4. Rotator cuff tear.

POSTOPERATIVE DIAGNOSES:

1. Right shoulder biceps tendinopathy.
2. Impingement.
3. AC arthropathy.
4. Rotator cuff tear.

PROCEDURES PERFORMED:

1. Right shoulder arthroscopy with extensive debridement and biceps tenotomy.
2. Subacromial decompression.
3. Distal clavicle resection of 8 mm.
4. Rotator cuff repair.

SURGEON: Michael P. Hoenig, M.D.

ASSISTANT: Brad Harrison, PA

ANESTHESIA: General endotracheal anesthesia with interscalene block.

DISPOSITION: Stable to recovery room.

IMPLANTS:

1. Two Arthrex 4.5 mm fully-threaded anchors.
2. Two Arthrex 3.5 mm PushLock anchors.

OPERATIVE FINDING:

1. EUA revealed full range of motion, stable on exam.
2. Glenohumeral joint revealed intact articular surfaces, type 2 SLAP lesion with biceps fraying, complete tear of the supraspinatus and anterior infraspinatus.
3. Type 2 acromion with osteophytic distal clavicle.

OPERATIVE INDICATIONS: The patient is a 58-year-old male who injured his arm at work. He failed to improve with conservative care and desired to proceed with surgery.

PAGE 2

DALTON, RANDALL

PATIENT ID NO.: 0050254

DATE OF PROCEDURE: 02/14/18

DESCRIPTION OF PROCEDURE: The patient was placed in the lateral decubitus position for the right affected side to be uppermost. Axillary roll was placed. Bony prominences were padded. Arm was placed in 7.5 pounds of traction.

Posterior portal was created. Anterior portal was created by an outside-in technique. Examination of glenohumeral joint showed the articular surface to be intact. There was some fraying of the biceps anchor and erythema of the biceps tendon. The biceps was therefore sharply released. Proximal and distal stumps were debrided. The subscapularis was unremarkable. He had a complete tear of the middle posterior supraspinatus and anterior infraspinatus. A working portal was created on the lateral aspect of the acromion. This allowed us to utilize the shaver to debride the edge of the rotator cuff as well as debride and decorticate the greater tuberosity footprint. The scope was then redirected in the subacromial space.

Extensive bursitis was noted. A thorough bursectomy was performed. CA ligament was divided and excised. Burr was then used to create a type 1 acromion. This allowed identification of distal clavicle. An 8 mm of distal clavicle was excised. Shaver was used to remove all bony debris.

We inspected the rotator cuff. There was approximately 15 mm tear from anterior to posterior. There was mostly a crescent-shaped tear mobilized nicely to the tuberosity. Two Arthrex 4.5 mm anchors were placed just lateral to the articular margin. Sutures were placed in a mattress like fashion. They were gathered and tied. They were then impacted laterally with two 3.5 mm PushLock anchors. This created an excellent transosseous equivalent repair that was stable to probing and rotation. Fluid was removed via suction. Portals were closed with 3-0 nylon. Sterile dressing was applied. The patient was awakened and taken to the recovery room in stable condition.

POSTOPERATIVE PLAN: Postop protocol will be passive range of motion for six weeks with limits of forward elevation of 90 degrees, abduction of 45 degrees, and external rotation of 30 degrees.

Physician assistant was medically necessary to assist with positioning, maintaining position of the arm during the procedure, and for closure of wound, and application of dressing.

Michael P. Hoenig, M.D.

MPH:cbs/gs

Anesthesia Record

03/08/2018 09:29:01

Date	02/14/2018	Anesthesia Start	12:32	Stop	13:54
OR #	OR #1	Surgeon	HOENIG, MICHAEL	Procedure	12:50 13:44
Allergies: see Allergies page	Diagnosis	"See Footnote #1"			
ASA Value	2	Procedure	RIGHT SHOULDER ARTHROSCOPY, SUBACROMIAL DECOMPRESSION, DISTAL CLAVICLE RESECTION, ROTATOR CUFF REPAIR, BICEPS TENOTOMY		
Anesthesiologist	WRIGHT, DANIEL	Time In:		Time Out:	
CRNA	DAVIS, LEANN	Time In:		Time Out:	
Tourniquet #	Applied By:	1 Pressure @	2 Pressure @		
Site:	UP	DOWN	TOTAL		
Site:	UP	DOWN	TOTAL		
				Height	68
				Weight	185
				BMI	28.1
ANESTHESIA TYPE		ANESTHESIA SERVICE TYPE			
GENERAL		CRNA with medical direction by a physician			
PRE-PROCEDURE		MONITORS AND EQUIPMENT			
☒ Identified ☒ ID Band ☒ Questioning ☒ Chart Reviewed ☒ Permit Signed NPO Since 23 58		☒ Monitors Checked ☐ Steth ☐ Precord ☐ Esoph ☐ Other ☒ Non Invasive B/P ☒ Left ☐ Right ☒ Continuous EKG ☒ Pulse Oximeter ☒ Oxygen Sensor ☒ End Tidal CO2 ☒ Gas Analyzer ☐ Temp ☐ Nerve Stimulator ☒ Warming Blanket ☐ EEF ☐ Doppler ☐ Airway Humidifier ☐ Fluid Warmer ☐ NG/OG Tube ☐ Foley Catheter ☒ IV(s) H2O left hand			
Pre-Anesthetic State: ☒ Calm ☐ Asleep ☒ Awake ☐ Confused ☐ Apprehensive ☐ Unresponsive ☐ Uncooperative		AIRWAY MANAGEMENT Intubation: ☐ Oral Tube Size ☐ ☐ Stylet Used ☐ Nasal ☐ Regular ☐ Magill's ☐ Direct ☐ RAE ☐ Fiber Optic ☐ Blind ☐ Armored ☐ Blade ☐ Laser ☐ Secured at ☐ cm ☐ Endobronch ☐ Attempts x ☐ ☒ ET CO2 present ☐ Breath sounds ☐ ☐ Uncuffed, leaks at ☐ cm, H2O ☒ Cuff, inflated with air ☒ LMA 4 Airway: ☐ Oral ☐ Nasal ☐ Difficult Circuit: ☒ Circle ☐ NRB See Remarks ☐ Mask Case ☐ Nasal Cannula ☐ Via Tracheostomy ☐ Simple O2 Mask			
PATIENT SAFETY ☒ Anes machine # 2 Checked ☒ Safety Bell On ☒ Auditory Roll ☐ Amboband Restraint ☐ Arms Tucked ☒ Pressure points checked and padded Eye Care: ☐ Diltment ☐ Saline ☒ Taped ☐ Shield ☐ Goggles		FLUID TOTALS Location Stage 2 Time 13:50 Urine 0 EBL 0 ml B/P 144/84 02 Sat. 96 Crystalloid 1200 Pulse 95 Resp. 15 Anesthetist Signature <i>[Signature]</i> ☒ Signed 02/14/2018 12:51			
		Anesthesiologist Signature <i>[Signature]</i> ☒ Signed 02/14/2018 11:44			

Patient: DALTON, RANDALL MRN: 0050254 DOS: 02/14/2018 DOB: DOB 1959 Gender: Male
 Physician: HOENIG, MICHAEL Section Anesthesia Page 1
 Footnote information follows on page 2

Anesthesia / SCAPAnesthesiaRecordv3 - Footnote Information:

- 1) Strain of muscle/tend the rotator cuff of right shoulder, init; Strain of muscle/tend the rotator cuff of right shoulder, init; Strain of muscle/tend the rotator cuff of right shoulder, init; Strain of muscle/tend the rotator cuff of right shoulder, init

Patient: DALTON, RANDALL MRN : 0050254 DOS : 02/14/2018 DOB : DOB 1959 Gender : Male
Physician : HOENIG, MICHAEL Section Anesthesia Page 2
End of Footnote Information

Peripheral Nerve Block Procedure Note

03/08/2018 09:29:01

Peripheral Nerve Block(s) Performed

Procedure:

right interscalene block

Approach: ☐ Left ☒ Right ☒ Site ConfirmedIndication: ☒ Analgesia ☐ Surgical Anesthesia

Specifically requested for management of shoulder/knee postoperative pain by Dr. HOENIG, MICHAEL

Location: ☒ Pre-op Holding Area ☐ Operating Room

Date: 02/14/2018

Start Time:

End Time:

Pre-Procedure: Blood Pressure: 128/84 HR: 77 Resp: 20 SaO2: 99 02 2 1/m per no

Preparation: ☒ Providone-Iodine ☐ Chlorhexidine ☐ Alcohol ☐ DrapesPosition: ☒ Supine ☐ Prone ☐ LLD ☐ RLD ☐ SittingNeedle(s): ☒ B-bevel ☐ Tuohy ☐

Manufacturer, length, gauges: Braun 2 in 22 ga

Techniques: ☒ Injection through needle☐ Catheter Placement (depth at skin: cm)☒ Nerve stimulation☐ Other:☐ Paresthesia -- describe quality of paresthesia:

Injectate:

☐ Bupivacaine ☒ Ropivacaine ☐ Mepivacaine ☐ Lidocaine

Concentration (%)

Volume (mL)

Adjunct

Epinephrine

0.5

30

☒ 1/ 2 00,000☐ Not Used

Narrative:

Injection was made incrementally with constant monitoring and aspiration every 5 mL's.

Blood aspirated:

☒ No

Intravenous test using Epinephrine:

☒ Negative

Pain on injection noted:

☒ No

Resistance on injection:

☒ Normal

Events:

None; easy and well tolerated

☐ Difficult

Sedation Given

mg/mcg

Midazolam

2

Fentanyl

100

Post Procedure Condition

Time

Blood Pressure

HR

Resp

SaO2

Other

12:27

130/85

78

18

95

☒ The procedure was performed by WRIGHT, DANIEL

I was present and medically directed.

☒ I performed the procedure myself.

Anesthesiologist Signature

☒ Signed

02/14/2018

12:27

Patient: DALTON, RANDALL MRN : 0060264 DOS : 02/14/2018 DOB : DOB 1959 Gender : Male
 Physician : HOENIG, MICHAEL Section Anesthesia Page 1

ADMISSION FORM

Surgery Center at Pelham, LLC
 2755 South HWY 14
 GREER SC 29650

SECTION I: PATIENT INFORMATION

PERSONAL, EMPLOYMENT, AND CONTACT INFORMATION

LAST NAME DALTON	FIRST NAME RANDALL	MIDDLE G	DATE OF BIRTH DOB 1959	SOCIAL SECURITY # SS#	GENDER M
STREET ADDRESS 433 PHILLIPS RD.		ADDRESS (CONT.)		CITY GREER	STATE SC
HOME PHONE 864-915-8362		WORK PHONE	CELL PHONE	EMERGENCY CONTACT NAME Roberts Wendy	
EMPLOYER NAME		EMPLOYER STREET ADDRESS		EMPLOYER CITY	STATE
				STATE	ZIP CODE

SECTION II: GUARANTOR INFORMATION

RESPONSIBLE PARTY INFORMATION

FULL NAME DALTON, RANDALL	RELATIONSHIP TO PATIENT 01-Self
STREET ADDRESS 433 PHILLIPS RD.	CITY GREER
	STATE SC
	ZIP CODE 29650

SECTION III: INSURANCE INFORMATION

PRIMARY INSURANCE

INSURANCE DESCRIPTION AMERISURE - WORK COMP	AUTHORIZATION # approved	GROUP #	POLICY # 2099882
STREET ADDRESS PO BOX 33478		CITY DETROIT	STATE MI
			ZIP CODE 48232
SECONDARY INSURANCE			
INSURANCE DESCRIPTION	AUTHORIZATION #	GROUP #	POLICY #
STREET ADDRESS		CITY	STATE
			ZIP CODE

SECTION IV: SURGERY INFORMATION

DATE OF SERVICE Wednesday Feb 14 2018, 01:00PM		SCHEDULED SURGEON MICHAEL HOENIG MD	ANESTHESIA TYPE GENERAL
DIAGNOSIS INFORMATION		PROCEDURE INFORMATION	
CODE	DESCRIPTION	CODE	DESCRIPTION
S46.011A	Strain of musc/tend the r	29826	RIGHT SHOULDER ARTHROSCOPY, BAD, DCR, RCR, BICEPS TENOTOMY**ARTHREX**SCALENE BL
		29824	DISTAL CLAVICLE RESECTION
		29827	ROTATOR CUFF REPAIR
		29828	BICEPS TENODESIS

PATIENT SIGNATURE: _____

DATE: _____

ADMISSION FORM

Surgery Center at Pelham, LLC
 2755 South HWY 14
 GREER SC 29650

SECTION I: PATIENT INFORMATION

PERSONAL, EMPLOYMENT, AND CONTACT INFORMATION

LAST NAME DALTON	FIRST NAME RANDALL	MIDDLE G	DATE OF BIRTH DOB 1959	SOCIAL SECURITY # SS#	GENDER M
STREET ADDRESS 433 PHILLIPS RD.		ADDRESS (CONT.)	CITY GREER	STATE SC	ZIP CODE 29650
HOME PHONE 864-915-8362	WORK PHONE	CELL PHONE	EMERGENCY CONTACT NAME Roberts Wendy		EMERGENCY CONTACT # 864-593-7797
EMPLOYER NAME	EMPLOYER STREET ADDRESS		EMPLOYER CITY	STATE	ZIP CODE

SECTION II: GUARANTOR INFORMATION

RESPONSIBLE PARTY INFORMATION

FULL NAME DALTON, RANDALL	RELATIONSHIP TO PATIENT 01-Self
STREET ADDRESS 433 PHILLIPS RD.	CITY GREER
	STATE SC
	ZIP CODE 29650

SECTION III: INSURANCE INFORMATION

PRIMARY INSURANCE

INSURANCE DESCRIPTION AMERISURE - WORK COMP	AUTHORIZATION # approved	GROUP #	POLICY # 2099882
STREET ADDRESS PO BOX 33478	CITY DETROIT	STATE MI	ZIP CODE 48232
SECONDARY INSURANCE			
INSURANCE DESCRIPTION	AUTHORIZATION #	GROUP #	POLICY #
STREET ADDRESS	CITY	STATE	ZIP CODE

SECTION IV: SURGERY INFORMATION

DATE OF SERVICE Wednesday Feb 14 2018, 01:00PM		SCHEDULED SURGEON MICHAEL HOENIG MD	ANESTHESIA TYPE GENERAL
DIAGNOSIS INFORMATION		PROCEDURE INFORMATION	
CODE	DESCRIPTION	CODE	DESCRIPTION
S46.011A	Strain of musc/tend the r	29826	RIGHT SHOULDER ARTHROSCOPY, SAD, DCA, RCR, BICEPS TENOTOMY**ARTHREX**SCALENE BL
		29824	DISTAL CLAVICLE RESECTION
		29827	ROTATOR CUFF REPAIR
		29828	BICEPS TENODESIS

PATIENT SIGNATURE: _____

DATE: _____



Midwest Medical

2295 Parklake Drive NE, Suite 100 | Atlanta, GA 30345
 O: 877 593 3546 F: 855 233 6077
 www.midwestmedical.info

HOENIG
 DOB: DOB / 59 58 M Whi
 MR# 50254 DOS: 02/14/18
 DALTON, RANDALL

PATIENT AOB

I acknowledge that I have received and understand Midwest Medical's Notice of Privacy Practices located on the reverse side of this form. I authorize Midwest Medical to provide the product(s) and treatment prescribed by my physician, and that I have received the product(s) and such services. I authorize Midwest Medical or its billing affiliates to submit claims to my insurer on my behalf, and I assign the benefits payable by my insurer for such product(s) to Midwest Medical or its billing affiliates. I authorize my physician and Midwest Medical to release any of my medical information required for my insurer to process the claim. If my insurance company denies this claim, I am giving you my authorization upfront to appeal their decision.

6/26/17
 Patient Date of Injury (Worker's Comp or accident related claims)
Randall Dalton
 Patient Signature (Parent or Guardian Signature if patient is a minor)

2-14-18
 Date

PRODUCT

IPC Device (Intermittent Pneumatic Compression)

DOS: 2/14/2018

ICD-10 Code(s):

S46.01A

RISK ASSESSMENT

One Point Each

- ☐ Age 41-60
- ☒ Minor surgery planned (<45 mins)
- ☐ Past major surgery (<1 month)
- ☐ Visible Varicose Veins
- ☐ History of Inflammatory Bowel Disease
- ☐ Swollen legs (current)
- ☐ BMI >25
- ☐ Heart Attack
- ☐ Congestive heart failure
- ☐ Serious infection (pneumonia)
- ☐ Lung disease (COPD, emphysema)
- ☐ On bed rest or restricted mobility <72 hours
- ☐ Use of birth control or HRT
- ☐ Pregnant or postpartum <1 month
- ☐ History of stillbirth, >3 spont abortions, premature birth w/ toxemia, or growth restriction
- ☐ Other risk factors (1 point each) ***

Two Points Each

- ☐ Age 61-74
- ☐ Current or past malignancies
- ☐ Major surgery >45 mins including laparoscopic & arthroscopic
- ☐ Immobilizing plaster cast (<1 month)
- ☐ Central venous access
- ☐ On bed rest >72 hours

Three Points Each

- ☐ Age 75+
- ☐ History of DVT or PE
- ☐ Family history of DVT or PE
- ☐ Personal or family history of positive blood test indicating an increased risk of blood clotting

Five Points Each

- ☐ Elective hip or knee joint replacement surgery
- ☐ Broken hip, pelvis or leg
- ☐ Serious trauma
- ☐ Spinal cord injury resulting in paralysis
- ☐ Stroke

Total Risk Points

2

Low Risk: 0-1 points
 Moderate Risk: 2 points
 High Risk: 3-4 points
 Very High Risk: 5+ points

***Additional risk factors not tested in the validation studies but shown in the literature to be associated with thrombosis include BMI >40, smoking, diabetes requiring insulin, chemotherapy, blood transfusions, and length of surgery > 2 hr

PHYSICIAN LMN

I have assessed this patient's risk of DVT based on the type of surgery, the patient's medical history and other documented factors that may increase the risk of DVT. My assessment indicated the use of mechanical thromboprophylaxis by intermittent pneumatic compression. In my opinion, this is medically necessary and reasonable in accordance with accepted standards of medical practice and appropriate treatment of this patient.

V.O. O'Grady / Hoenic
 Physician Signature (or attach Physician's order)

HOENIG
 Physician Name (please print)

2-14-18
 Date

Please include demographics and medical records via: **FAX** (855)233-6077 **EMAIL** orders@mwmedical.us or **MAIL**
 White Copy - Return to Midwest Medical Yellow Copy - Give to Patient

Carolina Orthopaedic & Neurosurgical Associates

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

March 2, 2018

Page 1

Office Visit

Randall G DaltonMale DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616

Ins: Amerisure WC

02/26/2018 - Office Visit: PO RSS

Provider: Michael P Hoenig MD

Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

Mr. Randall Dalton is a 58 Years Old White / Caucasian male, who is here for a post-op evaluation.

Chief Complaint: Postop recheck right shoulder.

History From: Patient

Race: White / Caucasian

Referral Source: WC

Family Physician: Dr. Crosby

Mr. Dalton returns today for his first postop visit following surgery on 02/14/2018, that day underwent a right shoulder scope decompression, distal clavicle resection, biceps tenotomy, rotator cuff repair. Overall he is doing well. His pain is decreasing. There was an initial issue with his physical therapy. He has now been switched to a different facility. He does have a CPM machine at home. He rates his pain a 7 out of 10. He is occasionally taking half of a pain pill.

Injury / Condition**Was this the result of an injury?** yes**Injury Date:** 06/26/2017**Are you claiming as Workers Compensation?** yes**Type of Problem**

PAIN 7/10

Location of Your Injury / condition

hip right, shoulder bilateral, leg bilateral, arm right, knee bilateral, hand bilateral, back pain bilateral, pelvis bilateral, neck pain bilateral, shoulder right

Previous Treatment

Have you had any of the following for this problem? MRI Rt shoulder @ innervation 11/27/2017, MRI Right Hip @ Innervation 1/22/18 uploaded and In Dr. Lim's Filing cabinet.

History of OA Fractures or Procedures:**Fracture/Surgery/Injection:** Bilateral L5-S1 TFESI**Date of Procedure:** 12/05/2017**Fracture/Surgery/Injection:** Bilateral L5-S1 TFESI**Date of Procedure:** 01/31/2018**Fracture/Surgery/Injection:** RSS, with extensive debridement & bicep tenotomy. SAD. DCR. RCR**Date of Procedure:** 02/14/2018**Past Medical History****Active Medications Prior to This Update (reviewed today):**

GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID

MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed

HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain

NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food

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 Office Visit

Randall G Dalton
 Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
 Ins: Amerisure WC

CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Medications (reviewed today):

GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID
 MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed
 HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
 NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
 CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Allergies (reviewed today):

No known allergies

Past Surgical History

Hand (Bilateral)

Review of Systems

General: Positive for fatigue.

Eyes: Positive for eye irritation.

ENT: Patient denies decreased hearing, difficulty swallowing.

Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.

Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.

Gastrointestinal: Patient denies vomiting, diarrhea, nausea.

Genitourinary: Patient denies pain, urinary retention, frequent UTI.

Musculoskeletal: Positive for back pain, joint pain, muscle aches, stiffness.

Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.

Neurologic: Positive for headaches, numbness, tingling.

Psychiatric: Patient denies anxiety, depression.

Heme/Lymphatic: Patient denies abnormal bruising.

Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is divorced, Never smoker, and lives with spouse/partner. Has no children. drinks alcohol, drinks occasionally. does exercise, occasionally. Occupation: maintenance mechanic at muffin man.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Patient has not had a Bone Density Screening

Family History

Cancer (Father, Mother)

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

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 Office Visit

Randall G Dalton
 Male DOB: **DOB** 1959

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Home: (864) 915-8362 Work: (864) 962-0616
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Body Mass Index in-lb

Height (in): 68
 Weight (lb): 185
 BMI (in-lb) 28.13
 P: 83 R: 16 BP: 128/84

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: Yes

Patient is Wearing a(n) Shoulder Immobilizer
 on their Right Upper Extremity

PHYSICAL EXAM:
 Surgical wound is well-healed. No signs of infection. He does have some resolving ecchymosis in the biceps. Sutures were removed and reinforced with Steri-Strips. Neurovascularly intact.

IMAGING:
 Four views of the right shoulder were ordered, reviewed and interpreted, showing conversion to a type I acromion, adequate distal clavicle resection, no other acute changes.

ASSESSMENT

Status post right shoulder rotator cuff repair.

PLAN

Dr. Hoenig saw the patient as well. We will get him continued with physical therapy, he can just go 1 time a week since he has a CPM machine to use at home on other days. Continuing UltraSling. We will see him back for recheck in 4 weeks. Work restrictions will be no use of the right arm.

His care was discussed with Joshua Henderson, Case Manager. The treatment plan was discussed in detail and all questions and concerns were addressed with the case manager while the patient was present. This interdisciplinary team meeting/consultation was 10 minutes in duration.

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD
 gb

New Orders:

Postop visit [CPT-99024]
 Consult w WC Nurse Case Manager [CPT-99366]
 Scapula complete [73010]
 Shoulder complete 2+ views [73030]

Disposition: Return to office
 in 4 Weeks.

] The patient declined the Influenza vaccine.

Mar. 6. 2018 9:24AM

No. 0797 P. 2

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Physical Therapy

Randall G Dalton
Male DOB: [REDACTED] 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

02/28/2018 - Physical Therapy: PT Evaluation
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Referring Provider: Hoenig DOB: [REDACTED] 1959

Subjective Information: Followed up with Palmetto rehab where they were unsure on how to tx Mr. Dalton. Monday 2/26/2018 sutures removed at MD visit return to work. Only have been using CPM 2x a day before returning to work today decreasing use to 1x a day. Girlfriend currently helps with ADLs. Work includes performing maintenance reaching and lifting in all directions above head, at waist, and below waist. Some positions during work include crawling, squatting, and kneeling. Initial injury includes a fall at down a half a flight of stairs at work.

Date of Initial Evaluation: 02/28/2018

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound

Date of Surgery: 02/14/2018

Mechanism of Injury: 6/27/2017 fall initial MOI sx to follow 2/14/18

Medical History: Hernia October/November 2017,

The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file.

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.

General Health: good

PAIN

Pain Scale: Current Pain: 8/10

Pain Scale: Pain at Worst: 10/10

Pain Scale: Pain at Best: 6/10

Pain is better when: PRN pain medication, Ice machine, TENS.

Patient Goals: Fishing, handy man work around parents house, working on

Hand Dominance: R

Vital Signs

Height: 68 inches **Weight:** 185 pounds

Body Mass Index: 28.13

The problem list was reviewed today with the patient.

This patient has no known allergies.

Posture: Forward shoulders **Posture Comments:** Right shoulder hike.

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Mar. 6. 2018 9:25AM

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Physical Therapy

Randall G Dalton
Male DOB: **DOB**1959

225345
Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)

Evaluation completed.

Progressed to current program

Patient education (patient education included)

Patient education (patient education included):

education in plan of treatment and progression, initiation of home exercise program

Patient education (patient education included):

pain control methods for at home

Procedures Comments: PROM following 90 flex-45 abd-30 Er shoulder protocol. Cryotherapy and IFC estim x 15 min skin intact pre/post.

Medicare Patient: No

Treatments Received Today:

E Stimulation Unsupervised for **15** minutes.

Manual Therapy for **15** minutes.

Therapeutic Exercises for **15** minutes.

ASSESSMENT

Today's Assessment: Patient is a 58 year old mechanic who experienced a fall back in June 2017 leading to right RCR 2/14/2018. Was evaluated by another PT clinic but did not continue and referred to PRG to begin rehab. Self management at home includes ice and shoulder CPM. Currently educated and following on ROM restrictions. Currently demonstrates independent don/doffing shoulder brace with moderate difficulty. PROM was performed on right shoulder reaching 45 degrees abduction but unable to reach 30 degrees ER and 90 degrees flexion. Tx was tolerated well overall and decreased pain to 5/10 at the conclusion of tx. Patient has excellent rehab potential due to PLOF and current presentation. Pt will benefit from skilled PT services to decrease pain and increase ROM in shoulder progressing through RCR protocol. HEP program education and provided hard copy. All questions were answered at this time. Evaluation and tx completed by James Dugas, SPT observed and signed off by Brandon Hardee, PT. Today's treatment was completed and documented by Brandon Hardee, PT.

Physical Therapy Problems

pain, decreased ROM, decreased strength, and identified need for patient education and self management strategies. Quick DASH 95.45 % impairment.

The patient's progress will be dependent upon compliance to home exercise and home stretches prescribed. If the patient's condition is not improved within 2-3 weeks we will consider a re-examination. The patient was informed of the diagnosis and treatment, risks and benefits of treatment and consented to the treatment.

Understanding: Patient seemed to understand all information presented. Patient is in need of a skilled supervised therapy program for the purpose of trying to help improve the list of problems below.

PLAN:

The patient was educated on the plan of care and provided informed consent to today's treatment as outlined above and the plan of care outlined below.

Weekly sessions 2x/week for 6 weeks

Treatment to include ADL Training, Functional Mobility, Home Exercise Program, Home TNS unit, Manual Therapy Techniques, Modalities as Needed, Patient Education, Therapeutic activities, and Therapeutic Exercise.

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Physical Therapy

Randall G Dalton
Male DOB: **DOB**1959

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Home: (864) 915-8362 Work: (864) 962-0616
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Other: Focus on ROM within 90-45-30 protocol and progress per Dr. Hoenlg protocol for RCR.

Plan of Care

From: 02/28/2018 To: 04/11/2018

Physician Signature: _____

Date: _____

Treatment Goals

Short Term Goals

- Goal #1: independent with home exercise program Status: Initial
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Initial
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Initial

Long Term Goals

- Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Initial
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

Comments: STG=6 weeks
LTG= 14 weeks

SERVICE ORDERS:

PT Eval Low Complexity [97161]
Therapeutic Exercises [97110]
Manual Therapy [97140]
E Stimulation Unsupervised [97014]

Electronically signed by Brandon Hardee, PT on 03/01/2018 at 4:19 PM

Mar. 21. 2018 5:21PM

No. 0888 P. 2

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03/26/2018 10:49:08
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Physical Therapy

Randall G Dalton
Male DOB: [REDACTED] 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

03/07/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits after today: 0

Referring Provider: Hoenig DOB: [REDACTED] 1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reported 7/10 right shoulder pain at the beginning of tx. States pain has remained at 6-7/10 over the past couple of weeks.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)
Procedures Comments: Right PROM to tolerance, 90-45-30 degree limits.
IFES to right shoulder with ice.

Medicare Patient: No

Treatments Received Today:
E Stimulation Unsupervised for 15 minutes.
Manual Therapy for 10 minutes.
Therapeutic Exercises for 15 minutes.

ASSESSMENT

Today's Assessment: Pt continues to have moderate c/o right shoulder pain with strong guarding during PROM. Pt required constant cueing to relax RUE during manual. Pt was able to show improvement and tolerate very gentle PROM during tx. Pt was able to obtain 86 degrees flexion, 46 degree abduction, and 24 degrees ER during tx. Pain addressed with modalities with decreased pain reported post tx. Will continue with PT POC to reduce right shoulder pain. Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems
pain and decreased ROM.

Mar. 21. 2018 5:21PM

No. 0888 P. 3

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Physical Therapy

Randall G Dalton
Male DOB: **DOB** 959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

PLAN:

Plan Comments: Cont with PT POC.

Treatment Goals

Short Term Goals

Goal #1: independent with home exercise program Status: Initial
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Initial
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Initial

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Initial
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

SERVICE ORDERS:

E Stimulation Unsupervised [97014]
Manual Therapy [97140]
Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 03/07/2018 at 11:48 AM
Electronically signed by Brandon Hardee, PT on 03/07/2018 at 12:46 PM

Mar. 21. 2018 5:22PM

No. 0888 P. 4

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Physical Therapy

Randall G Dalton
Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

03/09/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB**1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.611)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt. states that overall he is still having some soreness in the shoulder and pain 6/10 on arrival.

Vital Signs

Height: 68 inches **Weight:** 185 pounds

Body Mass Index: 28.13
The problem list was reviewed today with the patient.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)

Patient education (patient education included)

Patient education (patient education included):

review of home exercise program

Procedures Comments: IFES with CP to right shoulder in supine. Skin intact pre-post treatment.

PROM to tolerance within 90-45-30 limits

Medicare Patient: No

Treatments Received Today:

E Stimulation Unsupervised for 13 minutes.

Manual Therapy for 15 minutes.

Therapeutic Exercises for 10 minutes.

ASSESSMENT

Today's Assessment: Pt. did have a slight spike in pain after doing seated mat activities but I believe it's because he was sitting in a dependent position without UE supported. Instructed to support with pillow next visit. Good mobility noted

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No. 0888 P. 5

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Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

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Ins: Amerisure WC

overall with ability to achieve close to 90 degrees flexion but with some tightness and catching at end range. Also noted some tightness working into ER not able to fully meet 30 degrees. Abduction is easy and WFL. Continue to work on mobility during upcoming visits.
Today's treatment was completed and documented by Brandon Hardee, PT.

Treatment Goals

Short Term Goals

Goal #1: Independent with home exercise program Status: Initial
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Initial
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Initial

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Initial
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

SERVICE ORDERS:

E Stimulation Unsupervised [97014]
Therapeutic Exercises [97110]
Manual Therapy [97140]

Electronically signed by Brandon Hardee, PT on 03/09/2018 at 10:22 AM

Mar. 21. 2018 5:22PM

No. 0888 P. 6

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Physical Therapy

Randall G Dalton
Male DOB: [REDACTED] 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

03/13/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: [REDACTED] 1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reported moderate soreness in right shoulder but states pain is slightly decreasing.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)
Procedures Comments: Right GH PROM to 90-45-30 degree limits.
IFES to right shoulder with ice.

Medicare Patient: No

Treatments Received Today:
E Stimulation Unsupervised for 15 minutes.
Manual Therapy for 12 minutes.
Therapeutic Exercises for 15 minutes.

ASSESSMENT

Today's Assessment: At the beginning of tx pt demonstrate very strong guarding in right shoulder and was only able to tolerate very limited PROM in all directions. Pt was given frequent breaks during PROM and moderate cueing to relax RUE. Pt was able to reduce guarding as PROM progressed and was able to obtain 90-45-30 degrees of flexion/abduction/ER towards the end of tx. Pain addressed with modalities with decreased pain reported post tx. Will continue with PT POC to reduce right shoulder pain.
Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems
pain and decreased ROM.

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Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

PLAN:

Plan Comments: Cont with PT POC.

Treatment Goals

Short Term Goals

Goal #1: Independent with home exercise program Status: Initial
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Initial
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Initial

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Initial
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

SERVICE ORDERS:

E Stimulation Unsupervised [97014]
Manual Therapy [97140]
Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 03/13/2018 at 9:04 AM
Electronically signed by Brandon Hardee, PT on 03/13/2018 at 12:57 PM

Mar. 21. 2018 5:22PM

No. 0888 P. 8

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Physical Therapy

Randall G Dalton

Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616

Ins: Amerisure WC

03/15/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0

Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB**1959

Patient's Current Diagnosis:

Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time Patient Occupation: Mechanic-Muffin mound

Date of Surgery: 02/14/2018

Subjective Information: Pt reported moderate right shoulder pain at the beginning of tx, stating "I've been hurting a little bit more over the past couple of days."

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)

Patient education (patient education included)

Procedures Comments: Right GH PROM to tolerance.
IFES to right shoulder with ice.

Medicare Patient: Yes

Medicare Treatments Received Today:

E Stimulation Unsupervised for 15 minutes.

Manual Therapy for 12 minutes.

Therapeutic Exercises for 15 minutes.

ASSESSMENT

Today's Assessment: Although pt had increased c/o right shoulder pain he was able to demonstrate decreased stiffness in right and obtain 90-45-30 degree limits with minimal guarding observed. Pain was addressed with modalities with decreased pain reported post tx. Will continue with PT POC with emphasis on reducing right shoulder pain. Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems

pain, decreased ROM, and decreased strength.

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Mar. 21. 2018 5:23PM

No. 0888 P. 9

OA23814833N.PDF
115 Deacon Tiller Court Duncan, SC 29334
(864) 587-1921 Fax: (864) 587-9119

March 21, 2018 04/2018 10:50:40
Page 2
Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

PLAN:

Plan Comments: Cont with PT POC.

Treatment Goals

Short Term Goals

Goal #1: independent with home exercise program Status: Initial
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Initial
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Initial

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Initial
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

SERVICE ORDERS:

Therapeutic Exercises [97110]
E-Stimulation Unattended [G0283]
Manual Therapy [97140]

Electronically signed by Zach Vinson, PTA on 03/15/2018 at 11:09 AM
Electronically signed by Brandon Hardee, PT on 03/15/2018 at 11:12 AM

Mar. 21. 2018 5:23PM

No. 0888 P. 10

OA23814832N.PDF
OA PT WS
115 Deacon Tiller Court Duncan, SC 29334
(864) 587-1921 Fax: (864) 587-9119

March 21, 2018 04/04/2018 10:50:40
Page 1
Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

03/20/2018 - Physical Therapy: PT Progress Note
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB** 1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reports 6/10 right shoulder pain on average. States pain increases to 8/10 at worst and is "unbearable" at night.

PAIN

Pain Scale: Current Pain: 6/10
Pain Scale: Pain at Worst: 8/10
Pain Scale: Pain at Best: 5/10

This patient has no known allergies.

OBJECTIVE

RANGE OF MOTION:

Right Shoulder PROM:

Flexion: 85 degrees
Abduction: 45 degrees
External Rotation: 30 degrees

Range of Motion Comments: AROM not tested.
Strength Comments: Shoulder strength not tested.
Strength Comments: Shoulder strength not tested.

Strength Comments: Shoulder strength not tested.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)
Procedures Comments: Right GH PROM to 90-45-30 degree limits.

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Page 2
Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

Home: (864) 915-8362 Work: (864) 962-0616
225345 Ins: Amerisure WC

IFES to right shoulder with ice.

Medicare Patient: No

Treatments Received Today:
E Stimulation Unsupervised for 15 minutes.
Manual Therapy for 13 minutes.
Therapeutic Exercises for 15 minutes.

ASSESSMENT

Today's Assessment: Pt is currently 5 weeks post-op and still has c/o increased right shoulder pain at this time. During PROM pt is able to obtain 45 degrees of pain-free abduction with little difficulty. However, pt reports increased pain with strong guarding in right shoulder during passive flexion. Also, pt demonstrated empty end-feel with c/o pain at ~30 degrees of right shoulder ER. Tolerance to PROM was slightly improved following application of modalities. Will continue with PROM at this time and progress to AAROM and full PROM once pt is discharged from sling by MD. Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems
pain and decreased ROM.

PLAN:

Plan Comments: Cont with PT POC.

Treatment Goals

Short Term Goals

Goal #1: Independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Some progress
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Some progress

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Initial
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

Mar. 21. 2018 5:23PM

No. 0888 P. 12

OA23814832N.PDF

CAPT WS

115 Deacon Tiller Court Duncan, SC 29334
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March 21, 2018 04/04/2018 10:50:40
Page 3
Physical Therapy

Randall G Dalton
Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

SERVICE ORDERS:

E Stimulation Unsupervised [97014]
Manual Therapy [97140]
Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 03/20/2018 at 2:45 PM
Electronically signed by Brandon Hardee, PT on 03/20/2018 at 3:19 PM

Randall G DaltonMale DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616

Ins: Amerisure WC

03/22/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS**SUBJECTIVE**

Remaining Visits: 0

Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB** 1959**Patient's Current Diagnosis:**

Stiffness of right shoulder (ICD10-M25.611),

Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018**Subjective Information:** Pt reported increased right shoulder pain at the beginning of tx at 8/10. States he missed work yesterday due to pain and pain has lasted ~2 days.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)

Patient education (patient education included)

Procedures Comments: Right GH PROM to 90-45-30 degree limits.

IFES to right shoulder with ice.

Medicare Patient: No**Treatments Received Today:**

E Stimulation Unsupervised for 15 minutes.

Manual Therapy for 10 minutes.

Therapeutic Exercises for 15 minutes.

ASSESSMENT**Today's Assessment:** Pt continues to reports right shoulder pain that increases with PROM. Pt is able to obtain 90 degrees of passive flexion and 45 degrees abduction with minimal resistance. However, Mr. Dalton begins to demonstrate very strong guarding with passive ER and was only able to obtain 15 degrees of ER. Pain was addressed with modalities with mild reduction in pain reported. Will continue with PT POC at this time and continue with PROM to 90-45-30 degrees. Today's treatment was completed and documented by Zach Vinson, PTA.**Physical Therapy Problems**

pain and decreased ROM.

Randall G DaltonMale DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616

Ins: Amerisure WC

PLAN:**Plan Comments:** Cont with PT POC.**Treatment Goals****Short Term Goals**

Goal #1: independent with home exercise program Status: Complete

Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Some progress

Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Some progress

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial

Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Initial

Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

SERVICE ORDERS:

E Stimulation Unsupervised [97014]

Manual Therapy [97140]

Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 03/22/2018 at 2:24 PM

Electronically signed by Brandon Hardee, PT on 03/22/2018 at 2:59 PM

AM180872068.pdf
Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
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04/05/2018 09:29:54
March 29, 2018
Page 1
Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

225345 Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

03/26/2018 - Office Visit: f/u - right shoulder arthroscopy
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

Mr. Randall Dalton is a 58 Years Old White / Caucasian male, who is here for a follow-up appointment.
Chief Complaint: Followup right shoulder surgery.

History From: Patient
Race: White / Caucasian
Referral Source: WC

Family Physician: Dr. Crosby

Mr. Dalton is almost 6 weeks out from right shoulder scope with biceps tenotomy, decompression, distal clavicle resection, and rotator cuff repair. He feels like he is still having a pretty good bit of pain, but it is making progress. He is taking naproxen or Aleve. He is doing physical therapy. He is working light duty.

Injury / Condition

Was this the result of an injury? yes
Injury Date: 06/26/2017

Are you claiming as Workers Compensation? yes

Type of Problem

pain 6.5-7/10

Previous Treatment

Have you had any of the following for this problem? MRI Rt shoulder @ innervision 11/27/2017, MRI Right Hip @ Innervision 1/22/18 uploaded and In Dr. Lim's Filing cabinet.

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 12/05/2017

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 01/31/2018

Fracture/Surgery/Injection: RSS, with extensive debridement & bicep tenotomy. SAD. DCR. RCR

Date of Procedure: 02/14/2018

Past Medical History

Active Medications Prior to This Update (reviewed today):

NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain
IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain
GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID
HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Medications (reviewed today):

NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain

Carolina Orthopaedic & Neurosurgical Associates

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Page 2
 Office Visit

Randall G DaltonMale DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616

Ins: Amerisure WC

IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain
 GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID
 HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
 NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
 CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Allergies (reviewed today):

No known allergies

Past Surgical History

Hand (Bilateral)

Review of Systems**General:** Positive for fatigue.**Eyes:** Positive for eye irritation.**ENT:** Patient denies decreased hearing, difficulty swallowing.**Cardiovascular:** Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.**Respiratory:** Patient denies shortness of breath, wheezing, cough, coughing up blood.**Gastrointestinal:** Patient denies vomiting, diarrhea, nausea.**Genitourinary:** Patient denies pain, urinary retention, frequent UTI.**Musculoskeletal:** Positive for back pain, joint pain, muscle aches, stiffness.**Skin:** Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.**Neurologic:** Positive for headaches, numbness, tingling.**Psychiatric:** Patient denies anxiety, depression.**Heme/Lymphatic:** Patient denies abnormal bruising.**Allergic/Immunologic:** Patient denies seasonal allergies, persistent infections.**Social History**

Patient is divorced, Never smoker, and lives with spouse/partner. Has no children. drinks alcohol, drinks occasionally.
 does exercise, occasionally. Occupation: Mechanic-Muffin mound.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Patient has not had a Bone Density Screening

Family History

Cancer (Father, Mother)

VITAL SIGNS**Body Mass Index in-lb**

Height (in): 68

Weight (lb): 185

BMI (in-lb) 28.13

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March 29, 2018

Page 3

Office Visit

Randall G DaltonMale DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616

Ins: Amerisure WC

P: 80 R: 16 BP: 126/79

GENERAL EXAM**Appearance:** Healthy**Mental Status:** Alert & Oriented x 3, No Acute Distress**Hand Dominance:** Right**Gait:** Normal**Durable Goods:** Yes**Patient is Wearing a(n)** Shoulder Immobilizer
on their Right Upper Extremity**PHYSICAL EXAM:**

Examination of the right shoulder shows all incisions to be fully healed. Active elevation is about 40 degrees.
Neurovascularly intact.

ASSESSMENT

Status post rotator cuff repair.

PLAN

Work restrictions will be no use of the right arm. We will switch him over to ibuprofen 800 t.i.d. and give him some pain medication to have just on hand if needed. Continue with physical therapy and work on full range of motion. We will see him for recheck in 6 weeks.

I spoke with Josh. The treatment plan was discussed in detail and all questions and concerns were addressed with the case manager while the patient was present. This interdisciplinary team meeting/consultation was 10 minutes in duration.

Dictated by: Michael P. Hoenig, MD
mm

New Orders:

Postop visit [CPT-99024]

Consult w WC Nurse Case Manager [CPT-99366]

Disposition: Return to office
in 6 weeks with Brad.

Prescriptions:**NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain #30 x 0**

Entered by: Amanda N Freestone RTR

Authorized by: Michael P Hoenig MD

Electronically signed by: Amanda N Freestone RTR on 03/26/2018

Method used: Print then Give to Patient

RxID: 1837689686216940

Handout requested.

IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain #90 x 0

Entered by: Amanda N Freestone RTR

Authorized by: Michael P Hoenig MD

Electronically signed by: Amanda N Freestone RTR on 03/26/2018

Method used: Print then Give to Patient

RxID: 1837689686216880

Handout requested.

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March 29, 2018 04/05/2018 09:29:54
Page 4
Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

] The patient declined the influenza vaccine.

Electronically signed by Michael P Hoenig MD on 03/27/2018 at 2:10 PM

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March 28, 2018 11:10:54

Page 1

Physical Therapy

Randall G Dalton
Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

03/26/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB**1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reported moderate right shoulder pain at the beginning of tx, stating "My shoulder is killing me today." Pt was able to report decreased pain following modalities.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)
Procedures Comments: Right GH PROM to tolerance.
IFES to right shoulder with ice.

Medicare Patient: No

Treatments Received Today:
E Stimulation Unsupervised for 15 minutes.
Manual Therapy for 10 minutes.
Therapeutic Exercises for 35 minutes.

ASSESSMENT

Today's Assessment: Pt had been discharged from sling immediately prior to today's tx and came to tx without sling. Pt was progressed to gentle AAROM per MD order to further improve mobility in right shoulder. Pt was slow with exercises with c/o mild discomfort but was able to complete table slides, and AAROM with pulleys, wall ladder, and cane appropriately. Pt was able to obtain 130 degrees of passive flexion, 100 degrees of abduction, and 55 degrees of ER during PROM. Will continue with PT POC to improve ROM in right shoulder.
Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems
pain and decreased ROM.

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

PLAN:

Plan Comments: Cont with PT POC.

Treatment Goals**Short Term Goals**

Goal #1: Independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Some progress
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Some progress

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate Increase UE strength needed to return to work. Status: Initial
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

SERVICE ORDERS:

E Stimulation Unsupervised [97014]
Manual Therapy [97140]
Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 03/26/2018 at 2:40 PM
Electronically signed by Brandon Hardee, PT on 03/26/2018 at 3:28 PM

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April 2, 2018 11:30:41

Page 1

Physical Therapy

Randall G DaltonMale DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616

Ins: Amerisure WC

03/28/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0

Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB**1959**Patient's Current Diagnosis:**

Stiffness of right shoulder (ICD10-M25.611),

Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reported moderate stiffness and soreness in right shoulder following the last tx but states he has been able to notice slight improvement in AAROM over the past couple of days.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)

Patient education (patient education included)

Procedures Comments: Right GH PROM to tolerance.
IFES to right shoulder with ice.

Medicare Patient: No**Treatments Received Today:**

E Stimulation Unsupervised for 15 minutes.

Manual Therapy for 10 minutes.

Therapeutic Exercises for 33 minutes.

ASSESSMENT

Today's Assessment: Although Mr. Dalton had continued c/o moderate shoulder pain, he was able to tolerate mild progression in repetitions and exercises during tx. Also, demonstrated improved tolerance to AAROM during tx. Pt required occasional verbal and tactile cues to improve technique with cane-assisted ER but was able to improve technique following cues. Also, Mr. Dalton was able to demonstrate improved PROM at 120 degrees flexion, 145 degrees abduction, and 40 degrees ER. Pt still has moderate c/o pain but is progressing towards goals as expected. Will continue with PT POC.

Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems

Randall G Dalton
Male DOB: **DOB** 959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

pain and decreased ROM.

PLAN:**Plan Comments:** Cont with PT POC.**Treatment Goals****Short Term Goals**

Goal #1: Independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Some progress
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Some progress

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Initial
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

SERVICE ORDERS:

E Stimulation Unsupervised [97014]
Manual Therapy [97140]
Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 03/28/2018 at 9:15 AM
Electronically signed by Brandon Hardee, PT on 03/28/2018 at 9:58 AM

OA23942902N.PDF
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April 3, 2018 11:48:08
Page 1
Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

04/02/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB** 1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time Patient Occupation: Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reported 8/10 right shoulder pain at the beginning of tx. States he has been able to notice some improvement in ROM but continues to have significant pain.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)
Procedures Comments: Right GH PROM to tolerance.
IFES to right shoulder with ice.

Medicare Patient: No

Treatments Received Today:
E Stimulation Unsupervised for 15 minutes.
Manual Therapy for 10 minutes.
Therapeutic Exercises for 30 minutes.

ASSESSMENT

Today's Assessment: Mr. Dalton was slow with exercises and had to take breaks throughout tx due to pain. However, he was able to complete mild AAROM exercises with slightly improved AAROM observed. Pt showed mild guarding in RUE with complaints during PROM but was able to obtain ~125 degrees of flexion and ~55 degrees of ER during tx. Abduction remains the most painful and limited motion at ~110 degrees of PROM. Pain was addressed with modalities with mild pain reduction reported post tx. Will continue with PT POC to improve ROM in right shoulder. Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems
pain and decreased ROM.

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April 3, 2018 11:48:08
Page 2
Physical Therapy

Randall G Dalton
Male DOB: [DOB] 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

PLAN:

Plan Comments: Cont with PT POC.

Treatment Goals

Short Term Goals

Goal #1: Independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Some progress
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Some progress

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Initial
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

SERVICE ORDERS:

E Stimulation Unsupervised [97014]
Manual Therapy [97140]
Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 04/02/2018 at 12:36 PM
Electronically signed by Brandon Hardee, PT on 04/02/2018 at 1:03 PM

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April 11, 2018 04/23/2018 11:09:13

Page 1
Physical Therapy

Randall G Dalton
Male DOB: [REDACTED]/1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

04/05/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: QA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: [REDACTED] 1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reported moderate right shoulder pain at the beginning of tx. States he has not been able to find any relief of pain over the past few weeks.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)
Procedures Comments: Right GH PROM to tolerance.
IFES to right shoulder with ice.

Medicare Patient: No

Treatments Received Today:
E Stimulation Unsupervised for 15 minutes.
Manual Therapy for 10 minutes.
Therapeutic Exercises for 35 minutes.

ASSESSMENT

Today's Assessment: Pt has been able to demonstrate improved ROM in right shoulder and was able to obtain functional PROM in all directions during today's tx. However, Mr. Dalton continues to have c/o strong right shoulder pain that increases with exercises. Pain was addressed with modalities with only mild relief of pain reported post tx. Pt continues to slowly progress towards goals. Will continue with PT POC.
Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems
pain.

OA24032114N.PDF
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April 11, 2018 04/23/2018 11:09:13
Page 2
Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

PLAN:

Plan Comments: Cont with PT POC.

Treatment Goals

Short Term Goals

Goal #1: independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Some progress
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Some progress

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Initial
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

SERVICE ORDERS:

E Stimulation Unsupervised [97014]
Manual Therapy [97140]
Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 04/05/2018 at 11:40 AM
Electronically signed by Brandon Hardee, PT on 04/05/2018 at 2:37 PM

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

04/11/2018 - Physical Therapy: PT Progress Report
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB** 1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time Patient Occupation: Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: I am feeling alright today. been having trouble sleeping at night cause my shoulder hurts. have to sleep on my left side. this is the first day i have felt this good since surgery. wish i had more range of motion in my shoulder so i can get things out of cabinets in kitchen.

This patient has no known allergies.

OBJECTIVE

RANGE OF MOTION:

Right Shoulder AROM:

Internal Rotation: 92 degrees
Abduction: 76 degrees
Internal Rotation: 30 degrees
External Rotation: 28 degrees

Right Shoulder PROM:

Flexion: 85 --> 103 degrees
Abduction: 45-->87 degrees
Internal Rotation: 36 degrees
External Rotation: 31 degrees

Range of Motion Comments: improved ROM to right shoulder in all planes; AROM measured today for first time

STRENGTH:

PALPATION:

JOINT MOBILITY:

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Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

SPECIAL TESTS:

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)

Patient education (patient education included)

Procedures Comments: Manual; right shoulder PROM in all planes. joint mobilization grade 2 posterior glide to right shoulder.

Medicare Patient: No

Treatments Received Today:

Manual Therapy for 15 minutes.

Therapeutic Exercises for 39 minutes.

ASSESSMENT

Today's Assessment: patient instructed on HEP for right shoulder range of motion codmans and table slides, completed pulleys with limited right shoulder flexion. verbal cues to avoid shrugging of shoulder or turning of trunk. patient demonstrated good knowledge of his daily exercises and stretches. patient reminded to apply ice to right shoulder after exercise and stretching. patient is making strong gains with right shoulder ROM. able to obtain 27 on finger ladder. Overall progressing as expecting. Still needs to work on improving shoulder ROM both passively and actively for improved functional ability. Did note that MHP to start treatment seemed to loosen him up a bit and improve tolerance to treatment. Will continue with this at future visits. Look to progress into submax isometrics next visit. Recommend continuing with PT. Today's treatment was completed and documented by Bryan Somers.

Treatment Goals

Short Term Goals

Goal #1: independent with home exercise program Status: Complete

Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Some progress

Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Some progress

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial

Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Initial

Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

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Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

SERVICE ORDERS:

Manual Therapy [97140]

Therapeutic Exercises [97110]

Electronically signed by Bryan Somers on 04/11/2018 at 4:30 PM
Electronically signed by Brandon Hardee, PT on 04/12/2018 at 7:35 AM

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05/07/2018 09:28:08
 April 25, 2018
 Page 1
 Office Visit

Randall G Dalton
 Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
 Ins: Amerisure WC

04/13/2018 - Office Visit: F/U RSS

Provider: Michael P Hoenig MD

Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

Mr. Randall Dalton is a 58 Years Old White / Caucasian male, who is here for a follow-up appointment.

Chief Complaint: Followup right shoulder surgery.

History From: Patient

Race: White / Caucasian

Referral Source: WC

Family Physician: Dr. Crosby

Mr. Dalton is 2 months out from right shoulder scope with decompression, distal clavicle resection and rotator cuff repair. He feels like he had a little bit of increased pain here. After undergoing therapy on March 27th, he has not felt a pop or anything like that but just had increased pain. Pain is noticed in the shoulder and radiating down the arm and even wakes him up at night. He used the sling a little bit. He has been taking ibuprofen and Naprosyn and the Norco did not provide any relief.

Injury / Condition

Was this the result of an injury? yes

Injury Date: 06/26/2017

Are you claiming as Workers Compensation? yes

Type of Problem

PAIN 7/10

Location of Your Injury / condition

hip right, shoulder bilateral, leg bilateral, arm right, knee bilateral, hand bilateral, back pain bilateral, pelvis bilateral, neck pain bilateral, shoulder right

Previous Treatment

Have you had any of the following for this problem? MRI Rt shoulder @ innervision 11/27/2017, MRI Right Hip @ Innervision 1/22/18 uploaded and In Dr. Lim's Filing cabinet.

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 12/05/2017

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 01/31/2018

Fracture/Surgery/Injection: RSS, with extensive debridement & bicep tenotomy. SAD. DCR. RCR

Date of Procedure: 02/14/2018

Past Medical History

Active Medications Prior to This Update (reviewed today):

NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain

MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed , Do not take any other anti-inflammatory while on this medication.

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 Office Visit

Randall G Dalton

Male DOB: 1DOB1959

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Home: (864) 915-8362 Work: (864) 962-0616
 Ins: Amerisure WC

NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain
 IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain
 GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID
 HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
 NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
 CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Medications (reviewed today):

NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain
 MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed , Do not take any other
 anti-inflammatory while on this medication.
 NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain
 IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain
 GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID
 HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
 NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
 CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Allergies (reviewed today):

No known allergies

Past Surgical History

Hand (Bilateral)

Review of Systems

General: Positive for fatigue.

Eyes: Positive for eye irritation.

ENT: Patient denies decreased hearing, difficulty swallowing.

Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.

Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.

Gastrointestinal: Patient denies vomiting, diarrhea, nausea.

Genitourinary: Patient denies pain, urinary retention, frequent UTI.

Musculoskeletal: Positive for back pain, joint pain, muscle aches, stiffness.

Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.

Neurologic: Positive for headaches, numbness, tingling.

Psychiatric: Patient denies anxiety, depression.

Heme/Lymphatic: Patient denies abnormal bruising.

Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is divorced, Never smoker, and lives with spouse/partner. Has no children. drinks alcohol, drinks occasionally.
 does exercise, occasionally. Occupation: Mechanic-Muffin mound.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Patient has not had a Bone Density Screening

Family History

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Office Visit

Randall G Dalton
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Home: (864) 915-8362 Work: (864) 962-0616
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Cancer (Father, Mother)

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS**Body Mass Index in-lb**

Height (in): 68

Weight (lb): 185

BMI (in-lb) 28.13

P: 51 R: 20 BP: 134/84

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAM:

Examination of the right shoulder shows active forward elevation about 90. With circumduction of the shoulder I do not appreciate any significant crepitus. Incisions are all fully healed. No signs of infection. Neurovascularly intact.

ASSESSMENT

Status post right shoulder scope.

PLAN

Will place him on a Medrol Dosepak, give him some Norco 10. I do not see anything too serious occurring. Work restriction and use of the right arm. I will see him for a recheck in 3 weeks.

I spoke with Dr. Josh Henderson. The treatment plan was discussed in detail and all questions and concerns were addressed with the case manager while the patient was present. This interdisciplinary team meeting/consultation was 10 minutes in duration.

Dictated by: Michael P. Hoenig, MD

New Orders:

Finding of Hypertension Episode [SCT-62275004]

Finding of Hypertension Episode [SCT-62275004]

Postop visit [CPT-99024]

Consult w WC Nurse Case Manager [CPT-99366]

Disposition: Return to office
in 2-3 Weeks.

Prescriptions:

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Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
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NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain #60 x 0

Entered by: Amanda N Freestone RTR
Authorized by: Michael P Hoenig MD
Electronically signed by: Amanda N Freestone RTR on 04/13/2018
Method used: Print then Give to Patient
RxID: 1839229642212920
Handout requested.

MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed , Do not take any other
anti-inflammatory while on this medication. #1 Undefined x 0

Entered by: Amanda N Freestone RTR
Authorized by: Michael P Hoenig MD
Electronically signed by: Amanda N Freestone RTR on 04/13/2018
Method used: Print then Give to Patient
RxID: 1839229642212860
Handout requested.

] Patient at risk for falls: no
The patient declined the influenza vaccine.

Electronically signed by Michael P Hoenig MD on 04/16/2018 at 2:06 PM

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April 26, 2018 05/07/2018 10:57:43
Page 1
Physical Therapy

Randall G Dalton
Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

04/17/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB**1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reported decreased right shoulder at the beginning of tx. States his shoulder has been feeling "a lot better" since receiving injection in right shoulder on 4/13/18.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)
Procedures Comments: Right GH PROM to tolerance.
IFES to right shoulder with MHP.

Medicare Patient: No

Treatments Received Today:
E Stimulation Unsupervised for 15 minutes.
Manual Therapy for 10 minutes.
Therapeutic Exercises for 35 minutes.

ASSESSMENT

Today's Assessment: Progressed pt to light submax isometrics to begin strengthening of right rotator cuff. Pt reported moderate fatigue and mild discomfort with isometrics but was able to complete isometrics appropriately. Pt still presents with some guarding and c/o pain at end range but has been able to show functional flexion and ER passively. Passive abduction is the most limited at ~150 degrees. Will continue with PT POC.
Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems
pain, decreased ROM, and decreased strength.

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Page 2
Physical Therapy

Randall G Dalton
Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Treatment Goals

Short Term Goals

Goal #1: independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Some progress
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Some progress

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Initial
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

SERVICE ORDERS:

E Stimulation Unsupervised [97014]
Manual Therapy [97140]
Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 04/17/2018 at 11:16 AM
Electronically signed by Brandon Hardee, PT on 04/17/2018 at 12:38 PM

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May 1, 2018 05/15/2018 10:49:29
Page 1
Physical Therapy

Randall G Dalton
Male DOB: [REDACTED] 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

04/20/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: [REDACTED] 1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reported moderate pain in right shoulder at the beginning of tx. States he had noticed decreased pain over the past week but had a flare up in pain yesterday afternoon. States he is not sure what may have caused increased pain.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)
Procedures Comments: Right GH PROM to tolerance.

Medicare Patient: No

Treatments Received Today:
Manual Therapy for 10 minutes.
Therapeutic Exercises for 45 minutes.

ASSESSMENT

Today's Assessment: Pt showed good carry over with submax isometrics during tx and was able to complete exercises with minimal complaints. Also, pt was able to tolerate progression of strengthening exercises appropriately. Pt was instructed in resisted rows, extension, and supine ABC's for strengthening of shoulder and right rotator cuff. Pt was able to obtain function passive flexion, ER, IR but continues to have limited ABD and moderate pain with passive motion. Will continue with current PT POC and progress pt within tolerance.
Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems
pain, decreased ROM, and decreased strength.

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Page 2
Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

PLAN:

Plan Comments: Cont with PT POC.

Treatment Goals**Short Term Goals**

Goal #1: independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Some progress
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Some progress

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Initial
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

SERVICE ORDERS:

Manual Therapy [97140]
Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 04/20/2018 at 11:14 AM
Electronically signed by Brandon Hardee, PT on 04/20/2018 at 12:35 PM

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Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

04/23/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB** 1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reported 5/10 right shoulder pain at the beginning of tx. States he is still having a lot of pain but is motivated to improve his strength and use of right shoulder.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)
Procedures Comments: IFES to right shoulder with ice.

Medicare Patient: No

Treatments Received Today:
E Stimulation Unsupervised for 15 minutes.
Therapeutic Exercises for 48 minutes.

ASSESSMENT

Today's Assessment: Overall progression of therex has been slower than expected due to continued c/o moderate pain in right shoulder. However, pt has been able to report a moderate progression of strengthening exercises over the past week. Pt reported mild discomfort with active ER in sidelying but was able to show improved ROM during tx. Active flexion still remains limited at ~120 degrees and pt would benefit from continuing with PT to further improve strength and AROM in right shoulder.
Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems
pain, decreased ROM, and decreased strength.

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Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Treatment Goals

Short Term Goals

Goal #1: independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Some progress
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Some progress

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Initial
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

SERVICE ORDERS:

E Stimulation Unsupervised [97014]
Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 04/23/2018 at 11:20 AM
Electronically signed by Brandon Hardee, PT on 04/23/2018 at 1:23 PM

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May 2, 2018 05/11/2018 11:04:34
Page 1
Physical Therapy

Randall G Dalton
Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

04/26/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB**1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reported moderate soreness at the beginning of tx. States he has been able to tolerate more activity with RUE and can tell he is making progress.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)
Procedures Comments: Right GH PROM to tolerance.
Ice to right shoulder.

Medicare Patient: No

Treatments Received Today:
Manual Therapy for 10 minutes.
Therapeutic Exercises for 50 minutes.

ASSESSMENT

Today's Assessment: Mr. Dalton was able to demonstrate improved PROM to functional limits in all directions and little c/o pain. Also, pt was able to demonstrate improved tolerance of AROM and strengthening exercises during tx. Pt still has to take occasional breaks between sets due to soreness and fatigue but continues to show good progression towards goals. Will continue with PT POC.
Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems
pain.

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Physical Therapy

Randall G Dalton
Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

PLAN:

Plan Comments: Cont with PT POC.

Treatment Goals**Short Term Goals**

Goal #1: independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Some progress
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Some progress

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Initial
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

SERVICE ORDERS:

Manual Therapy [97140]
Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 04/26/2018 at 11:55 AM
Electronically signed by Brandon Hardee, PT on 04/26/2018 at 12:22 PM

OA24276982N.PDF
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May 2, 2018 05/11/2018 11:04:33
Page 1
Physical Therapy

Randall G Dalton
Male DOB: [DOB] 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

04/30/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: [DOB] 1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reported moderate pain and tightness in right shoulder at the beginning of tx, stating "My shoulder is feeling rough today."

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)

Medicare Patient: No
Therapeutic Exercises for 55 minutes.

ASSESSMENT

Today's Assessment: Continued to progress strengthening exercises to improve endurance and stability in right shoulder. While completing exercises pt required occasional breaks between sets due to fatigue in RUE. Also, pt had difficulty obtain active overhead scaption past 120 degrees. Pt was able to show slight improvements in ROM after removing weight. Overall, pt has been able to show improvements in strength/endurance and is progressing well towards goals. Will continue with PT POC.
Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems
pain, decreased ROM, and decreased strength.

PLAN:

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May 2, 2018 05/11/2018 11:04:33

Page 2

Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Plan Comments: Cont with PT POC.

Treatment Goals

Short Term Goals

Goal #1: independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Some progress
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Some progress

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Initial
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Initial
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Initial

SERVICE ORDERS:

Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 04/30/2018 at 11:25 AM
Electronically signed by Brandon Hardee, PT on 04/30/2018 at 12:50 PM

May. 7. 2018 11:08AM

No. 1166 P. 4

OA24628072N.PDF
OA PT WS

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May 7, 2018

Page 1

Physical Therapy

Randall G Dalton
Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

05/02/2018 - Physical Therapy: PT Progress Note
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB**1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt continues to report moderate right shoulder pain at 3/10 on average. States pain increases with activity and when reaching overhead. States although he has pain he has been able to see improvements in his strength and ROM.

PAIN

Pain Scale: Current Pain: 3/10
Pain Scale: Pain at Worst: 5/10
Pain Scale: Pain at Best: 2/10

This patient has no known allergies.

OBJECTIVE

RANGE OF MOTION:

Right Shoulder AROM:

Internal Rotation: 120 degrees
Abduction: 85 degrees
Internal Rotation: Right glute degrees
External Rotation: Right ear degrees

Right Shoulder PROM:

Flexion: 168 degrees
Abduction: 160 degrees
Internal Rotation: 65 degrees
External Rotation: 82 degrees

STRENGTH:

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06/11/2018

84

May. 7. 2018 11:08AM

No. 1166 P. 5

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Page 2
Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

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Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Right Shoulder:

Flexion: 4/5
Abduction: 4-/5
Internal Rotation: 4/5
External Rotation: 4/5

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)
Procedures Comments: Right GH PROM to tolerance.

Medicare Patient: No

Treatments Received Today:

Manual Therapy for 10 minutes.
Therapeutic Exercises for 50 minutes.

ASSESSMENT

Today's Assessment: QuickDash: 59% Impairment

Pt still reports moderate impairment with ADLs due to pain and limited ROM/strength. However, pt has been able to tolerate progression of therex very well and continues to show good effort level with PT. Currently, pt presents with good PROM in all directions but limited active overhead flexion and abduction. Pt would benefit from continuing PT at this time to further improve right shoulder strenght, endurance, and ROM.
Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems

pain, decreased ROM, and decreased strength.

PLAN:

Plan Comments: Cont with PT POC.

Treatment Goals

Short Term Goals

Goal #1: Independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Complete
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Complete

May. 7. 2018 11:08AM

No. 1166 P. 6

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CAPT WS

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May 7, 2018 11/2018

Page 3

Physical Therapy

Randall G Dalton

Male DOB: [DOB] 1959

225345

Home: (864) 915-8382 Work: (864) 962-0616

Ins: Amerisure WC

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status:

Some progress

Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Some progress

Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status:

Some progress

SERVICE ORDERS:

Therapeutic Exercises [97110]

Manual Therapy [97140]

Electronically signed by Zach Vinson, PTA on 05/02/2018 at 1:51 PM

Electronically signed by Brandon Hardee, PT on 05/02/2018 at 2:14 PM

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05/30/2018
 May 18, 2018
 Page 1
 Office Visit

Randall G Dalton

Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616

Ins: Amerisure WC

05/07/2018 - Office Visit: f/u - right shoulder arthroscopy

Provider: Michael P Hoenig MD

Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

Mr. Randall Dalton is a 58 Years Old White / Caucasian male, who is here for a follow-up appointment.

Chief Complaint: Followup, right shoulder.

History From: Patient

Race: White / Caucasian

Referral Source: WC

Family Physician: Dr. Crosby

Mr. Dalton returns today for recheck of his right shoulder. He is just 3 months out from a right shoulder scope, decompression, distal clavicle resection, rotator cuff repair, biceps tenotomy. Overall, he is doing okay with regard to his shoulder. He is battling some back and neck pain as well that he is seeing another provider for. He did have an increase in pain after physical therapy on March 27th, which was previously documented. He rates his pain 5/10. They are working on some motion and reportedly some light strengthening in therapy.

Injury / Condition

Was this the result of an injury? yes

Injury Date: 06/26/2017

Are you claiming as Workers Compensation? yes

Type of Problem

PAIN 5/10

Location of Your Injury / condition

hip right, shoulder bilateral, leg bilateral, arm right, knee bilateral, hand bilateral, back pain bilateral, pelvis bilateral, neck pain bilateral, shoulder right

Previous Treatment

Have you had any of the following for this problem? MRI Rt shoulder @ Innervision 11/27/2017, MRI Right Hip @ Innervision 1/22/18 uploaded and In Dr. Lim's Filing cabinet.

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 12/05/2017

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 01/31/2018

Fracture/Surgery/Injection: RSS, with extensive debridement & bicep tenotomy. SAD. DCR. RCR

Date of Procedure: 02/14/2018

Past Medical History**Active Medications Prior to This Update (reviewed today):**

NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain

MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed , Do not take any other anti-inflammatory while on this medication.

NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain

IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain

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05/30/2018
May 18, 2018
Page 2
Office Visit

Randall G Dalton
Male DOB: DOB 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID
HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Medications (reviewed today):

NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain
MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed , Do not take any other anti-inflammatory while on this medication.
NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain
IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain
GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID
HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Allergies (reviewed today):

No known allergies

Past Surgical History

Hand (Bilateral)

Review of Systems

General: Positive for fatigue.

Eyes: Positive for eye irritation.

ENT: Patient denies decreased hearing, difficulty swallowing.

Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.

Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.

Gastrointestinal: Patient denies vomiting, diarrhea, nausea.

Genitourinary: Patient denies pain, urinary retention, frequent UTI.

Musculoskeletal: Positive for back pain, joint pain, muscle aches, stiffness.

Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.

Neurologic: Positive for headaches, numbness, tingling.

Psychiatric: Patient denies anxiety, depression.

Heme/Lymphatic: Patient denies abnormal bruising.

Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is divorced, Never smoker, and lives with spouse/partner. Has no children. drinks alcohol, drinks occasionally. does exercise, occasionally. Occupation: Mechanic-Muffin mound.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Patient has not had a Bone Density Screening

Family History

Cancer (Father, Mother)

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05/30/2018
May 18, 2018
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Office Visit

Randall G Dalton
Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE

VITAL SIGNS

Body Mass Index in-lb

Height (in): 68

Weight (lb): 185

BMI (in-lb) 28.13

P: 77 R: 15 BP: 131/77

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAM:

Examination of the right shoulder reveals active forward elevation to 120, passively to 140, external rotation to 70, and internal rotation to the back pocket. I do not appreciate any crepitus. Neurovascularly intact.

ASSESSMENT

Status post right shoulder scope, rotator cuff repair.

PLAN

We will have him continue to work with physical therapy on active assisted range of motion. They can transition more to strengthening as his motion improves. Still no significant lifting with the right arm. I will see him back for a recheck in about 5 weeks.

His care was discussed with Josh Henderson, case manager. The treatment plan was discussed in detail and all questions and concerns were addressed with the case manager while the patient was present. This interdisciplinary team meeting/consultation was 10 minutes in duration.

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD
mm

New Orders:

Postop visit [CPT-99024]

Consult w WC Nurse Case Manager [CPT-99366]

Finding of Hypertension Episode [SCT-62275004]

Lifestyle Education Regarding Hypertension [SCT-443402002]

Referral to Alternate Provider [SCT-183516009]

Disposition: Return to office
in 5 weeks with hoenig.

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05/30/2018
May 18, 2018
Page 4
Office Visit

Randall G Dalton
Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

1
Patient at risk for falls: no

Electronically signed by Michael P Hoenig MD on 05/08/2018 at 1:09 PM

Randall G DaltonMale DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616

Ins: Amerisure WC

05/14/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS**SUBJECTIVE**Remaining Visits: 0
Remaining Visits after today: 0**Referring Provider:** Hoenig **DOB:** **DOB**/1959**Patient's Current Diagnosis:**
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)**Patient work status:** Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018**Subjective Information:** Pt reported 3/10 right shoulder pain at the beginning of tx. States he has had decreased right shoulder pain but recently injured his back and shoulder exercises increase his back pain.

This patient has no known allergies.

TREATMENTSee flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)
Procedures Comments: Right GH PROM to tolerance.**Medicare Patient:** No**Treatments Received Today:**
Manual Therapy for 10 minutes.
Therapeutic Exercises for 47 minutes.**ASSESSMENT****Today's Assessment:** Continued with therex focusing on improving AROM with mild strengthening in right shoulder. Mr. Dalton has continued to be compliant with exercises and show improved AROM. However, pt showed poor tolerance to both standing and prone exercises as they sharply increased patient's low back pain. Pt was able to tolerate ~45 minutes of therex during tx. Pt has been given a new order to continue with PT for 5 more weeks to improve shoulder strength and ROM. Will continue with PT and progress pt within tolerance.
Today's treatment was completed and documented by Zach Vinson, PTA.**Physical Therapy Problems**
pain and decreased strength.

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May 23, 2018
Page 2
Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

PLAN:

Plan Comments: Cont with PT POC.

Treatment Goals**Short Term Goals**

Goal #1: independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Complete
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Complete

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Some progress
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Some progress
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Some progress

SERVICE ORDERS:

Manual Therapy [97140]
Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 05/14/2018 at 5:03 PM
Electronically signed by Brandon Hardee, PT on 05/14/2018 at 5:24 PM

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May 29, 2018
Page 1
Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

05/18/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB** 1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reported mild right shoulder pain at the beginning of tx. States his shoulder has been feeling much better but he has not been able to do many exercises due to low back pain.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)
Procedures Comments: Right GH PROM to tolerance.

Medicare Patient: No

Treatments Received Today:
Manual Therapy for 10 minutes.
Therapeutic Exercises for 47 minutes.

ASSESSMENT

Today's Assessment: Mr. Dalton was able to report reduced low back pain compared to previous tx that allowed him to complete right shoulder exercises with little difficulty or impairment. Currently, Mr. Dalton still presents with limited overhead flexion and abduction with c/o stiffness and weakness in right shoulder. Decreased has been addressed with progression of theraband exercises with good tolerance from pt. However, we are continuing to focus on improving AROM at this time. Will continue with PT POC.
Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems
pain, decreased ROM, and decreased strength.

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May 29, 2018
Page 2
Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

PLAN:

Plan Comments: Cont with PT POC.

Treatment Goals**Short Term Goals**

Goal #1: independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Complete
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Complete

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Some progress
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Some progress
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Some progress

SERVICE ORDERS:

Manual Therapy [97140]
Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 05/18/2018 at 11:31 AM
Electronically signed by Brandon Hardee, PT on 05/18/2018 at 1:50 PM

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May 29, 2018
Page 1
Physical Therapy

Randall G Dalton
Male DOB: [REDACTED] 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

05/21/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: [REDACTED] 1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reports his shoulder is doing better, but his back still hurts a lot.

PAIN

Pain Scale: Current Pain: 4/10
Pulse: 80

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)

Procedures Comments: Treatment performed per flow sheet to pt tolerance. Added B ER w/ elbows at side w/ tband, seated Upper Trap stretch & Levator stretch. Manual: PROM R shoulder w/ overpressure.

Medicare Patient: No

Treatments Received Today:
Manual Therapy for 15 minutes.
Therapeutic Activities for 15 minutes.
Therapeutic Exercises for 25 minutes.

ASSESSMENT

Today's Assessment: Pt very tired today. He required a seated break and was given water. Pt denied eating lunch today. Emphasis on scapula control w/ exercises. Pt demo'd understanding during prone ther ex.

Total Treatment Time: 60 min
Today's treatment was completed and documented by Carol Shockley, PTA.

Randall G DaltonMale DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616

Ins: Amerisure WC

PLAN:**Plan Comments:** Continue per PT POC.**Treatment Goals****Short Term Goals**

Goal #1: independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Complete
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Complete

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Some progress
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Some progress
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Some progress

SERVICE ORDERS:

Therapeutic Activities [97530]
Therapeutic Exercises [97110]
Manual Therapy [97140]

Electronically signed by Carol Shockley, PTA on 05/21/2018 at 3:36 PM

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06/28/2018
June 20, 2018
Page 1
Office Visit

Randall G Dalton

Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616

Ins: Amerisure WC

05/22/2018 - Office Visit: FU: Increased back pain**Provider: Megan Nicholas****Location of Care: Carolina Orthopaedic & Neurosurgical Associates****History of Present Illness**

Mr. Randall Dalton is a 58 Years Old White / Caucasian male, who is here for a follow-up appointment.

Chief Complaint: Mr. Dalton is here for followup of her back pain.

History From: Patient

Race: White / Caucasian

Family Physician: Dr. Crosby

Mr. Dalton is a pleasant 58-year-old male who was injured in June 2017. He is currently being seen by Dr. Hoenig for his right shoulder. At his last office visit, he was scheduled for a functional capacity evaluation for his back. However, due to him still having restrictions on his shoulder, the functional capacity evaluation has not taken place. He is scheduled to see Dr. Behr at the end of June for pain management and is scheduled to see Dr. Hoenig on 06/18/2018 regarding his right shoulder. He continues to have pain in his low back into his right groin and down his bilateral lower extremities that is unchanged from his last office visit. He has complained of increased tightness across the low back and spasms that will go all the way up to his neck. Standing makes his pain worse. Lying and sitting down relieves his pain. He is currently on naproxen for pain control. He has been working light duty. He denies any bowel and bladder changes.

Injury / Condition

Was this the result of an injury? yes

Injury Date: 06/26/2017

Are you claiming as Workers Compensation? yes

Type of Problem

PAIN 5/10, pain

Previous Treatment

Have you had any of the following for this problem? MRI Rt shoulder @ innervision 11/27/2017, MRI Right Hip @ Innervision 1/22/18 uploaded and In Dr. Lim's Filing cabinet. , X-ray

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 12/05/2017

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 01/31/2018

Fracture/Surgery/Injection: RSS, with extensive debridement & bicep tenotomy. SAD. DCR. RCR

Date of Procedure: 02/14/2018

Past Medical History**Active Medications Prior to This Update (reviewed today):**

ROBAXIN 500 MG ORAL TABLET (METHOCARBAMOL) Take one tablet PO TID PRN

NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain

MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed , Do not take any other anti-inflammatory while on this medication.

NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain

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Caperna Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

06/28/2018
June 20, 2018
Page 2
Office Visit

Randall G Dalton

Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616

Ins: Amerisure WC

IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain
GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID
HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Medications (reviewed today):

ROBAXIN 500 MG ORAL TABLET (METHOCARBAMOL) Take one tablet PO TID PRN
NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain
MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed , Do not take any other anti-inflammatory while on this medication.
NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain
IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain
GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID
HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Allergies (reviewed today):

No known allergies

Past Surgical History

Hand (Bilateral)

Review of Systems

General: Positive for fatigue.

Eyes: Positive for eye irritation.

ENT: Patient denies decreased hearing, difficulty swallowing.

Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.

Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.

Gastrointestinal: Patient denies vomiting, diarrhea, nausea.

Genitourinary: Patient denies pain, urinary retention, frequent UTI.

Musculoskeletal: Positive for back pain, joint pain, muscle aches, stiffness.

Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.

Neurologic: Positive for headaches, numbness, tingling.

Psychiatric: Patient denies anxiety, depression.

Heme/Lymphatic: Patient denies abnormal bruising.

Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is divorced, Never smoker, and lives with spouse/partner. Has no children. drinks alcohol, drinks occasionally. does exercise, occasionally. Occupation: Mechanic-Muffin mound.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Patient has not had a Bone Density Screening

Family History

Carolina Orthopaedic & Neurosurgical Associates

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06/28/2018
 June 20, 2018
 Page 3
 Office Visit

Randall G DaltonMale DOB: **DOB** 1959

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Ins: Amerisure WC

Cancer (Father, Mother)

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS**Body Mass Index in-lb**

Height (in): 68

Weight (lb): 185

BMI (in-lb) 28.13

P: 76 R: 15 BP: 123/84

GENERAL EXAM**Appearance:** Healthy**Mental Status:** Alert & Oriented x 3, No Acute Distress**Hand Dominance:** Right**Gait:** Normal**Durable Goods:** No**PHYSICAL EXAM:**

On exam, Mr. Dalton is a 58-year-old male in no acute distress. He is alert and oriented x3. He has positive pain with internal rotation and deep flexion of the right hip. He has 4/5 strength in the right biceps; otherwise, 5/5 in the bilateral upper extremities. He has 5/5 strength in the bilateral lower extremities. His sensation is intact to light touch in the bilateral upper and lower extremities. He is neurovascularly intact and compartments are soft.

IMAGING:

No imaging was done at today's (11/16/2017) office visit. However, an MRI of the cervical spine and the lumbar spine were reviewed, which shows a right paracentral disk herniation at L5-S1, as well as a small central disk herniation at L4-L5. The neck does show degenerative changes; however, there is no significant nerve compression and no signal change within the spinal cord.

Today (02/08/2018), an MRI of the right hip was also reviewed in length with the patient, which shows mild right gluteus minimus tendinosis. The pelvic ring is intact and he has normal SI joints. There is evidence of BPH. An EMG was also reviewed in length with the patient, which does show evidence consistent with radiculopathy affecting the L5 nerve root on the right. There is also electrodiagnostic evidence suggestive of L5 nerve root irritation on the left. He does have carpal tunnel on the right. There is no evidence of cervical radiculopathy, brachial plexopathies, generalized polyneuropathy, or other localized nerve compromise on this study.

ASSESSMENT

Mr. Dalton is a 58-year-old male with cervical and lumbar radiculopathy and right hip pain.

PLAN

At this time, Mr. Dalton is still not a surgical candidate. We will wait for him to see Dr. Hoenig on 06/18/2018 and follow up with him in 8 weeks to see if he has been released by Dr. Hoenig. At that time, we will likely proceed forward with the functional capacity evaluation. Due to the increased muscle spasms, I will prescribe him Robaxin. We will leave him on light duty at this time. At today's office visit, I spoke with Josh Henderson, case manager. The treatment plan was discussed in detail and all questions and concerns were addressed with the case manager while the patient was present. This interdisciplinary team meeting/consultation was 10 minutes in duration.

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06/28/2018
June 20, 2018
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Office Visit

Randall G DaltonMale DOB: **DOB**1959

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Home: (864) 915-8362 Work: (864) 962-0616

Ins: Amerisure WC

Dictated by: Megan M. Nicholas, PA-C for Chi Lim, MD

cc: Primary

kb

New Orders:

Lifestyle Education Regarding Hypertension [SCT-443402002]

Est. Level 3 [CPT-99213]

Consult w WC Nurse Case Manager [CPT-99366]

Disposition: Return to office
in 8 Weeks.**Prescriptions:**

ROBAXIN 500 MG ORAL TABLET (METHOCARBAMOL) Take one tablet PO TID PRN #90 Tablet x 0

Entered by: Angela Fairley

Authorized by: Megan Nicholas

Electronically signed by: Angela Fairley on 05/22/2018

Method used: Print then Give to Patient

RxID: 1842616220212670

Handout requested.

]

Patient at risk for falls: no

Electronically signed by Megan Nicholas on 06/20/2018 at 10:59 AM

OA24612974N.PDF
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May 29, 2018
Page 1
Physical Therapy

Randall G Dalton
Male DOB: [DOB] 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

05/23/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: [DOB] 1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time Patient Occupation: Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reports his back is a little better today and his shoulder is not as sore.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)

Procedures Comments: Treatment performed per flow sheet to pt tolerance. added supine cane ER @ 45°. Manual: R shoulder PROM all ways, GH joint mobs AP-PA, distraction.

Medicare Patient: No

Treatments Received Today:
Manual Therapy for 15 minutes.
Therapeutic Activities for 15 minutes.
Therapeutic Exercises for 30 minutes.

ASSESSMENT

Today's Assessment: Pt tolerated treatment w/ mild c/o weakness w/ prone flexion, supine flex. Emphasis on scapula stability w/ exercises and ADL's. Cues to maintain TA and Scapula depression w/ wall exercises.

total treatment time: 65 min
Today's treatment was completed and documented by Carol Shockley, PTA.

PLAN:

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May 29, 2018
Page 2
Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Plan Comments: Continue per PT POC.

Treatment Goals

Short Term Goals

Goal #1: Independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Complete
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Complete

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Some progress
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Some progress
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Some progress

SERVICE ORDERS:

Therapeutic Exercises [97110]
Therapeutic Activities [97530]
Manual Therapy [97140]

Electronically signed by Carol Shockley, PTA on 05/23/2018 at 12:26 PM

OA24662581N.DOF
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June 1, 2018
Page 1
Physical Therapy

Randall G Dalton
Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

05/29/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB**1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt. states that he is doing well overall especially with the shoulder, but the back is really bothering him today.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)

Patient education (patient education included)

Patient education (patient education included):

progression of home exercise program, review of home exercise program

Procedures Comments: Manual therapy: right shoulder PROM to tolerance along with rhythmic stabilizations multiple positions

Medicare Patient: No

Treatments Received Today:

Manual Therapy for 13 minutes.

Therapeutic Exercises for 45 minutes.

ASSESSMENT

Today's Assessment: Overall Mr. Dalton is doing very well with his rehab including strengthening of the shoulder and UE. Progressed resistance to blue t-band today. Also progressed into some weight bearing through the right UE both on door and then on the edge of the mat as well as adding dumbbell and kettlebell carry. continue with progression of activities over upcoming visits.

Today's treatment was completed and documented by Brandon Hardee, PT.

OA24662581N.DPT
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June 1, 2018
Page 2
Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

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Ins: Amerisure WC

Treatment Goals

Short Term Goals

Goal #1: independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Complete
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Complete

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Some progress
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Some progress
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Some progress

SERVICE ORDERS:

Manual Therapy [97140]
Therapeutic Exercises [97110]

Electronically signed by Brandon Hardee, PT on 05/29/2018 at 3:26 PM

Jun. 4. 2018 3:50PM

No. 0092 P. 10

OA PT WS
OA26508806N.PDF
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June 4, 2018
Page 1
Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

06/01/2018 - Physical Therapy: PT Progress Note
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB** 1959

Patient's Current Diagnosis:

Strain of muscle(s) and tendon(s) of the rotator cuff of right shoulder initial encounter (ICD10-S46.011A)

Patient work status: Full time Patient Occupation: Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reported 2/10 right shoulder pain at the beginning of tx. States hes has had very little pain but continues to have a lot of weakness and stiffness in his shoulder.

PAIN

Pain Scale: Current Pain: 2/10
Pain Scale: Pain at Worst: 2/10
Pain Scale: Pain at Best: 1/10

This patient has no known allergies.

OBJECTIVE

RANGE OF MOTION:

Right Shoulder AROM:

Internal Rotation: 140 degrees
Abduction: 90 degrees
Internal Rotation: Right PSIS degrees
External Rotation: C7 degrees

Right Shoulder PROM:

Flexion: 155 degrees
Abduction: 167 degrees
Internal Rotation: 68 degrees
External Rotation: 87 degrees

STRENGTH:

Right Shoulder:

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11/19/2018

105

Jun. 4. 2018 3:50PM

No. 0092 P. 11

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June 4, 2018 11/19/2018

Page 2

Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

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Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Flexion: 4+/5
Abduction: 4/5
Internal Rotation: 4+/5
External Rotation: 4+/5

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)

Medicare Patient: No
Therapeutic Exercises for 60 minutes.

ASSESSMENT

Today's Assessment: QuickDash: 43% Impairment

Mr. Dalton has progressed slower than expected due to continued c/o pain in right shoulder. However, pt has shown good compliance with PT since initial evaluation and has shown slow improvements towards goals. Current progression of therex has been limited due to pt having recent c/o moderate low back pain secondary to falling at work. However, pt has been able to complete current exercises as needed. Pt still presents with limited right shoulder strength at ~4/5 per MMT and has to take breaks between sets due to right shoulder fatigue. Also, pt still presents with stiffness in right shoulder and limited overhead flexion and abduction. Pt would benefit from continuing PT until next MD follow up on 6/18/18 to further improve ROM and strength.

Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems

pain, decreased ROM, and decreased strength.

PLAN:

Plan Comments: Cont with PT POC.

Treatment Goals

Short Term Goals

Goal #1: independent with home exercise program Status: Complete

Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Complete

Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Complete

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status:

Jun. 4. 2018 3:50PM

No. 0092 P. 12

OA PT WS
OA26508806N.PDF

June 4, 2018 11/19/2018

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Page 3
Physical Therapy

Randall G Dalton
Male DOB: **DOB**/1959

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Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Complete

Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Some progress

Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Some progress

SERVICE ORDERS:

Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 06/01/2018 at 11:32 AM
Electronically signed by Brandon Hardee, PT on 06/03/2018 at 10:22 PM

OA24718497N.PDF
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June 8, 2018
Page 1
Physical Therapy

Randall G Dalton
Male DOB: [REDACTED] 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

06/04/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: [REDACTED] 1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reported moderate soreness at the beginning of tx. States he had increased pain following the last PT session but states pain decreased to normal the following day.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)
Procedures Comments: Right GH PROM to tolerance.

Medicare Patient: No

Treatments Received Today:
E Stimulation Unsupervised for 15 minutes.
Manual Therapy for 10 minutes.
Therapeutic Exercises for 36 minutes.

ASSESSMENT

Today's Assessment: Mr. Dalton continues to have c/o moderate right shoulder pain at all times. However, he has been able to tolerate progression of strengthening exercises appropriately and obtain functional AROM with little difficulty. Pt was able to show improved overhead endurance during tx and complete overhead peg board activity with little c/o fatigue in RUE. Overall, pt has been able to show gradual improvements towards goals. Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems
pain, decreased ROM, and decreased strength.

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June 8, 2018
Page 2
Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

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Ins: Amerisure WC

PLAN:

Plan Comments: Cont with PT POC.

Treatment Goals

Short Term Goals

Goal #1: independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Complete
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Complete

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Complete
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Some progress
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Some progress

SERVICE ORDERS:

Manual Therapy [97140]
Therapeutic Exercises [97110]
E Stimulation Unsupervised [97014]

Electronically signed by Zach Vinson, PTA on 06/04/2018 at 12:03 PM
Electronically signed by Brandon Hardee, PT on 06/04/2018 at 1:24 PM

Carolina Orthopaedic & Neurosurgical Associates
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June 18, 2018/02/2018

Page 1

Physical Therapy

Randall G Dalton
Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

06/08/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB**1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt. states that he is doing well. Still having trouble from his lumbar spine but not quite as bad as it was

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)

Medicare Patient: No
Therapeutic Exercises for 55 minutes.

ASSESSMENT

Today's Assessment: Continued to progress strength training and endurance training. Repetitive overhead reaching with pegs performed for greater time. Also progressed push ups to mat vs wall for greater resistance. Continue for 2 additional visits with same progression then patient will follow up with MD.
Today's treatment was completed and documented by Brandon Hardee, PT.

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June 18, 2018

Page 2

Physical Therapy

Randall G Dalton
Male DOB: **DOB** 1959

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Treatment Goals

Short Term Goals

Goal #1: independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Complete
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Complete

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Complete
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Some progress
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Some progress

SERVICE ORDERS:

Therapeutic Exercises [97110]

Electronically signed by Brandon Hardee, PT on 06/08/2018 at 1:03 PM

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June 18, 2018

Page 1

Physical Therapy

Randall G Dalton
Male DOB: [REDACTED] 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

06/11/2018 - Physical Therapy
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: [REDACTED] 1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.611),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time **Patient Occupation:** Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reported soreness and stiffness in right shoulder at the beginning of tx. States he has not had as much pain but has continued to notice moderate stiffness over the past few weeks.

This patient has no known allergies.

TREATMENT

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)
Procedures Comments: Right GH PROM to tolerance.

Medicare Patient: No

Treatments Received Today:
Manual Therapy for 10 minutes.
Therapeutic Exercises for 45 minutes.

ASSESSMENT

Today's Assessment: Pt was able to tolerate progression of resistance with strengthening with improved ROM observed. Also, pt was able to show improved endurance and complete 5 minutes of peg board activity with little complaints. Pt still presents with moderate stiffness in right shoulder that was addressed with PROM. However, pt continues to show slow progression towards goals. Will continue with PT POC.
Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems
pain and decreased ROM.

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June 18, 2018 02/2018

Page 2

Physical Therapy

Randall G Dalton
Male DOB: [REDACTED] 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

PLAN:

Plan Comments: Cont with PT POC.

Treatment Goals**Short Term Goals**

Goal #1: independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Complete
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Complete

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Complete
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Some progress
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Some progress

SERVICE ORDERS:

Manual Therapy [97140]
Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 06/11/2018 at 12:07 PM
Electronically signed by Brandon Hardee, PT on 06/11/2018 at 1:32 PM

Jun. 19. 2018 8:31AM

No. 0188 P. 2/16

OA24921472N.PDF
OA PT WS

June 18, 2018

Page 1

Physical Therapy

115 Deacon Tiller Court Duncan, SC 29334
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Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0816
Ins: Amerisure WC

06/13/2018 • Physical Therapy: PT Progress Note
Provider: Michael P Hoenig MD
Location of Care: OA PT WS

SUBJECTIVE

Remaining Visits: 0
Remaining Visits after today: 0

Referring Provider: Hoenig DOB: **DOB** 1959

Patient's Current Diagnosis:
Stiffness of right shoulder (ICD10-M25.811),
Pain in right shoulder (ICD10-M25.511)

Patient work status: Full time Patient Occupation: Mechanic-Muffin mound
Date of Surgery: 02/14/2018

Subjective Information: Pt reports 3/10 right shoulder pain on average. States he always has some pain in right shoulder but has been able to work through pain with current ADL's. States he is still limited when doing house/yard work but states low back pain is more limiting than right shoulder pain.

This patient has no known allergies.

OBJECTIVE

RANGE OF MOTION:

Left Shoulder AROM:

Flexion: 145 degrees
Abduction: 132 degrees
Internal Rotation: Right PSIS degrees
External Rotation: C7 degrees

Left Shoulder PROM:

Flexion: 165 degrees
Abduction: 156 degrees
Internal Rotation: 68 degrees
External Rotation: 90 degrees

STRENGTH:

Left Shoulder:

Flexion: 4+/5
Abduction: 4+/5
Internal Rotation: 4+/5
External Rotation: 4+/5

TREATMENT

OA24921472N.PDF

07/10/2018

114

Jun. 19. 2018 8:32AM

No. 0188 P. 3/16

OA24921472N.PDF
QA PT WS

June 18, 2018

Page 2 07/10/2018

Physical Therapy

115 Deacon Tiller Court Duncan, SC 29334
(864) 587-1921 Fax: (864) 587-9119

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 982-0616
Ins: Amerisure WC

See flow sheet (See clinic flow/exercise sheet for treatment specifics)
Patient education (patient education included)
Procedures Comments: Right GH PROM to full range.

Medicare Patient: No

Treatments Received Today:
Manual Therapy for 10 minutes.
Therapeutic Exercises for 50 minutes.

ASSESSMENT

Today's Assessment: Pt still has c/o mild right shoulder pain at all times but has been able to show good effort level and compliance with PT. Currently, pt still presents with mild stiffness at end range with PROM and AROM. However, pt reports being able to complete all ADL's as needed with functional range observed. Pt was also able to show mild improvements in right shoulder strength at 4+/5 MMT. At this time, pt demonstrates independence with exercises and reports compliance with HEP. Pt has begun to show a plateau in improved ROM and strength and could likely continue with an independent home exercises program. Pt does not have any remaining visits for PT and will continue with HEP until MD follow up on 6/18/18.
Today's treatment was completed and documented by Zach Vinson, PTA.

Physical Therapy Problems
pain, decreased ROM, and decreased strength.

Treatment Goals

Short Term Goals

Goal #1: independent with home exercise program Status: Complete
Goal #2: Patient will reach 90 deg. flex, 45 deg abduction, and 30 deg. ER passively with no increase of shoulder pain or muscle guarding to progress ROM within protocol. Status: Complete
Goal #3: Patient will report 5/10 pain at worse for 2 days during and after work to decrease limiting factor and increase activities at home. Status: Complete

Long Term Goals

Goal #4: Patient will obtain 135 degrees shoulder flexion and scaption in order to perform over head activities Status: Complete
Goal #5: Patient will obtain 5/5 shoulder MMT to return to PLOF and demonstrate increase UE strength needed to return to work. Status: Some progress
Goal #6: Patient will report 1/10 pain at worse for 2 days after normal activity to reduce limiting factor of activity. Status: Some progress

OA24921472N.PDF

07/10/2018

115

Jun. 19, 2018 8:32AM

No. 0188 P. 4/16

OA24921472N.PDF

June 18, 2018

Page 3

Physical Therapy

115 Deacon Tiller Court Duncan, SC 29334
(864) 687-1921 Fax: (864) 687-9119

Randall G Dalton
Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

SERVICE ORDERS:

Manual Therapy [97140]

Therapeutic Exercises [97110]

Electronically signed by Zach Vinson, PTA on 06/13/2018 at 1:14 PM
Electronically signed by Brandon Hardee, PT on 06/13/2018 at 2:02 PM

Carolina Orthopaedic & Neurosurgical Associates
 1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
 (864) 582-6396 Fax: (864) 542-2939

June 20, 2018 06/29/2018
 Page 1
 Office Visit

Randall G Dalton
 Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
 Ins: Amerisure WC

06/18/2018 - Office Visit: f/u RSS
 Provider: Michael P Hoenig MD
 Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

Mr. Randall Dalton is a 58 Years Old White / Caucasian male, who is here for a follow-up appointment.

Chief Complaint: Followup, right shoulder surgery.

History From: Patient

Race: White / Caucasian

Referral Source: wc

Family Physician: Dr. Crosby

Mr. Dalton is a 58-year-old who is 4 months out from right shoulder scope with biceps tenotomy, decompression, distal clavicle resection, and rotator cuff repair. He feels like overall he is doing very well. He still is having trouble with his neck and his back and he is seeing Dr. Lim for this. His shoulder is doing pretty good. He does have an occasional pop with some pain, but is overall pleased with his shoulder.

Injury / Condition

Was this the result of an Injury? yes

Injury Date: 06/26/2017

Are you claiming as Workers Compensation? yes

Type of Problem

PAIN 3/10, pain

Location of Your Injury / condition

hip right, shoulder bilateral, leg bilateral, arm right, knee bilateral, hand bilateral, back pain bilateral, pelvis bilateral, neck pain bilateral, shoulder right

Previous Treatment

Have you had any of the following for this problem? MRI Rt shoulder @ innervision 11/27/2017, MRI Right Hip @ Innervision 1/22/18 uploaded and In Dr. Lim's Filing cabinet. ,

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 12/05/2017

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 01/31/2018

Fracture/Surgery/Injection: RSS, with extensive debridement & bicep tenotomy. SAD. DCR. RCR

Date of Procedure: 02/14/2018

Past Medical History

Active Medications Prior to This Update (reviewed today):

ROBAXIN 500 MG ORAL TABLET (METHOCARBAMOL) Take one tablet PO TID PRN
 NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain
 MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed , Do not take any other anti-inflammatory while on this medication.

NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain

IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain

Carolina Orthopaedic & Neurosurgical Associates
 1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
 (864) 582-6396 Fax: (864) 542-2939

June 20, 2018 06/29/2018
 Page 2
 Office Visit

Randall G Dalton
 Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
 Ins: Amerisure WC

GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID
 HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
 NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
 CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Medications (reviewed today):

ROBAXIN 500 MG ORAL TABLET (METHOCARBAMOL) Take one tablet PO TID PRN
 NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain
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 NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
 CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Allergies (reviewed today):

No known allergies

Past Surgical History

Hand (Bilateral)

Review of Systems

General: Positive for fatigue.

Eyes: Positive for eye irritation.

ENT: Patient denies decreased hearing, difficulty swallowing.

Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.

Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.

Gastrointestinal: Patient denies vomiting, diarrhea, nausea.

Genitourinary: Patient denies pain, urinary retention, frequent UTI.

Musculoskeletal: Positive for back pain, joint pain, muscle aches, stiffness.

Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.

Neurologic: Positive for headaches, numbness, tingling.

Psychiatric: Patient denies anxiety, depression.

Heme/Lymphatic: Patient denies abnormal bruising.

Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is divorced, Never smoker, and lives with spouse/partner. Has no children. drinks alcohol, drinks occasionally. does exercise, occasionally. Occupation: Mechanic-Muffin mound.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements
 Patient has not had a Bone Density Screening

Family History

Cancer (Father, Mother)

Randall G Dalton
 Male DOB: [REDACTED] 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
 Ins: Amerisure WC

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS**Body Mass Index in-lb**

Height (in): 68
 Weight (lb): 185
 BMI (in-lb) 28.13
 P: 86 R: 15 BP: 112/68

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM:

Examination of the right shoulder shows motion 165/60/L4. This compares to 170/60/T12. Strength is good. There is no crepitus. There is no tenderness to palpation.

ASSESSMENT

Status post right shoulder scope with rotator cuff repair.

PLAN

The patient is doing well. He can transition to a home exercise program. He is at maximum medical improvement. Permanent restrictions are no lifting more than 10 pounds up overhead. He should not require any medical treatment in the future. He will have an 8% impairment rating to the right shoulder.

I spoke with Josh Henderson. The treatment plan was discussed in detail and all questions and concerns were addressed with the case manager while the patient was present. This interdisciplinary team meeting/consultation was 10 minutes in duration.

Dictated by: Michael P. Hoenig, MD
 mm

New Orders:

Consult w WC Nurse Case Manager [CPT-99366]
 Disability exam by treating doctor [CPT-99455]

Disposition: Return to office on a PRN basis

] Patient at risk for falls: no

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

225345

Claimant's Name:	<u>Randall Dalton</u>	Employer's Name:	<u>Muffin Man</u>
Physician's Name:	<u>Dr. Michael Hoenig</u>	Insurance Carrier:	<u>Amerisure</u>
Practice/Clinic:	<u>Carolina Orthopaedic & Neurosurgical Associates</u>	SCWCC File No:	
Preparer's Name:	<u>Angel Vinson</u>	Phone:	

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: 6.25.17 Date of first office visit: 11.20.17 Date of last office visit: 1.18.18

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

Diagnosis or nature of Injury or Illness: S/p @ Shoulder scope w/rotator cuff repair

Body part(s) Injured: @ Shoulder Body part(s) affected: _____

Date of maximum medical improvement: 6.18.18

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

If so, the permanent physical impairment is: 8 % medical impairment to the @ Shoulder (Injured body part).

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

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

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 ☐ No

If so, the permanent physical limitations are: no lifting > 10 lbs overhead

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

If so, the retained hardware is: _____

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

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

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

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

[Signature]
Treating or Evaluating Physician

Date 6/26/18

WCC Form #14B
12/2016

14B

Physician's Statement

Carolina Orthopaedic & Neurosurgical Associates
 1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
 (864) 582-6396 Fax: (864) 542-2939

August 13, 2018 08/23/2018
 Page 1
 Office Visit

Randall G. Dalton
 Male DOB: [REDACTED] 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
 Ins: Amerisure WC

07/27/2018 - Office Visit: NP - neck/back pain
 Provider: James Paul Behr MD
 Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

Mr. Randall Dalton is a 58 Years Old White / Caucasian male, who is here for a first time visit.

Chief Complaint: Pain.

History From: Patient

Race: White / Caucasian

Referral Source: WC

Family Physician: Dr. Crosby

Mr. Dalton is a 58-year-old gentleman who was in his usual state of health until 06/26/2017, when he slipped and fell down some steps at work. He has been having pain since then. He injured his right shoulder, which was treated by Dr. Hoenig with surgery and placed at MMI. He also had a right inguinal hernia repair. He is now having pain in his neck, going down toward his right shoulder, down his thoracic spine, down his low back, radiating down the bilateral legs. Overall, he describes the pain as a constant 4 to 7/10. Sharp, achy, shooting. He states the pain is made better with sitting or lying down, worse with standing or bending over. Treatments have included epidural x2 at bilateral L5-S1 without help and physical therapy without help. He did see Dr. Lim who did not recommend surgery.

The patient denies loss of control of bowel or bladder. He denies any falls. He does report some weakness. He does report some difficulty sleeping and does report functional limitations related to this pain.

OST: 0

Injury / Condition

Was this the result of an injury? no

Are you claiming as Workers Compensation? no

Type of Problem

pain 5/10

Previous Treatment

Have you had any of the following for this problem? MRI Rt shoulder @ innervision 11/27/2017, MRI Right Hip @ Innervision 1/22/18 uploaded and In Dr. Lim's Filing cabinet. , MR cervical spine & lumbar spine @ Emer. MD 08/03/2017

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 12/05/2017

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 01/31/2018

Fracture/Surgery/Injection: RSS, with extensive debridement & bicep tenotomy. SAD. DCR. RCR

Date of Procedure: 02/14/2018

Past Medical History

Active Medications Prior to This Update (reviewed today):

LYRICA 75 MG ORAL CAPSULE (PREGABALIN) one po for one week, then one po bid x 1 week then 1 po tid thereafter
 DICLOFENAC SODIUM 75 MG ORAL TABLET DELAYED RELEASE (DICLOFENAC SODIUM) one po bid

Carolina Orthopaedic & Neurosurgical Associates
 1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
 (864) 582-6396 Fax: (864) 542-2939

August 13, 2018 08/23/2018

Page 2
 Office Visit

Randall G Dalton
 Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
 Ins: Amerisure WC

ZANAFLEX 4 MG ORAL TABLET (TIZANIDINE HCL) 1 po tid
 NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain
 MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed , Do not take any other
 anti-inflammatory while on this medication.
 NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain
 IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain
 GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID
 HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
 NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
 CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Medications (reviewed today):

LYRICA 75 MG ORAL CAPSULE (PREGABALIN) one po for one week, then one po bid x .1 week then 1 po tid thereafter
 DICLOFENAC SODIUM 75 MG ORAL TABLET DELAYED RELEASE (DICLOFENAC SODIUM) one po bid
 ZANAFLEX 4 MG ORAL TABLET (TIZANIDINE HCL) 1 po tid
 NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain
 MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed , Do not take any other
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 NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
 CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Allergies (reviewed today):

No known allergies

Past Surgical History

Hand (Bilateral)

Review of Systems

General: Positive for fatigue.

Eyes: Positive for eye irritation.

ENT: Patient denies decreased hearing, difficulty swallowing.

Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.

Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.

Gastrointestinal: Patient denies vomiting, diarrhea, nausea.

Genitourinary: Patient denies pain, urinary retention, frequent UTI.

Musculoskeletal: Positive for back pain, joint pain, muscle aches, stiffness.

Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.

Neurologic: Positive for headaches, numbness, tingling.

Psychiatric: Patient denies anxiety, depression.

Heme/Lymphatic: Patient denies abnormal bruising.

Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is divorced, Never smoker, and lives with spouse/partner. Has no children. drinks alcohol, drinks occasionally.
 does exercise, occasionally. Occupation: Mechanic-Muffin mound.

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

08/23/2018
August 13, 2018
Page 3
Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

.225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History

Cancer (Father, Mother)

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb

Height (in): 68
Weight (lb): 185
BMI (in-lb) 28.13
P: 67 R: 16 BP: 120/64

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM:

HEENT: NCAT, MMM, EOMI.
NECK: Supple with no lymphadenopathy or thyromegaly.
CHEST/RESP: No respiratory distress.
CV: PPP, Pulses are 2+ in bilateral radial and dorsalis pedis.
ABDOMEN: NT, ND, BS, soft.
EXTREMITIES: No CCE.

NEURO/MSK:

SPECIAL TESTS

Straight leg raise positive on the right greater than left. Lhermitte's and Spurling's are negative. Nerve root tension signs are negative.

DTR

Deep tendon reflexes are equal and symmetric.

ROM

Cervical range of motion: Positive facet loading. Lumbar facet loading is negative.

GAIT

Tandem. Significantly antalgic. He has a difficult time heel and toe walking.

HIP EXAM

Negative.

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August 13, 2018 08/23/2018
 Page 4
 Office Visit

Randall G Dalton
 Male DOB: [REDACTED] 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
 Ins: Amerisure WC

KNEE EXAM
 Negative.

IMAGING:

MRI of the lumbar spine, 08/03/2017:

1. Broad based posterior disk herniation extending to the right posterolateral recess at the L5-S1 level.
2. Posterior central disk herniation of L4-5.
3. Annular bulge at L3-4.
4. Dehydration of the disks. Loss of disk height. Mild narrowing of the right intervertebral foramen at L5-S1.

MRI of the right hip: Negative evaluation of the right hip. Mild right gluteus minimus tendinosis. Intact pelvic ring. SI joints normal.

MRI of the cervical spine 08/03/2017:

1. Reversal of the cervical lordosis.
2. Spondylosis.
3. Multilevel degenerative disk disease.
4. No acute trauma.

ASSESSMENT

Mr. Dalton is a 58-year-old gentleman with a work-related injury on 06/26/2017, when he slipped and fell down some stairs. He suffered a shoulder injury, which was treated by Dr. Hoenig, and he has been placed at MMI. Now, status post right inguinal hernia repair. Now, with low back pain, right gluteal, related to some L5-S1 degenerative disk disease and a right L5-S1 radiculitis, which has not responded well to epidurals, as well as cervical pain on the right side, which may be related to a whiplash type syndrome from the fall, with irritation of the facet joints.

PLAN

1. We will give the patient muscle relaxants, an anti-inflammatory, and Lyrica 75 mg daily, to be increased to t.i.d.
2. Send him to physical therapy.
3. If the above does not help with the cervical spine, I think considering right-sided intra-articular facet injections versus radiofrequency ablation might be reasonable.
4. In terms of the lumbar spine, I think he has really maximized therapy, but we will see if those medications do help. He should continue a home exercise program.
5. Follow up in six weeks' time.

Dictated by: James P. Behr, MD

New Orders:

New Level 4 [CPT-99204]

Disposition: Return to office
 in 6 Weeks.

Prescriptions:

LYRICA 75 MG ORAL CAPSULE (PREGABALIN) one po for one week, then one po bid x 1 week then 1 po tid thereafter
 #90 Capsule x 1

Entered by: Sonya Yates

Authorized by: James Paul Behr MD

Electronically signed by: Sonya Yates on 07/27/2018

Method used: Print then Give to Patient

RxID: 1848324425281660

ZANAFLEX 4 MG ORAL TABLET (TIZANIDINE HCL) 1 po tid #90[Tablet] x 1

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

August 13, 2018 08/23/2018
Page 5
Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by: Sonya Yates on 07/27/2018
Method used: Electronically to
Walgreens Pelham* (retail)
902 Pelham Rd
Greenville, SC 29615
Ph:
Fax: (864) 234-6960

RxID: 1848324306273700

DICLOFENAC SODIUM 75 MG ORAL TABLET DELAYED RELEASE (DICLOFENAC SODIUM) one po bid #60[Tablet] x
1

Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by: Sonya Yates on 07/27/2018
Method used: Electronically to
Walgreens Pelham* (retail)
902 Pelham Rd
Greenville, SC 29615
Ph:
Fax: (864) 234-6960

RxID: 1848324306273600

]

Electronically signed by James Paul Behr MD on 08/10/2018 at 3:46 PM

AM182761019.pdf
Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

September 13, 2018
Page 1
Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

09/05/2018 - Office Visit: recheck
Provider: James Paul Behr MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates
Status: ON HOLD DOCUMENT. Contents are preliminary

History of Present Illness

Mr. Randall Dalton is a 58 Years Old White / Caucasian male, who is here for a follow-up appointment.

Chief Complaint: Neck and back pain.

History From: Patient

Race: White / Caucasian

Family Physician: Dr. Crosby

Mr. Dalton comes in today for followup of his neck and back pain. He has been going to physical therapy and does feel that this has been helping. He is doing well with the diclofenac. He does not feel the Lyrica is offering much relief.

OST: 0

Injury / Condition

Was this the result of an injury? yes

Injury Date: 06/25/2017

Are you claiming as Workers Compensation? yes

Type of Problem

pain 5/10

Location of Your Injury / condition

hip right, shoulder bilateral, leg bilateral, arm right, knee bilateral, hand bilateral, back pain bilateral, pelvis bilateral, neck pain bilateral, shoulder right

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 12/05/2017

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 01/31/2018

Fracture/Surgery/Injection: RSS, with extensive debridement & bicep tenotomy. SAD. DCR. RCR

Date of Procedure: 02/14/2018

Past Medical History

Active Medications Prior to This Update (reviewed today):

LYRICA 75 MG ORAL CAPSULE (PREGABALIN) one po for one week, then one po bid x 1 week then 1 po tid thereafter

DICLOFENAC SODIUM 75 MG ORAL TABLET DELAYED RELEASE (DICLOFENAC SODIUM) one po bid

ZANAFLEX 4 MG ORAL TABLET (TIZANIDINE HCL) 1 po tid

NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain

MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed , Do not take any other anti-inflammatory while on this medication.

NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain

IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain

GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID

HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain

AM182761019.pdf
Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

September 13, 2018/09/2018
Page 2
Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

Home: (864) 915-8362 Work: (864) 962-0616
225345 . Ins: Amerisure WC

NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Medications (reviewed today):

LYRICA 75 MG ORAL CAPSULE (PREGABALIN) one po for one week, then one po bid x 1 week then 1 po tid thereafter
DICLOFENAC SODIUM 75 MG ORAL TABLET DELAYED RELEASE (DICLOFENAC SODIUM) one po bid
ZANAFLEX 4 MG ORAL TABLET (TIZANIDINE HCL) 1 po tid
NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain
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NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Allergies (reviewed today):

No known allergies

Past Surgical History

Hand (Bilateral)

Review of Systems

General: Positive for fatigue.

Eyes: Positive for eye irritation.

ENT: Patient denies decreased hearing, difficulty swallowing.

Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.

Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.

Gastrointestinal: Patient denies vomiting, diarrhea, nausea.

Genitourinary: Patient denies pain, urinary retention, frequent UTI.

Musculoskeletal: Positive for back pain, joint pain, muscle aches, stiffness.

Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.

Neurologic: Positive for headaches, numbness, tingling.

Psychiatric: Patient denies anxiety, depression.

Heme/Lymphatic: Patient denies abnormal bruising.

Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is divorced, Never smoker, and lives with spouse/partner. Has no children. drinks alcohol, drinks occasionally. does exercise, occasionally. Occupation: Mechanic-Muffin mound.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Patient has not had a Bone Density Screening

Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Cancer (Father, Mother)

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb

Height (in): 68
Weight (lb): 185
BMI (in-lb) 28.13
R: 14 BP: 122/70

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM:

HEENT: NCAT, MMM, EOMI.
CHEST/RESP: No respiratory distress.
EXTREMITIES: No CCE.

NEURO/MSK:

SPECIAL TESTS

Straight leg raise positive on the right greater than left. Lhermitte's and Spurling's are negative. Nerve root tension signs are negative.

DTR

Deep tendon reflexes are equal and symmetric.

ROM

Cervical range of motion: Positive facet loading. Lumbar facet loading is negative.

GAIT

Tandem. Significantly antalgic. He has a difficult time heel and toe walking.

HIP EXAM

Negative.

KNEE EXAM

Negative.

IMAGING:

MRI of the lumbar spine, 08/03/2017:

1. Broad-based posterior disk herniation extending to the right posterolateral recess at the L5-S1 level.
2. Posterior central disk herniation of L4-5.
3. Annular bulge at L3-4.
4. Dehydration of the disks. Loss of disk height. Mild narrowing of the right intervertebral foramen at L5-S1.

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MRI of the right hip: Negative evaluation of the right hip. Mild right gluteus minimus tendinosis. Intact pelvic ring. SI joints normal.

MRI of the cervical spine 08/03/2017:
1. Reversal of the cervical lordosis.
2. Spondylosis.
3. Multilevel degenerative disk disease.
4. No acute trauma.

ASSESSMENT

Mr. Dalton is a 58-year-old gentleman with a work-related injury on 06/26/2017, when he slipped and fell down some stairs. He suffered a shoulder injury, which was treated by Dr. Hoenig, and he has been placed at MMI. Now, status post right inguinal hernia repair. Now, with low back pain, right gluteal, related to some L5-S1 degenerative disk disease and a right L5-S1 radiculitis, which has not responded well to epidurals, as well as cervical pain on the right side, which may be related to a whiplash type syndrome from the fall, with irritation of the facet joints.

PLAN

1. We will discontinue the Lyrica. The patient does not feel that this provides any relief.
2. He can continue the Zanaflex and diclofenac. He is tolerating these medications well.
3. The patient is to continue in physical therapy for his neck. We will also add therapy for his low back. After completed, he is encouraged to transition to a home exercise program.
4. The patient did previously see Dr. Lim and is not felt to be a surgical candidate.
5. In terms of his low back, he has previously failed injections but could give some consideration to repeating those.
6. Depending on how the patient does with the above, we could give strong consideration to surgical facet injections on the left.
7. I did speak with the nurse case manager, Josh Henderson. The treatment plan was discussed in detail and all questions and concerns were addressed with the case manager while the patient was present. This interdisciplinary team meeting/consultation was 10 minutes in duration.
8. We will have the patient follow up in 8 weeks or sooner if needed.

Dictated by: Kelly M. Wilson, PA-C for James Behr, M.D.

cc: Ashten Crosby, DO

kb

New Orders:

Finding of Hypertension Episode [SCT-62275004]
Lifestyle Education Regarding Hypertension [SCT-443402002]
Finding of Hypertension Episode [SCT-62275004]
Est. Level 4 [CPT-99214]
Consult w WC Nurse Case Manager [CPT-99366]

Disposition: Return to office
in 2 Months.

Prescriptions:

ZANAFLEX 4 MG ORAL TABLET (TIZANIDINE HCL) 1 po tid #90[Tablet] x 1

Entered by: Palge Scruggs RTR
Authorized by: James Paul Behr MD
Electronically signed by: Palge Scruggs RTR on 09/05/2018
Method used: Electronically to
CONA* Workers Comp*Pharmacy* (retail)

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Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

1330 Bolling Springs Rd
Ste 1600
Spartanburg, SC 29303
Ph:
Fax: (864) 948-0279

RxID: 1851767199024480
DICLOFENAC SODIUM 75 MG ORAL TABLET DELAYED RELEASE (DICLOFENAC SODIUM) one po bid #60[Tablet] x
1

Entered by: Paige Scruggs RTR
Authorized by: James Paul Behr MD
Electronically signed by: Paige Scruggs RTR on 09/05/2018
Method used: Electronically to
CONA* Workers Comp*Pharmacy* (retail)
1330 Bolling Springs Rd
Ste 1600
Spartanburg, SC 29303
Ph:
Fax: (864) 948-0279
RxID: 1851767155016870

1

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November 16 2018
 Page 1
 Office Visit

Randall G Dalton
 Male DOB **DOB** 1959

225345

Home (864) 915-8362 Work (864) 962-0616
 Ins Amerisure WC

11/07/2018 - Office Visit recheck
 Provider James Paul Behr MD
 Location of Care Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

Mr. Randall Dalton is a 58 Years Old White / Caucasian male who is here for a follow-up appointment
Chief Complaint Neck and back pain

History From Patient

Race White / Caucasian

Family Physician Dr. Crosby

Patient is a 58-year-old male here for a followup appointment. Mr. Dalton comes in today for followup of his neck and back pain. He has gone to physical therapy and does feel that this helps to some degree but not significantly. He states he has been having some difficulty with GI side effects with the diclofenac. He continues to have complaints of right shoulder pain as well as low back pain and bilateral lower extremity pain. He rates it overall between a 4 and 5/10.

OST 0

Injury / Condition

Was this the result of an injury? yes

Injury Date 06/25/2017

Are you claiming as Workers Compensation? yes

Type of Problem

pain 5/10

Location of Your Injury / condition

hip right shoulder bilateral, leg bilateral, arm right, knee bilateral, hand bilateral, back pain bilateral, pelvis bilateral, neck pain bilateral, shoulder right

History of OA Fractures or Procedures

Fracture/Surgery/Injection Bilateral L5-S1 TFESI

Date of Procedure 12/05/2017

Fracture/Surgery/Injection Bilateral L5-S1 TFESI

Date of Procedure 01/31/2018

Fracture/Surgery/Injection RSS, with extensive debridement & bicep tenotomy SAD DCR RCR

Date of Procedure 02/14/2018

Past Medical History

Active Medications Prior to This Update (reviewed today)

LYRICA 75 MG ORAL CAPSULE (PREGABALIN) one po for one week then one po bid x 1 week then 1 po tid thereafter
 DICLOFENAC SODIUM 75 MG ORAL TABLET DELAYED RELEASE (DICLOFENAC SODIUM) one po bid
 ZANAFLEX 4 MG ORAL TABLET (TIZANIDINE HCL) 1 po tid
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 MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed Do not take any other anti-inflammatory while on this medication
 NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain
 IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain

Carolina Orthopaedic & Neurosurgical Associates

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Office Visit

Randall G DaltonMale DOB **DOB** 1959

225345

Home (864) 915-8362 Work (864) 962-0616
Ins Amerisure WC

GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID
HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Medications (reviewed today)

LYRICA 75 MG ORAL CAPSULE (PREGABALIN) one po for one week then one po bid x 1 week then 1 po tid thereafter
Route ORAL
DICLOFENAC SODIUM 75 MG ORAL TABLET DELAYED RELEASE (DICLOFENAC SODIUM) one po bid Route ORAL
ZANAFLEX 4 MG ORAL TABLET (TIZANIDINE HCL) 1 po tid Route ORAL
NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain, Route ORAL
MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed Do not take any other
anti-inflammatory while on this medication, Route ORAL
NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain Route ORAL
IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain, Route ORAL
GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID Route ORAL
HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain,
Route ORAL
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food, Route ORAL
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN Route
ORAL

Current Allergies (reviewed today)

No known allergies

Past Surgical History

Hand (Bilateral)

Review of Systems**General** Positive for fatigue**Eyes** Positive for eye irritation**ENT** Patient denies decreased hearing difficulty swallowing**Cardiovascular** Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet**Respiratory** Patient denies shortness of breath, wheezing, cough coughing up blood**Gastrointestinal** Patient denies vomiting diarrhea, nausea**Genitourinary** Patient denies pain, urinary retention, frequent UTI**Musculoskeletal** Positive for back pain, joint pain, muscle aches, stiffness**Skin** Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin poor wound healing, unusual hair distribution**Neurologic** Positive for headaches numbness, tingling**Psychiatric** Patient denies anxiety depression**Heme/Lymphatic** Patient denies abnormal bruising**Allergic/Immunologic** Patient denies seasonal allergies persistent infections**Social History**

Patient is divorced Never smoker and lives with spouse/partner Has no children drinks alcohol, drinks occasionally
does exercise occasionally Occupation Mechanic-Muffin mound

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Carolina Orthopaedic & Neurosurgical Associates

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Randall G DaltonMale DOB **DOB** 1959

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 Ins Amerisure WC

Patient has not had a Bone Density Screening
 Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History

Cancer (Father Mother)

Directives Added

Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS**Body Mass Index in-lb**

Height (in) 68

Weight (lb) 185

BMI (in-lb) 28.13

R 14 BP 122/80

GENERAL EXAM

Appearance Healthy

Mental Status Alert & Oriented x 3, No Acute Distress

Hand Dominance Right

Gait Normal

Durable Goods No

PHYSICAL EXAM

HEENT NCAT MMM, EOMI

CHEST/RESP No respiratory distress

EXTREMITIES No CCE

NEURO/MSK**SPECIAL TESTS**

Straight leg raise positive on the right greater than left Lhermitte's and Spurling's are negative Nerve root tension signs are negative

DTR

Deep tendon reflexes are equal and symmetric

ROM

Cervical range of motion Positive facet loading Lumbar facet loading is negative

GAIT

Tandem Significantly antalgic He has a difficult time heel and toe walking

HIP EXAM

Negative

KNEE EXAM

Negative

IMAGING

MRI of the lumbar spine 08/03/2017

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November 16 2018
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- 1 Broad-based posterior disk herniation extending to the right posterolateral recess at the L5-S1 level
- 2 Posterior central disk herniation of L4-5
- 3 Annular bulge at L3-4
- 4 Dehydration of the disks Loss of disk height Mild narrowing of the right intervertebral foramen at L5-S1

MRI of the right hip Negative evaluation of the right hip Mild right gluteus minimus tendinosis Intact pelvic ring SI joints normal

MRI of the cervical spine 08/03/2017

- 1 Reversal of the cervical lordosis
- 2 Spondylosis
- 3 Multilevel degenerative disk disease
- 4 No acute trauma

ASSESSMENT

Mr Dalton is a 58-year-old gentleman with a work-related injury on 06/26/2017 when he slipped and fell down some stairs. He suffered a shoulder injury which was treated by Dr Hoenig and he has been placed at MMI. Now, status post right inguinal hernia repair. Now, with low back pain right gluteal, related to some L5-S1 degenerative disk disease and a right L5-S1 radiculitis which has not responded well to epidurals as well as cervical pain on the right side, which may be related to a whiplash type syndrome from the fall with irritation of the facet joints. The patient is at MMI.

PLAN

- 1 Discontinue the diclofenac as the patient is having GI side effects
- 2 Rotate the patient's Zanaflex to Flexeril
- 3 The patient can discontinue physical therapy. He does not feel it is really offering much relief. He was encouraged to transition to a home exercise program.
- 4 The patient has previously failed lumbar injections and is not felt to be a surgical candidate by Dr Lim.
- 5 The possibility of cervical facet injections has been discussed but the patient declines.
- 6 The patient does have an FCE pending for permanent work restrictions. He is MMI for both the cervical and lumbar spine with ongoing pain management to include medications recommended for at least 2 years. I did speak with the nurse case manager Josh Henderson. The patient can follow up as needed.

Dictated by Kelly M Wilson PA-C for James Behr MD

cc Ashten Crosby DO

kb

New Orders

Finding of Hypertension Episode [SCT-62275004]
 Lifestyle Education Regarding Hypertension [SCT-443402002]
 Disability exam by treating doctor [CPT-99455]

Disposition Return to office on a PRN basis

Prescriptions

CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN #90[Tablet]
 x 11

Route ORAL

Entered by Sonya Yates

Authorized by James Paul Behr MD

Electronically signed by Sonya Yates on 11/07/2018

Carolina Orthopaedic & Neurosurgical Associates
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November 16, 2018
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Office Visit

Randall G Dalton
Male DOB **DOB** 1959

225345

Home (864) 915-8362 Work (864) 962-0616
Ins Amerisure WC

Method used Electronically to
Walgreens Pelham* (retail)
902 Pelham Rd
Greenville, SC 29615
Ph
Fax (864) 234-6960

Note to Pharmacy Route ORAL, SAVINGS FOR INSURED PATIENTS WITH NON-REIMBURSIBLE MEDICINES
- For claims BIN 003585 PCN ASPROD1 Group AME08 ID DR258881, Questions MedImpact
(877)489-6402
RxID 1857207715125820

] Patient at risk for falls no
The patient declined the influenza vaccine

Electronically signed by James Paul Behr MD on 11/15/2018 at 9 31 AM

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

225345

Claimant's Name: Randall Dalton Employer's Name: _____
Physician's Name: James Behr, MD Insurance Carrier: Amerisure
Practice/Clinic: CONA SCWCC File No: _____
Preparer's Name: Missey McGee Phone: _____

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: 06-25-17 Date of first office visit: 07-27-18 Date of last office visit: 11-07-18

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

Diagnosis or nature of injury or illness: cervical and lumbar spine pain

Body part(s) injured: cervical spine Body part(s) affected: lumbar spine

Date of maximum medical improvement: 11-07-18

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

If so, the permanent physical impairment is: 4 % medical impairment to the cervical spine (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:
8 % medical impairment to the lumbar spine (additional body part injured or affected).

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

☒ The AMA's *Guides to the Evaluation of Permanent Impairment* 6th Edition; or
Other medical treatise: _____ or
Other: _____

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

If so, the permanent physical limitations are: No lift > 30 lbs

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

If so, the retained hardware is: _____

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

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

on going pain management to include medications recommended for at least 2 years

*An indication of 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.

Treating or Evaluating Physician

Date

11-20-18

WCC Form #14B
12/2016

14B

Physician's Statement

Carolina Orthopaedic & Neurosurgical Associates

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303

AM183512978 Fax (864) 542-2939

December 18, 2018

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Office 12/18/2018

Randall G Dalton

Male DOB **DOB** 1959

225345

Home (864) 915-8362 Work (864) 962-0616

Ins Amerisure WC

12/17/2018 - Office Visit EPNC R shoulder

Provider Michael P Hoening MD

Location of Care Carolina Orthopaedic & Neurosurgical Associates

Status ON HOLD DOCUMENT Contents are preliminary

History of Present Illness

Mr. Randall Dalton is a 58 Years Old White / Caucasian male, who is here for a new problem

Chief Complaint Right shoulder pain

History From Patient

Race White / Caucasian

Referral Source wc

Family Physician Dr Crosby

Mr Dalton is a 58-year-old male who returns today for recheck of his right shoulder after previous MMI. He was last seen by Dr. Hoening on 06/18/2018 and discharged from our care following a right shoulder scope, biceps tenotomy, decompression, distal clavicle resection, and rotator cuff repair. The shoulder had been doing pretty well for him and he had been seeing Dr. Lim for his back and cervical spine. While doing an FCE as ordered by Dr. Lim he had an increase of pain in his right shoulder. This FCE was done on 11/14/2018. He has been taking some Aleve. Complaints of kind of anterior and superior shoulder pain that is worse with activity and better with rest. He rates his pain at a 5/10. He had been placed on permanent restrictions for the right shoulder with no overhead lifting greater than 10 pounds.

OST 0

Injury / Condition

Was this the result of an injury? yes

Injury Date 11/14/2018

If yes, where did it happen?

original injury 6/26/17

Are you claiming as Workers Compensation? yes

Type of Problem

pain 5/10

Location of Your Injury / condition

hip right, shoulder bilateral leg bilateral, arm right, knee bilateral, hand bilateral, back pain bilateral, pelvis bilateral neck pain bilateral, shoulder right

Previous Treatment

Have you had any of the following for this problem? MRI Rt shoulder @ innervision 11/27/2017 MRI Right Hip @

Innervision 1/22/18 uploaded MR cervical spine & lumbar spine @ Emer MD 08/03/2017,

History of OA Fractures or Procedures

Fracture/Surgery/Injection Bilateral L5-S1 TFESI

Date of Procedure 12/05/2017

Fracture/Surgery/Injection Bilateral L5-S1 TFESI

Date of Procedure 01/31/2018

Fracture/Surgery/Injection RSS with extensive debridement & bicep tenotomy SAD DCR RCR

Date of Procedure 02/14/2018

Fracture/Surgery/Injection R shoulder CSI w/c

Carolina Orthopaedic & Neurosurgical Associates

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Office Visit 12/18/2018

Randall G Dalton

Male DOB **DOB** 1959

225345

Home (864) 915-8362 Work (864) 962-0616

Ins Amerisure WC

Date of Procedure 12/17/2018

Past Medical History

Active Medications Prior to This Update (reviewed today)

LYRICA 75 MG ORAL CAPSULE (PREGABALIN) one po for one week, then one po bid x 1 week then 1 po tid thereafter
DICLOFENAC SODIUM 75 MG ORAL TABLET DELAYED RELEASE (DICLOFENAC SODIUM) one po bid
ZANAFLEX 4 MG ORAL TABLET (TIZANIDINE HCL) 1 po tid
NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain
MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed , Do not take any other
anti-inflammatory while on this medication
NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain
IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain
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HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Medications (reviewed today)

LYRICA 75 MG ORAL CAPSULE (PREGABALIN) one po for one week then one po bid x 1 week then 1 po tid thereafter
Route ORAL
DICLOFENAC SODIUM 75 MG ORAL TABLET DELAYED RELEASE (DICLOFENAC SODIUM) one po bid Route ORAL
ZANAFLEX 4 MG ORAL TABLET (TIZANIDINE HCL) 1 po tid Route ORAL
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MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed Do not take any other
anti-inflammatory while on this medication Route ORAL
NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain, Route ORAL
IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain Route ORAL
GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID, Route ORAL
HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain,
Route ORAL
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food Route ORAL
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN Route
ORAL

Current Allergies (reviewed today)

No known allergies

Past Surgical History

Hand (Bilateral)

Review of Systems

General Positive for fatigue

Eyes Positive for eye irritation

ENT Patient denies decreased hearing difficulty swallowing

Cardiovascular Patient denies chest pain palpitations difficulty breathing on exertion, shortness of breath, swelling
hands/feet

Respiratory Patient denies shortness of breath wheezing, cough coughing up blood

Gastrointestinal Patient denies vomiting, diarrhea, nausea

Genitourinary Patient denies pain, urinary retention, frequent UTI

Musculoskeletal Positive for back pain, joint pain, muscle aches stiffness

Skin Patient denies dryness psoriasis, suspicious lesions, changes in color of skin poor wound healing unusual hair

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12/28/2018

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Carolina Orthopaedic & Neurosurgical Associates

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December 18, 2018

Page 3

Office Visit 12/28/2018

Randall G Dalton

Male DOB **DOB** 1959

225345

Home (864) 915-8362 Work (864) 962-0616

Ins Amerisure WC

distribution

Neurologic Positive for headaches, numbness, tingling

Psychiatric Patient denies anxiety, depression

Heme/Lymphatic Patient denies abnormal bruising

Allergic/Immunologic Patient denies seasonal allergies, persistent infections

Social History

Patient is divorced, Never smoker, and lives with spouse/partner Has no children drinks alcohol, drinks occasionally does exercise, occasionally Occupation Mechanic-Muffin mound

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Patient has not had a Bone Density Screening

Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History

Cancer (Father, Mother)

Directives Added

Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb

Height (in) 68

Weight (lb) 185

BMI (in-lb) 28.13

P 60 R 15 BP 115/77

GENERAL EXAM

Appearance Healthy

Mental Status Alert & Oriented x 3, No Acute Distress

Hand Dominance Right

Gait Normal

Durable Goods No

PHYSICAL EXAM Examination of the left shoulder reveals motion to 160 Forward elevation external rotation to 90

Stable upon exam Neurovascularly intact Examination of the right shoulder reveals active forward elevation to 130

Passively to 150 External rotation to 75 and internal rotation to the back pocket His strength is good He is

neurovascularly intact No appreciable crepitus

IMAGING

ASSESSMENT

Status post right shoulder scope rotator cuff repair

PLAN

Dr Hoenig saw the patient as well It just seems that he has just kind of aggravated the shoulder which lead to a little bit

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December 18, 2018

Page 4

Office Visit
12/28/2018

Randall G Dalton

Male DOB [REDACTED] 1959

225345

Home (864) 915-8362 Work (864) 962-0616

Ins Amersure WC

of stiffness. He can benefit from an injection. Under strict sterile technique, the right subacromial space was injected with 6mL of Marcaine and 2mL of Kenalog 40mg/mL without incident. Continue permanent restriction of no lifting greater than 10 pounds overhead. He should do his home exercises to improve his range of motion. We will see him back for recheck in four weeks. His care was discussed with Josh Henderson, Case Manager. The treatment plan was discussed in detail and all questions and concerns were addressed with the case manager while the patient was present. This interdisciplinary team meeting/consultation was 10 minutes in duration. Dictated by Charles B Harrison, PA-C for Michael Hoening, MD

New Orders

Est Level 3 [CPT-99213]

Consult w WC Nurse Case Manager [CPT-99366]

Large joint Shoulder, Hip Knee [20610]

Disposition Return to office
in 4 week c hoenig

]

Patient at risk for falls no

The patient declined the influenza vaccine

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January 16, 2019
Page 1 of 1
Office Visit

Randall G Dalton
Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

01/14/2019 - Office Visit: f/u R shoulder
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates
Status: ON HOLD DOCUMENT. Contents are preliminary

History of Present Illness

Mr. Randall Dalton is a 59 Years Old White / Caucasian male, who is here for a follow-up appointment.

Chief Complaint: Right shoulder pain.

History From: Patient

Race: White / Caucasian

Referral Source: wc

Family Physician: Dr. Crosby

Mr. Dalton comes in today for followup of his right shoulder. He previously had undergone a right shoulder scope with a rotator cuff repair in February 2018 and was discharged in June 2018. He had an increase in pain when he did an FCE on 11/14/2018. We did a cortisone injection last visit and he states that his shoulder has steadily made a lot of progress. He feels like overall it is doing very well, just a little bit sore, but he is pleased with his progress. He is working light duty. He just currently takes muscle relaxers that were given to him by Dr. Lim.

OST: 0

Injury / Condition

Was this the result of an injury? yes

Injury Date: 11/14/2018

Are you claiming as Workers Compensation? yes

Type of Problem

pain 4/10

Location of Your Injury / condition

hip right, shoulder bilateral, leg bilateral, arm right, knee bilateral, hand bilateral, back pain bilateral, pelvis bilateral, neck pain bilateral, shoulder right

Previous Treatment

Have you had any of the following for this problem? MRI Rt shoulder @ innervision 11/27/2017, MRI Right Hip @ Innervision 1/22/18 uploaded , MR cervical spine & lumbar spine @ Emer. MD 08/03/2017, ,

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 12/05/2017

Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

Date of Procedure: 01/31/2018

Fracture/Surgery/Injection: RSS, with extensive debridement & bicep tenotomy. SAD. DCR. RCR

Date of Procedure: 02/14/2018

Fracture/Surgery/Injection:: R shoulder CSI w/c

Date of Procedure: 12/17/2018

Past Medical History

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January 16, 2019
01/31/2019
Page 2
Office Visit

Randall G Dalton
Male DOB: **DOB**1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Active Medications Prior to This Update (reviewed today):

LYRICA 75 MG ORAL CAPSULE (PREGABALIN) one po for one week, then one po bid x 1 week then 1 po tid thereafter
DICLOFENAC SODIUM 75 MG ORAL TABLET DELAYED RELEASE (DICLOFENAC SODIUM) one po bid
ZANAFLEX 4 MG ORAL TABLET (TIZANIDINE HCL) 1 po tid
NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain
MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed , Do not take any other anti-inflammatory while on this medication.
NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain
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GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID
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NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN

Current Medications (reviewed today):

LYRICA 75 MG ORAL CAPSULE (PREGABALIN) one po for one week, then one po bid x 1 week then 1 po tid thereafter;
Route: ORAL
DICLOFENAC SODIUM 75 MG ORAL TABLET DELAYED RELEASE (DICLOFENAC SODIUM) one po bid; Route: ORAL
ZANAFLEX 4 MG ORAL TABLET (TIZANIDINE HCL) 1 po tid; Route: ORAL
NORCO 10-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po bid prn pain; Route: ORAL
MEDROL 4 MG ORAL TABLET THERAPY PACK (METHYLPREDNISOLONE) take as directed , Do not take any other anti-inflammatory while on this medication.; Route: ORAL
NORCO 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 1 po qd prn pain; Route: ORAL
IBU 800 MG ORAL TABLET (IBUPROFEN) 1 po tid prn pain; Route: ORAL
GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) Take one capsule PO TID; Route: ORAL
HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) PRN for pain;
Route: ORAL
NAPROXEN 500 MG ORAL TABLET (NAPROXEN) Take one tablet PO BID with food; Route: ORAL
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) Take one tablet PO TID PRN; Route: ORAL

Current Allergies (reviewed today):

No known allergies

Past Surgical History

Hand (Bilateral)

Review of Systems

General: Positive for fatigue.

Eyes: Positive for eye irritation.

ENT: Patient denies decreased hearing, difficulty swallowing.

Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.

Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.

Gastrointestinal: Patient denies vomiting, diarrhea, nausea.

Genitourinary: Patient denies pain, urinary retention, frequent UTI.

Musculoskeletal: Positive for back pain, joint pain, muscle aches, stiffness.

Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.

Neurologic: Positive for headaches, numbness, tingling.

Psychiatric: Patient denies anxiety, depression.

Heme/Lymphatic: Patient denies abnormal bruising.

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January 16, 2019
Page 3
Office Visit

Randall G Dalton
Male DOB: **DOB** 1959

225345

Home: (864) 915-8362 Work: (864) 962-0616
Ins: Amerisure WC

Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is divorced, Never smoker, and lives with spouse/partner. Has no children, drinks alcohol, drinks occasionally. does exercise, occasionally. Occupation: Mechanic-Muffin mound.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History

Cancer (Father, Mother)

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb

Height (in): 68
Weight (lb): 185
BMI (in-lb) 28.13
P: 91 R: 15 BP: 117/76

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM:

Examination of the right shoulder shows motion 130/70/L1. Strength is good. No significant crepitus. Neurovascularly intact.

ASSESSMENT

Status post right shoulder scope, rotator cuff repair.

PLAN

He still is at maximum medical improvement and he is back at baseline. No change to his previous restrictions or 14B otherwise.

Dictated by: Michael P. Hoenig, MD

New Orders:

Disability exam by treating doctor [CPT-99455]

AM190250845.pdf

01/31/2019

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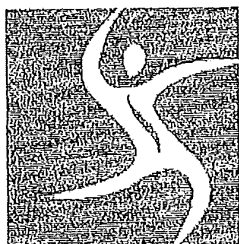
Page 41/2019

Male DOB: DOB1959

Home: (864) 915-8362 Work: (864) 962-0616

1

The patient declined the influenza vaccine.



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Study Arrival Date: 4/12/2019 8:05:51 AM
Report Approval Date: 4/12/2019 9:47:40 AM

PATIENT

Name: Randall G Dalton
MRN: UOA-225345
Gender: Male
Age: 59y
Birthday: **DOB** 959

RADIOLOGIST

Name: Jeffrey M. Newman, M.D.

STUDY

Date: 04/12/2019
Accession No.: 1230573741742
Institution Name: Orthopaedic Associates
Referring Physician: James Behr
Modality: MR
Description: MRI CERVICAL
Body Part(s):

MRI cervical spine without contrast April 12, 2019

Reference exam: None

Indication: Fell, pain in neck into upper trapezius area as well as numbness and tingling in hands

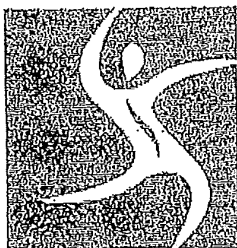
Findings: Routine MRI of the cervical spine was performed using sagittal and axial imaging. C2-C3 appears well maintained. C3-C4 shows spurring with moderate right but moderate to severe left neural foraminal narrowing with a central annular protrusion that appears to abut the anterior surface of the cord. C4-C5 shows spurring with mild bilateral neural foraminal narrowing but no canal stenosis. C5-C6 shows disc-osteophyte complex with some impingement on the anterior cord with severe bilateral neural foraminal narrowing. C6-C7 shows spurring with moderate to severe right and moderate left neural foraminal narrowing but no canal stenosis. C7-T1 shows no canal or foraminal stenosis.

Impression:

1. C3-C4 shows moderate right and moderate to severe left neural foraminal narrowing with protrusion abutting the cord.
2. C4-C5 shows mild bilateral neural foraminal narrowing.
3. C5-C6 shows severe bilateral neural foraminal narrowing.
4. C6-C7 shows moderate to severe right and moderate left neural foraminal narrowing.

Jeffrey M. Newman, MD

Page 1 of 2



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Accession No.: 1230573741742
Institution Name: Orthopaedic Associates
Referring Physician: James Behr
Modality: MR
Description: MRI CERVICAL
Body Part(s):

Electronically Signed by Jeffrey M. Newman, M.D. on 4/12/2019 9:47:40 AM.



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Study Arrival Date: 4/12/2019 8:33:30 AM
Report Approval Date: 4/12/2019 9:08:10 AM

PATIENT

Name: Randall G Dalton
MRN: UOA-225345
Gender: Male
Age: 59y
Birthday: **DOB**1959

RADIOLOGIST

Name: Jeffrey M. Newman, M.D.

STUDY

Date: 04/12/2019
Accession No.: 1230572741741
Institution Name: Orthopaedic Associates
Referring Physician: James Behr
Modality: MR
Description: MRI LUMBAR
Body Part(s):

MRI lumbar spine without contrast April 12, 2019

Reference exam: None

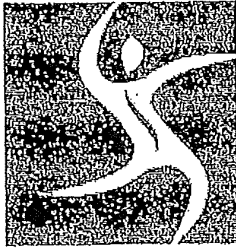
Indication: Fell landing on right side, pain

Findings: Routine MRI of the lumbar spine was performed using sagittal and axial imaging. The tip of the conus is at the lower T12 level and appears normal. T11-T12 shows loss of height and signal with posterior left paracentral extrusion but no canal or foraminal stenosis. T12-L1, L1-L2 show no canal or foraminal stenosis. L2-L3 shows facet hypertrophy and posterolateral thickening with moderate canal narrowing but no neural foraminal stenosis. L3-L4 shows facet hypertrophy and posterior bulge with mild canal narrowing but no neural foraminal stenosis. L4-L5 shows posterior annular tear with protrusion or extrusion, with mild canal narrowing somewhat eccentric to the right, but no neural foraminal stenosis. L5-S1 shows decreased disc height with disc-osteophyte complex and a right paracentral annular tear and extrusion of disc material impacting the right S1 root but no canal or foraminal stenosis.

Impression:

1. L3-L4 shows mild canal narrowing.
2. L4-L5 shows annular tear and extrusion or protrusion with mild canal narrowing.
3. L5-S1 shows right paracentral annular tear and extrusion of disc material with impact on the right S1 root.

Jeffrey M. Newman, MD



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STUDY

Date: 04/12/2019
Accession No.: 1230572741741
Institution Name: Orthopaedic Associates
Referring Physician: James Behr
Modality: MR
Description: MRI LUMBAR
Body Part(s):

Electronically Signed by Jeffrey M. Newman, M.D. on 4/12/2019 9:08:10 AM.

10/12/2020 - Office Visit in Reedy Family Medicine

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Fuson, James R, MD	Fuson, James R, MD

Department

Name	Address	Phone	Fax
Reedy Family Medicine	357 Woodruff Rd Greenville SC 29607	864-522-8350	864-522-8359

Follow-up and Dispositions

- Return in about 4 weeks (around 11/9/2020).

Level of Service

Level of Service
PR OFFICE OUTPATIENT VISIT 15 MINUTES

Reason for Visit

Chief Complaints

- Neck Pain (Pt here to f/u with neck pain. Pt reports pain is at 3/10.)
- Back Pain (Pt here to f/u with lumbar back pain. Pt reports pain is at 4/10.)

Visit Diagnoses

- Neck pain (primary) [M54.2]
- Chronic midline low back pain without sciatica [M54.5, G89.29]

Patient Summary as of Visit

Problem List as of 10/12/2020

Problems last reviewed by Long-Marsala, Erica, RMA on 10/12/2020 1440

Burn of multiple sites of upper extremity

Diagnosis: Burn of multiple sites of upper extremity
ICD-10-CM: T22.099A
Noted on: 02/12/2013
Chronic: No

Burns involving less than 10% of body surface

Diagnosis: Burns involving less than 10% of body surface
ICD-10-CM: T31.0
Noted on: 02/12/2013
Chronic: No

Cervical myelopathy (HCC)

Diagnosis: Cervical myelopathy (HCC)
ICD-10-CM: G95.9
Noted on: 05/09/2019
Chronic: No

Cervical stenosis of spinal canal

Diagnosis: Cervical stenosis of spinal canal
ICD-10-CM: M48.02
Noted on: 05/09/2019
Chronic: No

Contusion of thigh

Diagnosis: Contusion of thigh
ICD-10-CM: S70.10XA
Noted on: 03/08/2013
Chronic: No

DDD (degenerative disc disease), lumbar

10/12/2020 - Office Visit in Reedy Family Medicine (continued)

Patient Summary as of Visit (continued)

Diagnosis: DDD (degenerative disc disease), lumbar
ICD-10-CM: M51.36

Noted on: 06/25/2019

Chronic: No

Hyperlipidemia LDL goal <100

Diagnosis: Hyperlipidemia LDL goal <100
ICD-10-CM: E78.5

Noted on: 06/13/2016

Chronic: No

Injury, other and unspecified, finger

Diagnosis: Injury, other and unspecified, finger
ICD-10-CM: S69.90XA, S69.80XA

Noted on: 02/12/2013

Chronic: No

Left inguinal hernia

Diagnosis: Left inguinal hernia
ICD-10-CM: K40.90

Noted on: 10/10/2017

Chronic: No

Overview Note

Added automatically from request for surgery 284922

Neck pain

Diagnosis: Neck pain
ICD-10-CM: M54.2

Noted on: 06/25/2019

Chronic: No

S/P colonoscopy with polypectomy

Diagnosis: S/P colonoscopy with polypectomy
ICD-10-CM: Z98.890

Noted on: 05/05/2017

Chronic: No

Overview Note

Overview:

Done in 2016 and due in 2021

Victim, motorcycle rider in vehicular or traffic accident

Diagnosis: Victim, motorcycle rider in vehicular or traffic accident
ICD-10-CM: V29.9XXA

Noted on: 02/12/2013

Chronic: No

Allergies as of 10/12/2020

Allergies last reviewed by Long-Marsala, Erica, RMA on 10/12/2020 1440
No Known Allergies

Immunizations as of 10/12/2020

No documentation.

History as of 10/12/2020

Medical History as of 10/12/2020

Medical last reviewed by Long-Marsala, Erica, RMA on 10/12/2020

Past Medical History

Diagnosis	Date	Comments	Source

10/12/2020 - Office Visit in Reedy Family Medicine (continued)

Patient Summary as-of Visit (continued)

Anxiety [F41.9]	—	—	Provider
Arthritis [M19.90]	—	—	Provider
Back pain [M54.9]	sciatica	—	Provider
	bilateral	—	Provider
Calculus of kidney [N20.0]	—	—	Provider
Chronic pain disorder [G89.4]	—	hands and knees	Provider
Family history of colon cancer [Z80.0]	—	Father	Provider
Head congestion [R09.81]	—	onset 5-26-2016	Provider
HOH (hard of hearing) [H91.90]	—	—	Provider
Hyperlipidemia [E78.5]	—	—	Provider
Kidney stones [N20.0]	—	—	Provider
Patient Denies ANESTHESIA Complications [Z78.9]	—	—	Provider
Wears glasses [Z97.3]	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
Other ANESTHESIA Complications [Z78.9]	10/11/2017	—	Provider
Other BLEEDING Hx [Z78.9]	10/11/2017	—	Provider
Other CARDIAC Hx [Z78.9]	10/11/2017	—	Provider
Other CNS Hx [Z78.9]	10/11/2017	—	Provider
Other ENDO/OTHER Hx [Z78.9]	10/11/2017	—	Provider
Other GI Hx [Z78.9]	10/11/2017	—	Provider
Other HEPATIC Hx [Z78.9]	10/11/2017	—	Provider
Other OB-RELATED Hx [Z78.9]	10/11/2017	—	Provider
Other PULMONARY Hx [Z78.9]	10/11/2017	—	Provider

Surgical History as of 10/12/2020

Surgical last reviewed by Long-Marsala, Erica, RMA on 10/12/2020

Past Surgical History

Procedure	Laterality	Date	Comments	Source
INGUINAL HERNIA REPAIR [SUR1180]	—	2011	w/ mesh - Dr. McGill	Provider
COLONOSCOPY [SHX174]	—	10/28/201	Dr. McGill	Provider
		1		
KNEE ARTHROSCOPY [SUR90]	—	1990s	? site	Provider
CARPAL TUNNEL RELEASE [SHX101]	Bilateral	1997	—	Provider
CYST REMOVAL [SHX221]	—	1977	benign cyst excised from neck	Provider
LAPAROSCOPIC INGUINAL HERNIA REPAIR [SUR788]	—	10/20/201	recurrent left direct inguinal hernia (2cm) and initial right indirect inguinal hernia (1cm) repaired with laparoscopic TAPP approach using 12 x 15cm vitamesh	Provider

Activities of Daily Living History as of 10/12/2020

Activities of Daily Living last reviewed by Long-Marsala, Erica, RMA on 10/12/2020
None

Implants as of 10/12/2020

Implant	Inventory Item	Model/Cat number	PPVF1515	(Left) Groin
MESH Vita 15x15cm (Ppvf1515 106208) - Log284922 - Implanted	MESH VITA 15X15CM		PPVF1515	

PRISMA
HEALTH.

FM REEDY
357 Woodruff Rd
GREENVILLE SC 29607

Dalton, Randall Glen
MRN: 971313796, DOB: [REDACTED] 1959, Sex: M
Visit date: 10/12/2020

10/12/2020 - Office Visit in Reedy Family Medicine (continued)

Patient Summary as-of Visit (continued)

(PPVF1515 106208)
Manufacturer: ATRIUM MEDICAL CORP Lot number: C003374
As of 10/20/2017 (Log 284922)
Status: Implanted

Mesh Vita 15x15cm (PpVF1515 106208) - Log284922 - Implanted (Right) Groin
Inventory item: MESH VITA 15X15CM Model/Cat number: PPVF1515
(PPVF1515 106208)
Manufacturer: ATRIUM MEDICAL CORP Lot number: C003374
As of 10/20/2017 (Log 284922)
Status: Implanted

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within.
For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

pravastatin (PRAVACHOL) 40 MG tablet

Instructions: Take 40 mg by mouth nightly
Entered by: Long-Marsala, Erica, RMA Entered on: 8/31/2020

metaxalone (SKELAXIN) 800 mg tablet

Instructions: Take 1 tablet (800 mg) by mouth 3 (three) times a day
Authorized by: Smith, Phillip Joshua, MD Ordered on: 10/5/2020
Start date: 10/5/2020 Quantity: 90 tablet
Refill: 2 refills by 10/5/2021

diclofenac (VOLTAREN) 75 mg EC tablet

Instructions: Take 1 tablet (75 mg) by mouth every 12 (twelve) hours as needed (moderate pain)
Authorized by: Smith, Phillip Joshua, MD Ordered on: 10/5/2020
Start date: 10/5/2020 Quantity: 60 tablet
Refill: 3 refills by 10/5/2021

Stopped in Visit

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet

Discontinued by: Long-Marsala, Erica, RMA Discontinued on: 10/12/2020
Reason for discontinuation: Therapy completed

Progress Notes

Progress Notes

Fuson, James R, MD at 10/12/2020 2:30 PM

Author: Fuson, James R, MD Service: --- Author Type: Physician
Filed: 10/12/2020 2:55 PM Encounter Date: 10/12/2020 Status: Signed
Editor: Fuson, James R, MD (Physician)

Chief Complaint

Patient presents with

Generated by DRG16A at 3/17/21 10:36 AM

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10/12/2020 Office Visit in Reedy Family Medicine (continued)

Progress Notes (continued)

- Neck Pain
Pt here to f/u with neck pain. Pt reports pain is at 3/10.
- Back Pain
Pt here to f/u with lumbar back pain. Pt reports pain is at 4/10.

Randall Glen Dalton is a 60 y.o. male who reports with:
Pt pain is Much better. He is Having only mild pain and is ready to resume work. Thus he will return with caveat to do no lifting greater than 10 lbs. Will recheck in 1 month

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• diclofenac (VOLTAREN) 75 mg EC tablet	Take 1 tablet (75 mg) by mouth every 12 (twelve) hours as needed (moderate pain)	60 tablet	3
• metaxalone (SKELAXIN) 800 mg tablet	Take 1 tablet (800 mg) by mouth 3 (three) times a day	90 tablet	2
• pravastatin (PRAVACHOL) 40 MG tablet	Take 40 mg by mouth nightly		

No current facility-administered medications for this visit.

No Known Allergies

Past Medical History:

Diagnosis	Date
• Anxiety	
• Arthritis	
• Back pain	sciatica ---- bilateral
• Calculus of kidney	
• Chronic pain disorder <i>hands and knees</i>	
• Family history of colon cancer <i>Father</i>	
• Head congestion <i>onset 5-26-2016</i>	
• HOH (hard of hearing)	
• Hyperlipidemia	
• Kidney stones	
• Patient Denies ANESTHESIA Complications	
• Wears glasses	

Past Surgical History:

Procedure	Laterality	Date
• CARPAL TUNNEL RELEASE	Bilateral	1997
• COLONOSCOPY <i>Dr. McGill</i>		10/28/2011
• CYST REMOVAL <i>benign cyst excised from neck</i>		1977

10/12/2020 - Office Visit in Reedy Family Medicine (continued)

Progress Notes (continued)

- INGUINAL HERNIA REPAIR 2011
w/ mesh - Dr. McGill
- KNEE ARTHROSCOPY 1990s
? site
- LAPAROSCOPIC INGUINAL HERNIA REPAIR 10/20/2017
recurrent left direct inguinal hernia (2cm) and initial right indirect inguinal hernia (1cm) repaired with
laparoscopic TAPP approach using 12 x 15cm vitamesh

Family History

Problem	Relation	Age of Onset
• Breast cancer	Mother	
• Colon cancer	Father	
• Skin cancer	Father	
• Cancer tongue, skin	Father	
• Multiple sclerosis	Sister	
• Neuropathy	Sister	

Social History

Socioeconomic History

- Marital status: Divorced
- Spouse name: None
- Number of children: None
- Years of education: None
- Highest education level: None

Occupational History

- None

Social Needs

- Financial resource strain: None
- Food insecurity
- Worry: None
- Inability: None
- Transportation needs
- Medical: None
- Non-medical: None

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: Yes
- Frequency: Monthly or less
- Comment: 6 x year
- Drug use: No
- Sexual activity: Not Currently

Lifestyle

- Physical activity
- Days per week: None
- Minutes per session: None
- Stress: None

Relationships

- Social connections
- Talks on phone: None

10/12/2020 - Office Visit in Reedy Family Medicine (continued)

Progress Notes (continued)

- Gets together: None
- Attends religious service: None
- Active member of club or organization: None
- Attends meetings of clubs or organizations: None
- Relationship status: None
- Intimate partner violence
- Fear of current or ex partner: None
- Emotionally abused: None
- Physically abused: None
- Forced sexual activity: None

Other Topics Concern

- None

Social History Narrative

- None

ROS: Review of Systems - History obtained from the patient
General ROS: negative for - chills, fatigue, fever or malaise

Vitals:

10/12/20 1436
BP: 101/71
BP Location: Right arm
Patient Position: Sitting
Pulse: (I) 99
Resp: 16
SpO2: 98%
Weight: 80.7 kg (178 lb)
Height: 1.727 m (5' 8")

Physical Examination: General appearance - alert, well appearing, and in no distress
Mental status - alert, oriented to person, place, and time
Musculoskeletal - no joint tenderness, deformity or swelling

1. Neck pain

Pt has no lifting Greater than 10 lbs

2. Chronic midline low back pain without sciatica

Working also with pain management

James R Fuson, MD

Electronically signed by Fuson, James R, MD at 10/12/2020 2:55 PM

Generated by DRG16A at 3/17/21 10:36 AM

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10/12/2020 - Office Visit in Reedy Family Medicine (continued)

Progress Notes (continued)

10/12/2020 - Office Visit in Reedy Family Medicine
IP Code Doc Timeline

Patient Care Timeline

No data selected in time range

10/12/2020 - Office Visit in Reedy Family Medicine (continued)

Flowsheets

Custom Formula Data

Row Name 10/12/20 1436

Height and Weight

BMI (Calculated) 27.07
BSA (Calculated) 1.97 sq meters
- sq m)
Dubois BSA 1.94 sq meters
Formula
(Calculated - sq
m)
IBW/KG 68.4
(calculated)
Weight in (lb) to 164.1
have BMI = 25
Adjusted Body 73.34 kg
Weight (kg)
BMI (Calculated) 27.1

OTHER

Target weight 164 lbs
Unitless Weight 80.74
Unitless Height 1.73
Ideal Body 95.15
Weight (IBW)
(lbs)
Weight (lb) 178
(Bariatrics
Program)
Height (m2) 1.73
Weight Change -5.8
from Last
Bariatric
Encounter (lbs)
IBW/kg 68.4 kg
(Calculated) Male
IBW/kg 63.9 kg
(Calculated)
FEMALE
Age in Hours 532958.60

Adult IBW/Vt Calculations

Low Range Vt 410.4 mL/kg
6mL/kg
Adult Moderate 547.2 mL/kg
Range Vt 8mL/kg
Adult High Range 684 mL/kg
Vt 10mL/kg

Anthropometrics

10/12/2020 - Office Visit in Reedy Family Medicine (continued)

Flowsheets (continued)

BMI Overweight
Classification
Ideal Body Weight 69.6 kg
Ideal Body Weight 69.6

Encounter Vitals

Row Name	10/12/20 1436
Enc Vitals	
BP	101/71
Pulse	(1) 99
Resp	16
SpO2	98 %
Weight	80.7 kg (178 lb)
Height	1.727 m (5' 8")
Vital Signs	
BP Location	Right arm
Patient Position	Sitting

Psychosocial Review

Row Name	10/12/20 1438
Abuse / Neglect Screening	
Are you in a relationship with a person who threatens, physically hurts or neglects you?	No

Travel and Exposure Screening

Row Name	10/12/20 1424
Travel Screening	
Traveled outside the U.S. in the last month?	No
Exposure Screening	
Contact with someone with a communicable disease in the last month such as Measles, Influenza, etc.?	No

Vitals Reassessment

Row Name	10/12/20 1436
Vitals Timer	
Restart Vitals Timer	Yes

Documents

After Visit Summary - Document on 10/12/2020 2:55 PM: After Visit Summary

Document (below)

AFTER VISIT SUMMARY

Randall G. Dalton DOB 12/26/1959

10/12/2020 2:55 PM Reedy Family Medicine 357 Woodruff Rd

Instructions 1 page 8 items 100%



Today's medication changes

STOP taking:
HYDROcodone-acetaminophen 5-325 mg per tablet (NORCO)
Prescribed by: James R. Fuson, MD

CONTINUE taking your other medications
Review your updated medication list below.

Accurate as of October 12, 2020 2:55 PM.



Next scheduled visit (around 11/9/2020).

What's Next

16-26

Scheduled Patient with Phillip Jordan, MD
Monday November 16 4:00 PM
(Arrive by 3:45 PM)

Pain Medicine-Eastside
23 Brandon Way
GREENVILLE SC 29615
864-522-5630

Please bring any previous medical records, films and any current medications you may be taking. Please remember to bring your insurance information/card and another form of picture ID.

Plan on arriving at the designated time prior to your appointment so that we can make sure you are checked in and all is verified and ready to go in time for you to see your provider.

Or, if you use eCheck-In through MyChart, you can complete the registration and check-in process up to 7 days before your appointment. Then, when you arrive to our practice for your appointment, simply let us know at the front desk so we can confirm you are here!

Allergies

No Known Allergies

Today's Visit

You saw James R. Fuson, MD on Monday October 12, 2020 for:

- Neck Pain
- Back Pain

The following issues were addressed:

- Neck pain
- Chronic midline low back pain without sciatica

Blood Pressure 101/71
BMI 27.06

Weight 178 lb Height 5' 8"

Pulse 99 Respirations 16

Oxygen Saturation 98%

MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more:

Go to <https://mychart.ghs.org/MyChart/>, click "Sign Up Now", and enter your personal activation code: VSZSG-87X6H-W63R4. Activation code expires 11/25/2020.

10/12/2020 Office Visit in Reedy Family Medicine (continued)

Documents (continued)

Problem List as of 10/12/2020

Left inguinal hernia
Burn of multiple sites of upper extremity
Burns involving less than 10% of body surface
Contusion of thigh
Hyperlipidemia LDL goal <100
Injury, other and unspecified, finger
S/P colonoscopy with polypectomy
Victim, motorcycle rider in vehicular or traffic accident
Cervical myelopathy (HCC)
Cervical stenosis of spinal canal
DDD (degenerative disc disease), lumbar
Neck pain

Health Maintenance Overview

Performed

Colonoscopy: 06/07/2016

Due Next 3 Months

Overdue

Patient Notes

Use the space below to write down any notes about today's visit:

10/12/2020 - Office Visit in Reedy Family Medicine (continued)

Documents (continued)

Your Medication List

① Accurate as of October 12, 2020 2:55 PM.
If you have any questions, ask your nurse or doctor.

TAKE these medications

diclofenac 75 mg EC tablet
VOLTALEN

Take 1 tablet (75 mg) by mouth every 12 (twelve)
hours as needed (moderate pain)

metaxalone 800 mg tablet
SKELEXIN

Take 1 tablet (800 mg) by mouth 3 (three) times a day

pravastatin 40 MG tablet
PRAVACHOL

Take 40 mg by mouth nightly

STOP taking these medications



HYDROcodone-acetaminophen 5-325 mg per tablet
NORCO



Garber Physical Therapy

FUNCTIONAL CAPACITY EVALUATION

NAME: Randall Dalton

EMPLOYER: The Muffin Man

DATE OF INJURY: 06/25/2017

DATE OF EVALUATION: 12/16/2020

DATE OF REPORT: 12/16/2020

I.D. NO. SS#

REFERRED BY: ATTORNEY

PHYSICIAN: Dr. James Behr, M.D.

INSURANCE CARRIER: N/A

INSURANCE REP. N/A

INSURANCE I.D. NO. SS#

DATE OF BIRTH: DOB 1959

Diagnosis: Right Shoulder Pain, Neck Pain, Low Back Pain, and Right Hip Pain

VITAL SIGNS

HEIGHT 68" WEIGHT: 180 lbs.

HAND DOMINANCE: Right

RESTING HEART RATE: 69 bpm

RESTING BLOOD PRESSURE: 118/68 mm/Hg

Start time: 11:00 am Finish Time: 02:00 pm

PURPOSE OF ASSESSMENT: Determine Physical /Functional Capability. For "General Abilities"

CONCLUSION

The results of this evaluation indicate that Randall Dalton is capable of functioning at a Light Level of work based on his material handling performance. He will have limitations with limiting weight to shoulder height and above his head. He tolerated desk level reaching, standing, and walking on a constant basis. He tolerated sitting and stair climbing on a frequent basis. He tolerated stair climbing, ladder climbing, overhead and floor-level reaching, stooping (bending), balancing, kneeling, squatting(crouching), and crawling on an occasional basis. The client demonstrated both upper extremity object handling, fingering, simple and firm grasping, and fine/gross manipulation on a constant basis. He demonstrated consistency of performance on all consistency tests pertaining to gripping and pinching (see page 10). A summary list of his performance is found on page 3 of this report.

Functional Capacity Evaluation
Re: Randall Dalton

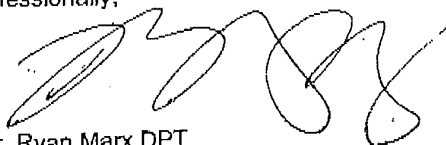
DOB: **DOB** 1959

Insurance I.D. **SS#**

PHYSICAL DEMAND LEVEL: Light (U.S. Department of Labor Standards)

Thank you for referring to Garber Physical Therapy.

Professionally,

A handwritten signature in black ink, appearing to read 'Dr. Marx', with a stylized, cursive script.

Dr. Ryan Marx DPT
Physical Therapist

Remainder of page intentionally left blank.

PHYSICAL ABILITIES ASSESSMENT (PAA)

(U.S. Department of Labor Standards)

	Occasional (0 - 33%)	Frequent (33% - 66%)	Constant (66% - 100%)	Job Position	Comments
Material Handling :					
Floor to Waist	20lbs	lbs.	N/A lbs.	NA	Unable-See Page 8
Lift - Waist to Shld	10lbs	lbs.	N/A lbs.	NA	See Page 8
Lift - 12-inch to waist	20lbs	lbs.	N/A lbs.	NA	See Page 8
Lift - Shoulder to Overhead	7lbs	lbs	N/A lbs	NA	See Page 8
Carry - Bimanual	20lbs	lbs.	N/A lbs.	NA	See Page 8
Push (static)	60lbs	lbs.	N/A lbs.	NA	See Page 8
Pull (static)	35lbs	lbs.	N/A lbs.	NA	See Page 8

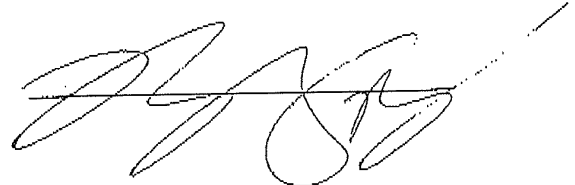
	Frequency	Job Position	Comments
Positional Tolerance:			
Sit (static)	Frequent		LB pain
Stand (dynamic)	Constant		LB/R. hip pain
Walk (level surfaces)	Constant		LB/R. hip pain
Climb Stairs	Frequent		Painful LB
Climb Ladders	Occasional		Painful LB
Reach Forward (desk level)	Constant		No apparent deficits
Reach Overhead	Occasional		R. shoulder pain
Reach Floor Level	Occasional		Limited by bending
Balance	Occasional		Age appropriate
Stoop (Bend)	Occasional		LB pain
Kneel (Full-tall)	Occasional		LB pain
Crouch (Squat)	Occasional		LB pain
Crawl	Occasional		R. shoulder pain

Manipulative Ability:		Frequency		
Object Handling	Right: Constant	Left: Constant		No Deficit
Fingering	Right: Constant	Left: Constant		No Deficit
Simple Hand Grasp	Right: Constant	Left: Constant		No Deficit
Firm Hand Grasp	Right: Constant	Left: Constant		No Deficit
Fine/Gross Manipulation	Right: Constant	Left: Constant		No Deficit

	Consistency Profile:	Consistent Test Performance
Maximal Voluntary Effort	Consistent	10 of 10 CV Scores < 15%; 2 of 2 Bell Shaped Curves
Pinch Strength Testing	Consistent	4 of 4 CV Scores < 15%
Dynamic Lift Test		Expected Linear Heart Rate Increase
Observed Movement Patterns	Good Effort	Movement patterns consistent with objective findings

Evaluator: **Ryan Marx DPT**

Date: 12/16/2020



Functional Capacity Evaluation

Re: Randall Dalton

DOB: **DOB** 1959

Insurance I.D. **SS#**

SUBJECTIVE HISTORY: Randall Dalton is a 60 year-old male with the current diagnosis of R. shoulder pain, neck pain, LB pain, and R. hip. The client reports that his injury occurred at work on 06/25/2017. He states that he slipped and fell down 4-5 steps. Imaging studies led to R. RTC repair on 02/14/2018.

Current medication includes: Pravastatin 40 mg, Metaxalone 800 mg, Diclofenac 75 mg, and Cyclobenzaprine.

The client reports the following relevant past medical history: High cholesterol. Surgical history including: knee surgery, shoulder surgery, and hernia surgery.

Previous testing and treatment: He had previously mentioned R. shld surgery. His treatment thus far has otherwise consisted of MD visits, medication, injections in neck, surgery, and physical therapy (LB and R. shoulder). The client reports that his treatments have resulted in minimal benefit.

Randall Dalton reports the following complaints: Today, he reported 3/10 pain in his R. shoulder, 4/10 pain in his neck, 5/10 in his LB, and 5/10 pain in his R. hip prior to testing (0 = no pain; 1,2,3 = low; 4,5,6 = moderate; 7,8,9 = severe 10 = emergency pain). The client reported that over the last 30 days, his pain in his R. shoulder ranged from 3/10 at best to 7/10 at worst, his neck pain ranged from 3/10 at best to 9/10 at worst, his LB pain ranged from 4/10 at best to 8/10 at worst, and his pain in his R. hip ranged from 4/10 at best to 8/10 at worst. The client states that prolonged sitting/standing/walking, and heavy pushing/pulling/lifting increase his pain. He reports that pain meds, rest, lying down, Biofreeze, and heat some relief. Perceived abilities include: sitting: 45 minutes, standing: 8 hours, walking: 8 hours, driving: 45 minutes, and lifting: 20 lbs.

The client is independent with activities of daily living (ADL's) including: dressing, bathing, grooming, hygiene, and eating.

Randall Dalton drove himself to the FCE appointment today 12/16/2020.

VOCATIONAL/JOB HISTORY: Randall Dalton is currently working "light duty" where he was injured. At the time of his injury, he was working as an "Maintenance" for The Muffin Man in Laurens, SC. He is referred for FCE to determine "general abilities".

Remainder of page intentionally left blank

PHYSICAL DEMAND CATEGORY (U.S. Department of Labor, Dictionary of Occupational Titles)

Sedentary	Exerting up to 10 lbs. of force occasionally (Occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force frequently (Frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, pull or otherwise move objects, including human body.
Light	Exerting up to 20 lbs. force occasionally, and/or up to 10 lbs. force frequently, and/or a negligible amount of force constantly (Constantly: activity or condition exists 2/3 or more of the time) to move objects. Physical demand requirements are in excess of those for Sedentary Work.
Medium	Exerting 20 lbs. to 50 lbs. of force occasionally, and/or 10 lbs. to 25 lbs. of force frequently, and/or greater than negligible up to 10 lbs. of force constantly to move objects. Physical Demand requirements are in excess of those for Light Work.
Heavy	Exerting 50 lbs. to 100 lbs. of force occasionally, and/or 25 lbs. to 50 lbs. of force frequently, and/or 10 lbs. to 20 lbs. of force constantly to move objects. Physical Demand requirements are in excess of those for Medium Work.
Very Heavy	Exerting in excess of 100 lbs. of force occasionally, and/or in excess of 50 lbs. of force frequently, and/or in excess of 20 lbs. of force constantly to move objects. Physical Demand requirements are in excess of those for Heavy Work.

Remainder of page intentionally left blank

Functional Capacity Evaluation

Re: Randall Dalton

DOB: **DOB** 1959

Insurance I.D. **SS#**

MUSCULOSKELETAL SCREENING SUMMARY

Gait: The client ambulated with a right antalgic gait pattern. He used no assistive devices. His gait was the same whether he was aware or unaware of being observed.

Range of Motion: Refer to Active Range of Motion / Strength Measurements Form

Strength: Refer to Active Range of Motion / Strength Measurements Form

Neurological: DTRS were 2+(normal) and intact throughout B. upper and lower extremities.

Posture: Lumbar lordosis is: normal. Shoulders are rounded: normal. Thoracic kyphosis is: normal. Dowager's hump is: normal. Cervical lordosis is: normal. Forward head position is: normal. Shoulder height is: level. Scoliosis is: none. PSIS height is: level. Lateral shift is: negative.

Other: Upper abd strength: Unable (Too painful in LB) Lower abd strength: 70% (Painful in LB)
Leg length: Equal
Waddell's: Negative
4 healed arthroscopic surgical incisions at R. shoulder.

Remainder of page intentionally left blank

Functional Capacity Evaluation

Re: Randall Dalton

DOB: **DOB** 1959

Insurance I.D. **SS#**

ENDURANCE / AEROBIC CAPACITY

3 Minute Step Test

Completed Test

Classification: "Excellent"

HR Increase: Yes

Respiration Increase: Yes

Comments: The client was able to complete a 3-minute step-test but not on beat. His HR at the time he stopped was 84 bpm and he had increased LB pain to 7/10. Starting HR was 69 bpm. Starting pain level was 5/10 LB and R. hip, 3/10 pain in R. shoulder, and 4/10 pain in neck.

Remainder of page intentionally left blank.

Functional Capacity Evaluation

Re: Randall Dalton

DOB: **DOB** 1959Insurance I.D. **SS#****MATERIAL HANDLING****Floor to Waist Dynamic Lift Test**

Floor to Waist Dynamic Lift Test							
Occasional Lift	Heart Rate	PR	RFT	Frequent Lift	Heart Rate	RPL	RFT
20 lbs.	104 bpm	7	Max Lift	lbs.	bpm		
Start Heart Rate	69 bpm	HR Increase: N/A		Start Heart Rate:	bpm	HR Increase:	
Comments:	The client used good body mechanics with minimal instruction. Client gave good effort which was consistent with increased HR, facial grimace, and increased secondary muscle recruitment. Client attempted to lift 25 lbs, but was unable to lift to waist height. His R. knee buckled during lift. Pain level increased to 7/10 in LB.						

Waist to Shoulder Dynamic Lift Test

Waist to Shoulder Dynamic Lift Test							
Occasional Lift	Heart Rate	PR	RFT	Frequent Lift	Heart Rate	RPL	RFT
10 lbs.	78 bpm	6	Max Lift	lbs.	bpm		
Start Heart Rate	69 bpm	HR Increase: Yes		Start Heart Rate:	bpm	HR Increase:	
Comments:	The client used good body mechanics with minimal instruction. Client gave good effort which was consistent with increased HR, facial grimace, and increased secondary muscle recruitment. Client attempted to lift 15 lbs, but was unable to lift to shoulder height. His shoulders were uneven during lift due to limited R. shoulder ROM. Pain level increased to 6/10 in LB.						

12 inch to Waist Dynamic Lift Test

12 inch to Waist Dynamic Lift Test							
Occasional Lift	Heart Rate	PR	RFT	Frequent Lift	Heart Rate	RPL	RFT
20 lbs.	100 bpm	7	Max Lift	lbs.	bpm		
Start Heart Rate	69 bpm	HR Increase: Yes		Start Heart Rate:	bpm	HR Increase:	
Comments:	The client used good body mechanics with minimal instruction. Client gave good effort which was consistent with increased HR, facial grimace, and increased secondary muscle recruitment. Client attempted to lift 25 lbs, but was unable to lift to waist height. His R. knee buckled during lift. Pain level increased to 7/10 in LB.						

Shoulder to Overhead Dynamic Lift Test

Shoulder to Overhead Dynamic Lift Test							
Occasional Lift	Heart Rate	PR	RFT	Frequent Lift	Heart Rate	PR	RFT
7 lbs.	78 bpm	6	Max Lift	lbs.	bpm		
Start Heart Rate	69 bpm	HR Increase: Yes		Start Heart Rate:	bpm	HR Increase:	
Comments:	The client used good body mechanics with minimal instruction. Client gave good effort which was consistent with increased HR, facial grimace, and increased secondary muscle recruitment. Client attempted to lift 8 lbs, but was unable to lift to above his head. His shoulders were uneven during lift due to limited R. shoulder ROM. Pain level increased to 6/10 in LB.						

Lift Capacity Performance: Good effort

Expected Linear Heart Rate Increase: Yes

Carry Testing

Carry Testing							
Occasional Carry	Heart Rate	PR	RFT	Frequent Carry	Heart Rate	PR	RFT
20 lbs. Bimanual	79 bpm	6	Max Lift	lbs.	bpm		
N/A lbs. Right	N/A bpm	N/A	N/A	N/A lbs.	N/A bpm	N/A	N/A
N/A lbs. Left	N/A bpm	N/A	N/A	N/A lbs.	N/A bpm	N/A	N/A
Start Heart Rate	69 bpm	HR Increase: Yes		Start Heart Rate:	bpm	HR Increase:	
Comments:	14' distance. The client used good body mechanics with minimal instruction. Client gave good effort which was consistent with increased HR, facial grimace, and increased secondary muscle recruitment. Client attempted to lift 25 lbs, but was unable to carry full distance. Pain level increased to 6/10 in LB.						

Push / Pull Testing

Push / Pull Testing					
Occasional Push	Occasional Pull	Frequent Push/Pull	Heart Rate	PR	RFT
60 lbs.	35 lbs.	N/A lbs.	bpm	6	Subject Request
Peak Heart Rate: 76 bpm	Peak Heart Rate: 80 bpm	Start Heart Rate:	69 bpm	HR Increase: Yes	
Comments:	Done statically using a digital force gauge. The client used good body mechanics with minimal instruction. The client gave observable effort with this lift, and some accessory muscle recruitment was seen.				

*PR – Pain Rating *RFT – Reason for Termination

Starting HR at the beginning of the material handling portion of this FCE was 69 bpm. Starting pain level was 5/10 LB and R. hip, 3/10 pain in R. shoulder, and 4/10 pain in neck.

Functional Capacity Evaluation

Re: Randall Dalton

DOB: **DOB** 1959

Insurance I.D. **SS#**

POST TEST VITAL SIGNS: Heart Rate: 72 bpm

POST TEST PAIN LEVEL: 5/10 LB, R. shoulder, and R. hip pain. 3/10 pain in neck.

****The client was pleasant and cooperative during this FCE.**

FLEXIBILITY

Gross flexibility of the joints are as follows:

UPPER EXTREMITY ROM Results:

Shoulder (Right) internal rotation: 6 inch(es)

Shoulder (Right) external rotation: 0 inch(es)

Shoulder (Left) internal rotation: 2 inch(es)

Shoulder (Left) external rotation: 0 inch(es)

LOWER EXTREMITY Results:

Hamstrings: Decreased: 4 inches from fingertips to toes.

Hip internal rotation right: Normal

Hip internal rotation left: Normal

Hip external rotation right: Normal

Hip external rotation left: Normal

PALPATION

Palpation of the spine, back soft tissue, calves, and gluteus muscles:

Interspinous Rotation: Normal Kissing: Normal Step-off: Normal

Upper Thoracic Stiffness: Normal

Mid Thoracic Stiffness: Normal

Lower Thoracic: Normal

Lumbar Stiffness: Moderate stiffness

Thoracic Soft Tissue: Normal

Lumbar Soft Tissue: Normal

R. Multifidus Decreased Tone: Normal

L. Multifidus Decreased Tone: Normal

Functional Capacity Evaluation

Re: Randall Dalton

DOB: **DOB** 1959Insurance I.D. **SS#**

R. Gluteus Medius Decreased Tone: Normal

L. Gluteus Medius Decreased Tone: Normal

R. Calf Decreased Tone: Normal

L. Calf Decreased Tone: Normal

PERFORMANCE CONSISTENCY**Maximal Voluntary Effort**

Grip Test	Grip Position														
Right Hand	25	25	25	60	60	60	50	50	50	40	40	40	35	35	35
Average	25.0			60.0			50.0			40.0			35.0		
Coefficient of Variation*	0.0			0.0			0.0			0.0			0.0		
Left Hand	40	40	40	80	80	80	75	75	75	65	65	65	60	60	60
Average	40.0			80.0			75.0			65.0			60.0		
Coefficient of Variation*	0.0			0.0			0.0			0.0			0.0		
10 of 10 Coefficient of Variation < 15% Consistent							2 of 2 Bell Shaped Curve Distributions								

HR(s): 69-69 bpm Comments: The client gave good effort. Gripping did not affect the client's pain level.

Pinch Strength Testing

Pinch Test	Tip Pinch			Palmar Pinch			Key Pinch		
Right Hand	9	9	9	NT	NT	NT	13	13	13
Average	9.0			0.00			13.0		
Coefficient of Variation*	0.0			NA			0.0		
Left Hand	13	13	13	NT	NT	NT	20	20	20
Average	13.0			0.00			20.0		
Coefficient of Variation*	0.0			NA			0.0		
4 of 4 Coefficient of Variation < 15% Consistent									

HR(s): 69-69 bpm Comments: The client gave good effort. No apparent effect on the client's pain levels.

Functional Capacity Evaluation

Re: Randall Dalton

DOB: **DOB** 1959

Insurance I.D. **SS#**

ACTIVE RANGE OF MOTION / STRENGTH

☐ N/A

SPINE		NORM	AROM (Degrees)
Cervical	Flexion	50°	40**Neck pain
	Extension	60°	30**Neck pain
	Right Lateral Flexion	45°	30**Neck pain
	Left Lateral Flexion	45°	25
	Right Rotation	80°	50
	Left Rotation	80°	55**Neck pain
Thoracic	Flexion	60°	WNL
	Right Rotation	30°	WNL**LB pain
	Left Rotation	30°	WNL**LB pain
Lumbar	Flexion	60°	70**LB pain
	Extension	25°	20**LB pain
	Right Lateral Flexion	25°	20**LB pain
	Left Lateral Flexion	25°	15
	Right SLR	80°	80**LB pain
	Left SLR	80°	80

☐ N/A

UPPER EXTREMITY		NORM	Right AROM	Left AROM	Right Strength	Left Strength
Shoulder	Flexion	180°	125	145	4+/5	5/5
	Extension	50°	35	35	5/5	5/5
	Abduction	180°	130(pain)	150	4+/5	5/5
	Adduction	40°	WNL	WNL	5/5	5/5
	Internal Rotation	90°	See Flexibility	See Flexibility	4+/5	5/5
	External Rotation	90°	See Flexibility	See Flexibility	4/5	5/5
Elbow	Flexion	140°	WNL	WNL	4/5	5/5
	Extension	0°	WNL	WNL	4/5	5/5
	Supination	80°	WNL	WNL	5/5	5/5
	Pronation	80°	WNL	WNL	5/5	5/5

Functional Capacity Evaluation

Re: Randall Dalton

DOB: **DOB** 1959

Insurance I.D. **SS#**

Wrist	Flexion	80° *	WNL	WNL	5/5	5/5
	Extension	70° *	WNL	WNL	5/5	5/5
	Radial Deviation	20°	WNL	WNL	5/5	5/5
	Ulnar Deviation	30°	WNL	WNL	5/5	5/5

☐ N/A

LOWER EXTREMITY		NORM	Right AROM	Left AROM	Right Strength	Left Strength
Hip	Flexion	120° **	WNL	WNL	5/5	5/5
	Extension	30° **	WNL	WNL	5/5	5/5
	Abduction	45° **	WNL	WNL	5/5	5/5
	Adduction	30° **	WNL	WNL	5/5	5/5
	Internal Rotation	45° **	See Flexibility	See Flexibility	5/5	5/5
	External Rotation	45° **	See Flexibility	See Flexibility	5/5	5/5
Knee	Flexion	135° **	WNL	WNL	4/5	5/5
	Extension	0° **	WNL	WNL	5/5	5/5
Ankle	Plantar Flexion	50° **	WNL	WNL	5/5	5/5
	Dorsiflexion	20° **	WNL	WNL	5/5	5/5
	Inversion	35° **	WNL	WNL	5/5	5/5
	Eversion	15° **	WNL	WNL	5/5	5/5

Normative Data - AMA Guides to the Evaluation of Permanent Impairment, 5th Edition

* Normative Data - Rehabilitation of the Hand: Surgery and Therapy, 4th Edition

** Normative Data - American Academy of Orthopedic Surgeons

Comments: WNL= Within normal limits.
No Cogwheel during MMT.
PROM: Flexion: R: 125 L: 150 Abduction: R: 140 L: 170 ER(90/90): R: 50 L: 90 IR(90/90): R: 15 L: 50

Comments:

During the positional tolerance testing (After he got done performing repeated squats), he was having some L. chest pain. Clinician had client sit down and rest. Clinician took his HR: 74 bpm and BP: 135/68 mmHg. Client states that he does get indigestion at times. Pain subsided after resting 5 minutes. Client did not experience any chest pain throughout remainder of test. Clinician continued to monitor and told client to let his physician know of this episode.

P.O. Box 995
1550 Gadsden Street
Columbia, SC 29202
dew.sc.gov



Henry McMaster
Governor

G. Daniel Ellzey
Executive Director

December 20, 2019

Ms. Sylvia Rebecca
McAngus Goudelock & Courie
P.O. Box 650007
Mt. Pleasant, SC 29465

Re: Randall Dalton vs. The Muffin Mam, Inc. and Amerisure Mutual Insurance Company,
Inc.
WCC File No.: 1713760

Dear Ms. Rebecca:

This is in response to your subpoena received on December 12, 2019, which included check number 34678 in the amount of \$25.00 and a request for records pertaining to the above referenced individual.

Enclosed is a certified copy of the records to which you are entitled. Please be advised that there are no UI records pertaining to this individual. *The production of documents is limited to what may be disclosed specifically to you and/or your client, pursuant to 20 C.F.R. Part 603 and state law, and not otherwise protected by federal or state law. See S.C. Code Ann § 41-29-160.* Examples of exceptions to these confidentiality laws and regulations include where parties have given informed consent to disclosure or disclosure may be made directly to an individual claimant or employer. *See 20 C.F.R. § 603.5; S.C. Code Ann § 41-29-170.*

Please be advised that the documents produced to you may contain information that is protected under state and federal law including but not limited to 20 C.F.R. Part 603, from unauthorized access or redisclosure.

Please do not hesitate to contact us if you need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Shannon Brosey", is written over a horizontal line.

Shannon Brosey
SC Department of Employment and Workforce
803.737.2662
sbrosey@dew.sc.gov

Enclosures

Employer Name	SSN	Last Name	First Name	MI	Year-Quarter	Total Wages
The Muffin Mam Inc	xxx-xx-7	Dalton	Randall	G	2019-Q3	\$17,761.90
The Muffin Mam Inc	xxx-xx-7	Dalton	Randall	G	2019-Q2	\$14,845.61
The Muffin Mam Inc	xxx-xx-7	Dalton	Randall	G	2019-Q1	\$15,185.44
The Muffin Mam Inc	xxx-xx-7	Dalton	Randall	G	2018-Q4	\$14,146.89
The Muffin Mam Inc	xxx-xx-7	Dalton	Randall	G	2018-Q3	\$9,332.77
THE MUFFIN MAM INC	xxx-xx-7	Dalton	Randall	G	2018-Q3	\$2,762.00
THE MUFFIN MAM INC	xxx-xx-7	Dalton	Randall	G	2018-Q2	\$12,993.64
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2018-Q1	\$10,259.01
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2017-Q4	\$8,455.64
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2017-Q3	\$13,332.65
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2017-Q2	\$13,249.52
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2017-Q1	\$11,580.97
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2016-Q4	\$14,750.56
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2016-Q3	\$12,427.67
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2016-Q2	\$13,558.25
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2016-Q1	\$16,907.93
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2015-Q4	\$13,675.01
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2015-Q3	\$15,490.85
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2015-Q2	\$16,897.25
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2015-Q1	\$19,435.01
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2014-Q4	\$18,027.41
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2014-Q3	\$18,252.24
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2014-Q2	\$17,997.34
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2014-Q1	\$18,764.64
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2013-Q4	\$20,627.84
THE MUFFIN MAM INC	xxx-xx-7	DALTON	RANDALL	G	2013-Q3	\$14,646.54

SS#

THE MUFFIN MAM INC	xxx-xx-	SS#	DALTON	RANDALL	G	2013-Q2	\$17,376.21
THE MUFFIN MAM INC	xxx-xx-		DALTON	RANDALL	G	2013-Q1	\$16,834.08
THE MUFFIN MAM INC	xxx-xx-		DALTON	RANDALL	G	2012-Q4	\$17,341.50
THE MUFFIN MAM INC	xxx-xx-		DALTON	RANDALL	G	2012-Q3	\$14,201.05
THE MUFFIN MAM INC	xxx-xx-		DALTON	RANDALL	G	2012-Q2	\$14,372.75
THE MUFFIN MAM INC	xxx-xx-		DALTON	RANDALL	G	2012-Q1	\$12,484.63
THE MUFFIN MAM INC	xxx-xx-		DALTON	RANDALL	G	2011-Q4	\$13,199.45
THE MUFFIN MAM INC	xxx-xx-		DALTON	RANDALL	G	2011-Q3	\$12,287.11
THE MUFFIN MAM INC	xxx-xx-		DALTON	RANDALL	G	2011-Q2	\$13,605.13
THE MUFFIN MAM INC	xxx-xx-		DALTON	RANDALL	G	2011-Q1	\$15,068.72



**SOUTH CAROLINA DEPARTMENT
OF EMPLOYMENT AND WORKFORCE**
Post Office Box 995
Columbia, South Carolina 29202

To the best of my knowledge & belief, I certify that the attached is a true copy of the responsive records pertaining to Randall Dalton.

A handwritten signature in black ink, reading "Shannon Brosey", is written over a horizontal line.

Shannon Brosey, Paralegal
SC Department of Employment & Workforce

Columbia, South Carolina
December 20, 2019



HAWKLAW[®]

March 29, 2021

VIA E-CASE

Commissioner Avery B. Wilkerson, Jr.
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Re: Randall Dalton v. The Muffin Man
WCC File No.: 1713760

Dear Commissioner Wilkerson:

Enclosed please find my Form 58, Notice of APA Submissions and a Certificate of Service for the same regarding the above referenced matter.

If you have any questions, please do not hesitate to call on me.

Thanking you in advance, I remain

Sincerely,

Logan Rollins
Attorney

LR/hs

Enclosures

cc: Allison C. Nussbaum, Esq. (via email)

Mailing Address:
P.O. Box 5048
Spartanburg, SC 29304

(888) HAWKLAW
Fax: (864) 574-8810
www.Hawk.Law

HawkLaw has offices located in Spartanburg, Greenville, Columbia, and Charleston



Claimant's Name: Randall Dalton Employer's Name: The Muffin Mam
Address: 433 Phillips Lane Address: PO Box 6282
City: Greer State: SC Zip: 29650 City: Greenville State: SC Zip: 29606
Home Phone: 864-477-9914 Work Phone: _____ Carrier: Amerisure Insurance Company
Preparer's Name: Logan Rollins Preparer's Phone #: (864) 574-8801

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

- ☒ Injury ☐ Illness ☐ Repetitive Trauma
1. Compensation Rate: \$704.82 2. AWW: \$1,057.18 Date of Injury: 06/26/2017
 3. Type of injury and body part(s): Neck, right shoulder, cervical and lumbar spine, right lower extremity, left lower extremity, and right hip
 4. Facts in controversy: Entitlement to additional medical treatment/pain management for neck, or in the alternative, extent of permanent disability; whether claimant is entitled to permanent and total disability under § 42-9-10, wage loss under § 42-9-20; payment for medical treatment, past and future, including Dodge Medicals.
 5. Legal issues involved: S.C. Code Ann § 42-1-160 (Case compensable) (Injury & personal inj. defined); § 42-15-60 (Entitled to medical Care); § 42-15-60 (Entitled for payment for medical care) § 42-9-200 and § 42-9-260 (Entitlement to TTD). Does South Carolina law recognize "sheltered work" or "make work" doctrine, i.e., can an employee be nominally employed but still totally disabled under § 42-9-10 (Entitled to permanent and total disability); If SC does recognize sheltered work doctrine, is Claimant's work sheltered work? § 42-9-20 (Entitled to wage loss); Dodge Medicals.
 6. Unusual aspects: Lump sum and Utica Mohawk language.
 7. Witnesses (designate if expert):* Claimant; Claimant reserves the right to call any witnesses named by Defendants
 8. Exhibits: Deposition transcript of Dr. Phillip J. Smith; Documents in Claimant's APA submissions; Possibly documents in Defendants APA submissions; Records of Employer; Claimant reserves the right to supplement their exhibits as additional information becomes available.
 9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See Notice of Witnesses and Written Reports (APA Submissions). Claimant reserves the right to supplement their medical records as additional information becomes available.
 10. Name, address, and specialty, if any, of the treating physician: Carolina Ortho and Neurosurgical Associates/ Dr. Hoenig and Dr. Behr-
1330 Boiling Springs Road, Spartanburg SC)
 11. Impairment rating(s); body part(s); physician and date of opinion: 8% right shoulder; Dr. Hoenig; 6/18/2018; 4% cervical and 8% lumbar spine; Dr. James Behr; 11/7/2018
I am amending my Form 50/51 in the following manner: _____

- ☒ Mediation
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☒ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.
- Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Allison Nussbaum of McAngus, Goudelock & Courie LLC via email to Allison.nussbaum@mgclaw.com on 03/29/2021 by ☐ first class postage ☐ certified mail ☐ personal service ☒ electronic service.

Signature: [Signature] Email: logan.rollins@hawklawfirm.com
Date of hearing: 04/13/2021 Time needed for hearing: 45 minutes

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

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1713760

Randall Dalton,)
)
Employee/Claimant,)
)
vs.)
)
The Muffin Mam,)
)
Employer,)
)
and)
)
Amerisure Insurance Company,)
)
Defendants.)
_____)

**NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS TO BE
INTRODUCED AS DIRECT EVIDENCE
ON BEHALF OF
EMPLOYEE/CLAIMANT**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
Allison C. Nussbaum, Esq.:

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

TAB	NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE #
5	J. Adger Brown, Jr. Rehabilitation Consulting	04/13/20	177-184
6	Reedy Family Medicine Dr. James R. Fuson	01/25/19-08/05/20	185-251
7	Pain Medicine- Eastside Dr. Phillip Joshua Smith	10/05/20	252-260
8	Innervision Medical Imaging	11/27/17	261-262
9	MD360	06/26/17	263-266
10	Center for Health and Occupational Services	07/05/17-09/18/17	267-282
11	Emergency MD	08/03/17	283-285

TAB	NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE #
12	Carolina Ortho & Neurosurgical Associates	12/05/17-01/31/18	286-287
TAB	EXHIBIT	DATE	PAGE #
A	Deposition transcript of Dr. Phillip J. Smith	03/23/21	To be submitted at hearing

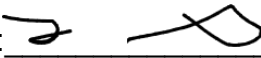
YOU ARE HEREBY FURTHER NOTIFIED that you have the right of cross-examination; and should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted for the purpose of cross-examination.

YOU ARE FURTHER NOTIFIED that the original of the documents referred to herein, or photocopies received from said physicians/others, will be delivered to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Employee/Claimant, at the hearing in this matter.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employee/Claimant.

Randall Dalton, and a representative of the employer.

HAWKLAW, PA

BY: 
 Logan Rollins
 P.O. Box 5048
 Spartanburg, SC 29304
 (864) 574-8801
 (864) 208-0509 (Facsimile)
logan.rollins@hawklawfirm.com

March 29, 2021

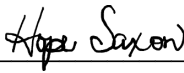
BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1713760

Randall Dalton,)
)
Employee/Claimant,)
)
vs.)
)
The Muffin Mam,)
)
Employer,)
)
and)
)
Amerisure Insurance Company,)
)
Defendants.)
_____)

CERTIFICATE OF SERVICE

The undersigned certifies that she served a copy of the **Form 58 and Notice of Witnesses and Written Medical Reports To Be Introduced As Direct Evidence on Behalf of Employee/Claimant** upon the attorney for the employer/defendants by electronic service on the date listed below, addressed to:

Allison C. Nussbaum, Esq.
McAngus Goudelock & Courier LLC
allison.nussbaum@mgclaw.com



Hope Saxon
Paralegal
HawkLaw, PA
P.O. Box 5048
Spartanburg, SC 29304
(864) 574-8801
(864) 208-0509 (Facsimile)
hope.saxon@hawklawfirm.com

March 29, 2021

APA # 5

J. Adger Brown, Jr.

J. Adger Brown, Jr., MA, CDMS
Rehabilitation Consulting

Tel: (803) 960-1816

4705 Crystal Drive
Columbia, SC 29206

April 19, 2020

TRANSMITTED VIA E-MAIL

RE: Claimant	:Randall Dalton
Employer	:Muffin Man
DOA	:6/25/17
SSN	:SS#
Date of Interview	:4/13/20
Our File No.	:20-0412

VOCATIONAL EVALUATION REPORT

INTRODUCTION:

Randall Dalton is a 60-year-old man who is referred to me by his attorney following a work-related accident in June, 2017. Mr. Dalton, who was employed as a Maintenance Mechanic, sustained an injury when he fell down a flight of stairs in the course of his employment. In so doing, he sustained injuries to his neck, lower back, right shoulder, and right hip. He also sustained a groin injury. In time, Mr. Dalton developed the onset of radicular pain into both lower extremities, the right greater than the left.

This evaluation is being requested to discuss the impact of Mr. Dalton's injury, treatment, and current limitations on his ability to engage in substantial work. Specifically, Mr. Dalton is currently working as a maintenance mechanic supervisor with Muffin Man; and the question has been posed as to Mr. Dalton's future should he, for some reason, be unable to continue in his present employment. The report that follows is based not only on my clinical interview with Mr. Dalton, but on a review of medical records, including those of Dr. Justine Catherine Liptak, MD, therapy records from Palmetto Physical Therapy, notes of Dr. Otis Cosby, MD, Dr. Chi Lim, MD, Dr. Michael Hoenig, MD, Dr. James Behr, MD, records from the physical therapy department at Carolina Orthopaedics and Neurosurgical Associates, Dr. Michael N. Bucci, MD, and a functional capacity evaluation completed November 15, 2018.

MEDICAL HISTORY:

Mr. Dalton advises me that at the time of his accident, he was aware of problems with high cholesterol but was not under specific treatment. He states that since the accident, his problems with

cholesterol have increased, but he has not been diagnosed with any other unrelated medical problems, nor has he been in any subsequent accidents.

Mr. Dalton advises me that around 1997 while working for GE, he was diagnosed with bilateral carpal tunnel syndrome and underwent bilateral CT surgery. He states he was out of work for several weeks and did not return to GE, as they had closed that plant in the interim. In the remote past, also while working for GE, Mr. Dalton was involved in a non-work-related motor vehicle accident, was out of work for about one week due to some low back problems, received chiropractic care, and recovered without any residual complications. Sometime during the 90's, Mr. Dalton states he had a baseball injury to his right knee that resulted in surgery, and also in the 90's fractured his right wrist. In both cases he states he healed up without any residual problems. Surgically, Mr. Dalton's history is indicative of the aforementioned surgical procedures and the removal of a neck cyst of some type when he was about 15 or 16 years old.

The records available for my review show that on the day after Mr. Dalton's accident, he was seen by Dr. Justine Liptak who described the circumstances of the accident and diagnosed neck pain, acute pain of the right shoulder, right-sided low back pain without sciatica, right hip pain, and groin pain. It was noted that Mr. Dalton was unable to return to work until further evaluation.

On July 6, 2017, Mr. Dalton was seen by Dr. Otis Cosby in a follow-up visit for his work-related accident. He was again kept out of work, with the expectation of returning to work on sedentary activities, with Dr. Cosby prohibiting excessive twisting or bending at the waist. He was put on a variety of medications at that time. By July 13, 2017, it did not appear that Mr. Dalton was improving, and a request was made for physical therapy. Records indicate that Mr. Dalton was in a course of physical therapy at Palmetto Physical Therapy from at least July 28, 2017-August 23, 2017. During this time, Mr. Dalton continued to follow with Dr. Cosby whose records document numbness in the right hand and tingling in the left, with difficulty turning his head from side to side. Sedentary restrictions were continued.

By the end of July, Mr. Dalton was stating that he was "just miserable" and couldn't take medication while at work, with Dr. Cosby recommending an MRI which later revealed a reversal of cervical lordosis and multi-level degenerative disc disease, but without traumatic pathology. At this point, recommendations were made for a consultation with a qualified orthopaedic spine specialist. In a note of September 18, 2017, Dr. Cosby noted continuing pain in the bilateral groin, lower back, and bilateral hands, but more on the right and in the right shoulder. Sedentary duties with frequent breaks were still being recommended, along with a recommendation that he get to see an orthopaedist.

Mr. Dalton advises me he recalls that sometime in September, 2017, he was referred to a Dr. Warren for his groin pain, was diagnosed with a hernia, and underwent surgery sometime in December, 2017. Dr. Warren's notes are not available for my review. Orthopaedically, however, it look likes

Mr. Dalton was referred to Dr. Chi Lim on November 16, 2017, who referenced the aforementioned hernia surgery, along with complaints of right shoulder pain and his having been in physical therapy for eight weeks which provided initial relief. Dr. Lim diagnosed radiculopathy of the cervical and lumbar region, with pain in the right shoulder. EMG studies were recommended, along with referring him to Dr. Hoenig for evaluation and treatment of the right shoulder. Dr. Lim gave light duty restrictions, lifting 20 pounds maximum, with frequent lifting and carrying of up to 10 pounds.

On November 20, 2017, Mr. Dalton began seeing Dr. Michael Hoenig for the right shoulder. Dr. Hoenig diagnosed right shoulder pain complicated by cervical pain, put him on a Medrol Dosepak, and ordered a right shoulder MRI. Very limited sedentary restrictions were given, with a prohibition against any overhead lifting. By January 8, 2018 Radiographs of the right shoulder showed a Type 2 Acromion, with the MRI of the cervical spine showing degenerative changes, and the MRI of the right shoulder showing a large full-thickness tear of the supraspinatus tendon, along with subacromial bursitis and AC arthropathy. Recommendations were made for surgery, with Dr. Hoenig prohibiting any use of the right upper extremity.

By January 11, 2018, Mr. Dalton had received a bilateral injection from Dr. Behr which gave better than 70% relief of the left side pain and 10% of the right. Dr. Lim noted, however, that Mr. Dalton was still continuing to have pain down the anterior portion of both thighs and noted pain complaints of 7/10, recommending additional bilateral L5-S1 injections and continuing his light duty status.

On February 8, 2018, Mr. Dalton returned to Dr. Lim following his injection, but again noting a pain level of 7/10. Dr. Lim likewise reviewed the MRI which showed a right paracentral disc herniation at L5-S1 and a small herniation at L4-5. The MRI of the right hip revealed a mild right gluteus minimus tendinosis. He also noted carpal tunnel on the right side. It was decided that Mr. Dalton was not a surgical candidate at the time but should be referred for pain management and a functional capacity evaluation, with Dr. Lim still giving light duty restrictions. It is at this point that the records I have from Dr. Lim come to an end.

On February 14, 2018, Dr. Hoenig performed a right shoulder arthroscopy with extensive debridement and a biceps tenotomy, along with a subacromial decompression, a distal clavicle resection of 8 mm, and a rotator cuff repair. On February 26, 2018, a pain level of 7/10 was noted, with additional physical therapy being recommended, along with Mr. Dalton being prohibited from any use of the right arm.

By the time Mr. Dalton was six weeks out from his shoulder surgery, he was still having a good deal of pain but making progress. By this time he was back at physical therapy which is understood to have lasted from February 28, 2018-June 13, 2018, and was back working light duty, presumably without any use of his right arm.

A note of April 13, 2018 showed Mr. Dalton to be two months out from his surgery and still having

Randall Dalton
April 19, 2020
Page 4

a little bit of increased pain, with his being given a Medrol Dosepak and Norco and still being prohibited from using his upper right extremity. A month later, he was doing "OK," battling the neck and back pain, but with a pain level of 5/10, with therapy working on motion and light strengthening. Plans were made for continued physical therapy, with Dr. Hoenig now authorizing the ability to lift one pound from waist to shoulder. The following month on June 26, 2018, Dr. Hoenig completed a Form 14B giving permanent restrictions of lifting no more than 10 pounds overhead and described an 8% impairment to the right shoulder.

On September 5, 2018, Mr. Dalton saw Dr. Behr who noted that continued physical therapy was helping. Dr. Behr recommended continued physical therapy and wanted to give consideration to further injections, although noting that the previous injections had failed to provide relief. Dr. Behr noted that Dr. Hoenig had put Mr. Dalton at MMI, that he was status post right inguinal hernia repair, and now with low back pain, right gluteal, related to some L5-S1 degenerative disc disease, and right L5-S1 radiculitis which had not responded to the epidurals.

On November 7, 2018, Dr. Behr noted continued complaints of right shoulder, low back, and bilateral lower extremity pain, with pain levels of 4-5/10. Dr. Behr put Mr. Dalton at MMI, stated that therapy could be discontinued, that he had failed lumbar injections in the past, was not considered to be a surgical candidate by Dr. Lim, and that by this time Mr. Dalton had undergone a functional capacity evaluation to determine work restrictions. A Form 14B dated November 20, 2018 gave a 4% impairment to the cervical spine and prohibited any lifting of more than 30 pounds.

The FCE to which Dr. Behr referred was performed by Restoration Physiotherapy on November 15, 2018. Due to inconsistent performance, the FCE was judged invalid.

Mr. Dalton returned to Dr. Hoenig on December 17 following the FCE which had resulted in an increase of pain in the right shoulder. Dr. Hoenig acknowledged the completion of the FCE but also stated that this man had permanent restrictions for the right shoulder against any lifting overhead of more than 10 pounds. Dr. Hoenig stated that he had aggravated his shoulder (presumably during the FCE) which led to stiffness for which an injection was provided, with Dr. Hoenig maintaining restrictions of lifting no more than 10 pounds overhead.

On January 14, 2019, Dr. Hoenig observed that Mr. Dalton was working light duty, put him at maximum medical improvement, and maintained the shoulder-to-overhead limitation of 10 pounds.

On June 25, 2019, Mr. Dalton was seen by Dr. Michael Bucci for an independent evaluation of the neck and back. Dr. Bucci diagnosed neck pain, degenerative disc disease of the lumbar spine, stated that Mr. Dalton was a non-surgical candidate, and recommended a referral for pain management.

Randall Dalton is a right-hand dominant individual who is 5'-8" tall and now weighs 175-180 pounds, weighing approximately the same as he did at the time of his accident. He states he is no

longer under medical care, having been discharged by Dr. Hoenig in January, 2019. He states he does follow up with a family physician on an as-needed basis. Presently, he is taking Flexeril 1-2/week, stating that while he is in considerable discomfort at work, he does not take the Flexeril during working hours as it produces grogginess. He also has cholesterol medication he takes at night. In addition to the prescription medications, Mr. Dalton also takes Aleve every other day and has a TENS unit that he uses for about 30 minutes on his neck and 30 minutes on his lower back every other day, depending on his level of activity. Mr. Dalton also relies on hot showers and hot baths and uses heating pads on his neck and shoulder on a daily basis after work.

EDUCATIONAL BACKGROUND:

Mr. Dalton advises me that he graduated from Mauldin Hill High School in 1978. He states that while in school, he was a "C/C+" student. After leaving high school, Mr. Dalton attended Greenville Technical College, completing about 6-12 months of training in auto mechanics, power systems, and electricity. He states that he took individual courses and never completed a particular degree. Based on Mr. Dalton's educational background, work history, and self-report, the assumption can be made for the purposes of this evaluation that Mr. Dalton is a reasonably literate individual who would not have any problems in a job requiring routine reading and writing. There is no history of any military service.

WORK HISTORY:

At the time of Mr. Dalton's injury, he was employed by Muffin Mam as a maintenance technician. Mr. Dalton recalls beginning work with Muffin Mam in 2003 and is still employed. In his job as a maintenance technician, Mr. Dalton states he was making \$25.00 an hour, working on a full-time basis with some occasional overtime. In his job, which was skilled work typically performed at the medium to heavy level of exertion, Mr. Dalton was performing maintenance repair work on equipment, including conveyors, ovens, depositors, mixers, and other such equipment. He was responsible for routine maintenance of the equipment, removing, repairing, and replacing parts and components, working on hydraulic systems, high and low voltage electrical systems, conveyors, and similar apparatus.

This type of work required the use of hand and power tools, in addition to performing welding for fabrication and repair. As I understand it, following Mr. Dalton's injury, he was out of work for approximately one week. He then returned to work on what has been referred to as light duty which Mr. Dalton describes as doing nothing more than sitting in a chair throughout an entire night shift. This lasted for a little more than two months during which time Mr. Dalton was regularly complaining of increasing pain and symptoms. Ultimately, he was referred to Dr. Lim, an orthopaedist, at which time his treatment began.

Randall Dalton
April 19, 2020
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Mr. Dalton states that sometime in mid-2018, he transitioned into doing more office work and occasionally some maintenance work on the factory floor following the shoulder surgery performed by Dr. Hoenig. At that point, he started ordering parts, checking parts in and out of storage, and performing other related paperwork. By April or May, 2019, Mr. Dalton states he was made a maintenance supervisor at the Simpsonville plant where he continued doing clerical work and some maintenance and repair on the floor, including building conveyor systems.

As Mr. Dalton described it, his work in the office was fairly sedentary, and during those times when he did go on the floor, he was mostly advising less experienced employees, giving directions and performing minimal physical activities generally in the lifting and handling range of 10-20 pounds. He states that on a rare to occasional basis, he did more physically demanding work, including welding and assembling when there was no one else available to do the work, or in the case of welding, as no one else knew how to do the welding that was required.

Around January, 2020, Mr. Dalton was moved to the Laurens plant where he continued similar duties, largely at the light, but occasionally medium, level of exertion, building conveyors, modifying fixtures, doing some welding, and again spending a considerable amount of time doing office and clerical work.

Mr. Dalton advises me that he has just now been made Maintenance Supervisor at the Simpsonville plant and has been in that position for about a month. He is continuing the same types of duties, again working at a sedentary to light level the majority of the time, spending about 50% of his time in the office and 50% of his time on the floor, periodically having to do heavier tasks when required but noting a significant increase in his pain and symptoms while so doing. Mr. Dalton states that with his promotion, he is now making \$72,000 a year and is on a salary basis.

In summary, all of Mr. Dalton's employment with Muffin Mam has been skilled work, traditionally performed at least at the medium level of physical exertion. His job now has been substantially modified to allow him to work most commonly at the light level of exertion, but occasionally performing more demanding physical duties on a short-term basis when other staff is not available. The skills Mr. Dalton has acquired are valuable skills but typically only usable for an individual capable of working at the medium to heavy level of physical exertion. It is apparent from Mr. Dalton's description of his present work circumstances that his job has been significantly modified by his employer to accommodate his limitations.

OBSERVATIONS:

At the request of Mr. Dalton's attorney, stemming from concerns over the current issue with the corona virus, my interview with Mr. Dalton was accomplished by mutual agreement by telephone. The interview also took place while Mr. Dalton was at work, although he advises me that he was in

a secure location, so that our conversation could be private.

The information that Mr. Dalton provided was consistent with the medical record, with Mr. Dalton also being able to give me additional information not available in the records I had for my review. After I explained my role to Mr. Dalton and how this information would be used in his Workers' Compensation case, a good rapport was established for the purposes of this evaluation. Although Mr. Dalton participated fully in the interview process, he did appear to have difficulty providing concise answers, particularly as it related to his job duties and how those duties have changed from one facet of his employment to the other since the time of his injury. It appears from Mr. Dalton's description that he has been moved about periodically and that there has been considerable flexibility in his duties and how they have been performed which I would argue made his giving a clear and concise recitation of his work activities difficult.

CONCLUSIONS:

Randall Dalton was involved in a serious work-related accident in June, 2017. It is understood that he has been out of work intermittently for surgery, therapy, treatment, and the like. It also appears, based on Mr. Dalton's description, that he was essentially in a make-work, or no-work, type of situation for several months following his accident and has since been slowly transitioned into a job where he is performing a combination of office work and significantly modified duties working on the floor, but still providing services of value to his employer. It is also noted that Mr. Dalton has transitioned from being an hourly worker to a salaried employee.

The highlight of Mr. Dalton's treatment has been hernia repair surgery performed in 2017 and complex shoulder surgery performed in February, 2018. He has also received multiple injections for pain. As far as the medical documentation is concerned, Dr. Hoenig has consistently stated that this man is not capable of lifting more than 10 pounds overhead. Beyond that, I am not able to discern anything else in the medical record that addresses this gentleman's physical or functional capacities for sustained employment. An FCE was attempted in November, 2018 and judged invalid, and a new FCE has not been performed. Based on Mr. Dalton's self-report, he is performing reasonably well at a modified range of sedentary to light work throughout the day, perhaps a little bit more on occasion.

From a vocational standpoint, it is my opinion that an excellent rehabilitation outcome has been achieved in that Mr. Dalton is continuing to work with his same employer of about seventeen years in a modified position where he is performing legitimate work of value to his employer. Although he is not performing the full range of his prior work, Mr. Dalton is able to make use of his experience to direct, supervise, and train others, and intermittently perform work beyond the range of light, and has remained consistently employed, with his employer advancing him from an hourly to a salaried status and making him a supervisor.

Randall Dalton
April 19, 2020
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That having been said, it is also my opinion, within a reasonable degree of vocational certainty, that should Mr. Dalton lose his job for any reason, whether it be through reinjury, termination, downsizing, layoff, sale of the company, or any other reason, he would find himself unemployed and, more likely than not, totally disabled from any and all forms of work. Mr. Dalton is 60 years old. For employment purposes, he is now approaching normal retirement age. He has been involved in a serious work-related injury, has significant restrictions, has, while returning to work, been unable to assume his full duties, and is working in a modified work capacity. I would suggest that with these factors in mind, Mr. Dalton would be incapable of returning to work with a new employer as a maintenance mechanic, would be unable to work as a supervisor without the ability to perform the full range of work of a maintenance mechanic, and would, more likely than not, be unhireable in any other capacity due to his age, restrictions, and functional limitations.

I would suggest that any and all reasonable efforts be extended to maintain Mr. Dalton in his present position, as he appears to be performing valuable work for his employer.

J. Adger Brown, Jr.

J. Adger Brown, Jr., MA, CDMS
Rehabilitation Consultant

JAB:drf

APA # 6

Reedy Family Medicine

SSA REEDY FAMILY
MEDICINE
135 COMMONWEALTH DR
STE 100
GREENVILLE SC 29615-
6940

Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 1/25/2019

Reviewed: 1/25/2019 9:44 AM by Fuson,
James Robert, MD

Problem List (continued) as of 1/25/2019

	Class	Noted - Resolved	Last Modified
• S/P colonoscopy with polypectomy		5/5/2017 - Present	5/5/2017 by Fuson, James Robert, MD Entered by Fuson, James Robert, MD

Overview Signed 5/5/2017 8:10 AM by Fuson, James Robert, MD
Done in 2016 and due in 2021

All Notes

Progress Notes by Sweeney, Braelyn A at 01/25/19 0930

Author: Sweeney, Braelyn A Service: — Author Type: Medical Assistant
Filed: 01/28/19 1627 Encounter Date: 1/25/2019 Status: Signed
Editor: Sweeney, Braelyn A (Medical Assistant)

Left voicemail to call back.

Electronically signed by Sweeney, Braelyn A at 01/28/19 1627

Progress Notes by Fuson, James Robert, MD at 01/25/19 0930

Author: Fuson, James Robert, MD Service: — Author Type: Physician
Filed: 01/26/19 0939 Encounter Date: 1/25/2019 Status: Signed
Editor: Fuson, James Robert, MD (Physician)

Lipids are really , really high . Normal blood counts. Normal thyroid. Urine has some crystals. Make sure your drink lots of water to keep those crystals from getting together to form a stone. Otherwise urine is clear. Liver enzymes are minimally elevated. Would just watch . Blood sugar is high. We should have you come back for a second test to look for diabetes. Kidney is good. Normal PSA test from prostate cancer. Normal thyroid.
Electronically signed by Fuson, James Robert, MD at 01/26/19 0939

Progress Notes by Fuson, James Robert, MD at 01/25/19 0930

Author: Fuson, James Robert, MD Service: — Author Type: Physician
Filed: 01/25/19 1005 Encounter Date: 1/25/2019 Status: Signed
Editor: Fuson, James Robert, MD (Physician)

Chief Complaint

Patient presents with

- Complete Physical
Is fasting. Has not been taking Lipitor for about two years.

Randall Dalton is a 59 y.o. male who is here for a physical. States diet has been balanced including fruits, vegetables and proteins. Patient is not exercising regularly. Reports minimal alcohol use and does not use tobacco products. Does see the dentist regularly and has kept up with ophthalmologic exams as appropriate. When patient is out in sun for extended periods of time sun block is usually used. Reports stable mood. ROS below for purpose of exam today .

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB**1959, Sex: M
Visit date: 1/25/2019

All Notes (continued)

Progress Notes by Fuson, James Robert, MD at 01/25/19 0930 (continued)

Past Medical History:

Diagnosis	Date
• Anxiety	
• Arthritis <i>hand and knees</i>	
• History of tetanus, diphtheria, and acellular pertussis booster vaccination (Tdap) <i>due in 2020-- not sure if tdap or not</i>	2010
• Hypercholesterolemia	

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• cyclobenzaprine (FLEXERIL) 10 mg tablet	Take 10 mg by mouth.		

Past Surgical History:

Procedure	Laterality	Date
• HX HERNIA REPAIR	Left	
• HX ORTHOPAEDIC <i>knee scope</i>	Left	
• HX OTHER SURGICAL <i>cyst removed from neck age 16</i>		

Family History

Problem	Relation	Age of Onset
• Cancer <i>Breast</i>	Mother	
• Cancer <i>tongue, skin</i>	Father	
• Neuropathy <i>multiple sclerosis</i>	Sister	
• MS	Sister	

No Known Allergies

Social History

Socioeconomic History	
• Marital status:	SINGLE
• Spouse name:	Not on file
• Number of children:	Not on file
• Years of education:	Not on file
• Highest education level:	Not on file
Social Needs	
• Financial resource strain:	Not on file

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 1/25/2019

All Notes (continued)

Progress Notes by Fuson, James Robert, MD at 01/25/19 0930 (continued)

- Food insecurity - worry: Not on file
- Food insecurity - inability: Not on file
- Transportation needs - medical: Not on file
- Transportation needs - non-medical: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not on file

Other Topics

Concern

- Not on file

Social History Narrative

- Not on file

Review of Systems - General ROS: negative for - chills, fatigue, fever, malaise, night sweats, weight gain or weight loss

Ophthalmic ROS: negative for - decreased vision, eye pain or loss of vision

ENT ROS: negative for - epistaxis, headaches, hearing change, nasal congestion, sinus pain, sore throat or tinnitus

Allergy and Immunology ROS: negative for - hives, itchy/watery eyes, nasal congestion or seasonal allergies

Hematological and Lymphatic ROS: negative for - bleeding problems, bruising, night sweats, swollen lymph nodes or weight loss

Endocrine ROS: negative for - breast changes, galactorrhea, hot flashes, mood swings, polydipsia/polyuria or unexpected weight changes

Breast ROS: negative for - changes

Respiratory ROS: negative for - cough, orthopnea, shortness of breath, tachypnea or wheezing

Cardiovascular ROS: negative for - chest pain, dyspnea on exertion, edema, irregular heartbeat, loss of consciousness, orthopnea, palpitations, paroxysmal nocturnal dyspnea, rapid heart rate or shortness of breath

Gastrointestinal ROS: negative for - abdominal pain, appetite loss, blood in stools, change in bowel habits, change in stools, constipation, diarrhea or heartburn

Genito-Urinary ROS: negative for - urinary hesitancy, urinary frequency, weak urinary stream, testicle lumps or pain, penile discharge

Musculoskeletal ROS: negative for - gait disturbance, joint pain, joint stiffness, joint swelling or muscular weakness

Neurological ROS: negative for - gait disturbance, headaches, impaired coordination/balance, memory loss, numbness/tingling, seizures, tremors or weakness

Dermatological ROS: negative for - dry skin, eczema, hair changes, mole changes, pruritus or rash-- has a lesion on left shoulder for 6 months. It is scaly and quarter sized.

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 1/25/2019

All Notes (continued)

Progress Notes by Fuson, James Robert, MD at 01/25/19 0930 (continued)

Vitals:

01/25/19 0929
BP: 100/60
Pulse: (I) 57
Temp: 97.1 °F (36.2 °C)
SpO2: 98%
Weight: 175 lb (79.4 kg)
Height: 5' 7" (1.702 m)

Physical Examination: General appearance - alert, well appearing, and in no distress, oriented to person, place, and time, normal appearing weight and acyanotic, in no respiratory distress

Mental status - alert, oriented to person, place, and time, normal mood, behavior, speech, dress, motor activity, and thought processes

Eyes - pupils equal and reactive, extraocular eye movements intact, sclera anicteric

Ears - bilateral TM's and external ear canals normal

Nose - normal and patent, no erythema, discharge or polyps

Mouth - mucous membranes moist, pharynx normal without lesions, tonsils normal, dental hygiene good and tongue normal

Neck - supple, no significant adenopathy, carotids upstroke normal bilaterally, no bruits,

Thyroid - thyroid is normal in size without nodules or tenderness

Lymphatics - no palpable lymphadenopathy, no hepatosplenomegaly

Chest - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry

Heart - normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops

Abdomen - soft, nontender, nondistended, no masses or organomegaly

GU - Normal genitalia, no testicular masses or hernias, **Prostate Normal**

Back exam - full range of motion, no tenderness, palpable spasm or pain on motion

Neurological - alert, oriented, normal speech, no focal findings or movement disorder noted

Musculoskeletal - no joint tenderness, deformity or swelling

Extremities - peripheral pulses normal, no pedal edema, no clubbing or cyanosis

Skin - normal coloration and turgor, no rashes, no suspicious skin lesions noted-- has lesion on left shoulder that is red based, scaly, itchy with some scabbing. Present x 6-7 months. Never goes away.

Assessment/plan

Wellness visit- Overall appears to be in good physical condition. Routine screening labs obtained and will be reviewed upon return. Encouraged to start or maintain healthy diet and or routine exercise. Reviewed and discussed appropriate vaccines and screenings and administered needed vaccines or referrals for screening. Reviewed safety issues common for age bracket. Fecal occult blood cards were provided to patient for completion with explanation for their use.

1. Physical exam, annual

Done, will refer to dermatology for eval of lesion on left shoulder

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Dalton, Randall Glen
MRN: 815213985, DOB: DOB 1959, Sex: M
Visit date: 1/25/2019

All Notes (continued)

Progress Notes by Fuson, James Robert, MD at 01/25/19 0930 (continued)

2. Laboratory examination ordered as part of a complete physical examination

Will assess

- LIPID PANEL
- CBC WITH AUTOMATED DIFF
- METABOLIC PANEL, COMPREHENSIVE
- TSH 3RD GENERATION
- URINALYSIS W/MICROSCOPIC

3. Screening for prostate cancer

Will assess

- PSA, DIAGNOSTIC (PROSTATE SPECIFIC AG)

4. Hand numbness

Pt reports issues since a neck injury. However this is in workman's comp and he declines any work up for now. He will continue to pursue with them this illness.

Orders Placed This Encounter

- Lipid Panel (80061)
- CBC With Differential/Platelet (85025)
- Comp. Metabolic Panel (14) (80053)
- Prostate-Specific Ag, Serum (84153)
- TSH (84443)
- URINALYSIS W/MICROSCOPIC
- DERMATOLOGY
 - Referral Priority:
 - Referral Type:
 - Referral Reason:
 - Number of Visits Requested:
- cyclobenzaprine (FLEXERIL) 10 mg tablet
 - Sig: Take 10 mg by mouth.

Routine
Consultation
Specialty Services Required
1

James Robert Fuson, MD

Electronically signed by Fuson, James Robert, MD at 01/25/19 1005

Diagnoses

1. Physical exam, annual [1224097] - Primary

2. Laboratory examination ordered as part of a
complete physical examination [1955094]

Printed on 12/18/19 10:59 AM

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 2/4/2019

Reviewed: 2/4/2019 3:49 PM by Fuson, James Robert, MD

Problem List (continued) as of 2/4/2019

Class	Noted - Resolved	Last Modified
	Entered by Fuson, James Robert, MD	
• S/P colonoscopy with polypectomy	5/5/2017 - Present	5/5/2017 by Fuson, James Robert, MD Entered by Fuson, James Robert, MD

Overview Signed 5/5/2017 8:10 AM by Fuson, James Robert, MD
Done in 2016 and due in 2021

All Notes

Progress Notes by Sweeney, Braelyn A at 02/04/19 1530

Author: Sweeney, Braelyn A Service: — Author Type: Medical Assistant
Filed: 02/06/19 1615 Encounter Date: 2/4/2019 Status: Signed
Editor: Sweeney, Braelyn A (Medical Assistant)

Patient was notified, voiced understanding.
Electronically signed by Sweeney, Braelyn A at 02/06/19 1615

Progress Notes by Fuson, James Robert, MD at 02/04/19 1530

Author: Fuson, James Robert, MD Service: — Author Type: Physician
Filed: 02/05/19 0722 Encounter Date: 2/4/2019 Status: Signed
Editor: Fuson, James Robert, MD (Physician)

You are prediabetic, meaning it is coming unless you lose some weight. Work on that, cut down some on starches like potatoes , rice , bread and pasta. Do not eat desserts .
Electronically signed by Fuson, James Robert, MD at 02/05/19 0722

Progress Notes by Fuson, James Robert, MD at 02/04/19 1530

Author: Fuson, James Robert, MD Service: — Author Type: Physician
Filed: 02/04/19 1553 Encounter Date: 2/4/2019 Status: Signed
Editor: Fuson, James Robert, MD (Physician)

Chief Complaint

Patient presents with

- Cold Symptoms
Cough, congestion, sore throat, ear pain. Started last Thursday.
- Abnormal Lab Results

Randall Dalton is a 59 y.o. male

HPI

Pt is here with cough and congestion, he has had this for 4 days. He is staying about the same, not worsening

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 2/4/2019

All Notes (continued)

Progress Notes by Fuson, James Robert, MD at 02/04/19 1530 (continued)

but not improving. He is having some green sputum. No SOB no wheezing. No fever. Some ear fullness is noted. Some sore throat is present.

He has elevated fasting glucose, will assess his A1C and if more needs to be done will see him back.

Lipids are elevated but so is his liver enzyme. We will await his diabetic status while recommending that he embrace a better diet.

Past Medical History:

Diagnosis	Date
• Anxiety	
• Arthritis hand and knees	
• History of tetanus, diphtheria, and acellular pertussis booster vaccination (Tdap) due in 2020-- not sure if Tdap or not	2010
• Hypercholesterolemia	

Social History

Socioeconomic History	
• Marital status:	SINGLE
• Spouse name:	Not on file
• Number of children:	Not on file
• Years of education:	Not on file
• Highest education level:	Not on file

Social Needs	
• Financial resource strain:	Not on file
• Food insecurity - worry:	Not on file
• Food insecurity - inability:	Not on file
• Transportation needs - medical:	Not on file
• Transportation needs - non-medical:	Not on file

Occupational History	
• Not on file	

Tobacco Use	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used

Substance and Sexual Activity	
• Alcohol use:	No
• Drug use:	No
• Sexual activity:	Not on file

Other Topics	
• Concern	
• Not on file	

Social History Narrative	
• Not on file	

Family History

Problem	Relation	Age of Onset

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 2/4/2019

All Notes (continued)

Progress Notes by Fuson, James Robert, MD at 02/04/19 1530 (continued)

• Cancer	Mother
<i>Breast</i>	
• Cancer	Father
<i>tongue, skin</i>	
• Neuropathy	Sister
<i>multiple sclerosis</i>	
• MS	Sister

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• azithromycin (ZITHROMAX) 250 mg tablet	Take two tablets today then one tablet daily	6 Tab	0
• benzonatate (TESSALON) 100 mg capsule	Take 1 Cap by mouth three (3) times daily as needed for Cough for up to 7 days.	30 Cap	0
• cyclobenzaprine (FLEXERIL) 10 mg tablet	Take 10 mg by mouth.		

Review of Systems - History obtained from the patient

General ROS: negative for - chills, fatigue, fever or night sweats

Psychological ROS: negative for - anxiety, depression or suicidal ideation

Ophthalmic ROS: negative for - blurry vision, double vision, eye pain or itchy eyes

ENT ROS: negative for - headaches, nasal congestion, sinus pain, sneezing, sore throat, vertigo or visual changes

Respiratory ROS: no cough, shortness of breath, or wheezing

Cardiovascular ROS: no chest pain or dyspnea on exertion

Gastrointestinal ROS: no abdominal pain, change in bowel habits, or black or bloody stools

Genito-Urinary ROS: no dysuria, trouble voiding, or hematuria

Musculoskeletal ROS: negative

negative for - joint pain, joint swelling, muscle pain or muscular weakness

Neurological ROS: negative for - behavioral changes, bowel and bladder control changes, dizziness, headaches, memory loss, tremors or weakness

Dermatological ROS: negative

negative for - acne, hair changes, mole changes or rash

Visit Vitals

BP 134/84 (BP 1 Location: Left arm, BP Patient Position: Sitting)
Pulse 88
Temp 97.6 °F (36.4 °C)
Ht 5' 7" (1.702 m)

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 2/4/2019

All Notes (continued)

Progress Notes by Fuson, James Robert, MD at 02/04/19 1530 (continued)

Wt	172 lb (78 kg)
SpO2	96%
BMI	26.94 kg/m ²

Physical Examination: General appearance - alert, well appearing, and in no distress and oriented to person, place, and time

Mental status - alert, oriented to person, place, and time, normal mood, behavior, speech, dress, motor activity, and thought processes

Eyes - pupils equal and reactive, extraocular eye movements intact

Ears - bilateral TM's and external ear canals normal

Nose - normal and patent, no erythema, discharge or polyps

Mouth - mucous membranes moist, pharynx normal without lesions

Neck - supple, no significant adenopathy

Lymphatics - no palpable lymphadenopathy, no hepatosplenomegaly

Chest - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry

Heart - normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops

Abdomen - soft, nontender, nondistended, no masses or organomegaly

Neurological - alert, oriented, normal speech, no focal findings or movement disorder noted

Musculoskeletal - no joint tenderness, deformity or swelling

Skin - normal coloration and turgor, no rashes, no suspicious skin lesions noted

Assessment and Plan:

Diagnoses and all orders for this visit:

1. Acute bronchitis, unspecified organism

- azithromycin (ZITHROMAX) 250 mg tablet; Take two tablets today then one tablet daily
- benzonatate (TESSALON) 100 mg capsule; Take 1 Cap by mouth three (3) times daily as needed for Cough for up to 7 days.

2. Elevated glucose

- HEMOGLOBIN A1C WITH EAG

3. Mixed hyperlipidemia

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 5/1/2019

Reviewed: 5/1/2019 3:29 PM by Fuson, James

Problem List (continued) as of 5/1/2019

R, MD

Class	Noted - Resolved	Last Modified
		Robert, MD
		Entered by Fuson, James Robert, MD

Overview Signed 5/5/2017 8:10 AM by Fuson, James Robert, MD
Done in 2016 and due in 2021

All Notes

Progress Notes by Sweeney, Braelyn A at 05/01/19 1500

Author: Sweeney, Braelyn A	Service: —	Author Type: Medical Assistant
Filed: 05/03/19 1244	Encounter Date: 5/1/2019	Status: Signed
Editor: Sweeney, Braelyn A (Medical Assistant)		

Left voicemail to notify patient.

Electronically signed by Sweeney, Braelyn A at 05/03/19 1244

Progress Notes by Fuson, James R, MD at 05/01/19 1500

Author: Fuson, James R, MD	Service: —	Author Type: Physician
Filed: 05/02/19 0713	Encounter Date: 5/1/2019	Status: Signed
Editor: Fuson, James R, MD (Physician)		

Glucose is much better (91) and liver and kidney look good. Lipids are much improved also. Keep doing what you are doing.

Electronically signed by Fuson, James R, MD at 05/02/19 0713

Progress Notes by Fuson, James R, MD at 05/01/19 1500

Author: Fuson, James R, MD	Service: —	Author Type: Physician
Filed: 05/01/19 1533	Encounter Date: 5/1/2019	Status: Signed
Editor: Fuson, James R, MD (Physician)		

Chief Complaint

Patient presents with

- Follow Up Chronic Condition
3 month flu on A1C and Cholesterol.

Randall Dalton is a 59 y.o. male

HPI

Pt is having lipid elevations. Has been trying to do a plant based diet. He is hoping his glucose and lipids will be better. Will allow 3 more months of diet and see if he responds. If not better then will consider medication

Past Medical History:

Diagnosis	Date

- Anxiety

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 5/1/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 05/01/19 1500 (continued)

Arthritis

hand and knees

- History of tetanus, diphtheria, and acellular pertussis booster vaccination (Tdap) 2010
due in 2020-- not sure if tdap or not
- Hypercholesterolemia

Past Surgical History:

Procedure	Laterality	Date
• HX HERNIA REPAIR	Left	
• HX ORTHOPAEDIC <i>knee scope</i>	Left	
• HX OTHER SURGICAL <i>cyst removed from neck age 16</i>		

Social History

Socioeconomic History

- Marital status: SINGLE
Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity:
Worry: Not on file
Inability: Not on file
- Transportation needs:
Medical: Not on file
Non-medical: Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not on file

Lifestyle

- Physical activity:
Days per week: Not on file
Minutes per session: Not on file
- Stress: Not on file

Relationships

- Social connections:

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Dalton, Randall Glen
 MRN: 815213985, DOB: **DOB** 1959, Sex: M
 Visit date: 5/1/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 05/01/19 1500 (continued)

Talks on phone:	Not on file
Gets together:	Not on file
Attends religious service:	Not on file
Active member of club or organization:	Not on file
Attends meetings of clubs or organizations:	Not on file
Relationship status:	Not on file
• Intimate partner violence:	
Fear of current or ex partner:	Not on file
Emotionally abused:	Not on file
Physically abused:	Not on file
Forced sexual activity:	Not on file

Other Topics Concern

- Not on file

Social History Narrative

- Not on file

Family History

Problem	Relation	Age of Onset
• Cancer <i>Breast</i>	Mother	
• Cancer <i>tongue, skin</i>	Father	
• Neuropathy <i>multiple sclerosis</i>	Sister	
• MS	Sister	

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• cyclobenzaprine (FLEXERIL) 10 mg tablet	Take 10 mg by mouth.		

Review of Systems - General ROS: negative for - fatigue, fever, hot flashes or malaise
 Endocrine ROS: negative for - malaise/lethargy or polydipsia/polyuria

Visit Vitals

BP	98/72
Pulse	66
Temp	97 °F (36.1 °C)
Resp	16

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 5/1/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 05/01/19 1500 (continued)

Ht	5' 7" (1.702 m)
Wt	174 lb (78.9 kg)
SpO2	96%
BMI	27.25 kg/m ²

Physical Examination: General appearance - alert, well appearing, and in no distress and oriented to person, place, and time
Mental status - alert, oriented to person, place, and time, normal mood, behavior, speech, dress, motor activity, and thought processes
Eyes - pupils equal and reactive, extraocular eye movements intact
Ears - bilateral TM's and external ear canals normal
Nose - normal and patent, no erythema, discharge or polyps
Mouth - mucous membranes moist, pharynx normal without lesions
Neck - supple, no significant adenopathy
Lymphatics - no palpable lymphadenopathy, no hepatosplenomegaly
Chest - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry
Heart - normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops
Abdomen - soft, nontender, nondistended, no masses or organomegaly
Neurological - alert, oriented, normal speech, no focal findings or movement disorder noted
Musculoskeletal - no joint tenderness, deformity or swelling
Skin - normal coloration and turgor, no rashes, no suspicious skin lesions noted

Assessment and plan:

Diagnoses and all orders for this visit:

1. Elevated glucose

- METABOLIC PANEL, BASIC

2. Mixed hyperlipidemia

- LIPID PANEL

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 8/5/2019

Reviewed: 8/5/2019 3:13 PM by Fuson, James R, MD

Problem List (continued) as of 8/5/2019

	Class	Noted - Resolved	Last Modified Robert, MD
Entered by Fuson, James Robert, MD			
Overview Signed 5/5/2017 8:10 AM by Fuson, James Robert, MD Done in 2016 and due in 2021			
•	Cervical myelopathy (HCC)	5/9/2019 - Present	5/9/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
•	Cervical stenosis of spinal canal	5/9/2019 - Present	5/9/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
•	DDD (degenerative disc disease), lumbar	6/25/2019 - Present	6/25/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
•	Neck pain	6/25/2019 - Present	6/25/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD

All Notes

Progress Notes by Sweeney, Braelyn A at 08/05/19 1500

Author: Sweeney, Braelyn A Service: —
Filed: 08/06/19 1355 Encounter Date: 8/5/2019
Editor: Sweeney, Braelyn A (Medical Assistant)

Author Type: Medical Assistant
Status: Signed

Left voicemail to call back regarding lab results.
Electronically signed by Sweeney, Braelyn A at 08/06/19 1355

Progress Notes by Sweeney, Braelyn A at 08/05/19 1500

Author: Sweeney, Braelyn A Service: —
Filed: 08/06/19 1319 Encounter Date: 8/5/2019
Editor: Sweeney, Braelyn A (Medical Assistant)

Author Type: Medical Assistant
Status: Signed

No additional comment
Electronically signed by Sweeney, Braelyn A at 08/06/19 1319

Progress Notes by Fuson, James R, MD at 08/05/19 1500

Author: Fuson, James R, MD Service: —
Filed: 08/06/19 0658 Encounter Date: 8/5/2019
Editor: Fuson, James R, MD (Physician)

Author Type: Physician
Status: Signed

Normal glucose, liver and kidney values
a1c is also Normal Now. You have Done good work To normalize things. Keep Your weight
down and this should work out

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 8/5/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 08/05/19 1500 (continued)

Electronically signed by Fuson, James R, MD at 08/06/19 0658

Progress Notes by Fuson, James R, MD at 08/05/19 1500

Author: Fuson, James R, MD	Service: —	Author Type: Physician
Filed: 08/05/19 1518	Encounter Date: 8/5/2019	Status: Signed
Editor: Fuson, James R, MD (Physician)		

Chief Complaint

Patient presents with

- Follow Up Chronic Condition
3 month flu on DM.

Randall Glen Dalton is a 59 y.o. male

HPI

Pt is getting improvement in his diet. He is eating well. But he is not losing weight. But he is eating well.

Past Medical History:

Diagnosis	Date
• Anxiety	
• Arthritis hand and knees	
• Calculus of kidney	
• Chronic pain	
• History of tetanus, diphtheria, and acellular pertussis booster vaccination (Tdap) due in 2020-- not sure if tdap or not	2010
• Hypercholesterolemia	

Past Surgical History:

Procedure	Laterality	Date
• HX HERNIA REPAIR	Left	
• HX ORTHOPAEDIC knee scope	Left	
• HX OTHER SURGICAL cyst removed from neck age 16		

Social History

Socioeconomic History	
• Marital status:	SINGLE
• Spouse name:	Not on file
• Number of children:	Not on file
• Years of education:	Not on file

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 8/5/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 08/05/19 1500 (continued)

- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity:
 - Worry: Not on file
 - Inability: Not on file
- Transportation needs:
 - Medical: Not on file
 - Non-medical: Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not on file

Lifestyle

- Physical activity:
 - Days per week: Not on file
 - Minutes per session: Not on file
- Stress: Not on file

Relationships

- Social connections:
 - Talks on phone: Not on file
 - Gets together: Not on file
 - Attends religious service: Not on file
 - Active member of club or organization: Not on file
 - Attends meetings of clubs or organizations: Not on file
 - Relationship status: Not on file
- Intimate partner violence:
 - Fear of current or ex partner: Not on file
 - Emotionally abused: Not on file
 - Physically abused: Not on file
 - Forced sexual activity: Not on file

Other Topics

- Not on file

Social History Narrative

- Not on file

Family History

Problem	Relation	Age of Onset
• Cancer	Mother	

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 8/5/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 08/05/19 1500 (continued)

<i>Breast</i>	
• Cancer	Father
<i>tongue, skin</i>	
• Neuropathy	Sister
<i>multiple sclerosis</i>	
• MS	Sister

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• cyclobenzaprine (FLEXERIL) 10 mg tablet	Take 10 mg by mouth.		

Review of Systems - History obtained from the patient
General ROS: negative for - fatigue, hot flashes, malaise or night sweats

Visit Vitals

BP	114/62
Pulse	73
Temp	97.7 °F (36.5 °C)
Resp	15
Ht	5' 7" (1.702 m)
Wt	177 lb (80.3 kg)
SpO2	97%
BMI	27.72 kg/m ²

Physical Examination: General appearance - alert, well appearing, and in no distress and oriented to person, place, and time
Mental status - alert, oriented to person, place, and time, normal mood, behavior, speech, dress, motor activity, and thought processes
Eyes - pupils equal and reactive, extraocular eye movements intact
Ears - bilateral TM's and external ear canals normal
Nose - normal and patent, no erythema, discharge or polyps
Mouth - mucous membranes moist, pharynx normal without lesions
Neck - supple, no significant adenopathy
Lymphatics - no palpable lymphadenopathy, no hepatosplenomegaly
Chest - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry
Heart - normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops
Abdomen - soft, nontender, nondistended, no masses or organomegaly
Neurological - alert, oriented, normal speech, no focal findings or movement disorder noted

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 8/5/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 08/05/19 1500 (continued)

Musculoskeletal - no joint tenderness, deformity or swelling

Skin - normal coloration and turgor, no rashes, no suspicious skin lesions noted

Assessment and plan:

Will assess progress.

Diagnoses and all orders for this visit:

1. Elevated glucose

- METABOLIC PANEL, COMPREHENSIVE
- HEMOGLOBIN A1C WITH EAG

Electronically signed by Fuson, James R, MD at 08/05/19 1518

Diagnoses

	Comments
Elevated glucose [292480] - Primary	

All Orders

METABOLIC PANEL, COMPREHENSIVE [559375912]

Electronically signed by: **Fuson, James R, MD on 08/05/19 1513**

Status: **Completed**

Ordering user: Fuson, James R, MD 08/05/19 1513

Authorized by: Fuson, James R, MD

Ordering mode: Standard

Frequency: 08/05/19 -

Diagnoses

Elevated glucose [R73.09]

HEMOGLOBIN A1C WITH EAG [559375913]

Electronically signed by: **Fuson, James R, MD on 08/05/19 1513**

Status: **Completed**

Ordering user: Fuson, James R, MD 08/05/19 1513

Authorized by: Fuson, James R, MD

Ordering mode: Standard

Frequency: 08/05/19 -

Diagnoses

Elevated glucose [R73.09]

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 10/22/2019

Reviewed: 8/5/2019 3:13 PM by Fuson, James R, MD

Problem List (continued) as of 10/22/2019

	Class	Noted - Resolved	Last Modified
Entered by Fuson, James Robert, MD			
Overview Signed 5/5/2017 8:10 AM by Fuson, James Robert, MD Done in 2016 and due in 2021			
• Cervical myelopathy (HCC)		5/9/2019 - Present	5/9/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• Cervical stenosis of spinal canal		5/9/2019 - Present	5/9/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• DDD (degenerative disc disease), lumbar		6/25/2019 - Present	6/25/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• Neck pain		6/25/2019 - Present	6/25/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD

All Notes

Progress Notes by Fuson, James R, MD at 10/22/19 1615

Author: Fuson, James R, MD	Service: —	Author Type: Physician
Filed: 10/22/19 1622	Encounter Date: 10/22/2019	Status: Signed
Editor: Fuson, James R, MD (Physician)		

Chief Complaint

Patient presents with:

- LOW BACK PAIN
Injured yesterday
- Documentation
Needs a letter to return to work

Randall Glen Dalton is a 59 y.o. male

HPI

Pt was at home 2 days ago when he twisted and felt a pop in his back. He has pain bilaterally with radiation into buttocks but not in to legs. But he has pain with straight leg lifts, walking is done hunched and he is not able to work. He has no weakness or incontinence. No erectile dysfunction.

Past Medical History:

Diagnosis	Date

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB**1959, Sex: M
Visit date: 10/22/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 10/22/19 1615 (continued)

- Anxiety
- Arthritis
hand and knees
- Calculus of kidney
- Chronic pain
- History of tetanus, diphtheria, and acellular pertussis booster vaccination (Tdap) 2010
due in 2020-- not sure if tdap or not
- Hypercholesterolemia

Past Surgical History:

Procedure	Laterality	Date
• HX HERNIA REPAIR	Left	
• HX ORTHOPAEDIC <i>knee scope</i>	Left	
• HX OTHER SURGICAL <i>cyst removed from neck age 16</i>		

Social History

Socioeconomic History

- Marital status: SINGLE
Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity:
Worry: Not on file
Inability: Not on file
- Transportation needs:
Medical: Not on file
Non-medical: Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not on file

Lifestyle

- Physical activity:
Days per week: Not on file
Minutes per session: Not on file

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Dalton, Randall Glen
 MRN: 815213985, DOB: **DOB** 1959, Sex: M
 Visit date: 10/22/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 10/22/19 1615 (continued)

- Stress: Not on file

Relationships

- Social connections:
 - Talks on phone: Not on file
 - Gets together: Not on file
 - Attends religious service: Not on file
 - Active member of club or organization: Not on file
 - Attends meetings of clubs or organizations: Not on file
 - Relationship status: Not on file
- Intimate partner violence:
 - Fear of current or ex partner: Not on file
 - Emotionally abused: Not on file
 - Physically abused: Not on file
 - Forced sexual activity: Not on file

Other Topics

- Not on file

Social History Narrative

- Not on file

Family History

Problem	Relation	Age of Onset
• Cancer Breast	Mother	
• Cancer tongue, skin	Father	
• Neuropathy multiple sclerosis	Sister	
• MS	Sister	

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• predniSONE (DELTASONE) 20 mg tablet	Take 20 mg by mouth daily (with breakfast).	10 Tab	0
• cyclobenzaprine (FLEXERIL) 10 mg tablet	Take 10 mg by mouth.		

Review of Systems - History obtained from the patient

General ROS: negative

Musculoskeletal ROS: positive for - pain in back - bilateral, lower

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 10/22/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 10/22/19 1615 (continued)

Visit Vitals

BP	126/77
Pulse	78
Temp	98 °F (36.7 °C)
Ht	5' 7" (1.702 m)
Wt	177 lb (80.3 kg)
SpO2	98%
BMI	27.72 kg/m ²

Physical Examination: General appearance - alert, well appearing, and in no distress and oriented to person, place, and time
Mental status - alert, oriented to person, place, and time, normal mood, behavior, speech, dress, motor activity, and thought processes
Eyes - pupils equal and reactive, extraocular eye movements intact
Ears - bilateral TM's and external ear canals normal
Nose - normal and patent, no erythema, discharge or polyps
Mouth - mucous membranes moist, pharynx normal without lesions
Neck - supple, no significant adenopathy
Lymphatics - no palpable lymphadenopathy, no hepatosplenomegaly
Chest - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry
Heart - normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops
Abdomen - soft, nontender, nondistended, no masses or organomegaly
Neurological - alert, oriented, normal speech, no focal findings or movement disorder noted, normal neuro exam
Musculoskeletal - no joint tenderness, deformity or swelling, bilateral positive straight leg raises. Cannot walk fully upright.
Skin - normal coloration and turgor, no rashes, no suspicious skin lesions noted

Assessment and plan:

Diagnoses and all orders for this visit:

1. Acute bilateral low back pain without sciatica

- REFERRAL TO PHYSICAL THERAPY

Other orders

- prednisONE (DELTASONE) 20 mg tablet; Take 20 mg by mouth daily (with breakfast).

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 10/22/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 10/22/19 1615 (continued)

Therapy, out of work for 1 week recheck in 1 week. Sooner if markedly better.

Electronically signed by Fuson, James R, MD at 10/22/19 1622

Diagnoses

	Comments
Acute bilateral low back pain without sciatica [2281789] - Primary	

All Orders

predniSONE (DELTASONE) 20 mg tablet [576431726]

Electronically signed by: Fuson, James R, MD on 10/22/19 1617	Status: Discontinued
Ordering user: Fuson, James R, MD 10/22/19 1617	Authorized by: Fuson, James R, MD
Ordering mode: Standard	
Frequency: DAILY WITH BREAKFAST 10/22/19 - 12/12/19	Discontinued by: Sweeney, Braelyn A 12/12/19 1548 [Therapy Completed]

REFERRAL TO PHYSICAL THERAPY [576431727]

Electronically signed by: Fuson, James R, MD on 10/22/19 1617	Status: Discontinued
Ordering user: Fuson, James R, MD 10/22/19 1617	Authorized by: Fuson, James R, MD
Ordering mode: Standard	
Frequency: 10/22/19 -	Discontinued by: Fuson, James R, MD 10/22/19 1618
Diagnoses	
Acute bilateral low back pain without sciatica [M54.5]	

REFERRAL TO PHYSICAL THERAPY [576432308]

Electronically signed by: Fuson, James R, MD on 10/22/19 1619	Status: Active
Ordering user: Fuson, James R, MD 10/22/19 1619	Authorized by: Fuson, James R, MD
Ordering mode: Standard	
Frequency: 10/22/19 -	
Diagnoses	
Acute bilateral low back pain without sciatica [M54.5]	
Order comments: Palmetto physical therapy on the parkway is his preference.	

CLINICAL LAB RESULTS

Lab Results

None

Patient Reported Taking

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 10/29/2019

Reviewed: 10/29/2019 8:44 AM by Fuson, James R, MD

Problem List (continued) as of 10/29/2019

Class	Noted - Resolved Present	Last Modified Fuson, James Robert, MD Entered by Fuson, James Robert, MD
Overview Signed 5/5/2017 8:10 AM by Fuson, James Robert, MD Done in 2016 and due in 2021		
• Cervical myelopathy (HCC)	5/9/2019 - Present	5/9/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• Cervical stenosis of spinal canal	5/9/2019 - Present	5/9/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• DDD (degenerative disc disease), lumbar	6/25/2019 - Present	6/25/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• Neck pain	6/25/2019 - Present	6/25/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD

All Notes

Progress Notes by Fuson, James R, MD at 10/29/19 0830

Author: Fuson, James R, MD

Service: —

Author Type: Physician

Filed: 10/29/19 0850

Encounter Date: 10/29/2019

Status: Signed

Editor: Fuson, James R, MD (Physician)

Chief Complaint

Patient presents with

- Follow-up

1 week flu on back pain. Improvement noted. Has few days left on steroid.

Randall Glen Dalton is a 59 y.o. male

HPI

Pt is having no pain now. He is back to his baseline. He is ready to return to full duty at work. He has no numbness, weakness or pain. He has no incontinence and now change in ed. He is at his norm.

Past Medical History:

Diagnosis

Date

- Anxiety

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6940

Dalton, Randall Glen
MRN: 815213985, DOB: **DOB**/1959, Sex: M
Visit date: 10/29/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 10/29/19 0830 (continued)

- Arthritis
hand and knees
- Calculus of kidney
- Chronic pain
- History of tetanus, diphtheria, and acellular pertussis booster vaccination (Tdap) 2010
due in 2020-- not sure if tdap or not
- Hypercholesterolemia

Past Surgical History:

Procedure	Laterality	Date
• HX HERNIA REPAIR	Left	
• HX ORTHOPAEDIC <i>knee scope</i>	Left	
• HX OTHER SURGICAL <i>cyst removed from neck age 16</i>		

Social History

Socioeconomic History

- Marital status: SINGLE
Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity:
Worry: Not on file
Inability: Not on file
- Transportation needs:
Medical: Not on file
Non-medical: Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not on file

Lifestyle

- Physical activity:
Days per week: Not on file
Minutes per session: Not on file
- Stress: Not on file

Printed on 12/18/19 10:59 AM

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Dalton, Randall Glen
MRN: 815213985, DOB: DOB 1959, Sex: M
Visit date: 10/29/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 10/29/19 0830 (continued)

Relationships

- Social connections:
 - Talks on phone: Not on file
 - Gets together: Not on file
 - Attends religious service: Not on file
 - Active member of club or organization: Not on file
 - Attends meetings of clubs or organizations: Not on file
 - Relationship status: Not on file
- Intimate partner violence:
 - Fear of current or ex partner: Not on file
 - Emotionally abused: Not on file
 - Physically abused: Not on file
 - Forced sexual activity: Not on file

Other Topics

- Not on file

Social History Narrative

- Not on file

Family History

Problem	Relation	Age of Onset
• Cancer <i>Breast</i>	Mother	
• Cancer <i>tongue, skin</i>	Father	
• Neuropathy <i>multiple sclerosis</i>	Sister	
• MS	Sister	

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• predniSONE (DELTASONE) 20 mg tablet	Take 20 mg by mouth daily (with breakfast).	10 Tab	0
• cyclobenzaprine (FLEXERIL) 10 mg tablet	Take 10 mg by mouth.		

Review of Systems - History obtained from the patient

Visit Vitals

BP 106/69 (BP 1 Location: Left

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 10/29/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 10/29/19 0830 (continued)

	arm, BP Patient Position:
	Sitting)
Pulse	70
Temp	97.9 °F (36.6 °C)
Resp	14
Ht	5' 7" (1.702 m)
Wt	178 lb (80.7 kg)
SpO2	98%
BMI	27.88 kg/m ²

Physical Examination: General appearance - alert, well appearing, and in no distress and oriented to person, place, and time
Mental status - alert, oriented to person, place, and time, normal mood, behavior, speech, dress, motor activity, and thought processes
Eyes - pupils equal and reactive, extraocular eye movements intact
Ears - bilateral TM's and external ear canals normal
Nose - normal and patent, no erythema, discharge or polyps
Mouth - mucous membranes moist, pharynx normal without lesions
Neck - supple, no significant adenopathy
Lymphatics - no palpable lymphadenopathy, no hepatosplenomegaly
Chest - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry
Heart - normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops
Abdomen - soft, nontender, nondistended, no masses or organomegaly
Neurological - alert, oriented, normal speech, no focal findings or movement disorder noted
Musculoskeletal - no joint tenderness, deformity or swelling
Skin - normal coloration and turgor, no rashes, no suspicious skin lesions noted

Assessment and plan:

Cleared to return to full duty., job does not entail heavy lifting anymore.

Diagnoses and all orders for this visit:

1. Acute bilateral low back pain without sciatica

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Dalton, Randall Glen
MRN: 815213985, DOB: [REDACTED] 1959, Sex: M
Visit date: 10/29/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 10/29/19 0830 (continued)

Electronically signed by Fuson, James R, MD at 10/29/19 0850

Diagnoses

	Comments
Acute bilateral low back pain without sciatica [2281789] - Primary	

All Orders

No Orders exist for this encounter.

CLINICAL LAB RESULTS

Lab Results

None

Patient Reported Taking

	Dosage
predniSONE (DELTASONE) 20 mg tablet (Taking/Discontinued)	Take 20 mg by mouth daily (with breakfast).
cyclobenzaprine (FLEXERIL) 10 mg tablet (Taking)	Take 10 mg by mouth.

Meds At Start of Encounter

	Disp	Refills	Start	End
predniSONE (DELTASONE) 20 mg tablet (Taking)	10 Tab	0	10/22/2019	12/12/2019
Sig - Route: Take 20 mg by mouth daily (with breakfast). - Oral				
cyclobenzaprine (FLEXERIL) 10 mg tablet (Taking)			6/26/2017	
Sig - Route: Take 10 mg by mouth. - Oral				
Class: Historical Med				

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Dalton, Randall Glen
 MRN: 815213985, DOB: **DOB** 1959, Sex: M
 Visit date: 12/12/2019

Reviewed: 12/12/2019 3:59 PM by Fuson, James R, MD

Problem List (continued) as of 12/12/2019

Class	Noted - Resolved Present	Last Modified Fuson, James Robert, MD Entered by Fuson, James Robert, MD
Overview Signed 5/5/2017 8:10 AM by Fuson, James Robert, MD Done in 2016 and due in 2021		
• Cervical myelopathy (HCC)	5/9/2019 - Present	5/9/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• Cervical stenosis of spinal canal	5/9/2019 - Present	5/9/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• DDD (degenerative disc disease), lumbar	6/25/2019 - Present	6/25/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• Neck pain	6/25/2019 - Present	6/25/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD

All Notes

Progress Notes by Fuson, James R, MD at 12/12/19 1545

Author: Fuson, James R, MD	Service: —	Author Type: Physician
Filed: 12/12/19 1608	Encounter Date: 12/12/2019	Status: Signed
Editor: Fuson, James R, MD (Physician)		

Chief Complaint

Patient presents with

- Sore Throat
 SORE THROAT X TWO DAYS

Randall Glen Dalton is a 59 y.o. male

HPI

Pt is here with sore throat and cough. Some congestion. No fever. Mucous is somewhat green. Minimal aches. No SOB no wheezing. No v/d. sicke for 2 days.

Past Medical History:

Diagnosis:	Date
• Anxiety	

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 12/12/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 12/12/19 1545 (continued)

- Arthritis
hand and knees
- Calculus of kidney
- Chronic pain
- History of tetanus, diphtheria, and acellular pertussis booster vaccination (Tdap) 2010
due in 2020-- not sure if tdap or not
- Hypercholesterolemia

Past Surgical History:

Procedure	Laterality	Date
• HX HERNIA REPAIR	Left	
• HX ORTHOPAEDIC <i>knee scope</i>	Left	
• HX OTHER SURGICAL <i>cyst removed from neck age 16</i>		

Social History

Socioeconomic History

- Marital status: SINGLE
Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity:
Worry: Not on file
Inability: Not on file
- Transportation needs:
Medical: Not on file
Non-medical: Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not on file

Lifestyle

- Physical activity:
Days per week: Not on file
Minutes per session: Not on file
- Stress: Not on file

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 12/12/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 12/12/19 1545 (continued)

Relationships

- Social connections:
 - Talks on phone: Not on file
 - Gets together: Not on file
 - Attends religious service: Not on file
 - Active member of club or organization: Not on file
 - Attends meetings of clubs or organizations: Not on file
 - Relationship status: Not on file
- Intimate partner violence:
 - Fear of current or ex partner: Not on file
 - Emotionally abused: Not on file
 - Physically abused: Not on file
 - Forced sexual activity: Not on file

Other Topics

- Not on file

Social History Narrative

- Not on file

Family History

Problem	Relation	Age of Onset
• Cancer <i>Breast</i>	Mother	
• Cancer <i>tongue, skin</i>	Father	
• Neuropathy <i>multiple sclerosis</i>	Sister	
• MS	Sister	

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• azithromycin (ZITHROMAX) 250 mg tablet	Take two tablets today then one tablet daily	6 Tab	0
• brompheniramine-pseudoeph-DM (BROMFED DM) 2-30-10 mg/5 mL syrup	Take 5 mL by mouth four (4) times daily as needed for Cough.	200 mL	0
• cyclobenzaprine (FLEXERIL) 10 mg tablet	Take 10 mg by mouth.		

Review of Systems - History obtained from the patient

General ROS: negative for - chills, fatigue, fever or malaise

ENT ROS: positive for - nasal congestion and sore throat

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 12/12/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 12/12/19 1545 (continued)

negative for - sinus pain or vocal changes

Respiratory ROS: positive for - cough

negative for - shortness of breath, tachypnea or wheezing

Visit Vitals

BP	109/69 (BP 1 Location: Left arm, BP Patient Position: Sitting)
Pulse	78
Temp	98.8 °F (37.1 °C)
Resp	14
Ht	5' 7" (1.702 m)
Wt	191 lb (86.6 kg)
SpO2	97%
BMI	29.91 kg/m ²

Physical Examination: General appearance - alert, well appearing, and in no distress and oriented to person, place, and time

Mental status - alert, oriented to person, place, and time, normal mood, behavior, speech, dress, motor activity, and thought processes

Eyes - pupils equal and reactive, extraocular eye movements intact

Ears - bilateral TM's and external ear canals normal

Nose - normal and patent, no erythema, discharge or polyps

Mouth - mucous membranes moist, pharynx has some erythema

Neck - supple, no significant adenopathy

Lymphatics - no palpable lymphadenopathy, no hepatosplenomegaly

Chest - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry

Heart - normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops

Abdomen - soft, nontender, nondistended, no masses or organomegaly

Neurological - alert, oriented, normal speech, no focal findings or movement disorder noted

Musculoskeletal - no joint tenderness, deformity or swelling

Skin - normal coloration and turgor, no rashes, no suspicious skin lesions noted

Assessment and plan:

Diagnoses and all orders for this visit:

1. Acute pharyngitis, unspecified etiology

- azithromycin (ZITHROMAX) 250 mg tablet; Take two tablets today then one tablet daily

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Dalton, Randall Glen
MRN: 815213985, DOB: [REDACTED] 1959, Sex: M
Visit date: 12/12/2019

All Notes (continued)

Progress Notes by Fuson, James R, MD at 12/12/19 1545 (continued)

2. Acute bronchitis, unspecified organism

- azithromycin (ZITHROMAX) 250 mg tablet; Take two tablets today then one tablet daily
- brompheniramine-pseudoeph-DM (BROMFED DM) 2-30-10 mg/5 mL syrup; Take 5 mL by mouth four (4) times daily as needed for Cough.

Electronically signed by Fuson, James R, MD at 12/12/19 1608

Diagnoses

1. Acute pharyngitis, unspecified etiology [2267462] 2. Acute bronchitis, unspecified organism [2037118]
- Primary
-

All Orders

azithromycin (ZITHROMAX) 250 mg tablet [587612827]

Electronically signed by: **Fuson, James R, MD on 12/12/19 1603** Status: **Active**
Ordering user: Fuson, James R, MD 12/12/19 1603 Authorized by: Fuson, James R, MD
Ordering mode: Standard
Frequency: 12/12/19 - Until Discontinued
Diagnoses
Acute pharyngitis, unspecified etiology [J02.9]
Acute bronchitis, unspecified organism [J20.9]

brompheniramine-pseudoeph-DM (BROMFED DM) 2-30-10 mg/5 mL syrup [587612828]

Electronically signed by: **Fuson, James R, MD on 12/12/19 1603** Status: **Active**
Ordering user: Fuson, James R, MD 12/12/19 1603 Authorized by: Fuson, James R, MD
Ordering mode: Standard
PRN reasons: Cough
Frequency: QID PRN 12/12/19 - Until Discontinued
Diagnoses
Acute bronchitis, unspecified organism [J20.9]

CLINICAL LAB RESULTS

Lab Results

None

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB**1959, Sex: M
Visit date: 2/7/2020

Reviewed: 12/12/2019 3:59 PM by Fuson, James R, MD

Problem List (continued) as of 2/7/2020

	Class	Noted - Resolved	Last Modified
• Cervical stenosis of spinal canal		Entered by Bucci, Michael N, MD 5/9/2019 - Present	5/9/2019 by Bucci, Michael N, MD
• DDD (degenerative disc disease), lumbar		Entered by Bucci, Michael N, MD 6/25/2019 - Present	6/25/2019 by Bucci, Michael N, MD
• Neck pain		Entered by Bucci, Michael N, MD 6/25/2019 - Present	6/25/2019 by Bucci, Michael N, MD
		Entered by Bucci, Michael N, MD	

All Notes

Progress Notes by Fuson, James R, MD at 02/07/20 1100

Author: Fuson, James R, MD	Service: —	Author Type: Physician
Filed: 02/07/20 1048	Encounter Date: 2/7/2020	Status: Signed
Editor: Fuson, James R, MD (Physician)		

Chief Complaint

Patient presents with

- Follow-up
1 day f/u- is much better.

Randall Glen Dalton is a 60 y.o. male

HPI

Pt is doing better and feels close to baseline. He has had no more vomiting and just one loose stool. He is hydrating well. No abd pain. No blood in stools. He has tolerated clear liquids well.

Past Medical History:

Diagnosis	Date
• Anxiety	
• Arthritis hand and knees	
• Calculus of kidney	
• Chronic pain	
• History of tetanus, diphtheria, and acellular pertussis booster vaccination (Tdap) due in 2020-- not sure if tdap or not	2010
• Hypercholesterolemia	

Past Surgical History:

Procedure	Laterality	Date
• HX HERNIA REPAIR	Left	
• HX ORTHOPAEDIC knee scope	Left	
• HX OTHER SURGICAL cyst removed from neck age 16		

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 2/7/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 02/07/20 1100 (continued)

Social History

Socioeconomic History

- Marital status: SINGLE
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity:
 - Worry: Not on file
 - Inability: Not on file
- Transportation needs:
 - Medical: Not on file
 - Non-medical: Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not on file

Lifestyle

- Physical activity:
 - Days per week: Not on file
 - Minutes per session: Not on file
- Stress: Not on file

Relationships

- Social connections:
 - Talks on phone: Not on file
 - Gets together: Not on file
 - Attends religious service: Not on file
 - Active member of club or organization: Not on file
 - Attends meetings of clubs or organizations: Not on file
 - Relationship status: Not on file
- Intimate partner violence:
 - Fear of current or ex partner: Not on file
 - Emotionally abused: Not on file
 - Physically abused: Not on file
 - Forced sexual activity: Not on file

Other Topics

- Not on file

Social History Narrative

- Not on file

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 2/7/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 02/07/20 1100 (continued)

Family History

Problem	Relation	Age of Onset
• Cancer Breast	Mother	
• Cancer tongue, skin	Father	
• Neuropathy multiple sclerosis	Sister	
• MS	Sister	

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• ondansetron (ZOFTRAN ODT) 8 mg disintegrating tablet	Take 1 Tab by mouth every eight (8) hours as needed for Nausea or Vomiting.	15 Tab	0
• pravastatin (PRAVACHOL) 40 mg tablet	Take 1 Tab by mouth nightly for 120 days.	90 Tab	1
• cyclobenzaprine (FLEXERIL) 10 mg tablet	Take 10 mg by mouth.		

Review of Systems - History obtained from the patient
General ROS: negative for - chills, fatigue, fever or malaise
Gastrointestinal ROS: positive for - diarrhea
negative for - abdominal pain or nausea/vomiting

Visit Vitals

BP 130/72
Pulse 70
Temp 98.3 °F (36.8 °C)
Resp 14
Ht 5' 7" (1.702 m)
Wt 198 lb (89.8 kg)
SpO2 98%
BMI 31.01 kg/m²

Physical Examination: General appearance - alert, well appearing, and in no distress and oriented to person, place, and time

Mental status - alert, oriented to person, place, and time, normal mood, behavior, speech, dress, motor activity, and thought processes

Eyes - pupils equal and reactive, extraocular eye movements intact

Ears - bilateral TM's and external ear canals normal

Nose - normal and patent, no erythema, discharge or polyps

Mouth - mucous membranes moist, pharynx normal without lesions

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Dalton, Randall Glen
MRN: 815213985, DOB: [REDACTED] 1959, Sex: M
Visit date: 2/7/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 02/07/20 1100 (continued)

Neck - supple, no significant adenopathy
Lymphatics - no palpable lymphadenopathy, no hepatosplenomegaly
Chest - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry
Heart - normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops
Abdomen - soft, nontender, nondistended, no masses or organomegaly
Neurological - alert, oriented, normal speech, no focal findings or movement disorder noted
Musculoskeletal - no joint tenderness, deformity or swelling
Skin - normal coloration and turgor, no rashes, no suspicious skin lesions noted

Assessment and plan: white count is now normal and he is feeling close to baseline. Will advance diet and follow up prn.

Diagnoses and all orders for this visit:

1. Gastroenteritis

- AMB POC COMPLETE CBC,AUTOMATED ENTER (RFM)

Electronically signed by Fuson, James R, MD at 02/07/20 1048

Diagnoses

	Comments
Gastroenteritis [196326] - Primary	

All Orders

AMB POC COMPLETE CBC,AUTOMATED ENTER (RFM) [599691837]

Electronically signed by: Fuson, James R, MD on 02/07/20 1045	Status: Completed
Ordering user: Fuson, James R, MD 02/07/20 1045	Authorized by: Fuson, James R, MD
Ordering mode: Standard	
Frequency: 02/07/20 -	
Diagnoses	
Gastroenteritis [K52.9]	

Results: AMB POC COMPLETE CBC,AUTOMATED ENTER (RFM)

Status: Final result
(Collected: 2/7/2020 10:35)

CLINICAL LAB RESULTS

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 2/6/2020

Reviewed: 12/12/2019 3:59 PM by Fuson, James R, MD

Problem List (continued) as of 2/6/2020

	Class	Noted - Resolved	Last Modified
			Michael N, MD
• Cervical stenosis of spinal canal		Entered by Buccì, Michael N, MD 5/9/2019 - Present	5/9/2019 by Buccì, Michael N, MD
• DDD (degenerative disc disease), lumbar		Entered by Buccì, Michael N, MD 6/25/2019 - Present	6/25/2019 by Buccì, Michael N, MD
• Neck pain		Entered by Buccì, Michael N, MD 6/25/2019 - Present	6/25/2019 by Buccì, Michael N, MD
			Entered by Buccì, Michael N, MD

All Notes

Progress Notes by Fuson, James R, MD at 02/06/20 1145

Author: Fuson, James R, MD	Service: —	Author Type: Physician
Filed: 02/06/20 1203	Encounter Date: 2/6/2020	Status: Signed
Editor: Fuson, James R, MD (Physician)		

Chief Complaint

Patient presents with

- Diarrhea

SEVERE DIARRHEA X VOMITTING AROUND 11:30PM - EMT CAME OUT TO HOUSE AFTER BECAME NON RESPONSIVE WHILE ON THE TOILET.

Randall Glen Dalton is a 60 y.o. male

HPI Pt started late last night with some diarrhea. Then he had intense nausea and passed out . He came to quickly. Had more nausea. Vomited a few more times and later (430 am) had more intense nausea and vomiting, got clammy and then passed out again and was not responsive for about 4-5 minutes. Ems came, checked him out and told him he had had vagal reactions. He is not vomiting as often now (none in 5 hours). Diarrhea has been 3 times and not great in amount. He does not have abdominal pain. No blood in stools but some vomit was pink tinged after lots of wretching.

Past Medical History:

Diagnosis	Date
• Anxiety	
• Arthritis	
<i>hand and knees</i>	
• Calculus of kidney	
• Chronic pain	
• History of tetanus, diphtheria, and acellular pertussis booster vaccination (Tdap)	2010
<i>due in 2020-- not sure if tdap or not</i>	
• Hypercholesterolemia	

Past Surgical History:

Procedure	Laterality	Date
• HX HERNIA REPAIR	Left	

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 2/6/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 02/06/20 1145 (continued)

- HX ORTHOPAEDIC Left
knee scope
- HX OTHER SURGICAL
cyst removed from neck age 16

Social History

Socioeconomic History

- Marital status: SINGLE
Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity:
Worry: Not on file
Inability: Not on file
- Transportation needs:
Medical: Not on file
Non-medical: Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not on file

Lifestyle

- Physical activity:
Days per week: Not on file
Minutes per session: Not on file
- Stress: Not on file

Relationships

- Social connections:
Talks on phone: Not on file
Gets together: Not on file
Attends religious service: Not on file
Active member of club or organization: Not on file
Attends meetings of clubs or organizations: Not on file
Relationship status: Not on file
- Intimate partner violence:
Fear of current or ex partner: Not on file
Emotionally abused: Not on file
Physically abused: Not on file
Forced sexual activity: Not on file

SSA REEDY FAMILY
MEDICINE
135 COMMONWEALTH DR
STE 100
GREENVILLE SC 29615-6940

Dalton, Randall Glen
MRN: 815213985, DOB: **DOB**1959, Sex: M
Visit date: 2/6/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 02/06/20 1145 (continued)

Other Topics Concern

- Not on file

Social History Narrative

- Not on file

Family History

Problem	Relation	Age of Onset
• Cancer Breast	Mother	
• Cancer tongue, skin	Father	
• Neuropathy multiple sclerosis	Sister	
• MS	Sister	

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• ondansetron (ZOFTRAN ODT) 8 mg disintegrating tablet	Take 1 Tab by mouth every eight (8) hours as needed for Nausea or Vomiting.	15 Tab	0
• pravastatin (PRAVACHOL) 40 mg tablet	Take 1 Tab by mouth nightly for 120 days.	90 Tab	1
• cyclobenzaprine (FLEXERIL) 10 mg tablet	Take 10 mg by mouth.		

Review of Systems - History obtained from the patient

General ROS: negative for - chills, fatigue, fever or malaise

Gastrointestinal ROS: positive for - diarrhea and nausea/vomiting

negative for - blood in stools, melena

Visit Vitals

BP 100/61
Pulse (I) 113
Temp 99 °F (37.2 °C)
Resp 14
Ht 5' 7" (1.702 m)
Wt 198 lb (89.8 kg)
SpO2 98%
BMI 31.01 kg/m²

Physical Examination: General appearance - alert, well appearing, and in no distress and oriented to person, place, and time

Mental status - alert, oriented to person, place, and time, normal mood, behavior, speech, dress, motor activity, and

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 2/6/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 02/06/20 1145 (continued)

thought processes

Eyes - pupils equal and reactive, extraocular eye movements intact

Ears - bilateral TM's and external ear canals normal

Nose - normal and patent, no erythema, discharge or polyps

Mouth - mucous membranes moist, pharynx normal without lesions

Neck - supple, no significant adenopathy

Lymphatics - no palpable lymphadenopathy, no hepatosplenomegaly

Chest - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry

Heart - normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops

Abdomen - soft, nontender, nondistended, no masses or organomegaly, bowel sounds are scant

Neurological - alert, oriented, normal speech, no focal findings or movement disorder noted

Musculoskeletal - no joint tenderness, deformity or swelling

Skin - normal coloration and turgor, no rashes, no suspicious skin lesions noted

Assessment and plan: clear liquids x 24 hours. Cbc is to be rechecked in 24 hours. Er if frank blood, worsening pain, dehydrations. Will try zofran and oral hydration.

Diagnoses and all orders for this visit:

1. Gastroenteritis

- AMB POC COMPLETE CBC,AUTOMATED ENTER (RFM)
- ondansetron (ZOFTRAN ODT) 8 mg disintegrating tablet; Take 1 Tab by mouth every eight (8) hours as needed for Nausea or Vomiting.

2. Vasovagal reaction

Electronically signed by Fuson, James R, MD at 02/06/20 1203

Diagnoses

1. Gastroenteritis [196326] - Primary

2. Vasovagal reaction [207228]

All Orders

AMB POC COMPLETE CBC,AUTOMATED ENTER (RFM) [598443894]

Electronically signed by: Fuson, James R, MD on 02/06/20 1126

Ordering user: Fuson, James R, MD 02/06/20 1126

Ordering mode: Standard

Frequency: 02/06/20 -

Diagnoses

Authorized by: Fuson, James R, MD

Status: Completed

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 1/28/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 01/28/20 0800 (continued)

HPI pt has skin lesion.

Past Medical History:

Diagnosis	Date
• Anxiety	
• Arthritis hand and knees	
• Calculus of kidney	
• Chronic pain	
• History of tetanus, diphtheria, and acellular pertussis booster vaccination (Tdap) due in 2020-- not sure if tdap or not	2010
• Hypercholesterolemia	

Past Surgical History:

Procedure	Laterality	Date
• HX HERNIA REPAIR	Left	
• HX ORTHOPAEDIC knee scope	Left	
• HX OTHER SURGICAL cyst removed from neck age 16		

Social History

Socioeconomic History

• Marital status:	SINGLE
Spouse name:	Not on file
• Number of children:	Not on file
• Years of education:	Not on file
• Highest education level:	Not on file

Occupational History

• Not on file

Social Needs

• Financial resource strain:	Not on file
• Food insecurity:	
Worry:	Not on file
Inability:	Not on file
• Transportation needs:	
Medical:	Not on file
Non-medical:	Not on file

Tobacco Use

• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used

Substance and Sexual Activity

• Alcohol use:	No
• Drug use:	No
• Sexual activity:	Not on file

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 1/28/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 01/28/20 0800 (continued)

Lifestyle

- Physical activity:
 - Days per week: Not on file
 - Minutes per session: Not on file
- Stress: Not on file

Relationships

- Social connections:
 - Talks on phone: Not on file
 - Gets together: Not on file
 - Attends religious service: Not on file
 - Active member of club or organization: Not on file
 - Attends meetings of clubs or organizations: Not on file
 - Relationship status: Not on file
- Intimate partner violence:
 - Fear of current or ex partner: Not on file
 - Emotionally abused: Not on file
 - Physically abused: Not on file
 - Forced sexual activity: Not on file

Other Topics

- Not on file

Social History Narrative

- Not on file

Family History

Problem	Relation	Age of Onset
• Cancer <i>Breast</i>	Mother	
• Cancer <i>tongue, skin</i>	Father	
• Neuropathy <i>multiple sclerosis</i>	Sister	
• MS	Sister	

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• cyclobenzaprine (FLEXERIL) 10 mg tablet	Take 10 mg by mouth.		

Review of Systems - History obtained from the patient

Visit Vitals

BP 111/71
Pulse 71
Temp 97.8 °F (36.6 °C)

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 1/28/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 01/28/20 0800 (continued)

Resp	14
Ht	5' 7" (1.702 m)
Wt	198 lb (89.8 kg)
SpO2	98%
BMI	31.01 kg/m ²

Physical Examination: General appearance - alert, well appearing, and in no distress and oriented to person, place, and time

Mental status - alert, oriented to person, place, and time, normal mood, behavior, speech, dress, motor activity, and thought processes

Eyes - pupils equal and reactive, extraocular eye movements intact

Ears - bilateral TM's and external ear canals normal

Nose - normal and patent, no erythema, discharge or polyps

Mouth - mucous membranes moist, pharynx normal without lesions

Neck - supple, no significant adenopathy

Lymphatics - no palpable lymphadenopathy, no hepatosplenomegaly

Chest - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry

Heart - normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops

Abdomen - soft, nontender, nondistended, no masses or organomegaly

Neurological - alert, oriented, normal speech, no focal findings or movement disorder noted

Musculoskeletal - no joint tenderness, deformity or swelling

Skin - normal coloration and turgor, no rashes, no suspicious skin lesions noted

Assessment and plan:

Diagnoses and all orders for this visit:

1. Physical exam, annual

2. Laboratory examination ordered as part of a complete physical examination

- LIPID PANEL
- CBC WITH AUTOMATED DIFF
- METABOLIC PANEL, COMPREHENSIVE
- TSH 3RD GENERATION
- URINALYSIS W/MICROSCOPIC

3. Screening for prostate cancer

- PSA, DIAGNOSTIC (PROSTATE SPECIFIC AG)

4. Screen for colon cancer

Refer to derm.

SSA REEDY FAMILY
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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 1/28/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 01/28/20 0800 (continued)

Electronically signed by Fuson, James R, MD at 01/28/20 0837

Progress Notes by Fuson, James R, MD at 01/28/20 0800

Author: Fuson, James R, MD
Filed: 01/28/20 0834
Editor: Fuson, James R, MD (Physician)

Service: —
Encounter Date: 1/28/2020

Author Type: Physician
Status: Signed

Chief Complaint

Patient presents with

- Complete Physical
w/ fasting labs.

Randall Glen Dalton is a 60 y.o. male

who is here for a physical. States diet has been balanced including fruits, vegetables and proteins. Patient is semi exercising regularly. Reports rare alcohol use and does not use tobacco products. Does see the dentist regularly and has kept up with ophthalmologic exams as appropriate. When patient is out in sun for extended periods of time sun block is usually used. Reports stable mood. ROS below for purpose of exam today .

Past Medical History:

Diagnosis

Date

- Anxiety
- Arthritis
hand and knees
- Calculus of kidney
- Chronic pain
- History of tetanus, diphtheria, and acellular pertussis booster vaccination (Tdap) 2010
due in 2020-- not sure if tdap or not
- Hypercholesterolemia

Current Outpatient Medications

Medication

Sig

Dispense

Refill

- cyclobenzaprine (FLEXERIL) 10 mg tablet Take 10 mg by mouth.

Past Surgical History:

Procedure

Laterality

Date

- HX HERNIA REPAIR Left
- HX ORTHOPAEDIC Left
knee scope
- HX OTHER SURGICAL
cyst removed from neck age 16

Family History

Problem

Relation
Mother

Age of Onset

- Cancer
Breast

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB**1959, Sex: M
Visit date: 1/28/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 01/28/20 0800 (continued)

• Cancer	Father
<i>tongue, skin</i>	
• Neuropathy	Sister
<i>multiple sclerosis</i>	
• MS	Sister

No Known Allergies

Social History

Socioeconomic History

• Marital status:	SINGLE
Spouse name:	Not on file
• Number of children:	Not on file
• Years of education:	Not on file
• Highest education level:	Not on file

Occupational History

- Not on file

Social Needs

• Financial resource strain:	Not on file
• Food Insecurity:	
Worry:	Not on file
Inability:	Not on file
• Transportation needs:	
Medical:	Not on file
Non-medical:	Not on file

Tobacco Use

• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used

Substance and Sexual Activity

• Alcohol use:	No
• Drug use:	No
• Sexual activity:	Not on file

Lifestyle

• Physical activity:	
Days per week:	Not on file
Minutes per session:	Not on file
• Stress:	Not on file

Relationships

• Social connections:	
Talks on phone:	Not on file
Gets together:	Not on file
Attends religious service:	Not on file
Active member of club or organization:	Not on file
Attends meetings of clubs or organizations:	Not on file
Relationship status:	Not on file
• Intimate partner violence:	
Fear of current or ex partner:	Not on file
Emotionally abused:	Not on file

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 1/28/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 01/28/20 0800 (continued)

Physically abused:	Not on file
Forced sexual activity:	Not on file
Other Topics	Concern
• Not on file	
Social History Narrative	
• Not on file	

Review of Systems - General ROS: negative for - chills, fatigue, fever, malaise, night sweats, weight gain or weight loss

Ophthalmic ROS: negative for - decreased vision, eye pain or loss of vision

ENT ROS: negative for - epistaxis, headaches, hearing change, nasal congestion, sinus pain, sore throat or tinnitus

Allergy and Immunology ROS: negative for - hives, itchy/watery eyes, nasal congestion or seasonal allergies

Hematological and Lymphatic ROS: negative for - bleeding problems, bruising, night sweats, swollen lymph nodes or weight loss

Endocrine ROS: negative for - breast changes, galactorrhea, hot flashes, mood swings, polydipsia/polyuria or unexpected weight changes

Breast ROS: negative for - changes

Respiratory ROS: negative for - cough, orthopnea, shortness of breath, tachypnea or wheezing

Cardiovascular ROS: negative for - chest pain, dyspnea on exertion, edema, irregular heartbeat, loss of consciousness, orthopnea, palpitations, paroxysmal nocturnal dyspnea, rapid heart rate or shortness of breath

Gastrointestinal ROS: negative for - abdominal pain, appetite loss, blood in stools, change in bowel habits, change in stools, constipation, diarrhea or heartburn

Genito-Urinary ROS: negative for - urinary hesitancy, urinary frequency, weak urinary stream, testicle lumps or pain, penile discharge

Musculoskeletal ROS: negative for - gait disturbance, joint pain, joint stiffness, joint swelling or muscular weakness

Neurological ROS: negative for - gait disturbance, headaches, impaired coordination/balance, memory loss, numbness/tingling, seizures, tremors or weakness

Dermatological ROS: negative for - dry skin, eczema, hair changes, mole changes, pruritus or rash

Vitals:

	01/28/20 0813
BP:	111/71
Pulse:	71
Resp:	14
Temp:	97.8 °F (36.6 °C)
SpO2:	98%
Weight:	198 lb (89.8 kg)
Height:	5' 7" (1.702 m)

Physical Examination: General appearance - alert, well appearing, and in no distress, oriented to person, place, and time, normal appearing weight and acyanotic, in no respiratory distress

Mental status - alert, oriented to person, place, and time, normal mood, behavior, speech, dress, motor activity, and thought processes

Eyes - pupils equal and reactive, extraocular eye movements intact, sclera anicteric

Ears - bilateral TM's and external ear canals normal

Nose - normal and patent, no erythema, discharge or polyps

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SSA REEDY FAMILY
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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 1/28/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 01/28/20 0800 (continued)

Mouth - mucous membranes moist, pharynx normal without lesions, tonsils normal, dental hygiene good and tongue normal

Neck - supple, no significant adenopathy, carotids upstroke normal bilaterally, no bruits,

Thyroid - thyroid is normal in size without nodules or tenderness

Lymphatics - no palpable lymphadenopathy, no hepatosplenomegaly

Chest - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry

Heart - normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops

Abdomen - soft, nontender, nondistended, no masses or organomegaly

GU - Normal genitalia, no testicular masses or hernias, **Prostate Normal**

Back exam - full range of motion, no tenderness, palpable spasm or pain on motion

Neurological - alert, oriented, normal speech, no focal findings or movement disorder noted

Musculoskeletal - no joint tenderness, deformity or swelling

Extremities - peripheral pulses normal, no pedal edema, no clubbing or cyanosis

Skin - normal coloration and turgor, no rashes, no suspicious skin lesions noted

Assessment/plan

Wellness visit- Overall appears to be in good physical condition. Routine screening labs obtained and will be reviewed upon return. Encouraged to start or maintain healthy diet and or routine exercise. Reviewed and discussed appropriate vaccines and screenings and administered needed vaccines or referrals for screening. Reviewed safety issues common for age bracket. Fecal occult blood cards were provided to patient for completion with explanation for their use.

1. Physical exam, annual

2. Laboratory examination ordered as part of a complete physical examination

Will assess

- LIPID PANEL
- CBC WITH AUTOMATED DIFF
- METABOLIC PANEL, COMPREHENSIVE
- TSH 3RD GENERATION
- URINALYSIS W/MICROSCOPIC

3. Screening for prostate cancer

Will assess

- PSA, DIAGNOSTIC (PROSTATE SPECIFIC AG)

4. Screen for colon cancer

Due in 2021 for colonoscopy. Sees McGill.

Orders Placed This Encounter

- Lipid Panel (80061)
- CBC With Differential/Platelet (85025)
- Comp. Metabolic Panel (14) (80053)
- Prostate-Specific Ag, Serum (84153)
- TSH (84443)
- URINALYSIS W/MICROSCOPIC

SSA REEDY FAMILY
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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 1/28/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 01/28/20 0800 (continued)

James R Fuson, MD

Electronically signed by Fuson, James R, MD at 01/28/20 0834

Diagnoses

1. Physical exam, annual [1224097] - Primary	2. Laboratory examination ordered as part of a complete physical examination [1955094]
3. Screening for prostate cancer [1122550]	4. Screen for colon cancer [298902]
5. Actinic keratosis [702.0 ICD-9-CM]	

All Orders

MICROSCOPIC EXAMINATION [597498500]

Electronically signed by: Edi, Labcorp Lab Results In on 01/28/20 0000	Status: Completed
Ordering user: Edi, Labcorp Lab Results In 01/28/20 0000	Authorized by: Fuson, James R, MD
Ordering mode: Standard	
Frequency: 01/28/20 -	

LIPID PANEL [597239361]

Electronically signed by: Fuson, James R, MD on 01/28/20 0816	Status: Completed
Ordering user: Fuson, James R, MD 01/28/20 0816	Authorized by: Fuson, James R, MD
Ordering mode: Standard	
Frequency: 01/28/20 -	
Diagnoses	
Laboratory examination ordered as part of a complete physical examination [Z00.00]	

CBC WITH AUTOMATED DIFF [597239362]

Electronically signed by: Fuson, James R, MD on 01/28/20 0816	Status: Completed
Ordering user: Fuson, James R, MD 01/28/20 0816	Authorized by: Fuson, James R, MD
Ordering mode: Standard	
Frequency: 01/28/20 -	
Diagnoses	
Laboratory examination ordered as part of a complete physical examination [Z00.00]	

METABOLIC PANEL, COMPREHENSIVE [597239363]

Electronically signed by: Fuson, James R, MD on 01/28/20 0816	Status: Completed
Ordering user: Fuson, James R, MD 01/28/20 0816	Authorized by: Fuson, James R, MD
Ordering mode: Standard	
Frequency: 01/28/20 -	
Diagnoses	
Laboratory examination ordered as part of a complete physical examination [Z00.00]	

PSA, DIAGNOSTIC (PROSTATE SPECIFIC AG) [597239364]

Electronically signed by: Fuson, James R, MD on 01/28/20 0816	Status: Completed
Ordering user: Fuson, James R, MD 01/28/20 0816	Authorized by: Fuson, James R, MD
Ordering mode: Standard	
Frequency: 01/28/20 -	
Diagnoses	
Screening for prostate cancer [Z12.5]	

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Dalton, Randall Glen
MRN: 815213985, DOB: [REDACTED] 1959, Sex: M
Visit date: 8/17/2020

08/17/2020 - Office Visit in Reedy Family Medicine
Amb Encounter Report

Encounter Information

	Provider	Department	Encounter #	Center
8/17/2020 2:00 PM	James R Fuson, MD	Ssa Reedy Family Medicine	700185827439	RFM

Level of Service

Level of Service
PR OFFICE OUTPATIENT VISIT 15 MINUTES [99213]

Previous Visit

Date & Time	Provider	Department	Encounter #
8/5/2020 3:00 PM	Fuson, James R, MD	Reedy Family Medicine	700185133910

Allergies as of 8/17/2020

Review status set to Review Complete on 8/17/2020

No Known Allergies

All Meds and Administrations

triamcinolone acetonide (KENALOG-40) 40 mg/mL Injection 40 mg [633029320]

Ordering Provider: Fuson, James R, MD
Ordered On: 08/17/20 1411
Dose (Remaining/Total): 40 mg (0/1)
Frequency: ONCE
Admin Instructions: For IM Use: Inject deeply into gluteal muscle; inject immediately following withdrawal into syringe

Status: Completed (Past End Date/Time)
Starts/Ends: 08/17/20 1500 - 08/17/20 1426
Route: IntraMUSCular
Rate/Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 08/17/20 1426	Given	40 mg	IntraMUSCular Right Gluteus Maximus	Performed by: Gill, Sabrina L Comments: Patient tolerated well Scanned Package: 70121-1169-1
Documented: 08/17/20 1427				

Reason for Visit

Neck Pain prednisone did not help and he is unable to take flexeril during the day due to work an dthe way they make him feel

Shoulder Pain

LOW BACK PAIN

Current Vitals

Most recent update: 8/17/2020 2:03 PM

BP	Pulse	Temp	Ht	Wt
126/68 (BP 1)	87	97.2 °F (36.2 °C)	5' 7" (1.702 m)	185 lb 9.6 oz (84.2 kg)
Location: Left arm, BP Patient				
Position: Sitting				

SpO2
96%

Current Weights for Dalton, Randall Glen

Recorded	Adjusted	Ideal	Dosing
185 lb 9.6 oz (84.2 kg) 1 month ago	161 lb 10.8 oz (73.3 kg)	145 lb 11.8 oz (66.1 kg)	None

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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 8/17/2020

08/17/2020 - Office Visit in Reedy Family Medicine
Amb Encounter Report (continued)

Current Weights for Dalton, Randall Glen (continued)

First Recorded BMI

Reviewed: 12/12/2019 3:59 PM by Fuson, James R, MD

Problem List as of 8/17/2020

	Class	Noted - Resolved	Last Modified
Active Problems			
• Hyperlipidemia LDL goal <100		6/13/2016 - Present	6/13/2016 by Fuson, James Robert, MD Entered by Fuson, James Robert, MD
• S/P colonoscopy with polypectomy		5/5/2017 - Present	5/5/2017 by Fuson, James Robert, MD Entered by Fuson, James Robert, MD
Overview Signed 5/5/2017 8:10 AM by Fuson, James Robert, MD Done in 2016 and due in 2021			
• Cervical myelopathy (HCC)		5/9/2019 - Present	5/9/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• Cervical stenosis of spinal canal		5/9/2019 - Present	5/9/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• DDD (degenerative disc disease), lumbar		6/25/2019 - Present	6/25/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• Neck pain		6/25/2019 - Present	6/25/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD

All Notes

Progress Notes by Fuson, James R, MD at 08/17/20 1400

Author: Fuson, James R, MD
Filed: 08/19/20 0713
Editor: Fuson, James R, MD (Physician)

Service: —
Encounter Date: 8/17/2020

Author Type: Physician
Status: Signed

Chief Complaint

Patient presents with

- Neck Pain
prednisone did not help and he is unable to take flexeril during the day due to work and the way they make him feel
- Shoulder Pain
- LOW BACK PAIN

Randall Glen Dalton is a 60 y.o. male

SSA REEDY FAMILY
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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB**/1959, Sex: M
Visit date: 8/17/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 08/17/20 1400 (continued)

HPI Pt has seen no change from oral steroid. He really would like a kenalog injection and we will do so. He is having worsening symptoms in neck and right arm and shoulder. But he is not tingling or weak. He has hx of trouble with his neck. He also has back pain but that is about at his baseline. He is inclined to be aggressive given his pain. We will hold out of work for 10 days.

Past Medical History:

Diagnosis	Date
• Anxiety	
• Arthritis hand and knees	
• Calculus of kidney	
• Chronic pain	
• History of tetanus, diphtheria, and acellular pertussis booster vaccination (Tdap) due in 2020- not sure if tdap or not	2010
• Hypercholesterolemia	

Past Surgical History:

Procedure	Laterality	Date
• HX HERNIA REPAIR	Left	
• HX ORTHOPAEDIC knee scope	Left	
• HX OTHER SURGICAL cyst removed from neck age 16		

Social History

Socioeconomic History	
• Marital status:	SINGLE
• Spouse name:	Not on file
• Number of children:	Not on file
• Years of education:	Not on file
• Highest education level:	Not on file
Occupational History	
• Not on file	
Social Needs	
• Financial resource strain:	Not on file
• Food insecurity	
• Worry:	Not on file
• Inability:	Not on file
• Transportation needs	
• Medical:	Not on file
• Non-medical:	Not on file
Tobacco Use	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
Substance and Sexual Activity	
• Alcohol use:	No

SSA REEDY FAMILY
 MEDICINE
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Dalton, Randall Glen
 MRN: 815213985, DOB: **DOB** 1959, Sex: M
 Visit date: 8/17/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 08/17/20 1400 (continued)

- Drug use: No
- Sexual activity: Not on file

Lifestyle:

- Physical activity
 - Days per week: Not on file
 - Minutes per session: Not on file
- Stress: Not on file

Relationships:

- Social connections
 - Talks on phone: Not on file
 - Gets together: Not on file
 - Attends religious service: Not on file
 - Active member of club or organization: Not on file
 - Attends meetings of clubs or organizations: Not on file
 - Relationship status: Not on file
- Intimate partner violence
 - Fear of current or ex partner: Not on file
 - Emotionally abused: Not on file
 - Physically abused: Not on file
 - Forced sexual activity: Not on file

Other Topics: Concern:

- Not on file

Social History Narrative:

- Not on file

Family History

Problem	Relation	Age of Onset
• Cancer Breast	Mother	
• Cancer tongue, skin	Father	
• Neuropathy multiple sclerosis	Sister	
• MS	Sister	

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• HYDROcodone-acetaminophen (Norco) 10-325 mg tablet	Take 1 Tab by mouth every six (6) hours as needed for Pain for up to 30 days. Max Daily Amount: 4 Tabs.	40 Tab	0
• pravastatin (PRAVACHOL) 40 mg tablet	TAKE 1 TABLET BY MOUTH EVERY NIGHT	90 Tab	1
• cyclobenzaprine (FLEXERIL) 10 mg tablet	Take 10 mg by mouth.		

Current Facility-Administered Medications

Printed on 9/28/20 10:39 AM

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SSA REEDY FAMILY
MEDICINE
135 COMMONWEALTH DR
STE 100
GREENVILLE SC 29615-6940

Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 8/17/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 08/17/20 1400 (continued)

Medication	Dose	Route	Frequency	Provider	Last Date	Last Dose
• triamcinolone acetanide (KENALOG-40) 40 mg/mL injection 40 mg	40 mg	IntraMUScular	ONCE	Fuson, James R, MD		

Review of Systems - History obtained from the patient

Visit Vitals

BP 126/68 (BP 1 Location: Left
arm, BP Patient Position:
Sitting)
Pulse 87
Temp 97.2 °F (36.2 °C)
Ht 5' 7" (1.702 m)
Wt 185 lb 9.6 oz (84.2 kg)
SpO2 96%
BMI 29.07 kg/m²

Physical Examination: General appearance - alert, well appearing, and in no distress and oriented to person, place, and time

Mental status - alert, oriented to person, place, and time, normal mood, behavior, speech, dress, motor activity, and thought processes

Eyes - pupils equal and reactive, extraocular eye movements intact

Ears - bilateral TM's and external ear canals normal

Nose - normal and patent, no erythema, discharge or polyps

Mouth - mucous membranes moist, pharynx normal without lesions

Neck - supple, no significant adenopathy

Lymphatics - no palpable lymphadenopathy, no hepatosplenomegaly

Chest - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry

Heart - normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops

Abdomen - soft, nontender, nondistended, no masses or organomegaly

Neurological - alert, oriented, normal speech, no focal findings or movement disorder noted

Musculoskeletal - no joint tenderness, deformity or swelling, mild weakness in right triceps.

Skin - normal coloration and turgor, no rashes, no suspicious skin lesions noted

Assessment and plan: Will get mri, of neck, given pain meds and hold out of work for now. Kenalog x1 for treatment.

Diagnoses and all orders for this visit:

SSA REEDY FAMILY
MEDICINE
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STE 100
GREENVILLE SC 29615-6940

Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 8/17/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 08/17/20 1400 (continued)

1. Cervical radicular pain

- MRI CERV SPINE WO CONT; Future
- triamcinolone acetonide (KENALOG-40) 40 mg/mL injection 40 mg
- HYDROcodone-acetaminophen (Norco) 10-325 mg tablet; Take 1 Tab by mouth every six (6) hours as needed for Pain for up to 30 days. Max Daily Amount: 4 Tabs.

Electronically signed by Fuson, James R, MD at 08/19/20 0713

Diagnoses

	Comments
Cervical radicular pain [1220658] - Primary	

All Orders

MRI CERV SPINE WO CONT [633029317]

Electronically signed by: Fuson, James R, MD on 08/17/20 1411 Status: Completed
Ordering user: Fuson, James R, MD 08/17/20 1411 Authorized by: Fuson, James R, MD
Ordering mode: Standard
Frequency: 08/17/20 -
Diagnoses
Cervical radicular pain [M54.12]

triamcinolone acetonide (KENALOG-40) 40 mg/mL injection 40 mg [633029320]

Electronically signed by: Fuson, James R, MD on 08/17/20 1411 Status: Completed
Ordering user: Fuson, James R, MD 08/17/20 1411 Ordering provider: Fuson, James R, MD
Authorized by: Fuson, James R, MD Ordering mode: Standard
Frequency: ONCE 08/17/20 1500 - 1 occurrence
Diagnoses
Cervical radicular pain [M54.12]

HYDROcodone-acetaminophen (Norco) 10-325 mg tablet [633029323]

Electronically signed by: Fuson, James R, MD on 08/17/20 1411 Status: Expired
Ordering user: Fuson, James R, MD 08/17/20 1411 Authorized by: Fuson, James R, MD
Ordering mode: Standard
PRN reasons: Pain
Frequency: Q6H PRN 08/17/20 - 30 days Max daily dose: 4 Tabs
Diagnoses
Cervical radicular pain [M54.12]

CLINICAL LAB RESULTS

Lab Results

None

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SSA REEDY FAMILY
MEDICINE
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STE 100
GREENVILLE SC 29615-6940

Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 8/5/2020

Reviewed: 12/12/2019 3:59 PM by Fuson, James R, MD

Problem List (continued) as of 8/5/2020

	Class	Noted	Resolved	Last Modified
Overview Signed 5/5/2017 8:10 AM by Fuson, James Robert, MD Done in 2016 and due in 2021				
• Cervical myelopathy (HCC)		5/9/2019 - Present		5/9/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• Cervical stenosis of spinal canal		5/9/2019 - Present		5/9/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• DDD (degenerative disc disease), lumbar		6/25/2019 - Present		6/25/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• Neck pain		6/25/2019 - Present		6/25/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD

All Notes

Progress Notes by Fuson, James R, MD at 08/05/20 1500

Author: Fuson, James R, MD Service: — Author Type: Physician
Filed: 08/05/20 1537 Encounter Date: 8/5/2020 Status: Signed
Editor: Fuson, James R, MD (Physician)

Chief Complaint

Patient presents with

- Neck Pain
patient had previous workmans comp case due to injury 3 years ago. The pain is getting worse. Patient has tried PT which helped some but unable to continue due to cost
- Shoulder Pain
right

Randall Glen Dalton is a 60 y.o. male

HPI pt has multi year hx of low back pain ,, neck pain and radicular symptoms in shoulder on right and legs and buttock bilaterally. He is not having incontinence. But he is having lots of pain. He has no hx of ulcer or gi bleeding. Physical therapy is often too expensive and he would like to delay trying that.

Past Medical History:

Diagnosis	Date
• Anxiety	
• Arthritis <i>hand and knees</i>	
• Calculus of kidney	
• Chronic pain	
• History of tetanus, diphtheria, and acellular pertussis booster vaccination (Tdap) <i>due in 2020-- not sure if tdap or not</i>	2010
• Hypercholesterolemia	

SSA REEDY FAMILY
MEDICINE
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GREENVILLE SC 29615-6940

Dalton, Randall Glen
MRN: 815213985, DOB: **DOB**1959, Sex: M
Visit date: 8/5/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 08/05/20 1500 (continued)

Past Surgical History:

Procedure	Laterality	Date
• HX HERNIA REPAIR	Left	
• HX ORTHOPAEDIC knee scope	Left	
• HX OTHER SURGICAL cyst removed from neck age 16		

Social History

Socioeconomic History

- Marital status: SINGLE
Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity
Worry: Not on file
Inability: Not on file
- Transportation needs
Medical: Not on file
Non-medical: Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not on file

Lifestyle

- Physical activity
Days per week: Not on file
Minutes per session: Not on file
- Stress: Not on file

Relationships

- Social connections
Talks on phone: Not on file
Gets together: Not on file
Attends religious service: Not on file
Active member of club or organization: Not on file
Attends meetings of clubs or organizations: Not on file
Relationship status: Not on file
- Intimate partner violence
Fear of current or ex partner: Not on file

SSA REEDY FAMILY
 MEDICINE
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 STE 100
 GREENVILLE SC 29615-6940

Dalton, Randall Glen
 MRN: 815213985, DOB: DOB 1959, Sex: M
 Visit date: 8/5/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 08/05/20 1500 (continued)

Emotionally abused:	Not on file
Physically abused:	Not on file
Forced sexual activity:	Not on file
Other Topics:	Concern
• Not on file	
Social History Narrative:	
• Not on file	

Family History

Problem	Relation	Age of Onset
• Cancer Breast	Mother	
• Cancer tongue, skin	Father	
• Neuropathy multiple sclerosis	Sister	
• MS	Sister	

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• predniSONE (DELTASONE) 20 mg tablet	Take 40 mg by mouth daily.	20 Tab	0
• pravastatin (PRAVACHOL) 40 mg tablet	TAKE 1 TABLET BY MOUTH EVERY NIGHT	90 Tab	1
• cyclobenzaprine (FLEXERIL) 10 mg tablet	Take 10 mg by mouth.		

Review of Systems - History obtained from the patient

Visit Vitals

BP	120/74 (BP 1 Location: Left arm, BP Patient Position: Sitting)
Pulse	78
Temp	97.5 °F (36.4 °C)
Ht	5' 7" (1.702 m)
Wt	187 lb 9.6 oz (85.1 kg)
SpO2	96%
BMI	29.38 kg/m ²

Physical Examination: General appearance - alert, well appearing, and in no distress and oriented to person, place, and time

Mental status - alert, oriented to person, place, and time, normal mood, behavior, speech, dress, motor activity, and

SSA REEDY FAMILY
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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB**1959, Sex: M
Visit date: 8/5/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 08/05/20 1500 (continued)

thought processes

Eyes - pupils equal and reactive, extraocular eye movements intact

Ears - bilateral TM's and external ear canals normal

Nose - normal and patent, no erythema, discharge or polyps

Mouth - mucous membranes moist, pharynx normal without lesions

Neck - supple, no significant adenopathy

Lymphatics - no palpable lymphadenopathy, no hepatosplenomegaly

Chest - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry

Heart - normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops

Abdomen - soft, nontender, nondistended, no masses or organomegaly

Neurological - alert, oriented, normal speech, no focal findings or movement disorder noted

Musculoskeletal - no joint tenderness, deformity or swelling

Skin - normal coloration and turgor, no rashes, no suspicious skin lesions noted

Assessment and plan:

Neurologically intact. Will start on prednisone and recheck . If not better therapy and mri make sense. He has ddd on past mri but none were at that point surgical

Diagnoses and all orders for this visit:

1. Neck pain

2. Acute bilateral low back pain with bilateral sciatica

Other orders

- predniSONE (DELTASONE) 20 mg tablet; Take 40 mg by mouth daily.

Electronically signed by Fuson, James R, MD at 08/05/20 1537

Diagnoses

1. Neck pain [186021] - Primary

2. Acute bilateral low back pain with bilateral sciatica
[2284445]

All Orders

predniSONE (DELTASONE) 20 mg tablet [630789498]

Electronically signed by: Fuson, James R, MD on 08/05/20 1535

Ordering user: Fuson, James R, MD 08/05/20 1535

Ordering mode: Standard

Frequency: DAILY 08/05/20 - 08/17/20

Authorized by: Fuson, James R, MD

Status: Discontinued

Discontinued by: Gill, Sabrina L 08/17/20 1400

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SSA REEDY FAMILY
MEDICINE
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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB**1959, Sex: M
Visit date: 8/17/2020

**08/17/2020 - Office Visit in Reedy Family Medicine
Amb Encounter Report**

Encounter Information

	Provider	Department	Encounter #	Center
8/17/2020 2:00 PM	James R Fuson, MD	Ssa Reedy Family Medicine	700185827439	RFM

Level of Service

Level of Service
PR OFFICE OUTPATIENT VISIT 15 MINUTES [99213]

Previous Visit

Date & Time	Provider	Department	Encounter #
8/5/2020 3:00 PM	Fuson, James R, MD	Reedy Family Medicine	700185133910

Allergies as of 8/17/2020

Review status set to Review Complete on 8/17/2020

No Known Allergies

All Meds and Administrations

triamcinolone acetoneide (KENALOG-40) 40 mg/mL injection 40 mg [633029320]

Ordering Provider: Fuson, James R, MD
Ordered On: 08/17/20 1411
Dose (Remaining/Total): 40 mg (0/1)
Frequency: ONCE
Admin Instructions: For IM Use:Inject deeply into gluteal muscle; inject immediately following withdrawal into syringe

Status: Completed (Past End Date/Time)
Starts/Ends: 08/17/20 1500 - 08/17/20 1426
Route: IntraMUSCular
Rate/Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 08/17/20 1426 Documented: 08/17/20 1427	Given	40 mg	IntraMUSCular Right Gluteus Maximus	Performed by: Gill, Sabrina L Comments: Patient tolerated well Scanned Package: 70121-1169-1

Reason for Visit

Neck Pain prednisone did not help and he is unable to take flexeril during the day due to work an dthe way they make him feel

Shoulder Pain
LOW BACK PAIN

Current Vitals

Most recent update: 8/17/2020 2:03 PM

BP	Pulse	Temp	Ht	Wt
126/68 (BP 1	87	97.2 °F (36.2 °C)	5' 7" (1.702 m)	185 lb 9.6 oz (84.2 kg)
Location: Left arm, BP Patient Position: Sitting)				

SpO2
96%

Current Weights for Dalton, Randall Glen

Recorded	Adjusted	Ideal	Dosing
185 lb 9.6 oz (84.2 kg) 1 month ago	161 lb 10.8 oz (73.3 kg)	145 lb 11.6 oz (66.1 kg)	None

SSA REEDY FAMILY
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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 8/17/2020

**08/17/2020 - Office Visit in Reedy Family Medicine
Amb Encounter Report (continued)**

Current Weights for Dalton, Randall Glen (continued)

First Recorded BMI

Reviewed: 12/12/2019 3:59 PM by Fuson, James R,
MD

Problem List as of 8/17/2020

	Class	Noted - Resolved	Last Modified
Active Problems			
• Hyperlipidemia LDL goal <100		6/13/2016 - Present	6/13/2016 by Fuson, James Robert, MD Entered by Fuson, James Robert, MD
• S/P colonoscopy with polypectomy		5/5/2017 - Present	5/5/2017 by Fuson, James Robert, MD Entered by Fuson, James Robert, MD
Overview Signed 5/5/2017 8:10 AM by Fuson, James Robert, MD Done in 2016 and due in 2021			
• Cervical myelopathy (HCC)		5/9/2019 - Present	5/9/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• Cervical stenosis of spinal canal		5/9/2019 - Present	5/9/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• DDD (degenerative disc disease), lumbar		6/25/2019 - Present	6/25/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD
• Neck pain		6/25/2019 - Present	6/25/2019 by Bucci, Michael N, MD Entered by Bucci, Michael N, MD

All Notes

Progress Notes by Fuson, James R, MD at 08/17/20 1400

Author: Fuson, James R, MD	Service: —	Author Type: Physician
Filed: 08/19/20 0713	Encounter Date: 8/17/2020	Status: Signed
Editor: Fuson, James R, MD (Physician)		

Chief Complaint

Patient presents with

- **Neck Pain**
prednisone did not help and he is unable to take flexeril during the day due to work an dthe way they make him feel
- **Shoulder Pain**
- **LOW BACK PAIN**

Randall Glen Dalton is a 60 y.o. male

SSA REEDY FAMILY
MEDICINE
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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 8/17/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 08/17/20 1400 (continued)

HPI Pt has seen no change from oral steroid. He really would like a kenalog injection and we will do so. He is having worsening symptoms in neck and right arm and shoulder. But he is not tingling or weak. He has hx of trouble with his neck. He also has back pain but that is about at his baseline. He is inclined to be aggressive given his pain. We will hold out of work for 10 days.

Past Medical History:

Diagnosis	Date
• Anxiety	
• Arthritis hand and knees	
• Calculus of kidney	
• Chronic pain	
• History of tetanus, diphtheria, and acellular pertussis booster vaccination (Tdap) due in 2020-- not sure if tdap or not	2010
• Hypercholesterolemia	

Past Surgical History:

Procedure	Laterality	Date
• HX HERNIA REPAIR	Left	
• HX ORTHOPAEDIC knee scope	Left	
• HX OTHER SURGICAL cyst removed from neck age 16		

Social History

Socioeconomic History	
• Marital status:	SINGLE
• Spouse name:	Not on file
• Number of children:	Not on file
• Years of education:	Not on file
• Highest education level:	Not on file
Occupational History	
• Not on file	
Social Needs	
• Financial resource strain:	Not on file
• Food insecurity	
• Worry:	Not on file
• Inability:	Not on file
• Transportation needs	
• Medical:	Not on file
• Non-medical:	Not on file
Tobacco Use	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
Substance and Sexual Activity	
• Alcohol use:	No

SSA REEDY FAMILY
MEDICINE
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STE 100
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Dalton, Randall Glen
MRN: 815213985, DOB: **DOB**/1959, Sex: M
Visit date: 8/17/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 08/17/20 1400 (continued)

- Drug use: No
- Sexual activity: Not on file

Lifestyle

- Physical activity
 - Days per week: Not on file
 - Minutes per session: Not on file
- Stress: Not on file

Relationships

- Social connections
 - Talks on phone: Not on file
 - Gets together: Not on file
 - Attends religious service: Not on file
 - Active member of club or organization: Not on file
 - Attends meetings of clubs or organizations: Not on file
 - Relationship status: Not on file
- Intimate partner violence
 - Fear of current or ex partner: Not on file
 - Emotionally abused: Not on file
 - Physically abused: Not on file
 - Forced sexual activity: Not on file

Other Topics

- Not on file

Social History Narrative

- Not on file

Family History

Problem	Relation	Age of Onset
• Cancer Breast	Mother	
• Cancer tongue, skin	Father	
• Neuropathy multiple sclerosis	Sister	
• MS	Sister	

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• HYDROcodone-acetaminophen (Norco) 10-325 mg tablet	Take 1 Tab by mouth every six (6) hours as needed for Pain for up to 30 days. Max Daily Amount: 4 Tabs.	40 Tab	0
• pravastatin (PRAVACHOL) 40 mg tablet	TAKE 1 TABLET BY MOUTH EVERY NIGHT	90 Tab	1
• cyclobenzaprine (FLEXERIL) 10 mg tablet	Take 10 mg by mouth.		

Current Facility-Administered Medications

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SSA REEDY FAMILY
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STE 100
GREENVILLE SC 29615-6940

Dalton, Randall Glen
MRN: 815213985, DOB: **DOB**1959, Sex: M
Visit date: 8/17/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 08/17/20 1400 (continued)

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
• triamcinolone acetonide (KENALOG-40) 40 mg/mL injection 40 mg	40 mg	IntraMUSCular	ONCE	Fuson, James R, MD		

Review of Systems - History obtained from the patient

Visit Vitals

BP 126/68 (BP 1 Location: Left arm, BP Patient Position: Sitting)
Pulse 87
Temp 97.2 °F (36.2 °C)
Ht 5' 7" (1.702 m)
Wt 185 lb 9.6 oz (84.2 kg)
SpO2 96%
BMI 29.07 kg/m²

Physical Examination: General appearance - alert, well appearing, and in no distress and oriented to person, place, and time

Mental status - alert, oriented to person, place, and time, normal mood, behavior, speech, dress, motor activity, and thought processes

Eyes - pupils equal and reactive, extraocular eye movements intact

Ears - bilateral TM's and external ear canals normal

Nose - normal and patent, no erythema, discharge or polyps

Mouth - mucous membranes moist, pharynx normal without lesions

Neck - supple, no significant adenopathy

Lymphatics - no palpable lymphadenopathy, no hepatosplenomegaly

Chest - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry

Heart - normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops

Abdomen - soft, nontender, nondistended, no masses or organomegaly

Neurological - alert, oriented, normal speech, no focal findings or movement disorder noted

Musculoskeletal - no joint tenderness, deformity or swelling, mild weakness in right triceps.

Skin - normal coloration and turgor, no rashes, no suspicious skin lesions noted

Assessment and plan: Will get mri, of neck, given pain meds and hold out of work for now. Kenalog x1 for treatment.

Diagnoses and all orders for this visit:

SSA REEDY FAMILY
MEDICINE
135 COMMONWEALTH DR
STE 100
GREENVILLE SC 29615-6940

Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 8/17/2020

All Notes (continued)

Progress Notes by Fuson, James R, MD at 08/17/20 1400 (continued)

1. Cervical radicular pain

- MRI CERV SPINE WO CONT; Future
- triamcinolone acetonide (KENALOG-40) 40 mg/mL injection 40 mg
- HYDROcodone-acetaminophen (Norco) 10-325 mg tablet; Take 1 Tab by mouth every six (6) hours as needed for Pain for up to 30 days. Max Daily Amount: 4 Tabs.

Electronically signed by Fuson, James R, MD at 08/19/20 0713

Diagnoses

	Comments
Cervical radicular pain [1220658] - Primary	

All Orders

MRI CERV SPINE WO CONT [633029317]

Electronically signed by: Fuson, James R, MD on 08/17/20 1411

Status: Completed

Ordering user: Fuson, James R, MD 08/17/20 1411

Authorized by: Fuson, James R, MD

Ordering mode: Standard

Frequency: 08/17/20 -

Diagnoses

Cervical radicular pain [M54.12]

triamcinolone acetonide (KENALOG-40) 40 mg/mL injection 40 mg [633029320]

Electronically signed by: Fuson, James R, MD on 08/17/20 1411

Status: Completed

Ordering user: Fuson, James R, MD 08/17/20 1411

Ordering provider: Fuson, James R, MD

Authorized by: Fuson, James R, MD

Ordering mode: Standard

Frequency: ONCE 08/17/20 1500 - 1 occurrence

Diagnoses

Cervical radicular pain [M54.12]

HYDROcodone-acetaminophen (Norco) 10-325 mg tablet [633029323]

Electronically signed by: Fuson, James R, MD on 08/17/20 1411

Status: Expired

Ordering user: Fuson, James R, MD 08/17/20 1411

Authorized by: Fuson, James R, MD

Ordering mode: Standard

PRN reasons: Pain

Frequency: Q6H PRN 08/17/20 - 30 days

Max daily dose: 4 Tabs

Diagnoses

Cervical radicular pain [M54.12]

CLINICAL LAB RESULTS

Lab Results

None

SSA REEDY FAMILY
MEDICINE
135 COMMONWEALTH DR
STE 100
GREENVILLE SC 29615-6940

Dalton, Randall Glen
MRN: 815213985, DOB: **DOB** 1959, Sex: M
Visit date: 8/17/2020

Patient Reported Taking

	Dosage
HYDROcodone-acetaminophen (Norco) 10-325 mg tablet (Taking/Expired)	Take 1 Tab by mouth every six (6) hours as needed for Pain for up to 30 days. Max Daily Amount: 4 Tabs.
pravastatin (PRAVACHOL) 40 mg tablet (Taking)	TAKE 1 TABLET BY MOUTH EVERY NIGHT
cyclobenzaprine (FLEXERIL) 10 mg tablet (Taking)	Take 10 mg by mouth.

Meds At Start of Encounter

	Disp	Refills	Start	End
pravastatin (PRAVACHOL) 40 mg tablet (Taking) Sig: TAKE 1 TABLET BY MOUTH EVERY NIGHT	90 Tab	1	7/27/2020	
cyclobenzaprine (FLEXERIL) 10 mg tablet (Taking) Sig - Route: Take 10 mg by mouth. - Oral Class: Historical Med			6/26/2017	
predniSONE (DELTASONE) 20 mg tablet Sig - Route: Take 40 mg by mouth daily. - Oral	20 Tab	0	8/5/2020	8/17/2020

Discontinued Medications

	Reason for Discontinue
predniSONE (DELTASONE) 20 mg tablet	

Ordered Medications

	Disp	Refills	Start	End
HYDROcodone-acetaminophen (Norco) 10-325 mg tablet Take 1 Tab by mouth every six (6) hours as needed for Pain for up to 30 days. Max Daily Amount: 4 Tabs. - Oral	40 Tab	0	8/17/2020	9/16/2020

Ordered Facility-Administered Medications

	Dose	Freq	Start	End
triamcinolone acetonide (KENALOG-40) 40 mg/mL injection 40 mg Route: IntraMUSCular	40 mg	ONCE	8/17/2020	8/17/2020

Flowsheets (all recorded)

Encounter Vitals

Row Name	08/17/20 1359

Enc Vitals

BP	126/68 -SG
Pulse	87 -SG
Temp	97.2 °F (36.2 °C) -SG
SpO2	96 % -SG
Weight	185 lb 9.6 oz (84.2 kg) -SG2
Height	5' 7" (1.702 m) -SG
Recorded by	[SG] Gill, Sabrina L 08/17/20 1403 [SG2] Gill, Sabrina L 08/17/20 1359

Vitals

BP 1 Location	Left arm -SG
Recorded by	[SG] Gill, Sabrina L 08/17/20 1403

Vital Signs

BP Patient	Sitting -SG

SSA REEDY FAMILY
MEDICINE
135 COMMONWEALTH DR
STE 100
GREENVILLE SC 29615-6940

Dalton, Randall Glen
MRN: 815213985, DOB: **DOB**1959, Sex: M
Visit date: 8/17/2020

Flowsheets (all recorded) (continued)

Position
Recorded by [SG] Gill, Sabrina L
08/17/20 1403

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name
SG	Gill, Sabrina L

Instructions

None

Follow-up and Disposition History

08/17/2020 1413 - James R Fuson, MD

Dispositions:

- Return in about 10 days (around 8/27/2020).

Disposition

- Return in about 10 days (around 8/27/2020).

END OF REPORT

APA # 7

Pain Medicine- Eastside



Pain Medicine-Eastside Dalton, Randall Glen
 21 Brendan Way MRN: 971313796, DOB: [REDACTED] 1959, Sex
 GREENVILLE SC 29615- M
 3514 Visit date: 10/5/2020

Dalton, Randall Glen

MRN: 971313796

Office Visit 10/5/2020

Pain Medicine-Eastside

Provider: Smith, Phillip Joshua, MD (Pain Medicine)

Primary diagnosis: Myofascial pain

Reason for Visit: Lower Back - New Patient, Pain, Neck - New Patient, Pain;

Referred by Fuson, James R, MD

Progress Notes

Smith, Phillip Joshua, MD (Physician) • Pain Medicine

New Patient Consultation

Referring Physician: James R Fuson, MD

Chief Complaint: New Patient and Pain of the Lower Back and New Patient and Pain of the Neck

Randall Glen Dalton 60 y.o. male
 Presents today as a new patient consultation.

Patient fell down stairs on June 25, 2017.
 He has chronic neck and back pain since that time. Pain does not refer down his arms or legs.
 His pain is constant, but worse in the evening.
 He characterizes the pain as throbbing, shooting, stabbing, sharp, aching.
 His pain is improved with lying down and medications.
 Pain is made worse with standing, lifting.

Pain exacerbated several weeks ago without clear trigger. PCP took patient out of work.
 Employed full time doing maintenance.
 Has pain shooting up right shoulder into head, down spine. Pain like this flairs up periodically,
 resolves on its own. Has missed work 2 times this year. No improvement over past 2 weeks.

He describes a VAS of 6-8 out of 10.

With respect to previous treatments:

Neuropathic agents: Gabapentin did not provide benefit, Lyrica has not been trialed
 Antidepressants: Effexor, Cymbalta, Amitriptyline, Nortriptyline have not been trialed
 Muscle Relaxants: Flexeril uses at night "knocks me out", tizanidine, baclofen, Skelaxin,
 Robaxin have not been trialed
 NSAIDs: Celebrex, Lodine, Meloxicam, Voltaren have not been trialed or unclear if trialed,
 Ibuprofen does not provide benefit, Aleve uses with minimal benefit
 Opioids: provides benefit, uses when needed

Injections: Bilateral L5-S1 TFESI with Dr. Behr. No CESI.
 Has been treated by Dr. Lim in the past. No surgery.

Physical Therapy: trialed in the past. The TENS unit that he uses with benefit at home.

PMH:

Past Medical History:

Diagnosis	Date
• Anxiety	
• Arthritis	
• Back pain	sciatica ---- bilateral
• Calculus of kidney	
• Chronic pain disorder <i>hands and knees</i>	
• Family history of colon cancer <i>Father</i>	
• Head congestion <i>onset 5-26-2016</i>	
• HOH (hard of hearing)	
• Hyperlipidemia	
• Kidney stones	
• Patient Denies ANESTHESIA Complications	
• Wears glasses	

PSH:

Past Surgical History:

Procedure	Laterality	Date
• CARPAL TUNNEL RELEASE	Bilateral	1997
• COLONOSCOPY <i>Dr. McGill</i>		10/28/2011
• CYST REMOVAL <i>benign cyst excised from neck</i>		1977
• INGUINAL HERNIA REPAIR <i>w/ mesh - Dr. McGill</i>		2011
• KNEE ARTHROSCOPY <i>? site</i>		1990s
• LAPAROSCOPIC INGUINAL HERNIA REPAIR <i>recurrent left direct inguinal hernia (2cm) and initial right indirect inguinal hernia (1cm) repaired with laparoscopic TAPP approach using 12 x 15cm vitamesh</i>		10/20/2017

FMH:

Family History

Problem	Relation	Age of Onset
• Breast cancer	Mother	
• Colon cancer	Father	
• Skin cancer	Father	
• Cancer	Father	

- tongue, skin*
- Multiple sclerosis Sister
 - Neuropathy Sister

SH:

Social History**Socioeconomic History**

- Marital status: Divorced
 - Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity
 - Worry: Not on file
 - Inability: Not on file
- Transportation needs
 - Medical: Not on file
 - Non-medical: Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: Yes
 - Frequency: Monthly or less
 - Comment: 6 x year*
- Drug use: No
- Sexual activity: Not Currently

Lifestyle

- Physical activity
 - Days per week: Not on file
 - Minutes per session: Not on file
- Stress: Not on file

Relationships

- Social connections
 - Talks on phone: Not on file
 - Gets together: Not on file
 - Attends religious service: Not on file
 - Active member of club or organization: Not on file
 - Attends meetings of clubs or organizations: Not on file
 - Relationship status: Not on file
- Intimate partner violence
 - Fear of current or ex partner: Not on file

Emotionally abused: Not on file
 Physically abused: Not on file
 Forced sexual activity: Not on file
 Other Topics Concern
 • Not on file
 Social History Narrative
 • Not on file

Psych:

Anxiety: Denies
 Depression: Denies
 Suicidal or homicidal ideation: Denies
 Physical or Sexual Abuse: Denies

Allergies:

No Known Allergies

Meds:**Outpatient Encounter Medications as of 10/5/2020**

Medication	Sig	Dispense	Refill
• cyclobenzaprine (FLEXERIL) 10 mg tablet	Take 1 tablet (10 mg) by mouth 3 (three) times a day as needed for muscle spasms.	20 tablet	0
• HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	Take by mouth as needed.		
• naproxen (NAPROSYN) 500 mg tablet	Take by mouth 2 (two) times a day.		
• pravastatin (PRAVACHOL) 40 MG tablet	Take 40 mg by mouth nightly		

No facility-administered encounter medications on file as of 10/5/2020.

ROS:

Review of Systems

Constitutional: Positive for fatigue.

Musculoskeletal: Positive for back pain, gait problem, myalgias and neck pain.

Neurological: Positive for weakness.

All other systems reviewed and are negative.

Exam:**Physical Exam**

Vitals signs and nursing note reviewed.

Constitutional:

General: He is not in acute distress.
Appearance: He is well-developed. He is not diaphoretic.

HENT:

Head: Normocephalic and atraumatic.
Right Ear: External ear normal.
Left Ear: External ear normal.
Nose: Nose normal.
Mouth/Throat:
Pharynx: No oropharyngeal exudate.

Eyes:

General: No scleral icterus.
Right eye: No discharge.
Left eye: No discharge.
Conjunctiva/sclera: Conjunctivae normal.
Pupils: Pupils are equal, round, and reactive to light.

Neck:

Musculoskeletal: Normal range of motion.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: No wheezing.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert and oriented to person, place, and time.
Cranial Nerves: No cranial nerve deficit.
Coordination: Coordination normal.

Psychiatric:

Behavior: Behavior normal.
Thought Content: Thought content normal.
Judgment: Judgment normal.

Orthopaedic Exams

Neck Exam

Tenderness

Tenderness: no tenderness

Sensation

Normal sensation of upper extremities

Reflexes

Normal reflexes of upper extremities

Strength

Normal strength of upper extremities

Back Exam

Tenderness

Tenderness : lumbar

Range of Motion

Normal back ROM

Tension Signs

Straight Leg Raise:

Right:,back pain,,

Left:,back pain,,

Functional Assessment

Toe Walk: normal

Heel walk: normal

Sensation

Lower extremity sensory exam normal

Comments

Right sided facet loading reproduces pain

FABER, FAIR cause back pain

Imaging/Lab data: August, 2020 cervical MRI demonstrates disc osteophyte complex at C5-6 without significant stenosis or foraminal narrowing

Assessment

Assessment:

Diagnosis

1. Cervical pain

2. Cervical radiculitis

3. Acute right-sided low back pain with right-sided sciatica

Plan

Ambulatory Referral to Pain Management
metaxalone (SKELAXIN) 800 mg tablet
diclofenac (VOLTAREN) 75 mg EC tablet
ketorolac 1 mL

Ambulatory Referral to Pain Management
metaxalone (SKELAXIN) 800 mg tablet
diclofenac (VOLTAREN) 75 mg EC tablet
ketorolac 1 mL

Ambulatory Referral to Pain Management
metaxalone (SKELAXIN) 800 mg tablet
diclofenac (VOLTAREN) 75 mg EC tablet
ketorolac 1 mL

Plan:

Patient has longstanding neck and back pain. Has intermittent exacerbations that appear to be myofascial in nature.

Continue using TENS unit.

Performed TPI today into bilateral trapezius, lateral cervical paraspinals. 27 G 1.5 inch needle was used without adverse effect to inject a combination of 7 mL's of 0.5% bupivacaine with 30 mg of Toradol.

Changed Aleve to diclofenac 75 mg BID.

Changed Flexeril to Skelaxin 800 mg TID.

RTc in 6 weeks.

Can consider ESI in the future for back pain.

The SCRIPTS database was checked 10/5/2020.

Parts or the entirety of this document were transcribed utilizing voice recognition software. Transcription errors may be present.

CC: Fuson, James R, MD

Instructions

☒ Return in about 6 weeks (around 11/16/2020).

After Visit Summary (Printed 10/5/2020)

Additional Documentation

Vitals: Resp 17 Ht 1.727 m (5' 8") Wt 79.4 kg (175 lb) BMI 26.61 kg/m² BSA 1.95 m²

Pain Sc 6 (Loc: Back) (Edu: Yes)

Flowsheets: Travel and Exposure Screening, Data

Encounter Info: Billing Info, History, Allergies, Detailed Report

No questionnaires available.

Encounter Status

Electronically signed by Smith, Phillip Joshua, MD on 10/5/20 at 16:34

You do not have security to view plans of care

Orders Performed

Ambulatory Referral to Pain Management Closed

Medication Changes

As of 10/5/2020 4:28 PM

	Refills	Start Date	End Date
Added: diclofenac (VOLTAREN) 75 mg EC tablet	3	10/5/2020	11/4/2020
Take 1 tablet (75 mg) by mouth every 12 (twelve) hours as needed (moderate pain) - Oral			
Added: metaxalone (SKELAXIN) 800 mg tablet	2	10/5/2020	11/4/2020
Take 1 tablet (800 mg) by mouth 3 (three) times a day - Oral			

Medications Administered

ketorolac tromethamine 1 mL

Visit Diagnoses

Myofascial pain M79.18
 Cervical pain M54.2
 Cervical radiculitis M54.12
 Acute right-sided low back pain with right-sided sciatica M54.41

Allergies

No Known Allergies

Medical History

Diagnosis	Date	Comment	Source
Anxiety			
Arthritis			
Back pain	sciatica ---- bilateral		
Calculus of kidney			
Chronic pain disorder		hands and knees	
Family history of colon cancer		Father	
Head congestion		onset 5-26-2016	
HOH (hard of hearing)			
Hyperlipidemia			
Kidney stones			
Patient Denies ANESTHESIA			
Complications			
Wears glasses			

Surgical History

Procedure	Laterality	Date	Comment	Source
CARPAL TUNNEL RELEASE	Bilateral	1997		
COLONOSCOPY		10/28/2011	Dr. McGill	
CYST REMOVAL		1977	benign cyst excised from neck	
INGUINAL HERNIA REPAIR		2011	w/ mesh - Dr. McGill	
KNEE ARTHROSCOPY		1990s	? site	
LAPAROSCOPIC INGUINAL HERNIA REPAIR		10/20/2017	recurrent left direct inguinal hernia (2cm) and initial right indirect inguinal hernia (1cm) repaired with laparoscopic TAPP approach using 12 x 15cm vitamesh	

Family History

Relation	Problem	Comments
Mother (Alive)	Breast cancer	
Father (Alive)	Cancer	tongue, skin
	Colon cancer	
	Skin cancer	
Sister (Alive)	Multiple sclerosis	
	Neuropathy	

Tobacco Use

Never smoked or used smokeless tobacco.

Alcohol Use

Yes.

Frequency of alcohol consumption: Monthly or less

Comments: 6 x year

Drug Use

No.

Sexual Activity

Not currently sexually active.

Encounter Coverage and Financial Information

[Click to view encounter coverage and financials including charges and LOS.](#)

APA # 8

Innervision Medical Imaging



SCANNED

Innovision Medical Imaging, Eastside
One Marcus Drive, Greenville, SC 29615
p. (864) 242-2020 f. (864) 240-8776

SOUTH CAROLINA DIAGNOSTIC IMAGING

PATIENT: DALTON, RANDALL
DOB: **DOB**/1959
MRN: 1207220
PHONE: 864-915-8362 (Mobile)
PHYSICIAN: MICHAEL HOENIG, MD
EXAM DATE: 11/27/2017

EXAM: MR Right Shoulder Without Contrast

REASON FOR EXAM: right shoulder pain

HISTORY: Right shoulder pain x 6 months. Pain is anterior, intermittent right hand paresthesias. Falling injury 6 months out.

TECHNIQUE: MRI right shoulder without contrast with water and fat sensitive techniques in varying planes.

FINDINGS: Slight decreased volume of the supraspinatus muscle belly. No edema of the rotator cuff musculature. Large full-thickness tear of the supraspinatus tendon from its insertion. The tear measures approximately 17 mm AP and there is a fluid-filled retraction gap which measures 18 mm transverse. Mild retraction of the supraspinatus myotendinous junction. Severe infraspinatus tendinopathy involving the distal 20 mm of this tendon. Moderate subacromial-subdeltoid bursal fluid. Moderate long head biceps sheath fluid. Small glenohumeral joint effusion. Intact and normally located long head biceps tendon. Moderate mid-and-distal subscapularis tendinosis. This is more pronounced distally. Mild signal brightening within the rotator interval at the humeral attachment of the superior glenohumeral ligament. No subluxation or dislocation of the long head biceps tendon. No definite labral tear. Type I acromion configuration. Moderate AC joint fluid. AC joint arthropathy is present. No definite medial or lateral arch encroachment.

CONCLUSION:

1. Large full-thickness tear of the supraspinatus tendon from its insertion with a fluid-filled retraction gap.
2. Severe infraspinatus and moderate subscapularis tendinosis.
3. Subacromial-subdeltoid bursal fluid.
4. Moderate AC arthropathy.

Jeffrey R Shramek, MD

JS/amb

DD: 11/28/2017 09:13 A

DT: 11/28/2017 10:59 A

Accession#: 08-2731349 VS#: 121485158 CS#: 2512447

cc:

Electronically Signed and Reviewed by Jeffrey R Shramek, MD 11/28/2017 11:52 A



SOUTH CAROLINA DIAGNOSTIC IMAGING

Innervision Medical Imaging Eastside
One Marcus Drive Greenville, SC 29615
p: (864) 242-2020 f: (864) 240-5776

PATIENT: DALTON, RANDALL
DOB: DOB/1959
MRN: 1207220
PHONE: 864-915-8362 (Mobile)
PHYSICIAN: CHI LIM, MD
EXAM DATE: 01/22/2018

EXAM: MR Right Hip Without Contrast

REASON FOR EXAM: pain

ADDITIONAL HISTORY: Fell at work several months ago. Right hip pain wraps anteriorly to the groin.

TECHNIQUE: MRI right hip without contrast with water and fat sensitive techniques in varying planes.

FINDINGS: Mild and symmetric bilateral hamstring origin tendinosis. Normal iliopsoas insertions. Unremarkable gluteus medius tendons. Mild bilateral gluteus minimus tendinopathy. Unremarkable piriformis and obturator tendons.

Normal SI joints and sciatic nerves. Bilateral femoral head configurations.

Normal signal and configuration of the right labrum. Normal thickness and contour of the cartilage of the right femoral head and acetabulum. Mild BPH. Degree of heterogeneity of the prostate gland with mild prostatomegaly.

No hip joint effusions. No fracture or AVN of either hip.

IMPRESSION:

1. Negative evaluation of the right hip joint. Mild right gluteus minimus tendinosis.
2. Intact pelvic ring. Normal SI joints.
3. BPH.

Jeffrey K Shramek, MD

JS/tp

DD: 01/23/2018 07:34 A

DT: 01/23/2018 08:00 A

Accession#: 08 2761983 VS#: 121534016 CS#: 2561512
cc:

Electronically Signed and Reviewed by Jeffrey K Shramek, MD 01/23/2018 08:43 A

APA # 9

MD 360

Dalton, Randall GlenMRN: 971313796
Description: 57 year old male**MD360 Provider Note** Date of Service: 6/26/2017 11:03 AM**Justine Catherine Liptak, MD**

Family Medicine

History**Chief Complaint**

Patient presents with:

- Fall

Right shoulder, back right groin, and hip pain s/p falling down 5 steps on Sunday morning @ 3am.

HPI Comments: Pt slipped down approx 4-5 steps, slid down on back and R side, occurred at work at The Muffin Man approx 33 hours ago. Pain is diffuse R groin, R lateral/posterior hip, up R back to R diffuse shoulder, and bilateral upper chest. C/o pain gradually worsening, worse w/ laying down, standing up, going from seated to standing or lying positions, or moving R arm. Reports R lower back pain with deep inspiration, denies chest pain worse w/ deep inspiration. Denies shortness of breath. Denies head injury or loss of consciousness but reports headache afterwards. Pt is ambulatory with pain.

Pt has h/o R groin hernia, s/p repair. Had acute injury w/ groin strain at work, hernia recurred. Pt concerned re acute exacerbation of R hernia since yesterday's injury.

Patient is a 57 y.o. male presenting with fall. The history is provided by the patient and the spouse.

Fall

Associated symptoms include headaches. Pertinent negatives include no fever, no abdominal pain and no hematuria.

Past Medical History

Diagnosis	Date
• Family history of colon cancer	
<i>Father</i>	
• Head congestion	
<i>onset 5-26-2016</i>	
• Back pain	sciatica ---- bilateral
• Wears glasses	
• HOH (hard of hearing)	
• Patient Denies ANESTHESIA Complications	

Past Surgical History

Procedure	Laterality	Date
• Inguinal hernia repair		2011
<i>w/ mesh - Dr. McGill</i>		
• Colonoscopy		10/28/2011
<i>Dr. McGill</i>		
• Knee arthroscopy		1990s
<i>? site</i>		
• Carpal tunnel release	Bilateral	1997
• Cyst removal		1977

benign cyst excised from neck

Family History

Problem	Relation	Age of Onset
• Colon cancer	Father	
• Skin cancer	Father	
• Multiple sclerosis	Sister	

Social History

Substance Use/Topic	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol Use:	Yes
<i>Comment: 6 x year</i>	

Review of Systems

Constitutional: Negative for fever.

HENT: Negative for trouble swallowing.

Eyes: Negative for visual disturbance.

Respiratory: Negative for shortness of breath.

Cardiovascular: Positive for chest pain (c/o bilateral upper chest wall pain with movement).

Gastrointestinal: Negative for abdominal pain and anal bleeding.

Genitourinary: Negative for hematuria.

Denies incontinence

Musculoskeletal: Positive for back pain and arthralgias.

Skin: Negative for wound.

Neurological: Positive for headaches. Negative for syncope.

Hematological: Does not bruise/bleed easily.

Physical Exam

BP 122/77 mmHg | Pulse 51 | Temp(Src) 97.6 °F (36.4 °C) (Oral) | Resp 16 | Ht 1.727 m (5' 8") |
Wt 81.647 kg (180 lb) | BMI 27.38 kg/m2 | SpO2 99%

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.

Uncomfortable, sitting and moving stiffly due to diffuse R sided pain

Eyes: Conjunctivae and EOM are normal.

Neck: Neck supple.

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal.

Abdominal: Soft. Bowel sounds are normal.

Musculoskeletal:

Tender to palp R paraspinal and midline lower cervical spine and diffuse lumbar. Good ROM shoulders and hips bilat but pain with moving R shoulder and R hip. Mild tenderness to palpation R>L anterior/lateral chest. Moderate tenderness to palp lateral R hip and inguinal groin.

Neurological: He is alert and oriented to person, place, and time. No cranial nerve deficit.

Coordination normal.

5/5 strength/sensn throughout

Psychiatric: He has a normal mood and affect. His behavior is normal.

Nursing note and vitals reviewed.

ED Course**Procedures****MDM**

xrays show no acute bony injury. Most consistent w/ strain. May need physical therapy. Concern re repeat work injury to R groin since having hernia repair. Treat acute pain not relieved by aleve w/ norco and flexeril. Refer to chos for further evaluation/treatment.

Results

Labs Reviewed - No data to display

Problem List Items Addressed This Visit

None

Visit Diagnoses

Neck pain on right side - Primary

Relevant Medications

cyclobenzaprine (FLEXERIL) 10 mg tablet

HYDROcodone-acetaminophen (NORCO) 5-325 mg
per tablet

Other Relevant Orders

XR cervical spine 2 or 3 views (Completed)

Ambulatory Referral to Occupational Medicine

Acute pain of right shoulder**Relevant Medications**

cyclobenzaprine (FLEXERIL) 10 mg tablet

HYDROcodone-acetaminophen (NORCO) 5-325 mg
per tablet

Other Relevant Orders

XR shoulder right 2+ views (Completed)

Ambulatory Referral to Occupational Medicine

Acute right-sided low back pain without sciatica**Relevant Medications**

cyclobenzaprine (FLEXERIL) 10 mg tablet

HYDROcodone-acetaminophen (NORCO) 5-325 mg
per tablet

Other Relevant Orders

XR lumbar spine 2 or 3 views (Completed)

Ambulatory Referral to Occupational Medicine

Acute right hip pain**Relevant Medications**

cyclobenzaprine (FLEXERIL) 10 mg tablet

HYDROcodone-acetaminophen (NORCO) 5-325 mg
per tablet

Other Relevant Orders

XR hip right 2+ views (Completed)

Ambulatory Referral to Occupational Medicine

Groin pain, right**Relevant Medications**

cyclobenzaprine (FLEXERIL) 10 mg tablet
HYDROcodone-acetaminophen (NORCO) 5-325 mg
per tablet

Other Relevant Orders

XR hip right 2+ views (Completed)

Ambulatory Referral to Occupational Medicine

Justine Catherine Liptak, MD

06/26/17 1438

Electronically signed by Justine Catherine Liptak, MD at 6/26/2017 2:38 PM

UC on 6/26/2017

APA # 10

Center for Health and Occupational Services

Patient Charting NoteRandall Glen Dalton , DOB: **DOB** 1959

Date

Charting Summary

Provider

Clinician

7/06/2017	WC - Injury - New	CLOSEY, OTIS MD	WOOLF, BARBARA GAIL
	Injury Date: 6/25/2017		

Subjective:**CHIEF COMPLAINT:**

7-6-17 Patient states he slipiped on some stairs and fell down 4-5 steps. Injured back, neck and groin. He went to MD360 on Verdae. Has been on muscle relaxant and pain med. Does not feel like he is improving. Here to see OM provider for eval.

HISTORY OF PRESENT ILLNESS:

Pt is a 57 y/o white male maintenance mechanic here for a follow-up visit after going to the MD360 clinic on June 27, 2017 for injuries asociated with a fall at work. I have reviewed the notes from the MD360 visit. He reports walking down some stairs at work and falling down 4-5 steps. He injured his neck, rt shoulder, low back, right hip, and the right groin area. He was x-rayed at the MD 360 clinic and no acute findings were noted. He was prescribed Flexeril and Norco. Mr. Dalton has been off work since the incident and his regular work schedule starts tomorrow.

PAST MEDICAL HISTORY:

ALLERGIES / ADVERSE REACTIONS: Patient claims to have no known drug allergies or adverse reactions.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Patient denies: change in appetite, chills, fatigue, fever, sweats, or weight loss.

CARDIOVASCULAR: Patient has no complaints: chest pain or pressure, fainting, or irregular heart beat.

RESPIRATORY: Patient has no complaints: congestion, cough, shortness of breath, or wheezing.

GENITOURINARY: Patient denies: discharge, frequent urination, nighttime urination, or painful urination.

MUSCULOSKELETAL: See exam results

NEUROLOGICAL: Patient has no complaints of: headache, light headedness, numbness, poor balance, tingling, or weakness.

Objective:**EXAMINATION:**

Height: 69 inches. Weight: 182 pounds. BMI: 26.9. Temperature: 32°F. Blood Pressure: 120/75. Pulse: 75. BP was taken from the Left arm while Sitting. Respiration: 16. (Entered by WOOLF, BARBARA GAIL 7/06/2017 at 10:38AM).

Neck - nontender on palpation, good ROM with tenderness on extreme flexion, also tender on lateral rotation, no palpable spasm

Rt Shoulder - tender at AC joint , good ROM with tenderness on extreme motions, no palpable spasm

Low Back - tender at rt paraspinous muscle region at L5/S1, good ROM, SLR to 45 degrees rt side, 75 degrees lt side; Laseque's negative.

Patient Charting NoteRandall Glen Dalton , DOB: **DOB**1959

Date Charting Summary Provider Clinician

7/06/2017 WC Injury New OTIS MD WGOLEB, BARBARA GARY
Injury Date: 6/25/2017

Rt Hip - tender at lateral aspect, good ROM aith tenderness on extreme motions

Rt Inguinal Region - tender on palpation with no massess present, no hernia noted.

Neurovascular - intact, no significant findings.

Assessment:**ASSESSMENT:**

Initial Neck - Contusion - Initial, acute.

Initial Shoulder - Pain, Joint - Right, acute.

Initial Back - Pain - Low Back, acute.

Initial Hip - Pain, Joint - Right, acute.

Initial Groin - Strain - Musc / Tend - Right - Initial, acute.

WORK STATUS / ASSESSMENT:

Off work until Sunday evening (7/9/17), then restricted duty: no lifting over 10 lbs., no excessive twisting or bending at waist level, no squatting, no forklift driving, sedentary work preferably with frequent breaks.

Plan:**TREATMENT PLAN / ORDERS:**

Prescribed Naproxen Sodium Oral Tablet 500 MG, 500 mg. 1 tablet Orally 2 times a day with food. Take with food to prevent stomach irritation. #36 tablets. 1 refills. (COSBY, OTIS MD, 7/06/17 at 11:26AM).

PATIENT INSTRUCTIONS:

Continue Flexeril and Hydrocodone as prescribed (only take these meds at home).

Apply ice or heat therapy.

FOLLOW-UP APPOINTMENT:

Return for Work Comp Follow-up appointment on 7/13/2017.

Signature:

Otis Cosby Jr., M.D.

Date: 7/06/2017 12:40PM

Patient Charting NoteRandall Glen Dalton , DOB: **DOB**1959

Date	Charting Summary	Provider	Clinician
7/13/2017	WC - Injury - Follow Up Injury Date: 6/25/2017	DRURY, OUS, MD	HOLLIDAY, MARCELLE ELIZABETH

Subjective:**CHIEF COMPLAINT:**

7-6-17 Patient states he slipped on some stairs and fell down 4-5 steps. Injured back, neck and groin. He went to MD360 on Verdae. Has been on muscle relaxant and pain med. Does not feel like he is improving. Here to see OM provider for eval.

7/13/17 F/U Pt states back and neck pain are no better than last visit. Groin pain is slightly better. Worked last night and states he feels miserable today because of the pain. When he left work this morning his back was "seizing up". He states he feels so tense that his whole body aches. meh,rn

HISTORY OF PRESENT ILLNESS:

F/U of multiple injuries related to a fall at work, including the neck, rt shoulder, low back, rt hip, and rt inguinal region. He has been working restricted duty essentially doing sedentary work. Today, he reports still having mainly lower back, rt hip, and neck pain. The groin pain seems to be improving very well. Also, he reports taking the prescribed meds and needs a refill of the pain medication.

PAST MEDICAL HISTORY:

ALLERGIES / ADVERSE REACTIONS: Patient claims to have no known drug allergies or adverse reactions.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Patient denies: change in appetite, chills, fatigue, fever, sweats, or weight loss.

CARDIOVASCULAR: Patient has no complaints: chest pain or pressure, fainting, or irregular heart beat.

RESPIRATORY: Patient has no complaints: congestion, cough, shortness of breath, or wheezing.

GENITOURINARY: Patient denies: discharge, frequent urination, nighttime urination, or painful urination.

MUSCULOSKELETAL: See exam results

NEUROLOGICAL: Patient has no complaints of: headache, light headedness, numbness, poor balance, tingling, or weakness.

Objective:**EXAMINATION:**

Temperature: 96.5°F. Blood Pressure: 131/80. Pulse: 83. BP was taken from the Right arm while Sitting. (Entered by HOLLIDAY, MARCELLE ELIZABETH 7/13/2017 at 9:00AM).

Neck - mild tenderness on palpation, good ROM with tenderness on extreme flexion, no palpable spasm

Rt Shoulder - still tender at AC joint but improved, good ROM with tenderness on extreme motions, no palpable spasm

Low Back - some tenderness at mid region at L5/S1, good ROM, SLR to 45 degrees rt side, 75 degrees lt side;

Patient Charting Note **Randall Glen Dalton , DOB: DOB1959**

Date	Charting Summary	Provider	Clinician
7/13/2017	WC - Injury - Follow Up Injury Date: 6/25/2017	COSBY, OTIS MD	HILL, LISA V. NARRATIVE: BETH ABETH

Laseque's negative.

Rt Hip - tender at lateral aspect, good ROM aith tenderness on extreme motions

Rt Inguinal Region - only mild tenderness on palpation with no massess present, no hernia noted.

Neurovascular - intact, no significant findings.

Assessment:

ASSESSMENT:

Initial Neck - Contusion - mild improvement

Initial Shoulder - Pain, Joint - mild improvement.

Initial Back - Pain - Low Back - minimal improvement.

Initial Hip - Pain, Joint - Right - some improvement.

Initial Groin - Strain - Musc / Tend - Right - Initial, acute - improving

WORK STATUS / ASSESSMENT:

No lifting over 10 lbs., no excessive twisting or bending at waist level, no squatting, no forklift driving, sedentary work preferably with frequent breaks.

Plan:

TREATMENT PLAN / ORDERS:

REQUEST FOR PHYSICAL THERAPY AUTHORIZATION:

I recommended physical therapy;
two times weekly for four weeks

PT MEDICAL NECESSITY:

Treatment Goals: Increased ROM / Flexibility, Increased Strength, Increase Function and Stabilization
 Patient Problems: Stiffness, Weakness, Pain and Limited ROM
 Body Parts: Neck / Cervical Spine, Back / Lumbar & Sacral Spine, Right - Upper Extremity and Right - Lower Extremity. (COSBY, OTIS MD, 7/13/17 at 9:48AM).

Ordered Hydrocodone 5mg-500mg, 500 mg-5 mg. 1 to 2 tablets orally every 6 hours as needed for pain. May impair the mental abilities necessary for potentially hazardous tasks such as driving or operating machinery. Avoid use of machinery and or driving. Dispense: 20 tablets. (COSBY, OTIS MD, 7/13/17 at 9:54AM).-- written on prescription pad.

Date: 10/02/2017

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Patient Charting Note

Randall Glen Dalton , DOB: **DOB**1959

Date	Charting Summary	Provider	Clinician
7/13/2017	WC - Injury - Follow Up Injury Date: 6/28/2017	OTIS, OTIS, MD	HOLSTON, MARSHALL, N.D. ABETH

PATIENT INSTRUCTIONS:

Continue Naprosyn, Flexeril and Norco as prescribed (only take these meds at home).

Apply ice or heat therapy.

FOLLOW-UP APPOINTMENT:

Return for Work Comp Follow-up appointment on 7/27/2017.

Signature:

Otis Cosby Jr., M.D.

Date: 7/13/2017 12:55PM

Patient Charting NoteRandall Glen Dalton , DOB: **DOB**1959

Date Charting Summary

Provider

Clinician

7/21/2017	7/21/2017 Follow Up Injury Date: 7/23/2017	BERRY, DEBORAH MICHELE	BERRY, DEBORAH MICHELE

Subjective:**CHIEF COMPLAINT:**

7-6-17 Patient states he slipped on some stairs and fell down 4-5 steps. Injured back, neck and groin. He went to MD360 on Verdae. Has been on muscle relaxant and pain med. Does not feel like he is improving. Here to see OM provider for eval.

7/13/17 F/U Pt states back and neck pain are no better than last visit. Groin pain is slightly better. Worked last night and states he feels miserable today because of the pain. When he left work this morning his back was "seizing up". He states he feels so tense that his whole body aches. meh,rn

7/21/17 F/U Pt continues to have neck and back pain and spasms. States having numbness in R hand and tingling in L. Unable to turn head from side to side. Has been doing "light duty" at work but having a difficult time sitting in a chair at work. Continues to take flexeril and norco with some relief when at home. dmb, rn

HISTORY OF PRESENT ILLNESS:

F/U of neck, rt shoulder, low back, rt hip, and rt inguinal region and reports very minimal improvement. He has missed some days of work due to the discomfort, with most of his pain in the neck and low back, along with numbness of his rt forearm. He has not been contacted regarding scheduling PT and has been taking the meds with mild to moderate relief. He is scheduled to be off work for the next 2 nights and will return to work Sunday night.

PAST MEDICAL HISTORY:

ALLERGIES / ADVERSE REACTIONS: Patient claims to have no known drug allergies or adverse reactions.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Patient denies: change in appetite, chills, fatigue, fever, sweats, or weight loss.

CARDIOVASCULAR: Patient has no complaints: chest pain or pressure, fainting, or irregular heart beat.

RESPIRATORY: Patient has no complaints: congestion, cough, shortness of breath, or wheezing.

GENITOURINARY: Patient denies: discharge, frequent urination, nighttime urination, or painful urination.

MUSCULOSKELETAL: See exam results

NEUROLOGICAL: Patient has no complaints of: headache, light headedness, numbness, poor balance, tingling, or weakness.

Objective:**EXAMINATION:**

Blood Pressure: 136/85. Pulse: 100. BP was taken from the Left arm while Sitting. Respiration: 16. (Entered by BERRY, DEBORAH MICHELE 7/21/2017 at 1:20PM).

Exam essentially unchanged from the previous exam.

Patient Charting NoteRandall Glen Dalton , DOB: **DOB**/1959

Date .. Charting Summary

Provider

Clinician

7/21/2017	W22 - Injury - Right Leg	COSBY, OTIS MD	BERRY, JILLAN MCHD
Injury Date: 6/24/2017			

Neck - mild tenderness on palpation, good ROM with tenderness on extreme flexion, no palpable spasm

Rt Shoulder - still tender at AC joint but improved, good ROM with tenderness on extreme motions, no palpable spasm

Low Back - some tenderness at mid region at L5/S1, good ROM, SLR to 45 degrees rt side, 75 degrees lt side; Laseque's negative.

Rt Hip - tender at lateral aspect, good ROM with tenderness on extreme motions

Rt Inguinal Region - only mild tenderness on palpation with no masses present, no hernia noted.

Neurovascular - intact, no significant findings.

Assessment:**ASSESSMENT:**

Initial Neck - Contusion - mild improvement

Initial Shoulder - Pain, Joint - mild improvement.

Initial Back - Pain - Low Back - minimal improvement.

Initial Hip - Pain, Joint - Right - some improvement.

Initial Groin - Strain - Musc / Tend - Right - Initial, acute - improving

WORK STATUS / ASSESSMENT:

No lifting over 10 lbs., no excessive twisting or bending at waist level, no squatting, no forklift driving, sedentary work preferably with frequent breaks - for next regularly scheduled workday.

Plan:**TREATMENT PLAN / ORDERS:**

Prescribed Cyclobenzaprine (Flexeril) 5mg, 5 mg.2 tablets orally three times a day. Take only two tabs at night on work days. #30 tablets. No refills. (COSBY, OTIS MD, 7/21/17 at 1:58PM).

Will refill Norco and increase to 7.5 mg #15 no refills.

PATIENT INSTRUCTIONS:

Continue Flexeril, Norco, Naprosyn.

Date: 10/02/2017

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Patient Charting Note

Randall Glen Dalton , DOB: **DOB**1959

Date Charting Summary

Provider

Clinician

7/21/2017 WC Injury Follow-Up 08/21/2017 MD BEREN, DANA H. MCHIE, D

FOLLOW-UP APPOINTMENT:

Return for Work Comp Follow-up appointment on 7/24/2017.

Signature:

Otis Ashby Jr., M.D.

Date: 7/21/2017

5:11PM

Patient Charting NoteRandall Glen Dalton , DOB: DOB 1959

Date: Charting Summary

Provider

Clinician

7/24/2017	WC - Injury - Follow Up	OMER, JAMES MD	BERRY, DEBORAH MICHELE
	Injury Date: 6/24/2017		

Subjective:**CHIEF COMPLAINT:**

7-6-17 Patient states he slipped on some stairs and fell down 4-5 steps. Injured back, neck and groin. He went to MD360 on Verdae. Has been on muscle relaxant and pain med. Does not feel like he is improving. Here to see OM provider for eval.

7/13/17 F/U Pt states back and neck pain are no better than last visit. Groin pain is slightly better. Worked last night and states he feels miserable today because of the pain. When he left work this morning his back was "seizing up". He states he feels so tense that his whole body aches. mch,rn

7/21/17 F/U Pt continues to have neck and back pain and spasms. States having numbness in R hand and tingling in L. Unable to turn head from side to side. Has been doing "light duty" at work but having a difficult time sitting in a chair at work. Continues to take flexeril and norco with some relief when at home. dmb, rn

7/24/17 F/U Pt states "I'm just miserable." Can't take meds when working but states when takes flexeril and hydrocodone and lays down gets some relief. Continues to have numbness in R hand and tingling in L. Unable to turn neck from side to side without intense pain.

HISTORY OF PRESENT ILLNESS:

EE returns for f/u of multiple injuries associated with a fall at work and reports no change in his condition. I requested him to return today to determine the need for an MRI and tolerance of restricted duty last night. He has now been approved for PT and will be scheduled to start soon.

PAST MEDICAL HISTORY:

ALLERGIES / ADVERSE REACTIONS: Patient claims to have no known drug allergies or adverse reactions.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Patient denies: change in appetite, chills, fatigue, fever, sweats, or weight loss.

CARDIOVASCULAR: Patient has no complaints: chest pain or pressure, fainting, or irregular heart beat.

RESPIRATORY: Patient has no complaints: congestion, cough, shortness of breath, or wheezing.

GENITOURINARY: Patient denies: discharge, frequent urination, nighttime urination, or painful urination.

MUSCULOSKELETAL: See exam results

NEUROLOGICAL: Patient has no complaints of: headache, light headedness, numbness, poor balance, tingling, or weakness.

Objective:**EXAMINATION:**

Blood Pressure: 103/68. Pulse: 70. BP was taken from the Right arm while Sitting. Respiration: 15. (Entered by BERRY, DEBORAH MICHELE 7/24/2017 at 11:21AM).

Date: 10/02/2017

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Patient Charting Note

Randall Glen Dalton , DOB: **DOB** 1959

Date: Charting Summary

Provider

Clinician

7/24/2017	Work Injury - Removal Job	COSBY, OTIS MD	BERRY, JAMORAN MICHAEL
Injury Date: 6/25/2017			

Exam deferred - essentially unchanged.

Assessment:

ASSESSMENT:

Initial Neck - Contusion - mild improvement

Initial Shoulder - Pain, Joint - mild improvement.

Initial Back - Pain - Low Back - minimal improvement.

Initial Hip - Pain, Joint - Right - some improvement.

Initial Groin - Strain - Musc / Tend - Right - Initial, acute - improving

WORK STATUS / ASSESSMENT:

No lifting over 10 lbs., no excessive twisting or bending at waist level, no squatting, no forklift driving, sedentary work preferably with frequent breaks.

Plan:

TREATMENT PLAN / ORDERS:

RADIOLOGY/ TEST ORDER (Referral):

The following radiology / test was ordered: MRI

Neck

Spine - Lumbar / Sacral

Diagnostic

(COSBY, OTIS MD, 7/24/17 at 11:59AM).

PATIENT INSTRUCTIONS:

Continue current meds as prescribed (Flexeril, Norco, Naprosyn).

FOLLOW-UP APPOINTMENT:

Return for Work Comp Follow-up appointment on 8/01/2017.

Additional Instructions: Continue PT as previously ordered.

Signature:

Otis Cosby Jr., M.D.

Date: 7/24/2017 12:01PM

Patient Charting NoteRandall Glen Dalton, DOB: **DOB**/1959

Date Charting Summary

Provider

Clinician

8/04/2017 WC Injury Follow-Up

WORLD, GLEN DALTON, MD

WORLD, BARBARA GAIL

Injury Date: 6/25/2017

Subjective:**CHIEF COMPLAINT:**

7-6-17 Patient states he slipped on some stairs and fell down 4-5 steps. Injured back, neck and groin. He went to MD360 on Verdae. Has been on muscle relaxant and pain med. Does not feel like he is improving. Here to see OM provider for eval.

7/13/17 F/U Pt states back and neck pain are no better than last visit. Groin pain is slightly better. Worked last night and states he feels miserable today because of the pain. When he left work this morning his back was "seizing up". He states he feels so tense that his whole body aches. meh,rn

7/21/17 F/U Pt continues to have neck and back pain and spasms. States having numbness in R hand and tingling in L. Unable to turn head from side to side. Has been doing "light duty" at work but having a difficult time sitting in a chair at work. Continues to take flexeril and norco with some relief when at home. dmb, rn

7/24/17 F/U Pt states "I'm just miserable." Can't take meds when working but states when takes flexeril and hydrocodone and lays down gets some relief. Continues to have numbness in R hand and tingling in L. Unable to turn neck from side to side without intense pain.

8--4-17 Patient states he is not improving, still having neck pain and numbness in R hand MRI done yesterday, report on provider's desk.

HISTORY OF PRESENT ILLNESS:

Pt reports mild improvement with still significant neck pain and some low back pain. He reports PT has been helpful but the pain is still present and also having numbness and tingling sensation down his arms into his fingers. He had an MRI of both the neck and low back performed yesterday.

PAST MEDICAL HISTORY:

ALLERGIES / ADVERSE REACTIONS: Patient claims to have no known drug allergies or adverse reactions.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Patient denies: change in appetite, chills, fatigue, fever, sweats, or weight loss.

CARDIOVASCULAR: Patient has no complaints: chest pain or pressure, fainting, or irregular heart beat.

RESPIRATORY: Patient has no complaints: congestion, cough, shortness of breath, or wheezing.

GENITOURINARY: Patient denies: discharge, frequent urination, nighttime urination, or painful urination.

MUSCULOSKELETAL: See exam results

NEUROLOGICAL: Patient has no complaints of: headache, light headedness, numbness, poor balance, tingling, or weakness.

Objective:**EXAMINATION:**

Patient Charting NoteRandall Glen Dalton , DOB: **DOB**/1959

Date .. Charting Summary

Provider ..

Clinician ..

8/04/2017 - WC Injury - Follow Up
Initial Date: 8/23/2017
COSBY, OTIS MD
WOOLF, BARBARA GAIL

Temperature: 97.7°F. Blood Pressure: 120/73. Pulse: 65. BP was taken from the Left arm while Sitting.
Respiration: 16. (Entered by WOOLF, BARBARA GAIL 8/04/2017 at 10:14AM).

Exam deferred; essentially unchanged; some improvement of ROM of neck.

MRI of neck - reversal of cervical lordosis; multi-level degenerative disc disease; no traumatic pathology

MRI of Lumbar Spine - broad-based posterior disc herniation extending to the right posterolateral recess at the level of L5 on S1; postcentral disc herniation at L4-5; mild narrowing of the right intervertebral neural foramen at L5 and S1.

Assessment:**ASSESSMENT:**

Initial Neck - Contusion - mild improvement

Initial Shoulder - Pain, Joint - mild improvement.

Initial Back - Pain - Low Back - mild improvement.

Initial Hip - Pain, Joint - Right - some improvement.

Initial Groin - Strain - Musc / Tend - Right - Initial, acute - improving

WORK STATUS / ASSESSMENT:

No lifting over 10 lbs., no excessive twisting or bending at waist level, no squatting, no forklift driving, sedentary work preferably with frequent breaks.

Plan:**TREATMENT PLAN / ORDERS:****BACK SPECIALIST REFERRAL:**

I recommended a consultation with a qualified orthopedic spine specialist.

Referral Reason: Continued Neck and Low Back Pain Secondary to Fall

Referral Status: Medically Necessary. (COSBY, OTIS MD, 8/04/17 at 10:56AM).

PATIENT INSTRUCTIONS:

Continue current meds as prescribed (Flexeril, Norco, Naprosyn) and PT.

Date: 10/02/2017

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Patient Charting Note

Randall Glen Dalton , DOB: **DOB**1959

Date Charting Summary Provider Clinician

8/04/2017 WC Injury Follow Up OTIS MD WOLF BARTHOLOMEW

Signature:

Otis Asby Jr., M.D.

Date: 8/04/2017 12:16PM

Patient Charting NoteRandall Glen Dalton , DOB: **DOB**1959

Date	Charting Summary	Provider	Clinician
9/18/2017	Appendix for 9/18/17 Visit Injury Date: 6/25/2017	COSBY, OTIS MD	

Employee still reporting bilateral inguinal pain due to the fall. I will refer him to a general surgeon for further evaluation and treatment.

GENERAL SURGERY REFERRAL:

I recommended a consultation with a general surgeon.

Referral Reason: Employee complaining of continued bilateral inguinal pain.

Referral Status: Medically Necessary. (COSBY, OTIS MD, 9/18/17 at 12:22PM).

Signature:

Otis Cosby Jr., M.D.

Date: 9/18/2017 12:23PM

Patient Charting NoteRandall Glen Dalton , DOB: **DOB**1959

Date: _____ Charting Summary: _____ Provider: _____ Clinician: _____

9/18/2017 - WC Injury - Follow Up - 10/02/2017 - 0713 AM - RIESER, KIMBERLY ANN

Subjective:**CHIEF COMPLAINT:**

9/18/17 Pt here for follow up. States still having pain in his bilateral groin, lower back, bilateral hands but more in the right and right shoulder. KAR, BSN, RN

HISTORY OF PRESENT ILLNESS:

EE returns for refill of meds since he has not been scheduled yet for an orthopedic appointment. I referred him to ortho on 8/4/17 related to neck and back pain sustained from a fall at work in July 2017. He reports no improvement in his condition.

PAST MEDICAL HISTORY:

ALLERGIES / ADVERSE REACTIONS: Patient claims to have no known drug allergies or adverse reactions.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Patient denies: change in appetite, chills, fatigue, fever, sweats, or weight loss.

CARDIOVASCULAR: Patient has no complaints: chest pain or pressure, fainting, or irregular heart beat.

RESPIRATORY: Patient has no complaints: congestion, cough, shortness of breath, or wheezing.

GENITOURINARY: Patient denies: discharge, frequent urination, nighttime urination, or painful urination.

MUSCULOSKELETAL: See exam results

NEUROLOGICAL: Patient has no complaints of: headache, light headedness, numbness, poor balance, tingling, or weakness.

Objective:**EXAMINATION:**

Deferred

Assessment:**ASSESSMENT:**

Neck/Low Back Pain - no improvement

WORK STATUS / ASSESSMENT:

No lifting over 10 lbs., no excessive twisting or bending at waist level, no squatting, no forklift driving, sedentary work preferably with frequent breaks.

Plan:

Patient Charting NoteRandall Glen Dalton , DOB: **DOB**1959

Date _____ Charting Summary _____ Provider _____ Clinician _____

9/18/2017 - MD - Initial Follow Up - COSBY, OTIS MD - HHSR, KIMBERLY ANN
Injury Date: 6/25/2017

TREATMENT PLAN / ORDERS:

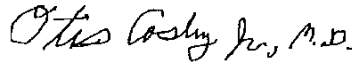
Refilled Naproxen Sodium Oral Tablet 550 MG, 500 mg. 1 tablet Orally 2 times a day with food. Take with food to prevent stomach irritation. #36 tablets. 1 refills. Refilled Cyclobenzaprine (Flexeril) 5mg, 5 mg. 2 tablets orally three times a day. Take only two tabs at night on work days. #30 tablets. No refills.. (COSBY, OTIS MD, 9/18/17 at 12:03PM).

Prescribed Norco 5mg-325mg, 325 mg-5 mg. 1 tablet orally q 4hours PRN Pain. #20 tablets. No refills. (COSBY, OTIS MD, 9/18/17 at 12:07PM).

PATIENT INSTRUCTIONS:

Continue with medications and orthopedic referral.

Signature:



Date: 9/18/2017 12:08PM

APA # 11

Emergency MD



2408 N Pleasantburg Drive
Greenville, SC 29609
864-305-5000
Radiology Interpretation

PATIENT NAME: RANDALL DALTON

DATE OF BIRTH: **DOB** 1959

ID/MRN: 53258

CLINICIAN: cosby

FACILITY: One Call Medical

DATE OF EXAM: 08/03/2017

HISTORY: FALL ON STAIRS WITH NECK PAIN AND BILATERAL HAND NUMBNESS

SIGNIFICANT FINDINGS

MRI Cervical Spine w/o Contrast:

TECHNIQUE: Axial and sagittal T1 and T2 weighted images were obtained. Fat suppressed images were also obtained.

COMPARISON: None.

FINDINGS:

Moderate diffuse spondylotic changes. Findings are demonstrated by diffuse disc dehydration, disc space narrowing, osteophyte formation and degenerative endplate changes.

Diffuse facet joint arthropathy and degenerative uncovertebral joint disease.

There is normal signal intensity from the visualized bone marrow without evidence of replacement or acute fracture.

The visualized portions of the spinal cord are unremarkable. The visualized portions of the posterior foramina are unremarkable.

There is reversal of the cervical lordosis. This can secondary to muscular spasm and pain.

The vertebral alignment is within normal limits.

Evaluation of the individual levels revealed the following:

C1-C2: There is no evidence of disk herniation. The spinal canal is not narrowed. There is no evidence of neural foramina narrowing.

C2-C3: There is mild diffuse disc bulge. Superimposed broad-based central disc protrusion measuring 3.2 mm in its largest anteroposterior dimension. The spinal canal is not narrowed. There is mild bilateral neural foramina narrowing.

C3-C4: There is mild diffuse disc bulge. Superimposed broad-based central disc protrusion measuring 3.7 mm in its largest anteroposterior dimension. The spinal canal is mildly narrowed. There is mild right and moderate left neural foramina narrowing.

C4-C5: There is mild diffuse disc bulge. The spinal canal is not narrowed. There is no evidence of neural foramina narrowing.

C5-C6: There is moderate diffuse disc bulge and posterior osteophyte formation. The spinal canal is mildly narrowed. There is moderate right and severe left neural foramina narrowing.

C6-C7: There is mild diffuse disc bulge. The spinal canal is not narrowed. There is mild bilateral neural foramina narrowing.

IMPRESSION:

Reversal of the cervical lordosis.

Spondylosis.

Multilevel degenerative disc disease.

No acute traumatic pathology.

[Signature]

Electronically Signed By: Dr. Abbas Chamauddin M.D. 08/03/2017 10:55:19 EDT
To: Teresa Powell

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44-2017-00-00

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2498 N Pleasantburg Drive
Greenville, SC 29609
864-305-5000
Radiology Interpretation

PATIENT NAME: RANDALL DALTON

DATE OF BIRTH: **DOB** 1959

ID/MRN: 53258

CLINICIAN: cosby

FACILITY: One Call Medical

DATE OF EXAM: 08/03/2017

HISTORY: FALL ON STAIRS WITH LOW BACK AND LT HIP PAIN

SIGNIFICANT FINDINGS

MRI LUMBAR SPINE W/O CONTRAST:

Examination: MRI of the lumbar spine.

Technique: T1-Weighted sagittal, T2-weighted sagittal and axial images of the lumbar spine are submitted for interpretation. The study is interpreted assuming that there are five vertebral bodies with lumbar characteristics. If any intervention is planned, x-ray films of the lumbar spine need to be obtained, in order to evaluate different variations of the lumbar spine.

Findings: There is no evidence of scoliosis. There is normal lordosis. The conus medullaris is at the level of L1.

The vertebral bodies are normal in size and shape. Bone marrow signal intensity is within normal limits. The pedicles and spinous processes are intact. There is no evidence of spondylolisthesis.

L5-S1: Normal endplates. There is 5 mm broad-based posterior disc herniation extending to the right posterolateral recess. There is diffuse dehydration of the disc. There is moderate loss of disc height. Normal bilateral facet joints. Normal central canal and lateral recesses. There is mild narrowing of the right intervertebral neural foramen.

L4-L5: Normal endplates. There is 2 mm posterocentral disc herniation. There is diffuse dehydration of the disc. Normal disc height. Normal bilateral facet joints. Normal central canal and lateral recesses. Normal bilateral intervertebral neural foramina.

L3-L4: Normal endplates. There is annular bulge. There is diffuse dehydration of the disc. Normal disc height. Normal bilateral facet joints. Normal central canal and lateral recesses. Normal bilateral intervertebral neural foramina.

L2-L3: Normal endplates. Normal disc morphology. There is partial dehydration of the disc. There is moderate loss of disc height. Normal bilateral facet joints. Normal central canal and lateral recesses. Normal bilateral intervertebral neural foramina.

L1-L2: Normal endplates. Normal disc morphology. There is partial dehydration of the disc. There is moderate loss of disc height. Normal bilateral facet joints. Normal central canal and lateral recesses. Normal bilateral intervertebral neural foramina. No paraspinal mass or epidural infiltrate is seen. The visualized abdominal and retroperitoneal organs have normal appearance. The sacroiliac joints are symmetric and normal in configuration. The visualized osseous elements of the posterior pelvis have a normal appearance.

IMPRESSION:

Broad-based posterior disc herniation extending to the right posterolateral recess at the level of L5 on S1. Posterocentral disc herniation at L4-L5. Annular bulge at L3-L4. Dehydration of the discs, as noted above. Loss of disc height, as noted above. Mild narrowing of the right intervertebral neural foramen at L5 and S1.

APA # 12

Carolina Ortho & Neurosurgical Associates

Name: Randall Dalton

DOS: 12/5/2017

PRE and POST PROCEDURE DIAGNOSES:

- 1) Lumbar radiculopathy.
- 2) Lumbar degenerative disk disease.
- 3) Low back pain

PROCEDURES PERFORMED:

- 1) **Left and Right L5-S1 Transforaminal epidural steroid injection**
- 2) Fluoroscopic guidance.

TYPE OF ANESTHESIA: Local Anesthesia.

INDICATIONS FOR THE PROCEDURE: Back and leg pain

INFORMED CONSENT: After discussing the potential risks, benefits, and alternatives of the procedure and the need for fluoroscopy, the patient agreed to proceed and signed informed consent. The risks discussed with the patient included but were not limited to bleeding, infection, pain at the site of injection, minimal effectiveness of the procedure, the risk of steroids, nerve damage, weakness and numbness in the extremity, worsening pain, paralysis and death. The patient expressed understanding of these potential risks and agrees with the following procedure.

PROCEDURE IN DETAIL: The patient was brought to the Operating Room and placed in the prone position. The patient's skin was prepped with betadine three times and draped in the normal sterile fashion.

The skin between the appropriate interspace(s) were identified using anteriorposterior fluoroscopic guidance. Then an oblique view was obtained to view the appropriate pedicle(s). The skin and subcutaneous tissue overlying the inferior portion of each pedicle was anesthetized with a 2cc of 1% lidocaine using a 27 gauge 1.5 inch needle.

Next a 22 gauge 3.5 inch spinal needle was placed and advanced towards the epidural space at each appropriate level using intermittent fluoroscopic guidance. Once the needle(s) reached the level of the epidural space placement was confirmed with both anterior-posterior and lateral views. At this point there was negative heine and negative cerebrospinal fluid aspiration. Then a total of 3cc of Omnipaque 240 contrast dye was injected with confirmed uptake into the epidural space. Next a solution containing 80 mg of **Depo-Medrol** and 2cc of 1% preservative free lidocaine was injected. The needle was then removed without complication. A bandage was applied and the patient was brought to the recovery area in stable condition. The patient tolerated the procedure well and there was no evidence of procedural complications

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

SPECIMENS: None sent.

INSTRUCTIONS FOLLOWING THE PROCEDURE:

- 1) Following the procedure the patient will continue all pre-procedure medications.
- 2) The patient will ice the injection site three times a day for ten minutes for the next three days.
- 3) The patient will follow-up in the clinic as directed.
- 4) The patient will contact Orthopaedic Associates immediately if they develop any signs of fevers, chills, or headaches following the procedure.

Signature: _____
James Behr, MD

Name: Randall Dalton

DOS: 1/31/2018

PRE and POST PROCEDURE DIAGNOSES:

- 1) Lumbar radiculopathy.
- 2) Lumbar degenerative disk disease.
- 3) Low back pain

PROCEDURES PERFORMED:

- 1) **Left and Right L5-S1 Transforaminal epidural steroid injection**
- 2) Fluoroscopic guidance.

TYPE OF ANESTHESIA: Local Anesthesia.

INDICATIONS FOR THE PROCEDURE: Back and leg pain

INFORMED CONSENT: After discussing the potential risks, benefits, and alternatives of the procedure and the need for fluoroscopy, the patient agreed to proceed and signed informed consent. The risks discussed with the patient included but were not limited to bleeding, infection, pain at the site of injection, minimal effectiveness of the procedure, the risk of steroids, nerve damage, weakness and numbness in the extremity, worsening pain, paralysis and death. The patient expressed understanding of these potential risks and agrees with the following procedure.

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ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

SPECIMENS: None sent.

INSTRUCTIONS FOLLOWING THE PROCEDURE:

- 1) Following the procedure the patient will continue all pre-procedure medications.
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- 3) The patient will follow-up in the clinic as directed.
- 4) The patient will contact Orthopaedic Associates immediately if they develop any signs of fevers, chills, or headaches following the procedure

Signature: _____

James Behr, MD



HAWKLAW[®]

March 30, 2021

VIA E-CASE

Commissioner Avery B. Wilkerson, Jr.
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Re: Randall Dalton v. The Muffin Mam
WCC File No.: 1713760

Dear Commissioner Wilkerson:

Enclosed please find my Supplemental Form 58, Notice of APA Submissions and a Certificate of Service for the same regarding the above referenced matter.

If you have any questions, please do not hesitate to call on me.

Thanking you in advance, I remain

Sincerely,

Logan Rollins
Attorney

LR/hs

Enclosures

cc: Allison C. Nussbaum, Esq. (via email)

Mailing Address:
P.O. Box 5048
Spartanburg, SC 29304

(888) HAWKLAW
Fax: (864) 574-8810
www.Hawk.Law

HawkLaw has offices located in Spartanburg, Greenville, Columbia, and Charleston



Claimant's Name: Randall Dalton Employer's Name: The Muffin Mam
Address: 433 Phillips Lane Address: PO Box 6282
City: Greer State: SC Zip: 29650 City: Greenville State: SC Zip: 29606
Home Phone: 864-477-9914 Work Phone: _____ Carrier: Amerisure Insurance Company
Preparer's Name: Logan Rollins Preparer's Phone #: (864) 574-8801

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$704.82 2. AWW: \$1,057.18 Date of Injury: 06/26/2017
3. Type of injury and body part(s): Neck, right shoulder, cervical and lumbar spine, right lower extremity, left lower extremity, and right hip
4. Facts in controversy: Entitlement to additional medical treatment/pain management for neck, or in the alternative, extent of permanent disability; whether claimant is entitled to permanent and total disability under § 42-9-10, wage loss under § 42-9-20; payment for medical treatment, past and future, including Dodge Medicals.
5. Legal issues involved: S.C. Code Ann § 42-1-160 (Case compensable) (Injury & personal inj. defined); § 42-15-60 (Entitled to medical Care); § 42-15-60 (Entitled for payment for medical care) § 42-9-200 and § 42-9-260 (Entitlement to TTD). Does South Carolina law recognize "sheltered work" or "make work" doctrine, i.e., can an employee be nominally employed but still totally disabled under § 42-9-10 (Entitled to permanent and total disability); If SC does recognize sheltered work doctrine, is Claimant's work sheltered work? § 42-9-20 (Entitled to wage loss); Dodge Medicals.
6. Unusual aspects: Lump sum and Utica Mohawk language.
7. Witnesses (designate if expert):* Claimant; Claimant reserves the right to call any witnesses named by Defendants
8. Exhibits: Email correspondence from Claimant's counsel to Defense Counsel; Deposition Transcript of Terri Anne Jermon; Deposition Transcript of Ronnie Williams; Deposition transcript of Dr. Phillip J. Smith; Documents in Claimant's APA submissions; Possibly documents in Defendants APA submissions; Records of Employer; Claimant reserves the right to supplement their exhibits as additional information becomes available.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See Notice of Witnesses and Written Reports (APA Submissions). Claimant reserves the right to supplement their medical records as additional information becomes available.
10. Name, address, and specialty, if any, of the treating physician: Carolina Ortho and Neurosurgical Associates/ Dr. Hoenig and Dr. Behr-
1330 Boiling Springs Road, Spartanburg SC)
11. Impairment rating(s); body part(s); physician and date of opinion: 8% right shoulder; Dr. Hoenig; 6/18/2018; 4% cervical and 8% lumbar spine; Dr. James Behr; 11/7/2018

I am amending my Form 50/51 in the following manner: _____

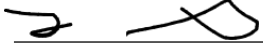
☒ Mediation

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

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Allison Nussbaum of McAngus, Goudelock & Courie LLC via email to Allison.nussbaum@mgclaw.com on 03/30/2021 by ☐ first class postage ☐ certified mail ☐ personal service ☒ electronic service.

Signature: 

Email: logan.rollins@hawklawfirm.com

Date of hearing: 04/13/2021 Time needed for hearing: 45 minutes

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

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1713760

Randall Dalton,)
)
Employee/Claimant,)
)
vs.)
)
The Muffin Mam,)
)
Employer,)
)
and)
)
Amerisure Insurance Company,)
)
Defendants.)
_____)

**SUPPLEMENTAL
NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS TO BE
INTRODUCED AS DIRECT EVIDENCE
ON BEHALF OF
EMPLOYEE/CLAIMANT**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
Allison C. Nussbaum, Esq.:

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

TAB	NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE #
5	J. Adger Brown, Jr. Rehabilitation Consulting	04/13/20	177-184
6	Reedy Family Medicine Dr. James R. Fuson	01/25/19-08/05/20	185-251
7	Pain Medicine- Eastside Dr. Phillip Joshua Smith	10/05/20	252-260
8	Innervation Medical Imaging	11/27/17	261-262
9	MD360	06/26/17	263-266
10	Center for Health and Occupational Services	07/05/17-09/18/17	267-282
11	Emergency MD	08/03/17	283-285
12	Carolina Ortho & Neurosurgical Associates	12/05/17-01/31/18	286-287

TAB	NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE #
TAB	EXHIBIT	DATE	PAGE #
A	Email correspondence from Claimant's Counsel to Defense Counsel	08/17/20-08/31/20	288-289
B	Deposition Transcript of Terri Anne Jermon – 30 (b) (6)	06/09/20	290-315
C	Deposition Transcript of Ronnie Williams	10/06/20	316-332
D	Deposition Transcript of Dr. Phillip J. Smith	03/23/21	To be submitted at hearing

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

YOU ARE FURTHER NOTIFIED that the original of the documents referred to herein, or photocopies received from said physicians/others, will be delivered to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Employee/Claimant, at the hearing in this matter.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employee/Claimant.

Randall Dalton, and a representative of the employer.

HAWKLAW, PA

BY: 
 Logan Rollins
 P.O. Box 5048
 Spartanburg, SC 29304
 (864) 574-8801
 (864) 208-0509 (Facsimile)
logan.rollins@hawklawfirm.com

March 30, 2021

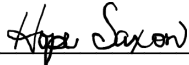
BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1713760

Randall Dalton,)
)
Employee/Claimant,)
)
vs.)
)
The Muffin Mam,)
)
Employer,)
)
and)
)
Amerisure Insurance Company,)
)
Defendants.)
_____)

CERTIFICATE OF SERVICE

The undersigned certifies that she served a copy of the **Supplemental Form 58 and Notice of Witnesses and Written Medical Reports To Be Introduced As Direct Evident on Behalf of Employee/Claimant** upon the attorney for the employer/defendants by electronic service on the date listed below, addressed to:

Allison C. Nussbaum, Esq.
McAngus Goudelock & Courier LLC
allison.nussbaum@mgclaw.com



Hope Saxon
Paralegal
HawkLaw, PA
P.O. Box 5048
Spartanburg, SC 29304
(864) 574-8801
(864) 208-0509 (Facsimile)
hope.saxon@hawklawfirm.com

March 30, 2021

Exhibit A

Email correspondence from Claimant's Counsel to Defense Counsel

From: [Logan Rollins](#)
To: [Sylvia Rebecca](#); [Hope Saxon](#)
Cc: [Allison Nussbaum](#)
Subject: Re: Randall G. Dalton vs. The Muffin Mam, Inc. (Claim No.: 2099882)
Date: Monday, August 17, 2020 4:52:32 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)

Dalton's family doctor just wrote him out for neck issues and says he needs pain management. You want to get him back in with the authorized or how you want to handle? Thanks!



Logan Rollins
Lead Attorney, HawkLaw, P.A.
888.429.5529 | www.Hawk.Law |
P.O. Box 5048, Spartanburg, SC 29304

From: Sylvia Rebecca <Sylvia.Rebecca@mgclaw.com>
Date: Thursday, June 11, 2020 at 12:29 PM
To: Hope Saxon <hope.saxon@hawklawfirm.com>, Logan Rollins <logan@hawkinslawsc.com>
Subject: Randall G. Dalton vs. The Muffin Mam, Inc. (Claim No.: 2099882)

Good Afternoon,

Please find attached response to your subpoena regarding the employee manual.

Thank you,
Sylvia



Sylvia Rebecca, Paralegal
sylvia.rebecca@mgclaw.com
735 Johnnie Dodds Blvd. Suite 200
Charleston, SC 29464
Main: 843-576-2900 | Direct: 843-576-2923 | Fax: 843-534-0605

COVID-19 UPDATE: MGC is open and continues to provide the high-quality legal service and responsiveness our clients expect, without compromising the health and well-being of our team. With that in mind, all of MGC's offices throughout the Southeast will continue to operate uninterrupted, with some of our team working onsite while others work remotely through our secure MGC network.

This electronic mail may contain information that is confidential, attorney/client and/or work product privileged, prepared in anticipation of litigation and/or exempt from disclosure under applicable law. This transmission is intended solely for the individual or entity designated above. If you are not the intended recipient, you should understand that any distribution, copying, or use of the information is unauthorized and strictly prohibited. If you have received this electronic mail in error, please immediately notify the sender and destroy all copies which you may have of this communication!

 Please consider the environment before printing this email.

From: [Logan Rollins](#)
To: [Sylvia Rebecca](#); [Hope Saxon](#)
Cc: [Allison Nussbaum](#)
Subject: Re: Randall G. Dalton vs. The Muffin Mam, Inc. (Claim No.: 2099882)
Date: Monday, August 31, 2020 12:59:27 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[Dalton 14b.pdf](#)

Allison,
His family doctor just referred him to pain management. Dr. Behr opined it would be necessary on the attached 14b. Does your carrier want to select a doctor to do the pain management? Thanks.
Logan



Logan Rollins
Lead Attorney, HawkLaw, P.A.
888.429.5529 | www.Hawk.Law |
P.O. Box 5048, Spartanburg, SC 29304

From: Logan Rollins <logan@hawkinslawsc.com>
Date: Monday, August 17, 2020 at 4:52 PM
To: Sylvia Rebecca <Sylvia.Rebecca@mgclaw.com>, Hope Saxon <hope.saxon@hawklawfirm.com>
Cc: Allison Nussbaum <allison.nussbaum@mgclaw.com>
Subject: Re: Randall G. Dalton vs. The Muffin Mam, Inc. (Claim No.: 2099882)

Dalton's family doctor just wrote him out for neck issues and says he needs pain management. You want to get him back in with the authorized or how you want to handle? Thanks!



Logan Rollins
Lead Attorney, HawkLaw, P.A.
888.429.5529 | www.Hawk.Law |
P.O. Box 5048, Spartanburg, SC 29304

From: Sylvia Rebecca <Sylvia.Rebecca@mgclaw.com>
Date: Thursday, June 11, 2020 at 12:29 PM
To: Hope Saxon <hope.saxon@hawklawfirm.com>, Logan Rollins <logan@hawkinslawsc.com>
Subject: Randall G. Dalton vs. The Muffin Mam, Inc. (Claim No.: 2099882)

Good Afternoon,

Please find attached response to your subpoena regarding the employee manual.

Thank you,
Sylvia

Sylvia Rebecca, Paralegal
sylvia.rebecca@mgclaw.com
735 Johnnie Dodds Blvd. Suite 200
Charleston, SC 29464
Main: 843-576-2900 | Direct: 843-576-2923 | Fax: 843-534-0605

Exhibit B

Deposition Transcript of Terri Anne Jermon – 30 (b) (6)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1713760

RANDALL DALTON,	)	
	)	
CLAIMANT,	)	30(b)(6) DEPOSITION
	)	
VS.	)	OF
	)	
THE MUFFIN MAM,	)	THE MUFFIN MAM
	)	(TERRI ANNE JERMON)
EMPLOYER,	)	
	)	
AND	)	
	)	
AMERISURE INSURANCE COMPANY,	)	
	)	
CARRIER,	)	
	)	
DEFENDANTS.	)	

THE 30(b)(6) DEPOSITION OF THE MUFFIN MAM (TERRI ANNE JERMON), TAKEN BEFORE JILL BISHOP EDWARDS, CVR-CM, CERTIFIED VERBATIM REPORTER AND NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF 10:08 A.M., TUESDAY, THE 9TH DAY OF JUNE, 2020, VIA VIDEOCONFERENCE AT VARIOUS LOCATIONS IN SOUTH CAROLINA.

APPEARANCES

FOR THE CLAIMANT

LOGAN ROLLINS, ESQUIRE

HAWK LAW, P.A.

POST OFFICE BOX 5048

SPARTANBURG, SOUTH CAROLINA 29304

logan@hawkinslawsc.com

FOR THE DEFENDANTS

ZACHARY W. JARRETT, ESQUIRE

MCANGUS GOUDELOCK AND COURIE, LLC

POST OFFICE BOX 650007

MT. PLEASANT, SOUTH CAROLINA 29465

zack.jarrett@mgclaw.com

REPORTED BY

JILL BISHOP EDWARDS, CVR-CM

BISHOP REPORTING SERVICES, LLC

POST OFFICE 1207

GREENVILLE, SOUTH CAROLINA 29602

864-640-1634

Jill@BishopReporting.com

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CERTIFICATE.....	17

EXHIBITS

CLAIMANT'S EXHIBIT NUMBER 1, MARKED, NOTICE OF DEPOSITION, ATTACHED.....	5
CLAIMANT'S EXHIBIT NUMBER 2, MARKED, LETTER AND JOB DESCRIPTION, ATTACHED.....	6

*DIGITALLY RECORDED AUDIO RETAINED FOR TWELVE (12) MONTHS
FROM DATE OF CERTIFICATION.

1 STIPULATIONS

2 IT IS STIPULATED BY AND BETWEEN COUNSEL
3 FOR THE RESPECTIVE PARTIES THAT ALL OBJECTIONS
4 ARE RESERVED UNTIL THE TIME OF TRIAL, EXCEPT
5 AS TO THE FORM OF THE QUESTION.

6 THIS DEPOSITION IS BEING TAKEN PURSUANT
7 TO THE SOUTH CAROLINA RULES OF CIVIL PROCEDURE.

8 - - - -

9 THE READING AND SIGNING OF THIS DEPOSITION IS
10 WAIVED BY THE DEPONENT AND COUNSEL FOR THE RESPECTIVE
11 PARTIES.

12 WHEREUPON, TERRI ANNE JERMON, BEING DULY
13 SWORN AND CAUTIONED TO SPEAK THE TRUTH, THE WHOLE
14 TRUTH, AND NOTHING BUT THE TRUTH, TESTIFIED AND DEPOSED
15 AS FOLLOWS:

16 EXAMINATION

17 BY MR. ROLLINS:

18 Q Good morning. My name is Logan Rollins. I represent
19 Randall Dalton in connection with a work-related injury
20 that occurred on or about June the 25th, 2017. I know
21 we're doing this remotely, so please let me know and
22 don't hesitate to tell me if you can't hear me, if I
23 break up for some reason. If I ask you a question, I
24 will assume that you understood it before you answer
25 it. If you need to take a break, let me know and I'll

1 be happy to give you one. Do you have any questions
2 about any of that or anything else before we get
3 started here?

4 A I don't believe so.

5 Q All right. So you have been nominated to be the
6 representative for The Muffin Mam, responsive to my
7 30(b)(6) deposition notice. Is that your understanding
8 of what you're here for?

9 A Yes, sir.

10 Q And did you receive ---

11 MR. ROLLINS: And, Madame Court Reporter, we'll
12 mark it as Exhibit 1.

13 (MARKED FOR IDENTIFICATION, CLAIMANT'S EXHIBIT
14 NUMBER 1, NOTICE OF DEPOSITION, ATTACHED.)

15 BY MR. ROLLINS:

16 Q Did you receive the subpoena to testify that included a
17 list of five Rule 30(b)(6) topics?

18 A Yes.

19 Q Okay. And did you review those topics?

20 A Yes.

21 Q And are you prepared to testify about those topics?

22 A Yes.

23 Q And what documents did you review or what other
24 preparations, other than discussing anything with your
25 attorneys, did you undertake to prepare for this

1 deposition today?

2 A To be honest, I haven't spoken with anybody. I do not
3 -- I'm not the coordinator for workers' comp any
4 longer, so it's been a while since I've done anything
5 with workers' comp issues. But I was asked to fill
6 this out because I was familiar with this situation
7 from the beginning in 2017.

8 Q Okay. Okay. And then, in response to my subpoena, I
9 received two documents ---

10 MR. ROLLINS: And, Madame Court Reporter, you can
11 just mark those collectively as Exhibit B. One is a
12 letter that says Muffin Mam at top, and it looks like
13 it's from a Dewey Armstrong. And it says something
14 about COVID-19. And then the other a document that
15 looks like a maintenance technician job description.

16 (MARKED FOR IDENTIFICATION, CLAIMANT'S EXHIBIT
17 NUMBER 2, LETTER AND JOB DESCRIPTION, ATTACHED.)

18 BY MR. ROLLINS:

19 Q And are those two documents the only documents that are
20 responsive to my subpoena? That is, are those the only
21 two documents that relate to these topics that I'll be
22 taking your deposition about today?

23 A As far as I'm aware.

24 Q Okay. All right. Now that we've got the preliminaries
25 out of the way, just I want to ask just a few

Page 7

1 background questions about you. And for the record,
2 could you state and spell your full legal name.

3 A Yes. My first name is Terri -- do you want me to --
4 Terri, T-e-r-r-i. Middle is Anne, A-n-n-e. Last name
5 is Jermon, J-e-r-m-o-n.

6 Q All right. And are you now employed by The Muffin Mam?

7 A Yes.

8 Q And what is your job title there?

9 A I'm the regulatory compliance coordinator.

10 Q And in layman's terms, what does that mean? What do
11 you do on a daily basis?

12 A I work with the R and D department, research and
13 development. Basically, what I do, I build formulas
14 based on information I get from R and D, make sure the
15 labels are compliant, work with a kosher authority to
16 make sure we're compliant with them as well.

17 Q And what is the physical location in which you
18 undertake your employment?

19 A At this time, I'm still in the Simpsonville office.
20 That's 3129 North Industrial Drive in Simpsonville. We
21 are also operating in Laurens, South Carolina. That's
22 where all of our production has been moved to at this
23 time.

24 Q All right. And do you know Randall Dalton personally?

25 A Yes, through work. Uh-huh.

1 Q Okay. So, what is your experience with him? Was he --
2 did he report directly to you or, in a general way, how
3 did you know him?

4 A No, I just -- as a colleague, I suppose. He worked in
5 a different department. He's in the maintenance
6 department and, you know, other than conversation now
7 and again, nothing except for this particular issue.

8 Q Okay. So, what experience did you have with regard to
9 what you're describing as "this issue"?

10 A At the time of his injury, I also handled -- I also was
11 the person to coordinate with employees and with the
12 insurance companies if we had a workers' compensation
13 injury. And so ---

14 Q Okay.

15 A Yeah.

16 Q So, when did you cease being the workers' comp
17 coordinator?

18 A It's been about nine months ago. Six to nine months
19 ago, I believe.

20 Q Okay. So, sometime late 2019?

21 A Yes.

22 Q How long have you been with The Muffin Mam, in total?

23 A With The Muffin Mam, gosh. 1998 until present.

24 Q All right. And were you the workers' comp coordinator
25 the whole time until late 2019?

Page 9

1 A Pretty much.

2 Q Okay.

3 A Probably maybe a year into my working for The Muffin
4 Mam.

5 Q Okay. And was that just one hat that you wore, so to
6 speak, or that was your exclusive job until last year?

7 A One hat.

8 Q Okay. What other job duties did you have from 1998
9 until the present, until you took this new job on in
10 late 2019?

11 A I've always been in the R and D department, making up
12 new recipes, testing them out, working with production
13 to make sure they work properly, in addition to what I
14 described to you earlier. The workers' compensation,
15 we did not have a formal HR department for a long, long
16 time. And it's just something I sort of ended up with
17 years ago.

18 Q Okay. So now you've just hired somebody to sort of
19 take that burden off of you?

20 A Yes. Yes.

21 Q Okay, perfect. I think I understand now.

22 All right. So when, approximately, if you know,
23 when was Randall Dalton hired at The Muffin Mam?

24 A He was hired -- I had it -- I actually have it written
25 down. He was hired in October of 2003.

1 Q Okay. And what was he hired as, originally?

2 A As a maintenance technician.

3 Q And what does a maintenance technician at The Muffin
4 Mam do?

5 A Anything to do with mechanical operations here in the
6 plant, whether it be repairing machinery, building new
7 machinery in some cases, troubleshooting. I know he
8 does a lot of the welding, or he used to do a lot of
9 the welding work and things like that in the
10 maintenance shop. Pretty much anything to do to keep
11 the building running.

12 Q Okay. Could you just briefly describe what it is you
13 do there and what sorts of equipment this would be that
14 he would work on?

15 A Well, we're a commercial bakery. We're a wholesale
16 bakery. And, so, as far as equipment, it could be the
17 mixers that we use to mix batter, the depositors that
18 we use to deposit batter, the ovens, any of the
19 conveyors or packing equipment. You name it. I'm not
20 sure how far you want me to go with that.

21 Q Well, what I'm trying to get at is, physically, I know
22 -- so you said he does welding.

23 A Uh-huh.

24 Q How large are these pieces of equipment that he would
25 have to work on as a maintenance tech?

1 A Well, okay. The ovens that we have at this particular
2 plant are different than the ones that we have in
3 Laurens. The ones that we have here, they're probably
4 about -- if you could step inside of them, it would be
5 like a small elevator on the inside. The mixers that
6 we have hold about 700 pounds of batter when it's all
7 mixed up. So I guess a mixing bowl is probably about
8 the size of a hot tub, if you want to think of it that
9 way. Mostly large pieces of equipment. I -- honestly,
10 I, you know...

11 Q Okay. So I'm looking at this job description, and it
12 does not say how much weight a maintenance tech would
13 have to lift. But based on your description of what
14 this equipment is, is it -- would you consider it a
15 relatively heavy job?

16 A I don't know if there's actually a lot of heavy
17 lifting. If there's going to be something substantial
18 to lift, more than one person would do it. That's a
19 policy we have with anything -- anything here. But
20 normally I don't think anybody would be expected to
21 pick up more than, you know, 30 pounds by themselves.
22 When he started having his restrictions, we dialed that
23 down, what he was able to lift. And as far as I know,
24 there's never been any problem with that.

25 Q Okay. And with regard to overhead work, would he have

1 to reach above his head to work on any of this
2 machinery?

3 A Ordinarily, well, depending on what it is, yes, he
4 might need to. Uh-huh.

5 Q Okay. So what accommodations did you make for him when
6 his work restrictions were imposed in order to allow
7 him to continue to work at The Muffin Mam?

8 A Well, if it was something that was beyond his
9 restrictions, either someone else would be assigned to
10 that duty or someone else would assist him.

11 Q Okay. So you did have to change what his job duties
12 were when he received these restrictions?

13 A To a certain extent. To be perfectly honest, I'm not
14 -- I was not his supervisor, so I wasn't working
15 directly with him. Unfortunately, that particular
16 person is on furlough right now. But, yeah, we've
17 always -- we've been able to accommodate his
18 restrictions. I don't think there's ever been any
19 problem with that.

20 Q And what was the name of the person who's on furlough
21 who was his direct supervisor?

22 A His name is Mark Warner.

23 Q W-a-r-n-e-r?

24 A Yes, sir.

25 Q Okay. But he is still technically employed for The

1 Muffin Mam?

2 A That's my understanding.

3 Q Okay. All right. So, the accommodations that you had
4 to make for Mr. Dalton after he received his work
5 restrictions, would -- I'm sorry. I'm looking at this
6 maintenance tech job duties. So, would he have been
7 able to do all of the job duties with his restrictions?
8 That is, if he had come to you with these restrictions,
9 would he have been somebody you would have hired, or
10 did you just accommodate him because you were
11 comfortable with his work by the time he got the
12 restrictions?

13 A Good question. As I said, I'm not in that department.
14 He -- as I said, I don't believe that there's ever been
15 any real issue. I don't know that I can answer that
16 question as far as if he had just walked off the
17 street. But with his qualifications that he's had for
18 a long time, I think he probably would have been hired.

19 Q Okay. So, one of the requirements is good physical
20 condition. What does that requirement mean on this job
21 description?

22 A Well, I mean, again, as I said, I'm not the one that's
23 working directly with him. He's been able to handle
24 pretty much anything that's needed to be done. He's
25 able to walk around and move around. If there's

1 anything that he can't do, as I said, somebody else has
2 been able to take over for him. I'm not really sure
3 what you're asking.

4 Q Well, what I'm trying to get at is whether, if he had
5 walked off the street and said, "I cannot lift more
6 than 10 pounds overhead and I cannot lift more than 30
7 pounds at all," would that meet your definition of good
8 physical condition so that he would have been hired to
9 work on this industrial-sized equipment that you have?

10 A I think, for the most part, it still would have been
11 acceptable. But as I said, I can't answer that
12 question because I'm not in that department.

13 Q Okay. And it would be Mark Warner, you think, who
14 could discuss that?

15 A Yes.

16 Q Okay.

17 A Now, his current -- his current supervisor, his name is
18 Ronnie Williams. He could probably answer those same
19 questions as well. But at the time, Mark was his
20 supervisor.

21 Q All right. Has Mr. Dalton's job title changed since
22 his hiring?

23 A Yes, I believe he's taken on a more supervisory role in
24 the past six months or so.

25 Q Okay. What is his new job title?

1 A I think he's a shift supervisor.

2 Q Okay. How does that job differ from his original job
3 as a maintenance technician?

4 A That's something you would need to ask either Mark
5 Warner or Ronnie Williams. As I said, I have not been
6 in this department for quite some time.

7 Q Okay. So you don't know what physical requirements he
8 would have in his current job?

9 A Not at the moment, no. I would imagine -- as far as I
10 know, he's still working on machinery, but I don't know
11 whether he does as much of that now as he did before.

12 Q Okay. So you don't know whether any accommodations are
13 being made for him in his current position?

14 A I would imagine -- he still has the same restrictions,
15 so I think they've just moved along with it.

16 Q All right. Well, it sounds like I probably need to
17 talk to Mark Warner or Ronnie Williams, you said?

18 A Yes. He's the head of maintenance now. He's in the
19 Laurens plant, which is where Randall is working as
20 well.

21 Q And was Randall, was he always in the Laurens plant, or
22 he was in the other one to start with?

23 A No. The Laurens plant is new. We've just been there
24 since November, and we consolidated operations for all
25 production just the past month or so.

1 Q Okay. All right. Well, I guess I'll just get with one
2 of them. The only other question I have is, if I could
3 only try one of your products, what would you
4 recommend?

5 A Oh, boy. That's a good one. Try any of our cream
6 cakes, any of our cakes. All good.

7 Q Well, I'll keep that in mind.

8 MR. ROLLINS: Well, I appreciate your time. Thank
9 you. I know it's an imposition on you, but I
10 appreciate you doing it. I'll get with your attorneys
11 and hopefully get in touch with one of these other
12 people, and I hope you have a great afternoon.

13 THE WITNESS: All right. Thank you. I'm sorry I
14 couldn't answer your question more fully as far as that
15 particular aspect.

16 MR. ROLLINS: That's okay. I understand. Thank
17 you.

18 THE WITNESS: Thank you.

19 MR. JARRETT: Thanks, Terri.

20 (WHEREUPON, THE DEPOSITION CONCLUDED AT 10:26 A.M.)
21
22
23
24
25

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CERTIFICATE

This is to certify that the foregoing deposition of 30 (b)(6) DEPOSITION OF THE MUFFIN MAM (TERRI ANNE JERMON), consisting of 16 pages, is a true and correct transcript of the testimony given by said deponent after first being duly sworn; said deposition was reported by method of Stenomask with digital backup. This transcript may contain quoted material; said material is transcribed as read or quoted by the speaker.

I further certify that I am neither employed by nor related to any of the parties in this matter nor their counsel; nor do I have any interest, financial or otherwise, in the outcome of the same.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 9th day of June, 2020.

Jill Bishop Edwards, CVR-CM
Certified Verbatim Reporter

Notary in and for the State of South Carolina
My Commission Expires: July 14, 2020



Claimant's Name: Randall Dalton SSN: SS# Employer's Name: The Muffin Mam
Address: 433 Phillips Lane Address: 3129 N. Industrial Drive
City: Greer State: SC Zip: 29650 City: Simpsonville State: SC Zip: 29681
Home Phone: (864) 915-8362 Work Phone: Insurance Carrier: Amerisure Insurance Company
Preparer's Name: Logan Rollins Law Firm: HawkLaw, PA Preparer's Phone #: (864) 574-8801

SUBPOENA

To: The Muffin Mam 30(b)(6) designee[s], c/o Allison C. Nussbaum, Esq., McAngus Goudelock & Courie, allison.nussbaum@mgdaw.com

☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: ROOM:

☒ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

DATE AND TIME:

PLACE OF DEPOSITION: Via telephone or video conference **DATE AND TIME:** May 12, 2020 @ 10:00 AM

☐ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS:

PLACE: **DATE AND TIME:**

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: **DATE AND TIME:**

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

[Signature] Attorney for Claimant
ISSUING OFFICER'S SIGNATURE AND TITLE

(864) 574-8801
PHONE NUMBER

04 / 29 / 2020
DATE



Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5765.



Claimant's Name: Randall Dalton SSN: SS# Employer's Name: The Muffin Mam
Address: 433 Phillips Lane Address: 3129 N. Industrial Drive
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Home Phone: (864) 915-8362 Work Phone: Insurance Carrier: Amerisure Insurance Company
Preparer's Name: Logan Rollins Law Firm: HawkLaw, PA Preparer's Phone #: (864) 574-8801

SUBPOENA

To: The Muffin Mam 30(b)(6) Designee[s], c/o Allison C. Nussbaum, Esq., McAngus Goudelock & Courie, allison.nussbaum@mgdaw.com

- ☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: ROOM:

DATE AND TIME:

- ☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: DATE AND TIME:

- ☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS: All documents responsive to the 30(b)(6) topics to be discussed

PLACE: HawkLaw, PA DATE AND TIME: On or before 3:00 PM on
P.O. Box 5048 May 8, 2020
Spartanburg, SC 29304

- ☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: DATE AND TIME:

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

[Signature] Attorney for Claimant (864) 574-8801 04 / 29 / 2020
ISSUING OFFICER'S SIGNATURE AND TITLE PHONE NUMBER DATE

Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5765.



HAWKLAW[®]

April 29, 2020

Allison C. Nussbaum, Esq.
McAngus Goudelock & Courie
PO Box 650007
Mt. Pleasant, SC 29465

Re: Case Name: Randall Dalton v. The Muffin Mam
WCC No.: 1713760

Dear Allison:

Enclosed please find the Notice of Deposition of the 30(b)(6) designee upon oral examination, pursuant to Rule 30(b)(6) of the South Carolina Rules of Civil Procedure in the above-referenced matter, along with a certificate of service for the same. This deposition is scheduled to begin on May 12, 2020 at 10:00 AM. The deposition will be held via tele/video conference. I am also enclosing two subpoenas for you to forward to the representative of The Muffin Mam.

If you have any questions or concerns, please do not hesitate to contact me, or my paralegal, Rosie DeVoy.

Sincerely,

Logan Rollins
Attorney

LR/rhd

Enclosure

Mailing Address:
P.O. Box 5048
Spartanburg, SC 29304

(888) HAWKLAW
Fax: (864) 574-8810
www.HawkLaw.com

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HawkLaw has offices located in Spartanburg, Greenville, Columbia, and Charleston

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1713760

Randall Dalton,
Employee/Claimant,
v.
The Muffin Mam,
Employer,
and
Amerisure Insurance Company,
Defendants.

**NOTICE OF DEPOSITION OF
DESIGNATED EMPLOYEE(S) ON ORAL
EXAMINATION, PURSUANT TO RULE
30(b)(6) OF THE SOUTH CAROLINA
LAWS OF CIVIL PROCEDURE**

TO: COMPANY REPRESENTATIVE - DESIGNATED PERSON(S) C/O ALLISON C. NUSSBAUM, ESQ., McANGUS GOUDELOCK & COURIE, PA:

PLEASE TAKE NOTICE that on May 12, 2020 at 10:00 AM by video/teleconference, Logan Rollins, counsel for Claimant, will take the deposition a designated employee of The Muffin Mam, pursuant to Rule 30(b)(6) of the South Carolina Rules of Civil Procedure of the 30(b)(6) individual(s), employed by The Muffin Mam, who is designated by the Defendant to testify about matters set within this Notice, to speak on the Defendant's behalf, and who has the most knowledge regarding the matters contained in this notice and specifically with regard to the matters referred to in the 30(b)(6) topics mentioned below:

(see next page)

RULE 30(b)(6) TOPICS

1. Randall Dalton's job title and job duties from the date of his hiring to the present, including the physical requirements necessary for any person who wishes to apply to obtain such positions.
2. All employment positions at The Muffin Mam in the State of South Carolina that are open to applications from a person with no more than a high school education and the physical restriction of being unable to lift more than 10 pounds overhead and no lifting more than 30 pounds; the training required to perform such a job; and the rate of pay of such a job.
3. What accommodations are being made since Claimant's injury to enable him to undertake his job duties.
4. Knowledge of the provenance of the job descriptions and job postings for any employment position that falls within topics 1-3 (above) and requested pursuant to the Form 27 subpoena served concurrently with this Notice.
5. Whether any person with restrictions of no more than 10 pounds overhead and no more than 30 pound lifting, has been hired for any position falling into the categories in questions 1-4 (above) and how long such person(s) remained in such position(s) from the date of Claimant's hiring to the present.



Logan Rollins
Attorney
HawkLaw, PA
P.O. Box 5048
Spartanburg, SC 29304
(864) 574-8801
(864) 208-0509 (Facsimile)

Date: 04 / 29 / 2020

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1713760

Randall Dalton,)
)
Employee/Claimant,)
)
v.)
)
The Muffin Mam,)
)
Employer,)
)
and)
)
Amerisure Insurance Company,)
)
Defendants.)

CERTIFICATE OF SERVICE

The undersigned certifies that she served a copy of the **NOTICE OF DEPOSITION OF DESIGNATED EMPLOYEE(S) ON ORAL EXAMINATION, PURSUANT TO RULE 30(B)(6) OF THE SOUTH CAROLINA LAWS OF CIVIL PROCEDURE and FORM 27 SUBPOENA** upon the employer/defendants by placing the same in the United States Mail on the date listed below with the proper postage attached thereto, addressed to and via Electronic Mail:

Allison C. Nussbaum, Esq.
allison.nussbaum@mgclaw.com
McAngus Goudelock & Courie, PA
PO Box 650007
Mt. Pleasant, SC 29465

Rosie DeVoy

Rosie DeVoy, Paralegal
HawkLaw, PA
P.O. Box 5048
Spartanburg, SC 29304
(864) 574-8801
(864) 574-8810 (Facsimile)

Date: 04 / 29 / 2020

Muffin Mam

830 Hunter Industrial Park Road, Laurens, SC, 29360

April 29, 2020

Dear Muffin Mam Team,

COVID-19 (coronavirus) continues to have very significant and substantial impacts on our business. As we move through this week, we are doing our best to better align our expenses with our current revenue, which is approximately half of our budgeted revenue for this time.

With great thought and consideration, we have made the decision to consolidate our Simpsonville and Laurens facilities in May. With this consolidation, and to streamline this business to operate leanly and efficiently, some positions will be eliminated. We will be eliminating temporary employees and minimizing overtime unless absolutely critical.

Please be aware that salaried employees will also be making sacrifices for the company and team. All team members earning over \$99,000 will be reducing their salary by at least 10%. Additionally, some salaried team members will be furloughed this week.

In order to use all of our resources as efficiently as possible, members of our salaried team will be working on the production line in making our delicious baked goods at least one day per week as we try to pay for the overhead expenses of our new facility in Laurens.

As we look around our nation, the business landscape and economy have drastically changed and so many people are finding themselves looking for work. In the last 5 weeks, 26.4 million people have filed for unemployment, which is more than all of the jobs that have been created in the last 12 years. It is expected the unemployment rate will reach 23% this week, second only to the rate of 24.9% during the Great Depression. Some are predicting that one-third of the restaurants that are currently closed will not open back up for dine-in service.

As you can see, the effects of the coronavirus are impacting all of us, regardless of industry or demographic. Please know that all of the changes in our business and everything we are asking of our team members is in an effort to keep the doors of Muffin Mam open and all of us working.

We ask every member of the Muffin Mam family to stay safe as all of us work together to do our very best to make Muffin Mam profitable.

Kindest regards,



Dewey Armstrong
Chief Executive Officer



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The Muffin Mam Maintenance Technician is someone who performs regular and preventive maintenance on equipment and facility used in the manufacturing process to ensure the successful execution of production activities.

Requirements

- Proven experience as **maintenance technician**
- Basic understanding of electrical, hydraulic, pneumatic and other mechanical systems
- Knowledge of general maintenance processes and methods
- Working knowledge of tools and associated test equipment
- Manual dexterity and problem-solving skills
- Good physical condition and strength with a willingness to work overtime
- High school diploma or equivalent
- Have good knowledge of troubleshooting techniques in order to determine exact problems and tackle them accordingly
- Excellent ability to communicate system problems to both co-workers and management for proper understanding
- Exhibit good mechanical skills to handle equipment to avoid causing injuries to self and others.

Maintenance Technician Job Duties:

- Ensures operation of machinery and mechanical equipment by completing regular and preventive maintenance requirements on production machines; following diagrams, sketches, operations manuals, manufacturer's instructions, and engineering specifications; troubleshooting malfunctions.
- Locates sources of problems by observing mechanical devices in operation; listening for problems; using measuring and testing instruments.
- Controls downtime by informing production supervisors/associates of routine/preventive maintenance techniques; monitoring compliance.
- Conserves maintenance resources by using equipment and supplies as needed to accomplish job results.
- Provides mechanical maintenance information by answering questions and requests.
- Maintains continuity among work teams by documenting and communicating actions, irregularities, and continuing needs.
- Maintains safe and clean working environment by complying with procedures, rules, and regulations.
- Contributes to team effort by accomplishing related results as needed.
- Provide assistance on production change over's to facilitate a smooth transition to the next product in line.
- Assist with production needs when able to ensure production runs as smoothly as possible.
- Perform maintenance on the facility when needed.
- Maintain and use all forms of communication; Maintenance logs and verbal communications

Any certifications or other knowledge would be a plus, but not required.

Examples: Forklift, Welding, HVAC, PLC knowledge, Electrician, etc....

Exhibit C

Deposition Transcript of Ronnie Williams

1 State of South Carolina
2 Before the
3 South Carolina Workers' Compensation Commission
4 WCC File No.: 1713760

5 Randall Dalton,
6 Employee,
7 Claimant,
8 vs.
9 The Muffin Mam,
Employer,
Amerisure Insurance Company,
Defendants.

}
}
}
}
}
}
}

Zoom
Deposition of
Ronnie Williams
October 6, 2020

10
11 Deposition on oral examination of RONNIE
12 WILLIAMS, reported by Trisha G. Rarick, Court
13 Reporter and Notary Public in and for the State of
14 South Carolina; said deposition taken pursuant to
15 notice of deposition and in accordance with the
16 South Carolina Rules of Civil Procedure, via Zoom
17 teleconferencing, commencing on Tuesday, October 6,
18 2020, at 1:57 p.m.

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ABC REPORTING SERVICE (803) 730-3015

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RONNIE WILLIAMS 10/6/2020

1 APPEARANCES:

2

3 Representing the Employee/Claimant:

4 C. LOGAN ROLLINS, ESQUIRE
5 HAWK LAW, P.A.
6 5506 Reidville Road
7 Moore, SC 29369

8

9 Representing Employer/Carrier/Defendants:

10 ZACHARY JARRETT, ESQUIRE
11 MCANGUS, GOUDELÓCK & COURIE, LLC
12 735 Johnnie Dodds Boulevard, Suite 200
13 Mount Pleasant, SC 29464

14

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21 REPORTER'S NOTE: Due to special circumstances, the
22 court reporter and all parties to this litigation
23 participated in this deposition Via Teleconference
24 from various locations.

25

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RONNIE WILLIAMS 10/6/2020

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(Deposition of RONNIE WILLIAMS)

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Stipulations	4
Examination by Mr. Rollins	4
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Certificate of Reporter	17

* * * * *

REPORTER'S NOTE: No exhibits were marked for
identification.

RONNIE WILLIAMS 10/6/2020

1 This deposition is taken in accordance
2 with the South Carolina Rules of Civil Procedure.

3 It is agreed and stipulated by the
4 deponent and respective counsel that the reading and
5 signing of the deposition transcript by the deponent
6 is expressly waived.

7 RONNIE WILLIAMS,
8 having been first duly sworn, was examined and
9 testified as follows:

10 EXAMINATION

11 BY MR. ROLLINS:

12 Q Good afternoon, Mr. Williams. My name is
13 Logan Rollins. I represent Randall Dalton in
14 connection with a work injury that occurred on or
15 about June 25, 2017. Sorry we're having to do this
16 remotely. Have you ever given a deposition before?

17 A No.

18 Q Well, the rules are pretty
19 straightforward. Essentially, I'm going to ask you
20 questions about what Muffin Mam does and what
21 Randall Dalton does there, and if you answer the
22 question, I will assume that you understood it. If
23 you need clarification, just let me know. I'll be
24 happy to clarify it, but, otherwise, if you answer
25 the question, I will assume that you understood it

ABC REPORTING SERVICE (803) 730-3015

RONNIE WILLIAMS 10/6/2020

1 and are answering it truthfully. If you need to
2 take a break, just let me know, and you can take
3 one. But I do have to advise you, if you discuss
4 anything with your attorney during that break, I can
5 ask you what you talked to him about, which will not
6 make him happy. Otherwise, anything you discuss
7 with your attorney is privileged, and I can't ask
8 you about it. Do you have any questions about any
9 of that before we get started?

10 A No.

11 Q All right. So to begin with, could you
12 please state and spell your full legal name so the
13 court reporter can put it in the record?

14 A Ronnie Mack Williams, R-o-n-n-i-e M-a-c-k
15 W-i-l-l-i-a-m-s.

16 Q All right. And what is your current
17 address?

18 A 426 Old Boiling Springs Road, Spartanburg,
19 South Carolina 29303.

20 Q And how long have you lived there?

21 A Twenty years.

22 Q Have you lived more or less all your life
23 in Spartanburg?

24 A No. Just the last 20 years.

25 Q All right. Where did you live before

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RONNIE WILLIAMS 10/6/2020

1 that?

2 A I was in the United States Navy for 20
3 years. So I lived in Virginia, Florida, South
4 Carolina. Before that, I lived in Alabama.

5 Q All right. How long have you been
6 employed by The Muffin Mam?

7 A Right at two years.

8 Q What is your -- what was your job title
9 when you were hired there?

10 A Engineering manager.

11 Q Is that still your job title?

12 A Now, I'm the director of engineering.

13 Q How long have you been the director as
14 opposed to the manager?

15 A About a year and a half.

16 Q All right. Then, where did you work
17 before you got to The Muffin Mam?

18 A I worked at Highland Baking Company.

19 Q And were you doing the same sorts of stuff
20 there? Engineering manager?

21 A Yes. I was engineering manager.

22 Q All right. And what -- well, I guess
23 start with director of engineering. What are your
24 job duties on a daily basis as a director of
25 engineering?

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RONNIE WILLIAMS 10/6/2020

1 A I direct the engineering department.
2 Purchase equipment, the maintenance of the equipment
3 in the plant. Upkeep of the building. I also do
4 all the planning and stuff as far as equipment goes
5 for new products.

6 Q All right. Now, as an engineering
7 manager, what -- how was your role different?

8 A I was only working with one plant. Once I
9 became director, I became two plants.

10 Q Okay. So the company only has two plants
11 total?

12 A Right now, yes.

13 Q All right. And, essentially, you were in
14 charge of one of them, and now, you're in charge of
15 both?

16 A Yes.

17 Q All right. Can you tell me a little bit
18 about what your educational background is?

19 A I have a GED.

20 Q Do you have any licenses or certifications
21 specific to engineering?

22 A No.

23 Q Did you have any training for engineering
24 in the Navy?

25 A Well, just the maintenance part of it. I

ABC REPORTING SERVICE (803) 730-3015

RONNIE WILLIAMS 10/6/2020

1 mean, I was -- I done maintenance for the Navy. I
2 do maintenance now so --

3 Q All right. So I believe Randall Dalton
4 was there a good while before you got there; is that
5 correct?

6 A It is.

7 Q And do you know what his job title was
8 when you first arrived?

9 A As far as I can recall, he was just a
10 mechanic.

11 Q Okay.

12 A Maintenance mechanic. Production
13 mechanic.

14 Q All right. I have got a job -- I guess
15 this is an ad they ran or a job requirements, and
16 there's something called a maintenance technician.
17 Is that technically what he was hired at?

18 A Yes.

19 Q All right. And are you familiar with what
20 the requirements are for a person who's going to be
21 a maintenance technician with The Muffin Mam?

22 A I am.

23 Q And I sent a subpoena, and they sent me a
24 job requirements. So it's got a section called
25 requirements and a section called maintenance

ABC REPORTING SERVICE (803) 730-3015

RONNIE WILLIAMS 10/6/2020

1 technician's job duties. Have you ever seen those
2 requirements?

3 A No. Not as they have stated.

4 Q Okay. Well, I'll -- well, somebody got
5 these documents together and produced them to me.
6 I'll just sort of read to you what the requirements
7 are just for your information. I'm primarily
8 concerned with the physical requirements for this
9 job. So this says as far as physical requirements,
10 manual dexterity and problem-solving skills, good
11 physical condition and strength with willingness to
12 work overtime.

13 And it says assist with production
14 needs and able to ensure production runs as smoothly
15 as possible. Perform maintenance when needed.
16 Maintain and use all forms of communication.

17 So is that -- to your knowledge, is
18 that more or less physically what a maintenance
19 technician is required to do? Work on machines
20 basically?

21 A Pretty much.

22 Q Okay. And how much -- what size are these
23 machines that a maintenance tech is working on?

24 A It depends. Anything from a size of a
25 basketball to 100-foot oven.

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RONNIE WILLIAMS 10/6/2020

1 Q Okay. So in operating or working on those
2 larger pieces of equipment, would the maintenance
3 tech generally be required to do work that --
4 reaching over his head to work on those pieces of
5 equipment?

6 A Yes. That's highly possible, yes.

7 Q And would the maintenance technician be
8 required to exert more than 30 pounds of force when
9 working on that equipment?

10 A I wouldn't say so.

11 Q Okay. So how heavy is the -- are the
12 pieces of equipment that the maintenance tech would
13 generally be required to move?

14 A Most of them be 5, 10, 15 maybe 25 pounds.
15 Anything heavier than that, they'll use a lift or a
16 forklift.

17 Q Okay. All right. Are you responsible to
18 hire maintenance techs?

19 A I am.

20 Q How many do you have between the two
21 facilities that you have got?

22 A Right now, we're only operating the one
23 facility. The second facility is being shut down.

24 Q All right. Well, how many do you have at
25 the one facility?

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RONNIE WILLIAMS 10/6/2020

1 A Counting myself, I have 10.

2 Q Okay. And do you physically do these same
3 physical activities that all the maintenance techs
4 do as --

5 A I do.

6 Q Okay. And what is Randall Dalton's
7 current job title?

8 A He's kind of holding two. He's doing
9 maintenance supervisory work, taking care of
10 paperwork and what have you. Maintenance schedule,
11 and he's also my lead fabricator for -- he helps do
12 project work, building conveyors and machinery,
13 welding, such as that.

14 Q Okay. All right. So in his role, is he
15 required physically to do all of the same duties
16 that a regular maintenance tech would do?

17 A Yeah. Pretty much, yes.

18 Q And as a fabricator, it sounds like -- is
19 that a harder physical job to do than maintenance
20 tech?

21 A Not really. It's mostly welding and
22 fitting. I wouldn't say was any more strenuous.

23 Q Sorry. This is my ignorance. What do you
24 mean when you say fitting?

25 A Fitting, putting pieces together. Like

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RONNIE WILLIAMS 10/6/2020

1 pipe fitting. Welding pipe.

2 Q Okay.

3 A Such as that.

4 Q Okay. All right. So he may actually,
5 potentially, be putting together conveyor belts?

6 A Yeah. Conveyors.

7 Q Okay. All right. And since he had this
8 work-related injury, it's my understanding, correct
9 me if I'm wrong, but has the company had to alter
10 what his physical requirements are or get somebody
11 to assist him with some of the physical job duties?

12 A If that's the case, it was before I got
13 here. Since I have been here, he's done everything
14 on his own. There's no -- been no really any
15 restrictions put on him as far as I know. He
16 performs his functions just as well as anyone else
17 here.

18 Q Okay. If you were hiring somebody to be a
19 maintenance technician just off the street, you
20 placed an ad in the paper, and that person came to
21 you and was not able to do any overhead work, would
22 you hire that person for the job?

23 A What do you mean overhead work?

24 Q Just anything what a person would have to
25 lift his arms above his head to do work?

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RONNIE WILLIAMS 10/6/2020

1 A In the job where he is in right now, on
2 the fabricating position, yes, because there's
3 really no overhead work involved in it. You know,
4 it's all waist level of constructing them and doing
5 the fitting. I guess it would depend on the
6 restriction because, I mean, there's -- there is
7 really nothing here where he has to lift anything
8 other than his hands over his head. You know, he
9 may have to reach over his head to turn a bolt or to
10 tighten a clamp or something like that. As far as
11 physically lifting things over his head, he doesn't
12 have to do that.

13 Q Okay.

14 A No. Anytime we had anything heavy up over
15 the head, we use a lift assist, a cherry picker, a
16 crane or a forklift, something such as that.

17 Q All right. So if the restriction was that
18 he couldn't lift his hands over his head to tighten
19 a bolt or something like that, then --

20 A Right. Then I have -- I would not hire
21 that person, no.

22 Q Okay.

23 A If they couldn't use their hands above
24 their head.

25 Q Okay. What about a person who could

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RONNIE WILLIAMS 10/6/2020

1 not -- who had a restriction of never exerting more
2 than 30 pounds of force? Would you hire that sort
3 of person off the street?

4 A Probably not.

5 Q Okay. So if he couldn't lift 30 pounds of
6 weight, you don't think that person would be able to
7 do the physical grind required for a maintenance
8 tech. Is that what you're saying?

9 A If he couldn't do that with both arms,
10 yeah. Now, I wouldn't disqualify a guy with one arm
11 as long as he could do what he needed to do.

12 Q Okay.

13 A It depends on the individual.

14 Q So how much -- are there any people at The
15 Muffin Man who are specifically just fabricators?

16 A Well, there was. There was. Randall had
17 a gentleman working underneath him, but,
18 unfortunately, we had to let him go because of
19 cutbacks.

20 Q Okay. So is the majority of Randall's
21 time being a maintenance tech-type role as opposed
22 to the fabricator, or is it more fabricator than
23 maintenance?

24 A Probably 50/50.

25 Q Okay.

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RONNIE WILLIAMS 10/6/2020

1 A Just depends on the need of the plant that
2 day.

3 Q Okay. And you don't have anybody -- any
4 position there that's available that's only
5 fabricating?

6 A No.

7 MR. ROLLINS: Okay. All right. I don't
8 have any other questions for you. I appreciate
9 your time. Your lawyer may have some.

10 THE WITNESS: All right.

11 EXAMINATION

12 BY MR. JARRETT:

13 Q Thank you, Ronnie. I just have one
14 question just to clarify. You testified earlier
15 that if someone came to you off the street that
16 could not lift their hands above their head, that
17 you likely would not hire that person; is that
18 correct?

19 A Absolutely, because they have to lift
20 their head -- they have to be able to put their
21 hands above their head. Not necessarily lift
22 anything, but they got to be able to reach up.

23 Q Sure. In that same scenario, what if that
24 person was fully able to lift their hands above
25 their head? Their restriction was just they could

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RONNIE WILLIAMS 10/6/2020

1 not lift more than 10 pounds above their head.

2 Would you hire that person?

3 A Yes.

4 MR. JARRETT: Okay. That's all the

5 questions that I have. Thank you.

6 THE WITNESS: Okay. All right.

7 (Deposition was concluded at 2:13 p.m.)

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RONNIE WILLIAMS 10/6/2020

1 STATE OF SOUTH CAROLINA)

2 COUNTY OF CHARLESTON)

3 I, Trisha G. Rarick, a Court Reporter and
4 Notary Public of the State of South Carolina at
5 Large, do hereby certify that the witness in the
6 foregoing deposition was by me duly sworn to testify
7 to the truth, the whole truth and nothing but the
8 truth in the within-entitled cause; that said
9 deposition was taken at the time and location
10 therein stated; that the testimony of the witness
11 and all objections made at the time of the
12 examination were recorded stenographically by me and
13 were thereafter transcribed by computer-aided
14 transcription; that the foregoing is a full,
15 complete and true record of the testimony of the
16 witness and of all objections made at the time of
17 the examination; and that the witness was given an
18 opportunity to read and correct said deposition and
19 to subscribe the same.

20 Should the signature of the witness not be
21 affixed to the deposition, the witness shall not
22 have availed himself of the opportunity to sign or
23 the signature has been waived.

24 I further certify that I am neither related
25 to nor counsel for any party to the cause pending or
interested in the events thereof.

Witness my hand, I have hereunto affixed my
official seal the 15th of October, 2020, at
Charleston, Charleston County, South Carolina.

17

18

19

Trisha G. Rarick
Court Reporter

20 My commission expires:

21 January 9, 2029

22

23

24

25

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HAWKLAW[®]

April 9, 2021

VIA E-CASE

Commissioner Avery B. Wilkerson, Jr.
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Re: Randall Dalton v. The Muffin Mam
WCC File No.: 1713760

Dear Commissioner Wilkerson:

Enclosed please find my **SECOND SUPPLEMENTAL** Form 58, Notice of APA Submissions and a Certificate of Service for the same regarding the above referenced matter.

If you have any questions, please do not hesitate to call on me.

Thanking you in advance, I remain

Sincerely,

Logan Rollins
Attorney

LR/hs

Enclosures

cc: Allison C. Nussbaum, Esq. (via email)

Mailing Address:
P.O. Box 5048
Spartanburg, SC 29304

(888) HAWKLAW
Fax: (864) 574-8810
www.Hawk.Law

HawkLaw has offices located in Spartanburg, Greenville, Columbia, and Charleston



Claimant's Name: Randall Dalton Employer's Name: The Muffin Mam
Address: 433 Phillips Lane Address: PO Box 6282
City: Greer State: SC Zip: 29650 City: Greenville State: SC Zip: 29606
Home Phone: 864-477-9914 Work Phone: _____ Carrier: Amerisure Insurance Company
Preparer's Name: Logan Rollins Preparer's Phone #: (864) 574-8801

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$704.82 2. AWW: \$1,057.18 Date of Injury: 06/26/2017
3. Type of injury and body part(s): Neck, right shoulder, cervical and lumbar spine, right lower extremity, left lower extremity, and right hip
4. Facts in controversy: Entitlement to additional medical treatment/pain management for neck, or in the alternative, extent of permanent disability; whether claimant is entitled to permanent and total disability under § 42-9-10, wage loss under § 42-9-20; payment for medical treatment, past and future, including Dodge Medicals.
5. Legal issues involved: S.C. Code Ann § 42-1-160 (Case compensable) (Injury & personal inj. defined); § 42-15-60 (Entitled to medical Care); § 42-15-60 (Entitled to payment for medical care) § 42-9-200 and § 42-9-260 (Entitlement to TTD). Does South Carolina law recognize "sheltered work" or "make work" doctrine, i.e., can an employee be nominally employed but still totally disabled under § 42-9-10 (Entitled to permanent and total disability); If SC does recognize sheltered work doctrine, is Claimant's work sheltered work? § 42-9-20 (Entitled to wage loss); Dodge Medicals.
6. Unusual aspects: Lump sum and Utica Mohawk language.
7. Witnesses (designate if expert):* Claimant; Claimant reserves the right to call any witnesses named by Defendants
8. Exhibits: Email correspondence from Claimant's counsel to Defense Counsel; Deposition Transcript of Terri Anne Jermon; Deposition Transcript of Ronnie Williams; Deposition transcript of Dr. Phillip J. Smith; Resume of J. Adger Brown, Jr.; Documents in Claimant's APA submissions; Possibly documents in Defendants APA submissions; Records of Employer; Claimant reserves the right to supplement their exhibits as additional information becomes available.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See Notice of Witnesses and Written Reports (APA Submissions). Claimant reserves the right to supplement their medical records as additional information becomes available.
10. Name, address, and specialty, if any, of the treating physician: Carolina Ortho and Neurosurgical Associates/ Dr. Hoenig and Dr. Behr- 1330 Boiling Springs Road, Spartanburg SC); Reedy Family Medicine/Dr. James Fuson (135 Commonwealth Drive Ste 100, Greenville SC 29615); Interventional Pain Management Associates/ Dr. Phillip J. Smith (21 Brendan Way Greenville SC 29615)
11. Impairment rating(s); body part(s); physician and date of opinion: 8% right shoulder; Dr. Hoenig; 6/18/2018; 4% cervical and 8% lumbar spine; Dr. James Behr; 11/7/2018

I am amending my Form 50/51 in the following manner: _____

☒ Mediation

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

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Allison Nussbaum of McAngus, Goudelock & Courie LLC via email to Allison.nussbaum@mgclaw.com on 04/09/2021 by ☐ first class postage ☐ certified mail ☐ personal service ☒ electronic service.

Signature: 

Email: logan.rollins@hawklawfirm.com

Date of hearing: 04/13/2021 Time needed for hearing: 45 minutes

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

**BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1713760**

Randall Dalton,)
)
Employee/Claimant,)
)
v.)
)
The Muffin Mam,)
)
Employer,)
)
and)
)
Amerisure Insurance Company,)
)
Defendants.)
_____)

**CLAIMANT'S ADDENDUM
TO FORM 58**

INTRODUCTION

Claimant sustained admitted injuries to his cervical and lumbar spine and right shoulder in an accident that occurred on June 25, 2017 when he fell at work. Claimant returned to work for Defendant-Employer in a modified position that accommodated the work restrictions he received from his authorized physicians. Claimant's authorized physician for his right shoulder was Dr. Michael Hoenig, who released Claimant at MMI on June 18, 2018, with the restriction of not lifting more than 10 lbs overhead. (APA p. 120). Dr. James Behr was Claimant's authorized physician for his cervical and lumbar spine and released Claimant at MMI for his cervical and lumbar spine injuries on November 7, 2018, with the restriction of not lifting more than 30 lbs. (APA p. 136).

In his Form 14B, Dr. Behr noted that Claimant would require ongoing pain management, including medications, for at least two years on November 20, 2018. (APA p. 136). Claimant's counsel left at least one voicemail with Defendants' counsel

and sent at least two emails to Defendant's counsel in August of 2020 requesting follow up pain management and noting that Claimant had been written out of work for his admitted spine injury (APA pp. 288-89). He never received a response, and Claimant therefore received pain management treatment at his own expense and seeks reimbursement for the costs of that treatment, as well as transfer of care to his current pain management physician, Dr. Philip J. Smith, and all recommendations made by Dr. Smith for ongoing care.

With regard to permanency, Claimant alleges that he is, as a matter of law, permanently and totally disabled under either Section 42-9-10 or 42-9-30 in spite of the fact that he is technically employed by Defendants based on the appropriate legal standard for defining permanent and total disability as outlined herein.

I. DOES SOUTH CAROLINA LAW RECOGNIZE THAT A CLAIMANT WHO IS TECHNICALLY EMPLOYED CAN NEVERTHELESS BE PERMANENTLY AND TOTALLY DISABLED UNDER SECTION 42-9-10 OR 42-9-30, I.E., DOES IT RECOGNIZE "SHELTERED WORK" DOCTRINE?

South Carolina law follows North Carolina law in how disability is defined. As South Carolina courts have articulated repeatedly, "[b]ecause South Carolina adopted large portions of the North Carolina Workers' Compensation legislation, we rely on North Carolina precedent in Workers' Compensation cases, Spoone v. Newsome Chevrolet-Buick, 309 S.C. 432 (1992). North Carolina law expressly recognizes "sheltered employment." In Peoples v. Cone Mills Corporation, 342 S.E.2d 798 (N.C. 1986), the North Carolina Supreme Court ruled, "[a]n injured employee's earning capacity must be measured not by the largess of a particular employer, but rather by the employee's own ability to compete in the labor market. If post-injury earnings do not

reflect this ability to compete with others for wages, they are not a proper measure of earning capacity." *Id.* at 806. Larson defines the doctrine as follows:

Wages paid an injured employee out of sympathy, or in consideration of his long service with the employer, clearly do not reflect his actual earning capacity, and for purposes of determining permanent disability are to be discounted accordingly. The same is true if the injured man's friends help him to hold his job by doing much of his work for him, or if he manages to continue only by delegating his more onerous tasks to a helper, or if the work for which claimant is paid is 'made work' or 'sheltered work.'

A Larson, *The Law of Workmen's Compensation* §§ 57.21, 57.34 (1983) (footnotes omitted). Therefore, the hallmark of the "sheltered work" or "make work" doctrine is that disability must be defined not as simply earning wages but as the ability to compete in an open marketplace to earn wages.

The South Carolina definition of total disability based on the "economic" model already parallels the sheltered work model. Total economic disability exists under South Carolina workers' compensation law when the services that a claimant can offer are "so limited in quality, dependability, or quantity that a reasonably stable market for them does not exist." See Winn v. Peoples Natural Gas Company, 238 S.C. 1 (1961). See also Hutson v. South Carolina State Ports Authority, 732 S.E.2d 500, 399 S.C. 381 (2012) ("To use such unsupported and wildly optimistic [testimony from a claimant that he could work] which are in direct conflict with the only concrete evidence in the record would turn the Act on its head and violate the stated policy behind it.").

The South Carolina Workers' Compensation Act does statutorily, and explicitly, recognize that actually earning wages and having the physical ability to obtain employment in the marketplace are distinguishable in its definition of "permanent physical impairment" in at least two separate contexts, where it is defined as an injury

that is so serious that it is an obstacle to “obtaining reemployment if the employee should become unemployed.” See, e.g., S.C. Code Ann. Section 42-13-10 and 42-9-400.

II. IS CLAIMANT'S EMPLOYMENT "SHELTERED WORK" SO THAT HE IS TOTALLY DISABLED IN SPITE OF HIS NOMINAL EMPLOYMENT?

A. The First Step in A Disability Analysis Is What Causally Related Work Restrictions A Claimant Has.

Under any analysis, the first element of evaluating Claimant's vocational ability is to determine what injury-related limitations he has. According to Claimant's treating physician, Dr. James Behr, Claimant has a 4% impairment to his cervical spine and an 8% impairment to his lumbar spine. His permanent work restriction from Dr. Behr is “no lifting over 30 pounds” (APA p. 136). Dr. Hoenig, Claimant's treating physician for the shoulder injury, gave him an 8% rating and limited him to not lifting more than 10 lbs overhead. (APA p. 120). On October 10, 2020, Claimant's family physician, after writing Claimant out of work for his back injury, allowed him to return to work but only with the “caveat to do no lifting greater than 10 lbs.” (APA. P. 153). In an FCE performed December 16, 2020, Claimant's maximum lifting to shoulder level was 10 lbs, and his maximum lifting above shoulder level was only 7 lbs (APA p. 163). Accordingly, although Dr. Behr opined that Claimant was capable of lifting as much as 30 lbs below shoulder level, Claimant's family doctor, in testing corroborated by a valid FCE, limits Claimant's lifting to only 10 lbs.

B. The Second Step In A Disability Analysis Is What Jobs a Claimant Could Compete for in the Marketplace.

1. There Is No Evidence Claimant Can Perform The Full Range Of Duties For Any Position With Defendant

Under longstanding precedent, a corporation is bound by the statements of its agent designated pursuant to Rule 30(b)(6). See, e.g., Covol Fuels No. 4, LLC v. Pinnacle Min. Co., LLC 785 F.3d 104, FN 13 (4th Cir. 2015). (“The organization is permitted to designate a person to testify on its behalf, and the organization is bound by that testimony”). South Carolina Rule of Civil Procedure 801 allows any statement made by a person “authorized by the party to make a statement concerning the subject” to be admitted in spite of a general prohibition against hearsay, and SCRCP 32(a)(2) specifically outlines that “a person designated under Rule 30(b)(6) [. . .] to testify on behalf of a public or private corporation [. . .] which is a party may be used by an adverse party for any purpose.”

Claimant noticed a 30(b)(6) deposition of an employee designated by Defendants.

The topics of the deposition were the following:

1. Randall Dalton’s job title and job duties from the date of his hiring to the present, including the physical requirements necessary for any person who wishes to apply to obtain such positions.
2. All employment positions at The Muffin Mam in the State of South Carolina that are open to applications from a person with no more than a high school education and the physical restriction of being unable to lift more than 10 pounds overhead and no lifting more than 30 pounds; the training required to perform such a job; and the rate of pay of such a job.
3. What accommodations are being made since Claimant’s injury to enable him to undertake his job duties.

4. Knowledge of the provenance of the job descriptions and job postings for any employment position that falls within topics 1-3 (above) and requested pursuant to the Form 27 subpoena served concurrently with this Notice.
5. Whether any person with restricted use of one arm as well as lifting restrictions of no more than 10 pounds overhead and no more than 30 pounds lifting, has been hired for any position falling into the categories in questions 1-4 (above) and how long such person(s) remained in such position(s) from the date of Claimant's hiring to the present.

(APA p. 311). Defendants produced only one witness to testify regarding all of these topics, and that witness, Terri Jermon's, 30 (b)(6) deposition took place June 9, 2020 (APA p. 290). In conjunction with the deposition notice, Claimant served a Form 27 subpoena that requested all documents in Defendants' possession that were responsive to the topics outlined in the notice. (APA p. 308). Defendants produced three (3) pages of documents. (APA pp. 313-315). The witness confirmed that the three (3) pages of documents produced were the only existing documents that corresponded with the topics outlined above during her deposition testimony (Jermon Dep. p. 6, APA p. 295). Ms. Jermon testified that she did not know what the physical requirements were for Claimant's current or past position, or for any position in his department: "I can't answer that question because I'm not in that department." (Jermon Dep. p. 14, APA p. 303). Again, in response to Claimant's subpoena for any evidence of any jobs for a person with only a high school education who was unable to lift more than 10 lbs overhead and no more than 30 lbs total (Claimant's maximum work abilities according to his authorized physicians), Defendants produced evidence of no position at all. When asked about his ability to perform his current job, Jermon testified, "If there's anything that he can't do [. . .] somebody else has been able to take over for him." (Jermon Dep. pp. 13-14). She further testified that, because she could not answer with specificity,

“Ronnie Williams [. . .] could probably answer those same questions as well.” Thereafter, Claimant took the deposition of Ronnie Williams, who was asked if he would hire a person off the street who could not exert up to 30 lbs, and Mr. Williams testified, “[p]robably not.” (Williams Dep. p. 14, APA p. 329). When asked to clarify, “if he couldn’t lift 30 pounds of weight, you don’t think the person would be able to do the physical grind required [. . .],” Mr. Williams responded, “If he couldn’t do that with both arms, yeah.” (Williams Dep. p. 14, APA p. 329). Therefore, there is no evidence that Claimant can perform any work at Defendant-Employer apart from having someone more physically capable cover for him, the very definition of “sheltered work.”

2. There is No Evidence Claimant Can Perform Any Other Work

In order to determine to what extent a Claimant’s earning capacity remains “intact,” it is necessary to use vocational expert evidence; otherwise, any opinion about earning capacity, in the words used by the South Carolina Court of Appeals when it most recently analyzed the use of vocational expert opinions in a workers’ compensation setting, merely “floats on air.” Clark v. Phillips Electronics/Shakespeare, 2021 WL 908493 (Ct. App. 2021). In the instant case, the only expert vocational opinion in the record is from Adger Brown, who opines that Claimant is able of engaging only in “modified work” and that he would be “incapable of returning to work with a new employer as a maintenance mechanic” and therefore would be “unhireable in any other capacity” if he were to lose his job with Defendant for any reason (APA p. 184).

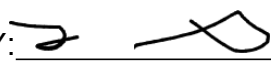
CONCLUSION

Claimant has work restrictions that limit him to a maximum of exerting 30 lbs of pressure at all and a maximum of 10 lbs of pressure overhead. Competent evidence in

the record demonstrates that his actual ability is lifting 10 lbs maximum and lifting only 7 lbs over his head. His only work history is doing mechanical repairs. The only vocational evidence in the record establishes that he would be unhireable at any place other than his current place of employment that has someone other than Claimant perform all activities he is now physically incapable of performing — the exact definition of “sheltered work” or “make work.” Accordingly, as a matter of law, Claimant is permanently and totally disabled.

Respectfully submitted,

HAWKLAW, PA

BY: 

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P.O. Box 5048
Spartanburg, SC 29304
(864) 574-8801
(864) 208-0509 (Facsimile)
logan.rollins@hawklawfirm.com

April 9, 2021

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1713760

Randall Dalton,)
)
Employee/Claimant,)
)
vs.)
)
The Muffin Mam,)
)
Employer,)
)
and)
)
Amerisure Insurance Company,)
)
Defendants.)
_____)

**SECOND SUPPLEMENTAL
NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS TO BE
INTRODUCED AS DIRECT EVIDENCE
ON BEHALF OF
EMPLOYEE/CLAIMANT**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
Allison C. Nussbaum, Esq.:

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

TAB	NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE #
5	J. Adger Brown, Jr. Rehabilitation Consulting	04/13/20	177-184
6	Reedy Family Medicine Dr. James R. Fuson	01/25/19-08/05/20	185-251
7	Pain Medicine- Eastside Dr. Phillip Joshua Smith	10/05/20	252-260
8	Innervision Medical Imaging	11/27/17	261-262
9	MD360	06/26/17	263-266
10	Center for Health and Occupational Services	07/05/17-09/18/17	267-282
11	Emergency MD	08/03/17	283-285
12	Carolina Ortho & Neurosurgical Associates	12/05/17-01/31/18	286-287

TAB	NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE #
TAB	EXHIBIT	DATE	PAGE #
A	Email correspondence from Claimant's Counsel to Defense Counsel	08/17/20-08/31/20	288-289
B	Deposition Transcript of Terri Anne Jermon – 30 (b) (6)	06/09/20	290-315
C	Deposition Transcript of Ronnie Williams	10/06/20	316-332
D	Deposition Transcript of Dr. Phillip J. Smith	03/23/21	333-338
E	Resume of J. Adger Brown, Jr.	***	339-341

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

YOU ARE FURTHER NOTIFIED that the original of the documents referred to herein, or photocopies received from said physicians/others, will be delivered to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Employee/Claimant, at the hearing in this matter.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employee/Claimant.

Randall Dalton, and a representative of the employer.

HAWKLAW, PA

BY: 
 Logan Rollins
 P.O. Box 5048
 Spartanburg, SC 29304
 (864) 574-8801
 (864) 208-0509 (Facsimile)
logan.rollins@hawklawfirm.com

April 9, 2021

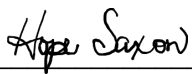
BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1713760

Randall Dalton,)
)
Employee/Claimant,)
)
vs.)
)
The Muffin Mam,)
)
Employer,)
)
and)
)
Amerisure Insurance Company,)
)
Defendants.)
_____)

CERTIFICATE OF SERVICE

The undersigned certifies that she served a copy of the **Second Supplemental Form 58 and Notice of Witnesses and Written Medical Reports To Be Introduced As Direct Evident on Behalf of Employee/Claimant** upon the attorney for the employer/defendants by electronic service on the date listed below, addressed to:

Allison C. Nussbaum, Esq.
McAngus Goudelock & Courier LLC
allison.nussbaum@mgclaw.com



Hope Saxon
Paralegal
HawkLaw, PA
P.O. Box 5048
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(864) 208-0509 (Facsimile)
hope.saxon@hawklawfirm.com

April 9, 2021

Exhibit D

Deposition Transcript of Dr. Phillip J. Smith

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1713760

RANDALL DALTON,	)	
	)	
CLAIMANT,	)	DEPOSITION
	)	
VS.	)	OF
	)	
MUFFIN MAM, INC.,	)	PHILLIP JOSHUA SMITH, M.D.
	)	
EMPLOYER,	)	
	)	
AND	)	
	)	
AMERISURE INSURANCE COMPANY,	)	
	)	
CARRIER,	)	
	)	
DEFENDANTS.	)	

THE DEPOSITION OF PHILLIP JOSHUA SMITH, M.D., TAKEN
BEFORE LISA P. KOPCHO, PROFESSIONAL VERBATIM REPORTER AND
NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA,
COMMENCING AT THE HOUR OF 3:59 P.M., TUESDAY, THE 23RD DAY
OF MARCH, 2021, VIA VIDEOCONFERENCE AT VARIOUS LOCATIONS IN
SOUTH CAROLINA.

Page 2

APPEARANCES
FOR THE CLAIMANT
C. LOGAN ROLLINS, II, ESQUIRE
HAWKLAWS, P.A.
POST OFFICE BOX 5048
SPARTANBURG, SOUTH CAROLINA 29304
logan@hawklawfirm.com

FOR THE DEFENDANTS
ZACHARY W. JARRETT, ESQUIRE
MCANGUS GOUELOCK AND COURIE, LLC
733 JOHNNIE DODDS BOULEVARD
MOUNT PLEASANT, SOUTH CAROLINA 29465
zack.jarrett@mgclaw.com

REPORTED BY
LISA P. KOPCHO
BISHOP REPORTING SERVICES, LLC
POST OFFICE BOX 1207
GREENVILLE, SOUTH CAROLINA 29602
864-640-1634
Jill@BishopReporting.com

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EXHIBITS

[No exhibits were proffered.]

*DIGITALLY RECORDED AUDIO RETAINED FOR TWELVE (12) MONTHS
FROM DATE OF CERTIFICATION.

Page 4

1 STIPULATIONS
2 IT IS STIPULATED BY AND BETWEEN COUNSEL
3 FOR THE RESPECTIVE PARTIES THAT ALL OBJECTIONS
4 ARE RESERVED UNTIL THE TIME OF TRIAL, EXCEPT
5 AS TO THE FORM OF THE QUESTION.
6 THIS DEPOSITION IS BEING TAKEN PURSUANT TO
7 THE SOUTH CAROLINA RULES OF CIVIL PROCEDURE.
8 ----
9 THE READING AND SIGNING OF THIS DEPOSITION IS
10 WAIVED BY THE DEPONENT AND COUNSEL FOR THE RESPECTIVE
11 PARTIES.
12 WHEREUPON, PHILLIP JOSHUA SMITH, M.D., BEING
13 DULY SWORN AND CAUTIONED TO SPEAK THE TRUTH, THE WHOLE
14 TRUTH, AND NOTHING BUT THE TRUTH, TESTIFIED AND DEPOSED
15 AS FOLLOWS:
16 EXAMINATION
17 BY MR. ROLLINS:
18 Q Good afternoon, Dr. Smith. My name is Logan Rollins.
19 I represent Randall Dalton in connection with a
20 workers' compensation claim arising from an accident
21 that occurred on or about June 26, 2017. Have you
22 given a deposition before?
23 A Yes.
24 Q So you know essentially what the ground rules are, I
25 assume. If you need clarification on anything, please

Page 5

1 let me know. If you need to take a break, please let
2 me know. Otherwise, we'll just plow ahead and try to
3 go through this as quickly as possible.
4 Could you please just state your full legal name,
5 to begin with.
6 A Phillip Joshua Smith.
7 Q And where are you currently practicing?
8 A Greenville, South Carolina.
9 Q What is the name of your practice?
10 A Prisma Health - Pain Medicine.
11 Q Okay. Could you just briefly summarize your
12 educational background and what your board
13 certifications are, if any, and how long you have been
14 practicing in pain management.
15 A I'm a board-certified anesthesiologist with a
16 subspecialty certification in pain medicine. I have
17 been out of my training for approximately eight and a
18 half years. I did my residency and fellowship at the
19 University of Virginia, medical school at East Carolina
20 University.
21 Q All right.
22 MR. ROLLINS: Zack, I would proffer him as an
23 expert in pain management, presumably without
24 objection.
25 MR. JARRETT: Yeah, I have no objection to that.

2 (Pages 2 to 5)

Page 6 1 BY MR. ROLLINS: 2 Q All right, perfect. So, from the records I have, it 3 looks like you only saw Randall Dalton -- and correct 4 me if I'm wrong, but once on October 5, 2020? 5 A Correct. 6 Q And what complaints did he present with you -- to you 7 with at that visit? 8 A The chief complaint of that day was, (A), a new patient 9 evaluation and, (B), low back pain and also pain of the 10 neck. 11 Q All right. And what were the treatment recommendations 12 that you made for him at that visit? 13 A On that day, I recommended that he continue using that 14 TENS unit that he had been using. I performed what are 15 called "trigger point injections" on that visit. I 16 made minor modifications to his anti-inflammatory 17 medication and his muscle relaxant -- sorry -- yes. 18 Q Okay. So could you please explain what the purpose of 19 the trigger point injection was. 20 A At the time of the visit, I diagnosed this as 21 intermittent myofascial pain, or muscle pain. The 22 trigger point injections are designed to increase blood 23 flow to the affected painful areas, while also 24 injecting medication, specifically local anesthetic and 25 an anti-inflammatory to reduce any inflammatory	Page 7 1 component of the muscle pain. 2 Q Okay. And it looks like you changed his prescription 3 from Aleve to diclofenac and Flexeril to Skelaxin. Is 4 that correct? 5 A That is correct. 6 Q And then you said you would consider an ESI in the 7 future for back pain? 8 A I did. 9 Q What is his diagnosis that led to this course of 10 treatment that you recommended? 11 A He -- 12 Q Or could you explain this myofascial diagnosis you 13 have? 14 A The pain that he described initially was a chronic pain 15 that did not have a referral pattern. It did seem to 16 improve with rest. It also had been exacerbated 17 several weeks prior to our visit without a clear 18 trigger. He described a pain that shot into his hip 19 and down his spine that would flare up periodically. 20 Usually, a pain that I hear described as a 21 "shooting pain" that follows the course of the 22 trapezius is myofascial in nature, is my first option. 23 He had also described using a TENS unit that provided 24 benefit, which also is another indicator to me that it 25 was myofascial pain.
Page 8 1 Q Okay. And under what circumstances would you recommend 2 the ESI in the future? 3 A I frequently -- I would consider an epidural steroid 4 injection -- in this case, this was going to be for his 5 back pain -- the use of a steroid to calm down any 6 inflammatory component of the axial part of his back 7 pain. 8 Q Okay. And would you essentially recommend the course 9 of treatment that we've discussed indefinitely in the 10 future, as long as his symptoms persist? 11 A If he's having benefit with this treatment regimen, 12 then, yes, I would continue on this. 13 Q Okay. So, most probably and within a reasonable degree 14 of medical certainty, or more likely than not based on 15 information typically relied upon by a physician in the 16 same or similar circumstances, is this course of 17 treatment that we discussed what you would recommend 18 for him indefinitely, as long as it provides benefit? 19 A As long as this provides benefit, I would continue on 20 this course. 21 Q Okay. And would that include, more likely than not, at 22 some point, that he receive a steroid injection? 23 A There is a chance that that may be necessary, if he has 24 a flare-up of his back pain. 25 Q Okay. Would you consider that he is at maximum medical	Page 9 1 improvement, based on the information that you have? 2 A I am unable to provide a classification of maximum 3 medical improvement or provide any kind of limitations 4 on function. 5 Q Okay. That was my next question. So you didn't 6 evaluate him for functional limitations? 7 A I -- I do not provide a functional capacity evaluation 8 or make any kind of a statement along those lines. 9 Q Okay. So you would just defer to his primary care 10 physician or whatever doctor evaluated him for that 11 purpose? 12 A That's what -- I would do that. 13 Q Okay. Based on his presentation to you, and it looks 14 like you reviewed maybe some prior records as well as 15 an MRI from earlier in the year 2020. Is that correct? 16 A I reviewed his August 2020 circle MRI. And I had 17 evidence of procedures with a different pain physician 18 that had been performed. 19 Q Okay. Based on your evaluation of all of that 20 information, is it common for a person with that 21 diagnosis and that course of treatment to be written 22 out of work on occasion? 23 A I usually do not pull people out of work. I cannot 24 comment on if that would be a normal course of action. 25 Q Okay. So, whatever his work status, you would just

3 (Pages 6 to 9)

Page 10 1 defer to his family physician or whoever else evaluated 2 him for that purpose, as well? 3 A I would. 4 Q All right. I don't have anything else. One more thing 5 -- sorry. All of these opinions you've stated are most 6 probably and within a reasonable degree of medical 7 certainty? 8 A Correct. 9 Q Okay. 10 MR. ROLLINS: I don't have anything else. Thank 11 you. 12 EXAMINATION 13 BY MR. JARRETT: 14 Q All right. Dr. Smith, I just have a couple follow-ups 15 for you. Just for the record, I'm Zack Jarrett, and I 16 represent the Muffin Mam and their insurance carrier in 17 the workers' compensation claim that was filed by Mr. 18 Randall Dalton. 19 How did Mr. Dalton come to be a patient of yours? 20 A He appears to have been referred by his primary care 21 physician. 22 Q Okay. And I think you testified to this earlier, but 23 you've only evaluated Mr. Dalton on one occasion, and 24 that was October 5th of 2020. Is that correct? 25 A Correct.	Page 11 1 Q And so would you agree that you have not treated or 2 evaluated Mr. Dalton in nearly six months? 3 A That would be correct. 4 Q Okay. So here today, do you have any idea of what Mr. 5 Dalton's current medical status is? I mean, do you 6 know if his symptoms completely resolved, if they're 7 worse, if they're the same? 8 A I do not. 9 Q Okay. So, given that fact and the fact that you have 10 only seen him one time about six months ago, can you 11 provide any opinions with any degree of certainty as to 12 his condition here today? 13 A Not as of his current condition. 14 Q Okay. Can you provide any opinions with any degree of 15 certainty as to what future medical treatment he needs 16 if you don't know his condition? 17 A I -- not as of today. 18 Q Okay. So the testimony that you just gave as to 19 whatever he may need going forward, you can't really 20 state that to -- with any degree of certainty, can you? 21 A Not without -- not as of today. If -- if his plan -- 22 if his condition was unchanged from when I saw him, 23 then I would -- I would continue that plan from that 24 visit. 25 Q Sure. But to give an opinion today, can you do that if
Page 12 1 you don't know his condition? 2 A I cannot. 3 Q Okay. So, just so I'm clear, as of any opinions 4 regarding his need for future medical treatment, can 5 you give any of those today to a reasonable degree of 6 medical certainty? 7 A The visit -- the diagnosis that I made on October 5th 8 is one that I frequently will see people for on an 9 annual basis. And I -- I would typically assume no 10 change, but I'm assuming in that situation. So I 11 cannot, without seeing the patient, give an idea, as of 12 today, of his future prognosis. 13 Q And any recommendation for future medical treatment 14 would be speculative at this point. Would you agree 15 with that? 16 A Correct. 17 Q Okay. 18 MR. JARRETT: All right. I appreciate your time, 19 Dr. Smith. I don't have any further questions for you. 20 FURTHER EXAMINATION 21 BY MR. ROLLINS: 22 Q Sorry. Just really briefly, you were asked about the 23 degree of certainty with which you could provide future 24 recommendations, but you said from the diagnosis that 25 you gave him, typically you would only see a person	Page 13 1 every year. Is that correct? 2 A There are patients that I frequently only see on an 3 annual basis with myofascial pain. 4 Q So, Mr. Dalton would be -- he's less than a year out 5 from his visit with you? 6 A Correct. 7 Q So he's -- if we strip away magical language and just 8 say more likely than not, based on your experience with 9 his medical condition and your examination and review 10 of his past medical history, more likely than not, is 11 that course of treatment that you described what he's 12 going to need -- recurring presumably at annual visits 13 with you or somebody? 14 A More likely than not, yes. 15 Q Okay. 16 MR. ROLLINS: I don't have anything else. 17 FURTHER EXAMINATION 18 BY MR. JARRETT: 19 Q Sorry. And, Dr. Smith, that opinion that you just gave 20 as to him being more likely than not, would you agree 21 that you would need to see Mr. Dalton again in order to 22 make that determination? 23 A To provide an ongoing assessment of his current 24 situation, yes. 25 Q Okay. So, as far as the opinions that you're giving, I

4 (Pages 10 to 13)

Page 14 1 believe initially you were asked to just expand that 2 treatment continuously, so long as his symptoms are 3 present. But without ever evaluating him again, how 4 can you do that? 5 A In situations where patients are stable with myofascial 6 pain, I don't bring them in on a regular scheduled 7 basis. Unless I'm going to make a change to the 8 treatment plan, I don't see it being reasonable to a 9 patient's time, to see me without making a change in -- 10 in their treatment. 11 Q Okay. 12 A And his situation, if his symptoms are stable, then I 13 would continue to leave the follow-up, what we would 14 call "as-needed", with the continuation of his current 15 treatment. 16 Q Okay. But in fairness, you don't know if his condition 17 is stable, do you? 18 A I don't know how it is today, nor do I know how it will 19 be tomorrow. 20 Q Okay. So, as far as any opinions that you're giving 21 today, are they based on pure speculation at this 22 point, since it's been six months since you've seen 23 him? 24 A It's based on usual patterns with this complaint, but 25 not on him, specifically.	Page 15 1 Q Okay. And it looks like on that one time that you did 2 see him, you actually recommended that he follow up 3 with you in six weeks. So it wasn't a year. Did he 4 ever do that? 5 A We only saw him one time. 6 Q Okay. So you actually did recommend him to return and 7 he did not return? 8 A Correct. 9 Q Okay. And I have sent over some medical records. I 10 don't know if you got a copy from my office or not, but 11 I sent them to Mr. Dalton's attorney. But it looks -- 12 are you able to see those from Reedy Family Medical 13 Practice? I'm doing this from my phone, so 14 unfortunately, we're not -- I'm not able to show you, 15 but it's just a date of service of October 12, 2020. 16 A I do have that. 17 Q Okay. And I included the entire note from that visit, 18 but it looks like a lot of that was just labs and 19 tests. But on page 5 of that PDF, it looks like Mr. 20 Dalton returned to his primary care physician and 21 indicated that he had three out of ten neck pain and 22 four out of ten back pain. Do you see that? 23 A I do see that. 24 Q Okay. And then, right under that, do you agree that 25 that report says that, at that time, he was only having
Page 16 1 mild pain and wished to return to work? 2 A That note does say that. 3 Q Okay. And that's the last medical record that I have 4 related to Mr. Dalton. So, based on that, I mean, do 5 you have any reason to think that the symptoms are 6 still there or that he needs the treatment that you've 7 been referencing if that's the last medical note? 8 A I'm unable to specify how he is, at this point -- 9 Q Okay. 10 A -- given the -- 11 Q Go ahead. I'm sorry. 12 A You go. 13 Q If you're unable to specify how he is at this point or 14 what his condition is, again, how can you make any 15 recommendations for ongoing treatment? 16 A I see patients on the assumption that they see me if 17 they're getting worse. And if they're not getting 18 worse, they usually don't come back to see me, 19 therefore continuing the treatment that I had 20 previously prescribed. 21 Q Okay. Do you think it would be reasonable for you to 22 have a follow-up visit with Mr. Dalton before you give 23 any of the opinions you're giving today, and then you 24 can address his need for future medical treatment? 25 A A follow-up visit would be reasonable.	Page 17 1 Q I'm sorry. I got a phone call that was on my phone. 2 So would you prefer to hold off on giving any opinions 3 until you're actually able to see Mr. Dalton again? 4 A We can very easily do this again after a follow-up 5 visit. 6 Q Okay. 7 MR. JARRETT: All right. That's all the questions 8 I have for you. Thank you. 9 FURTHER EXAMINATION 10 BY MR. ROLLINS: 11 Q I hate to do this again, but you -- there's no -- 12 you're basing your opinions on what is more likely that 13 not true, based on your experience, education and 14 training. Is that correct, Doctor? 15 A That is correct. 16 Q And based on the medical note that you reviewed, 17 including the one from a couple weeks after your visit 18 with him, is that what you generally see with the 19 trajectory of these patients, that it waxes and wanes 20 over time? 21 A That is true. And in fact, I believe my first note 22 described an intermittent occurrence. Pain like this 23 flares up periodically and resolves on its own, was my 24 -- 25 Q So that --

5 (Pages 14 to 17)

Page 18 1 A -- line from that note. 2 Q And if that's been his trajectory since his injury in 3 2017, would you expect that waxing and waning to just 4 miraculously stop four or five months after you've seen 5 him in October? 6 A I would not, based on my experience. 7 Q So, more likely than not based on your experience, you 8 would think that his symptoms would get worse again and 9 that he would need your treatment at some point in the 10 future; correct? 11 A At some point, yes. 12 Q And that's also based on your review of his personal 13 medical history; correct? 14 A That I obtained on October 5th in describing the course 15 of his pain history at that point. 16 Q All right. Thank you. 17 MR. ROLLINS: I don't have anything else. 18 FURTHER EXAMINATION 19 BY MR. JARRETT: 20 Q All right, Dr. Smith. Sorry to keep going back and 21 forth on you, but just so I understand as to what you 22 just testified to, it sounds like -- and correct me if 23 I'm wrong -- he needs the treatment you're recommending 24 if he has a flare-up of that pain? 25 A That is true.	Page 19 1 Q Okay. So, if he's not seeking treatment from you and 2 hasn't treated since October, presumably, would that 3 indicate that he's not currently having a flare-up? 4 A That, I cannot comment on. 5 Q Okay. And as far as that treatment that you've noted, 6 I just want to make sure that I understand for the 7 purposes of the claim. Is that treatment that, no 8 matter what, he will need going forward or treatment 9 that he will only need to come to you for if he's 10 having a flare-up? 11 A If his pain is stable, there's -- and his function is 12 stable, there's minimal reason to see me on a regular 13 scheduled basis. As a -- 14 Q Okay. 15 A As a specialist, I'm aware of my impact on the 16 healthcare expenses and I try to make my visits on an 17 as-needed basis. If his pain were to flare up, then, 18 yes, he would need to see me. 19 Q Okay. So -- 20 A If he's at his baseline level of pain, then he can 21 continue with the treatment that had been previously 22 prescribed that was effective. 23 Q Okay. So, barring a flare-up, he would not need 24 treatment from you? 25 A Would not necessarily need additional treatment from
Page 20 1 me. 2 Q Okay. All right. Thank you. 3 MR. JARRETT: That's all I have. Thank you, Dr. 4 Smith. 5 FURTHER EXAMINATION 6 BY MR. ROLLINS: 7 Q One last thing. Do you consider the -- I know the 8 answer, but was the treatment that you provided to him 9 in October medically necessary? 10 A Yes. 11 Q Okay. 12 MR. ROLLINS: I don't have anything else. Thank 13 you. 14 FURTHER EXAMINATION 15 BY MR. JARRETT: 16 Q Was the treatment you provided to him back in October, 17 was it urgent? 18 A It was not. 19 Q Okay. 20 MR. JARRETT: Thank you. 21 MR. ROLLINS: Thank you for your time. And we're 22 done. 23 (WHEREUPON, THE DEPOSITION CONCLUDED AT 4:20 P.M.) 24 25	Page 21 CERTIFICATE This is to certify that the foregoing deposition of PHILLIP JOSHUA SMITH, M.D., consisting of 20 pages, is a true and correct transcript of the testimony given by said deponent after first being duly sworn; said deposition was reported by method of Stenomask with digital backup. This transcript may contain quoted material; said material is transcribed as read or quoted by the speaker. I further certify that I am neither employed by nor related to any of the parties in this matter nor their counsel; nor do I have any interest, financial or otherwise, in the outcome of the same. IN WITNESS WHEREOF I have hereunto set my hand and seal this 7th day of April, 2021. _____ Lisa P. Kopcho Professional Verbatim Reporter Notary in and for the State of South Carolina My Commission Expires: November 2, 2030

6 (Pages 18 to 21)

Exhibit E

Resume of J. Adger Brown, Jr.

RESUME
J. Adger Brown, Jr., MA, CDMS
4705 Crystal Drive
Columbia, S.C. 29206
(803) 960-1816
brown4342@sc.rr.com

WORK EXPERIENCE:

1994 – Present Rehabilitation Consulting – Private Practice, Columbia, SC

In private practice, I am specializing in providing vocational evaluations, testing, counseling and/or job placement in workers' compensation, long term disability, Social Security Disability, and individual referral cases. I provide independent consultation services to attorneys, insurance companies, government agencies, and private individuals. I also provide job analyses, job placement, and assistance in matters concerning ADA compliance issues. Knowledge of counseling practices, medical treatment methods, vocational evaluation, testing and placement methods are used to provide clients with an understanding of the impact that an accident or illness has had on a person's ability to work and their employment future.

1981 – 1994 Vocational Consultant III
Crawford and Company – Healthcare Management
Columbia, SC

Working in a private rehabilitation setting, major responsibilities included developing and providing rehabilitation case management programs for injured workers on behalf of insurance companies, attorneys, government agencies, and others requiring these services to control costs and return workers to employment. These duties required extensive knowledge of insurance regulations and applicable state and federal law. Job analysis, placement, labor market surveys, and testimony were also provided.

1978 – 1981 Vocational Consultant II
South Carolina Department of Mental Health and
South Carolina Department of Vocational Rehabilitation
Columbia, SC

During this time, I worked under a cooperative agreement with two State agencies to provide rehabilitation services to patients at S.C. State Hospital, Earl Morris Alcohol and Drug Treatment Center, and G. Werber Bryan Psychiatric Hospital. At each facility, I functioned as a treatment team member to develop services for our clients. Job analysis and placement was required as well as developing community and employer contacts, and providing post-discharge vocational follow-up services.

1975 – 1976 South Carolina Department of Vocational Rehabilitation
Columbia, SC

My duties included providing general rehabilitation services to those with orthopedic disabilities, as well as alcohol and drug-addicted clients. I was responsible for writing rehabilitation plans, coordinating workshop evaluations, and providing job placement.

FORMAL EDUCATION:

2001 Psychopathology, Assessment and Classification of Mental Disorders
Medical University of South Carolina, Columbia, SC

1982 – 1984 Additional post-masters level education in insurance, accounting,
economics, government, personnel, and sales.

1977 Master of Arts Degree in Rehabilitation Counseling
University of South Carolina – Columbia, SC

 Related Studies: Testing and Measurement

1975 Bachelor of Arts Degree in Psychology, Graduated Cum Laude
University of South Carolina – Columbia, SC

 Related Studies: Statistics and Sociology

ADDITIONAL TRAINING:

2012 The Evolving Brain - Columbia, S.C.
Ethics for Health Care Providers – Columbia, S.C.
Social Security Disability – Columbia, S.C.

2008 Combat Stress and Trauma in Returning War Veterans and Their Families
Columbia, S.C

 S.C. Military Department – Officer Basic Training, Columbia, S.C.
Rank of Lieutenant Colonel-Medical Directorate - Joint Services
Detachment - SCMD

 WMD Awareness Level Training – US Department of Homeland Security,
Columbia, S.C.

2001 Department of Labor – Office of Workers' Compensation Programs,
Counselor Training – Jacksonville, FL

1998	S.C. Workers' Compensation Law Update, Columbia, SC
1996	U.S. Department of Labor, Rehabilitation Consultant Training Jacksonville, FL
1995	S.C. Workers' Compensation Law, Columbia, SC
1993	U.S. Department of Labor, Rehabilitation Consultant Training Jacksonville, FL
1990	Rules and Regulations of the S.C. Workers' Compensation Commission Columbia, SC
	Principles of Supervision, Columbia, SC
	Management Career Development, Atlanta, GA
1989	Long Term Disability Case Management Training, Columbia, SC
1988	Errors and Omissions Training, Columbia, SC
	Workers' Compensation Casework Management Training Columbia, SC
Prior to 1988	Legal Concepts and Methods Training Advanced Workers' Compensation Claims Management Medical Case Management Employee Assistance Training Alcohol and Drug Abuse Training Vocational Rehabilitation Consultant Training

Numerous additional courses and seminars on a continuing basis for re-certification

Speaker and instructor at/for community and professional organizations.

LICENSES AND CERTIFICATIONS:

Certified Disability Management Specialist (CDMS)
Vocational Expert for Social Security Administration (VE)



HAWKLAW[®]

July 7, 2021

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Amy Bracy, Judicial Director
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Re: Randall Dalton v. The Muffin Man
WCC File No.: 1713760

Dear Amy:

Enclosed please find the original and three (3) copies of my Form 30 Request for Commission Review on behalf of the Claimant, which we are filing relating to the above-captioned claimant, along with a Certificate of Service for the same. Please return one clocked copy to me in the enclosed envelope. I am also sending a check for the filing fee of \$150.00.

If you have any questions, please do not hesitate to call on me.

Sincerely,

Logan Rollins
Attorney

LR/hs

Enclosures

cc: Ms. Allison C. Nussbaum (via email)

SCWCC

JUL 09 2021

JUDICIAL

Mailing Address:
P.O. Box 5048
Spartanburg, SC 29304

{888} HAWKLAW
Fax: (864) 574-8810
www.Hawk.Law

HawkLaw has offices located in Spartanburg, Greenville, Columbia, and Charleston



Claimant's Name: Randall Dalton SSN: SS# Employer's Name: The Muffin Man, Inc.
Address: 433 Phillips Lane Address: 3129 N. Industrial Drive
City: Greer State: SC Zip: 29650 City: Simpsonville State: SC Zip: 29681
Home Phone: 864-477-9914 Work Phone: Insurance Carrier: Amerisure Insurance Company
Preparer's Name: Logan Rollins Law Firm: HawkLaw, PA Preparer's Phone #: 864-574-8801

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 06/26/2017

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 Single Commissioner err in determining that Claimant sustained only 15 percent disability to his right shoulder and only 15 percent disability to his back when the greater weight of the evidence establishes that Claimant's disability to each member substantially exceeds 15 percent (I.e., if Claimant is not totally and permanently disabled—see below—was the scheduled member award nevertheless too low)?
2. Did the Single Commissioner err in finding that Claimant did not meet his burden to establish that he was permanently and totally disabled pursuant to S.C. Code Ann. § 42-9-30 (21) for loss of use to the back that exceeds 50 percent?
3. Did the Single Commissioner err in failing specifically to hold that the State of South Carolina does recognize the doctrine of "sheltered work" or "sheltered employment?"
4. Did the Single Commissioner err in finding that Claimant failed to meet his burden establishing that he was permanently and totally disabled pursuant to S.C. Code Ann. § 42-9-10, including his claim on the basis that "shelter employment" doctrine applied because all evidence (or at least the greater weight of evidence) in the record established that he could not compete for wages in the open marketplace?
5. Did the Single Commissioner err in disregarding *Clark v. Phillips Electronics*, 433 SC 186 (Ct. App. 2021) and its mandate to consider Claimant's uncontradicted vocational evaluation that unequivocally stated that Claimant was incapable of employment at any position other than his sheltered work with Respondent employer.

(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 Allison Nussbaum of McAngus, Goudelock & Courle, LLC to allison.nussbaum@mgclaw.com on July 7, 2021 by ☐ first class postage ☐ certified mail ☐ personal service ☒ electronic service

Preparer's Signature

Attorney
Title

logan.rollins@hawklawfirm.com
Email

7/07/2021
Date

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

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

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.

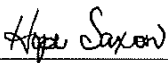
BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1713760

Randall Dalton,)
)
Employee/Claimant,)
)
vs.)
)
The Muffin Mam,)
)
Employer,)
)
and)
)
Amerisure Insurance Company,)
)
Defendants.)
_____)

CERTIFICATE OF SERVICE

The undersigned certifies that she served a copy of the **Form 30 Request for Commission Review** upon the attorney for the employer/defendants by electronic service on the date listed below, addressed to:

Ms. Allison C. Nussbaum
McAngus, Goudelock & Courie LLC
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July 7, 2021

**BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1713760**

Randall Dalton,)
)
Employee/Claimant,)
)
v.)
)
The Muffin Mam,)
)
Employer,)
)
and)
)
Amerisure Insurance Company,)
)
Defendants.)
_____)

**APPELLANT'S BRIEF TO
FULL COMMISSION**

STATEMENT OF THE CASE

This matter was heard by the Single Commissioner in Greenville, South Carolina, on April 13, 2021, on Claimant's Form 50 and Defendants' Form 21, as well as timely-filed Form 58s from each party. On June 30, 2021, the Single Commissioner issued a Decision and Order setting forth Findings of Fact and Conclusions of Law and determined that Claimant did not meet his burden to prove that his current employment was "sheltered employment," and, by extension, that Claimant was permanently and totally disabled under S.C. Code Ann. § 42-9-10 or § 42-9-30 (21). Instead, the Single Commissioner determined that Claimant sustained a minimal disability for his admitted injuries to his back and right shoulder that occurred on June 25, 2017, when he fell at work.

After his fall, Claimant returned to work for Defendant-Employer in a modified position that accommodated the work restrictions he received from his authorized physicians. Claimant's authorized physician for his right shoulder was Dr. Michael Hoenig, who released Claimant at

MMI on June 18, 2018, with the restriction of not lifting more than ten pounds overhead. (APA p. 120). Dr. James Behr was Claimant's authorized physician for his cervical and lumbar spine and released Claimant at MMI for his cervical and lumbar spine injuries on November 7, 2018, with the restriction of not lifting more than thirty pounds. (APA p. 136). In his Form 14B from November 20, 2018, Dr. Behr noted that Claimant would require ongoing pain management, including medications, for at least two years. (APA p. 136).

On July 9, 2021, Appellant filed a timely Form 30 Request for Commission Review, asking the Full Commission to consider the following questions posed regarding errors of law and erroneous findings of fact made by the Single Commissioner:

1. Did the Single Commissioner err in determining that Claimant sustained only 15 percent disability to his right shoulder and only 15 percent disability to his back when the greater weight of the evidence establishes that Claimant's disability to each member substantially exceeds 15 percent?
2. Did the Single Commissioner err in finding that Claimant did not meet his burden to establish that he was permanently and totally disabled pursuant to S.C. Code Ann. § 42-9-30 (21) for loss of use to the back that exceeds 50 percent?
3. Did the Single Commissioner err in failing specifically to hold that the State of South Carolina does recognize the doctrine of "sheltered work" or "sheltered employment?"
4. Did the Single Commissioner err in finding that Claimant failed to meet his burden establishing that he was permanently and totally disabled pursuant to S.C. Code Ann. § 42-9-10 on the basis that "shelter employment" doctrine applied because the greater weight of evidence in the record established that he could not compete for wages in the open marketplace?
5. Did the Single Commissioner err in disregarding *Clark v. Phillips Electronics*, 433 SC 186 (Ct. App. 2021) and its mandate to consider Claimant's uncontradicted vocational evaluation that unequivocally stated that Claimant was incapable of employment at any position other than his sheltered work with Respondent-Employer.

Appellant submits the following Brief requesting the Full Commission consider the evidence in the record as a whole, reverse the June 30, 2021, Decision and Order of the Single Commissioner in its entirety, and enter its own Decision and Order finding that Claimant is permanently and totally disabled pursuant to S.C. Code Ann. § 42-9-10 and/or § 42-9-30 (for disability to the back in excess of 50%).

I. UNDER THE ACT, “DISABILITY” HAS ALWAYS BEEN BASED ON “CAPACITY” TO COMPETE FOR WAGES; ACCORDINGLY, SOUTH CAROLINA HAS LONG RECOGNIZED SHELTERED WORK DOCTRINE, EVEN IF HAS NOT APPLIED THAT SPECIFIC APPELATION TO IT

Under S.C. Code Ann. § 41-1-120, “disability means *incapacity* because of an injury to earn the wages which the employee was receiving at the time of injury in the same or any other employment.” (Emphasis Added). The definition for disability has been identical since at least 1952.¹ In analyzing the identical provision in 1954, the Supreme Court explained that “disability is to be measured by the employee’s *capacity or incapacity* to earn the wages which he was receiving at the time of his injury. *Loss of earning capacity* is the criterion.” Keeter v. Clifton Mfg. Co. et al., 225 S.C. 389, 392, 82 S.E. 2d 520, 522. (1954) (Emphasis Added). In Wynn v. Peoples Natural Gas Co. of S.C., 238 S.C. 1, 118 S.E. 2d 812 (1961) the Supreme Court elaborated on the analysis that needed to be performed:

Total disability does not require complete helplessness. Inability to perform common labor is total disability for one who is not qualified by training or experience for any other employment. On the other hand, the rule in most states is that an employee who is capable of performing other work that is continuously available to him will not be deemed totally disabled because he is unable to resume the duties of the particular occupation in which he was engaged at the time of his injury. The generally accepted test of total disability is inability to perform services other than those that are so limited in quality, dependability, or quantity that a reasonably stable market for them does not exist.

¹ See S.C. Code Ann. § 72-10 (1952), for example.

Id. at 11, 817-18 (internal citations and quotations omitted). In short, therefore, the test for total disability under S.C. Code Ann. § 42-9-10 is not to calculate the amount of the check being given to the injured worker after his injury but to look at the “capacity” the injured worker has to “earn” wages after the injury. Many states have already formally adopted sheltered work doctrine, including North Carolina.

As South Carolina courts have articulated repeatedly, “[b]ecause South Carolina adopted large portions of the North Carolina Workers’ Compensation legislation, we rely on North Carolina precedent in Workers’ Compensation cases, Spoone v. Newsome Chevrolet-Buick, 309 S.C. 432 (1992). North Carolina law expressly recognizes “sheltered employment.” In Peoples v. Cone Mills Corporation, 342 S.E.2d 798 (N.C. 1986), the North Carolina Supreme Court ruled, “[a]n injured employee’s earning capacity must be measured not by the largesse of a particular employer, but rather by the employee’s own ability to compete in the labor market. If post-injury earnings do not reflect this ability to compete with others for wages, they are not a proper measure of earning capacity.” Id. at 806. Larson defines the doctrine as follows:

Wages paid an injured employee out of sympathy, or in consideration of his long service with the employer, clearly do not reflect his actual earning capacity, and for purposes of determining permanent disability are to be discounted accordingly. The same is true if the injured man’s friends help him to hold his job by doing much of his work for him, **or if he manages to continue only by delegating his more onerous tasks to a helper**, or if the work for which claimant is paid is ‘made work’ or ‘sheltered work.’

A Larson, The Law of Workmen’s Compensation §§ 57.21, 57.34 (1983) (Emphasis Added) (Footnotes Omitted). Therefore, the hallmark of the “sheltered work” or “make work” doctrine is that disability must be analyzed without reference to actual income but instead must be based on the claimant’s ability to compete in the marketplace for a job he can perform despite his injury-related work restrictions.

The South Carolina definition of total disability based on the “economic” model from S.C. Code Ann. § 42-9-10 already parallels the sheltered work model. Total economic disability exists under S.C. Code Ann. § 42-9-10 when the services that a claimant can offer are "so limited in quality, dependability, or quantity that a reasonably stable market for them does not exist." See Winn v. Peoples Natural Gas Company, 238 S.C. 1 (1961).

The South Carolina Workers’ Compensation Act statutorily and explicitly recognizes that actually earning wages and having the physical ability to obtain employment in the marketplace are distinguishable in its definition of “permanent physical impairment” in at least two separate contexts, where it is defined as an injury that is so serious that it is an obstacle to “obtaining reemployment if the employee should become unemployed.” See, e.g., S.C. Code Ann. § 42-13-10 and § 42-9-400.

Accordingly, South Carolina law recognizes the same policy rationale as North Carolina’s sheltered work rule, which has been articulated by North Carolina as follows:

The rationale behind the competitive measure of earning capacity is apparent. If an employee has no ability to earn wages competitively, the employee will be left with no income should the employee's job be terminated. Termination of the employee would not necessarily signal a bad motive on the part of the employer. An employer facing a business decline reasonably could determine that continued retention of the employee was not feasible. The employee also could be dismissed for misconduct. The employer could, for reasons beyond its control, simply cease doing business.

Peoples, 316 N.C. at 438, 342 S.E.2d at 806. In sum, therefore, even if South Carolina has never expressly stated that sheltered work doctrine exists under the Act, the proper analysis of what constitutes disability under South Carolina law has long been based on determining the “capacity” of a claimant to compete in the marketplace for wages without reference to actual earnings he or she is receiving from a specific employer in specific circumstances. As the South Carolina Supreme Court succinctly stated in Stephenson v. Rice Svcs., Inc., 323 S.C. 113, 119,

473 S.E. 2d 699, 702, “the mere fact of employment is not always indicative of earning capacity.” Thus, it is clear that, regardless of the name attributed to it, that South Carolina law has long recognized that the fact that the calculation of wages being provided to a claimant is not the measure of disability under South Carolina Workers’ Compensation Law.

II. IS CLAIMANT'S EMPLOYMENT "SHELTERED WORK" SO THAT HE IS TOTALLY DISABLED IN SPITE OF HIS NOMINAL EMPLOYMENT?

A. The First Step In A Disability Analysis Is What Causally Related Work Restrictions A Claimant Has, And The Evidence In The Case At Bar Demonstrates That Claimant Can Lift Only 10 Pounds Above His Waist.

Under any analysis, the first element of evaluating Claimant’s vocational ability is to determine what injury-related limitations the worker has. The Commission is required to look at what “tasks” or “services” the employee is capable of performing in spite of her injury-related impairments. See, *eg.*, Stephenson at 118, 702.

According to Claimant’s treating physician, Dr. James Behr, Claimant has a 4% impairment to his cervical spine and an 8% impairment to his lumbar spine. His permanent work restriction from Dr. Behr as to his spine is “no lifting over 30 pounds.” (APA p. 136). Dr. Hoenig, Claimant’s treating physician for the shoulder injury, assigned an 8% rating and limited him to not lifting more than ten pounds overhead. (APA p. 120). On October 10, 2020, Claimant’s family physician, after writing Claimant out of work for his back injury, allowed him to return to work but only with the “caveat to do no lifting greater than 10 lbs.” (APA. P. 153). In an FCE performed December 16, 2020, Claimant’s maximum lifting from waist to shoulder level was ten pounds, and his maximum lifting above shoulder level was only seven pounds. (APA p. 163). Accordingly, every piece of evidence in existence demonstrates that Claimant cannot lift more than ten pounds overhead. Although Dr. Behr opined that Claimant was capable

of lifting as much as thirty pounds below shoulder level, Claimant's family doctor limits Claimant's lifting to only ten pounds. The valid FCE notes that Claimant could lift a maximum of twenty pounds from floor level and was "unable to lift" twenty-five pounds. (APA p. 168). The Order of the Single Commissioner, in fact, found "Claimant exerted full effort during his FCE, and the restrictions recommended in the FCE are a reliable and accurate representation of Claimant's permanent restrictions."

B. The Second Step In A Disability Analysis Is What Jobs A Claimant Could Compete For In The Marketplace, And The Only Competent Evidence In The Case At Bar Is That Claimant Cannot Perform The Full Range of Duties For Any Position With Defendant-Employer.

Under longstanding precedent, a corporation is bound by the statements of its agent designated pursuant to Rule 30(b)(6). *See, e.g., Covol Fuels No. 4, LLC v. Pinnacle Min. Co., LLC* 785 F.3d 104, FN 13 (4th Cir. 2015). ("The organization is permitted to designate a person to testify on its behalf, and the organization is bound by that testimony"). South Carolina Rule of Civil Procedure 801 allows any statement made by a person "authorized by the party to make a statement concerning the subject" to be admitted in spite of a general prohibition against hearsay, and SCRCF 32(a)(2) specifically outlines that "a person designated under Rule 30(b)(6) [. . .] to testify on behalf of a public or private corporation [. . .] which is a party may be used by an adverse party for any purpose."

Claimant noticed a 30(b)(6) deposition of an employee designated by Defendants. The topics of the deposition were the following:

1. Randall Dalton's job title and job duties from the date of his hiring to the present, including the physical requirements necessary for any person who wishes to apply to obtain such positions.
2. All employment positions at The Muffin Man in the State of South Carolina that are open to applications from a person with no more than a high school education and the physical restriction of being unable to lift

more than 10 pounds overhead and no lifting more than 30 pounds; the training required to perform such a job; and the rate of pay of such a job.

3. What accommodations are being made since Claimant's injury to enable him to undertake his job duties.
4. Knowledge of the provenance of the job descriptions and job postings for any employment position that falls within topics 1-3 (above) and requested pursuant to the Form 27 subpoena served concurrently with this Notice.
5. Whether any person with restricted use of one arm as well as lifting restrictions of no more than 10 pounds overhead and no more than 30 pounds lifting, has been hired for any position falling into the categories in questions 1-4 (above) and how long such person(s) remained in such position(s) from the date of Claimant's hiring to the present.

(APA p. 311). Defendants produced only one witness, Terri Jermon, to testify regarding all of these topics, and her 30 (b)(6) deposition took place June 9, 2020. (APA p. 290). In conjunction with the deposition notice, Claimant served a Form 27 subpoena that requested all documents in Defendants' possession that were responsive to the topics outlined in the notice. (APA p. 308). Defendants produced three (3) pages of documents. (APA pp. 313-315). The witness confirmed that the three (3) pages of documents produced were the only existing documents that corresponded with the topics outlined above during her deposition testimony. (Jermon Dep. p. 6, APA p. 295). Ms. Jermon testified that she did not know what the physical requirements were for Claimant's current or past position, or for any position in his department: "I can't answer that question because I'm not in that department." (Jermon Dep. p. 14, APA p. 303). Again, in response to Claimant's subpoena for any evidence of any jobs for a person with only a high school education who was unable to lift more than ten pounds overhead and no more than thirty pounds total (Claimant's maximum work abilities according to his authorized physicians at the time of the 30 (b)(6) deposition), Defendants produced evidence of no position at all. When asked about his ability to perform his current job, Jermon testified, "If there's anything that he

can't do [. . .] somebody else has been able to take over for him.” (Jermon Dep. pp. 13-14, APA p. 302-303). She further testified that, because she could not answer with specificity, “Ronnie Williams [. . .] could probably answer those same questions as well.” (Jermon Dep. pp. 14, APA p. 303). Thereafter, Claimant took the deposition of Ronnie Williams, who was asked if he would hire a person off the street who could not exert up to thirty pounds, and Mr. Williams testified, “[p]robably not.” (Williams Dep. P. 14, APA p. 329). When asked to clarify, “if he couldn't lift 30 pounds of weight, you don't think the person would be able to do the physical grind required [. . .],” Mr. Williams responded, “[i]f he couldn't do that with both arms, yeah.” (Williams Dep. P. 14, APA p. 329). Therefore, there is no evidence that Claimant can perform any work at Defendant-Employer apart from having someone more physically capable assist him, the very definition of “sheltered work.”

Therefore, Defendants' official position regarding whether a person of Claimant's physical abilities would be capable of performing any job was stated by Jermon pursuant to 30 (b)(6) was that the company simply did not know. (Jermon Dep. p. 14, APA p. 305). The person best suited to testify about Claimant's capacity to obtain employment with Defendant-Employer, according to Defendants' 30 (b)(6) designee Jermon, was Ronnie Williams, who testified that, even if Claimant could lift thirty pounds—Dr. Behr's restriction that is the least restrictive possible limitation that exists in the record—he would “probably not” be able to perform the full range job duties required to be an employee of Defendant-Employer. (Williams Dep. p. 14, APA p. 329). As noted above, Claimant's work restrictions are no lifting more than ten pounds according to his family physician, and no lifting above twenty pounds according to his valid FCE.

C. There Is No Evidence Claimant Can Perform Any Other Work

In order to determine to what extent a claimant's earning capacity remains "intact," it is necessary to use expert vocational evidence. (See Clark v. Phillips Electronics/Shakespeare, 433 S.C. 186, 857 S.E.2d 378 (Ct. App. 2021). In Clark, the claimant procured a vocational evaluation, and the defendants also procured a vocational evaluation. The Full Commission's findings of fact did not discuss either vocational report in the record, and, therefore, the Court of Appeals had "no way of knowing what the Panel used to find [the claimant's] earning capacity was intact;" therefore, the holding that it was intact merely "float[ed] on air." Clark at 194, 382 (Ct. App. 2021). In the instant case, the only expert vocational opinion in the record is from Adger Brown, who opines that Claimant is capable of engaging only in "modified work" and that he would be "incapable of returning to work with a new employer as a maintenance mechanic" and therefore would be "unhireable in any other capacity" if he were to lose his job with Defendant for any reason. (APA p. 184). In the case at bar, not only does the Order fail to account for Brown's unequivocal statement that Claimant's earning capacity was destroyed, but, unlike Clark where another report at least existed, there is no vocational evidence that Claimant's earning capacity is intact.

III. EVEN APART FROM THE SECTION 42-9-10 ECONOMIC MODEL OF TOTAL DISABILITY, CLAIMANT'S DISABILITY EXCEEDS THE SINGLE COMMISSIONER'S LIMITED AWARD

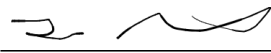
In the alternative, based on the substantial restrictions Claimant has, Claimant alleges that his disability to his back exceeds 50%, and he therefore should be found totally disabled under § 42-9-30 (21). At the very least, his scheduled member injuries clearly exceed the disability ratings given by the Single Commissioner, and, therefore, his scheduled member disability award

to both his back and shoulder should be increased substantially above the 15% award to each member.

CONCLUSION

Claimant has work restrictions, at a maximum, that limit him to exerting/lifting thirty pounds at all and ten pounds overhead. Based on the valid FCE performed, Claimant can lift only ten pounds from waist level and only seven pounds overhead. (APA p. 163). His only relevant work history is physically performing mechanical repairs. The only vocational evidence in the record establishes that he would be unhireable at any place other than his current place of employment, where he has a helper perform all activities he is now physically incapable of performing — the exact definition of “sheltered work” or, even without employing the term, the definition of disability under S.C. Code Ann. § 42-9-10. Accordingly, as a matter of law, Claimant is permanently and totally disabled. In the alternative, he should be found totally disabled under S.C. Code Ann. § 42-9-30 (21) or, at a minimum, have his scheduled member disability ratings increased.

HAWKLAW, PA

BY: 

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October 21, 2021

Reply To

ALLISON C. NUSSBAUM
Direct Dial: (843) 576-2925
allison.nussbaum@mgclaw.com

November 5, 2021

VIA U.S. MAIL AND ECASE

Ms. Amy Bracy
Judicial Director
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Randall G. Dalton vs. The Muffin Mam, Inc. and Amerisure Mutual
Insurance Company, Inc.
Date of Accident: June 25, 2017
WCC File No.: 1713760
Our File No.: 20493.19365
Claim No.: 2099882

Dear Ms. Bracy:

Please find enclosed the original and three (3) copies of Respondents' Brief to Full Commission and a copy of the Single Commissioner's Decision and Order for filing.

By copy of this letter to C. Logan Rollins, the Claimant's attorney, we are notifying him of this submission and serving a copy of the same upon him by US mail and email.

Very truly yours,



Allison C. Nussbaum

ACN/kg
Enclosures

cc: Marie Roberts, Amerisure Mutual Insurance Company, Inc. (w. encl.) (via fax)
Kimberly Wade, The Muffin Mam, Inc. (w. encl.) (via email)
C. Logan Rollins, HawkLaw (w. encl.) (via email and US mail)

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1713760

RANDALL G. DALTON,	}	
	}	
Employee,	}	
	}	
	}	
Claimant,	}	
vs.	}	
	}	
THE MUFFIN MAM, INC.,	}	
	}	
Employer,	}	RESPONDENTS' BRIEF TO FULL
	}	COMMISSION
AND	}	
	}	
AMERISURE MUTUAL INSURANCE	}	
COMPANY, INC.	}	
	}	
Carrier,	}	
	}	
	}	
Defendants.	}	
	}	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND C.
LOGAN ROLLINS:

The Muffin Mam, Inc. and Amerisure Mutual Insurance Company, Inc. (Defendants or Respondents), by and through their undersigned counsel, hereby submit this Respondents' Brief to the Full South Carolina Workers' Compensation Commission in furtherance of their request that the Single Commissioner's Order on appeal be affirmed.

STATEMENT OF THE CASE

This matter stems from an admitted injury to Claimant's lumbar spine, cervical spine, and right shoulder that occurred on June 25, 2017. A hearing was held by the Single Commissioner in Greenville, South Carolina, on April 13, 2021, on Claimant's Form 50 and Defendants' Form 21. It was the position of the Defendants that Claimant had reached MMI and requested a

determination of permanent partial impairment, as well as credit for overpayment of temporary total disability. Claimant alleged permanent and total disability under the “sheltered employment doctrine.” After considering the evidence in the case, the Commissioner issued an Order finding Claimant was entitled to 15% disability to his right shoulder and 15% disability to his back, as well as continued medical treatment as recommended by Dr. Behr. Claimant timely filed a Form 30 requesting review of the Commissioner’s decision.

Appellant alleges that he is permanently and totally disabled as a result of the injury that occurred on June 25, 2017 while continuing to work for the employer under the “sheltered employment” doctrine. It is the position of the Respondents that the state of South Carolina does not recognize the sheltered employment doctrine, but even if it did, the facts of this claim clearly do not establish “sheltered employment” and the single Commissioner’s award was supported by the preponderance of the evidence. Respondents take the position that Claimant’s post-injury promotions, raises, transfers, and lack of furlough during the pandemic over the past four years is clear and convincing evidence that the Claimant has no loss of earning capacity, and little “disability” as defined by the Act. Respondents request that the Single Commissioner’s decision be affirmed in full.

During the Hearing, Claimant testified that he was a maintenance technician the entire time he worked for Muffin Mam, Inc. until he was promoted to Maintenance Supervisor approximately a year before the hearing. (Hr. Tr. p. 20-21). Claimant later recalled that during a prior deposition he mentioned he was going to be promoted from Maintenance Supervisor to Maintenance Manager, but that only lasted a few months before that plant shut down. (Hr. Tr. p. 61). Claimant explained that the Employer shut down the facility he was working in, and he was transferred to a larger facility in Laurens, South Carolina. (Hr. Tr. p. 33, 66). When asked how

much he was making as a Maintenance Manager during the brief time at the old plant, Claimant believed it was a little less than what he was making now, indicating another raise was given. (Hr. Tr. p. 68). Claimant explained that when he was transferred to the new plant, he was then placed back into the Maintenance Supervisor position he had with the prior plant, but he was promoted to a salaried position that paid \$72,000.00. (Hr. Tr. p. 68). Claimant testified that he was not furloughed during the pandemic. (Hr. Tr. p. 71). Terri Anne Jermon testified in her deposition, which took place on June 9, 2020, that Appellant's supervisor, Mark Warner, was on furlough at that time. (APA p. 301). Claimant confirmed that he believes he provides a valuable service to the employer. (Hr. Tr. p. 50). Claimant testified he plans to work until he is at least 65 years old and that he is happy with his current employer. (Hr. Tr. p. 59-60). Claimant was unable to articulate any reason why he might think his job at Muffin Mam was in jeopardy. (Hr. Tr. p. 67).

During his deposition, Ronnie Williams testified that he would not say that a maintenance technician would be required to exert more than 30 pounds of force when working on equipment overhead. (Williams Dep. p. 10, APA p. 325). Mr. Williams went on to explain that, generally speaking, the weight of the pieces of equipment a maintenance tech would move would be five to twenty five pounds, and that anything heavier than that would require a forklift. (Williams Dep. p. 10, APA p. 325). When asked if the company had to alter the physical requirements of Claimant's job as a result of his injury, Mr. Williams testified "[s]ince I've been here, he's done everything on his own... He performs his functions just as well as anyone else here." (Williams Dep. p. 12, APA p. 327).

When asked if he would hire someone who could not perform any overhead work, Mr. Williams explained that he would hire the person for Claimant's current job in the fabricating

position because it does not require any overhead work. (Williams Dep. p. 12-13, APA p. 327-328). Mr. Williams continued to explain that there is nothing at the plant that requires lifting anything other than your hands, except maybe to turn a bolt or tighten a clamp. (Williams Dep. p. 13, APA p. 328). On cross-examination, Mr. Williams clarified that he would hire someone with a 10 pound above-head work restriction. (Williams Dep. p. 15-16, APA p. 330-331).

As for the FCE that was performed in December 16, 2020, Defendants point out that the restrictions on the FCE were never adopted by a medical doctor, and should be given little to no weight as it does not qualify as “medical evidence” as defined in S.C. Code Ann. 42-1-160. Additionally, Respondents assert that the restrictions on the third page of the FCE (APA p. 163) are not the Claimant’s results, but rather the US Department of Labor Standards for “Light Duty,” and Claimant’s personal performance results are on the eighth page (APA p. 168) of the FCE report. In support of this assertion Respondents point out the inconsistencies between the two and that the third page instructs the reader to “See Page 8” in the Comments column on the right. (APA p. 163). Therefore, Respondents assert that some of the restrictions mentioned in the Appellant’s Brief are incorrect, and that the restriction on the eighth page of the FCE are the actual results. (*Please see* Appellant’s Brief p. 6 and p. 11 referencing APA p. 163 instead of APA p. 168). Respondents assert that the FCE results show that Claimant is capable of lifting 20 pounds floor to waist, 10 pounds waist to shoulder, 20 pounds 12 inch to waist, 7 pounds shoulder to overhead, 20 pounds carry testing, 60 pound pushing, and 35 pounds pulling. (APA p. 168).

ARGUMENTS

I. The Single Commissioner did not err in finding Claimant sustained 15 percent disability to both body parts.

Claimant was assigned an 8% impairment to the right shoulder by Dr. Hoenig on June 26,

2018, and was assigned permanent work restrictions of no lifting greater than 10 pounds overhead. (APA p. 120). Unfortunately, Claimant sustained an aggravation to his shoulder and required additional treatment with Dr. Hoenig. On January 14, 2019, Dr. Hoenig found Claimant's symptoms had returned to baseline, and placed Claimant at MMI, making no changes to his previous impairment rating or restrictions. (APA p. 143). On November 20, 2018, Dr. Behr assigned 4% to the cervical spine and 8% to the lumbar spine, and assigned permanent work restrictions of no lifting over 30 pounds. (APA p. 136).

Respondents acknowledge there is a difference between "impairment" and "disability." S.C. Code Ann. 42-1-120 defines "disability" as an incapacity because of injury to earn the wages which the employee was receiving at the time of injury in the same or any other employment. "Workers' compensation benefits are awarded not for a physical injury as such, but for 'disability' produced by such injury, as measured by the employee's *capacity or incapacity* to earn the wages which he was receiving at the time of his injury. *Corbett v. City of Columbia*, 290 S.C. 71 (S.C. App. 1986) (*emphasis added*). At the time of the injury, Claimant was making an average weekly wage of \$1,057.18. At the time of the Hearing, Claimant testified he was making a salary of \$72,000.00, which would equal an average weekly wage of \$1,384.62. Therefore, because the Claimant has increased his earnings by roughly 31% since his injury, Defendants contend that the Single Commissioner's determination of 15% disability to both body parts accurately reflects his "disability" as defined by the Act and *Corbett*, and is supported by a preponderance of the evidence.

II. The Single Commissioner did not err in finding Claimant failed to meet his burden of proof establishing permanent and total disability pursuant to S.C. Code Ann. § 42-9-30 (21).

Dr. Behr assigned 4% to the cervical spine and 8% to the lumbar spine, as well as permanent work restrictions of no lifting over 30 pounds. (APA p. 136). To find disability of

50% or more to the back is unsupported by medical evidence as well as the facts of this claim. Not only did the Claimant continue working for the insured after the injury, he was also promoted to a full-time salaried position and has earned a 31% raise over the years. Again, because “disability” is defined as an incapacity to earn his prior wages which the employee was receiving at the time of injury (\$1,057.18 per week), and he is now making \$1,384.62 per week, the Commissioner did not err in failing to award 50% or more permanent disability to the spine.

III. The Single Commissioner did not err in failing to hold that South Carolina recognizes the doctrine of “sheltered work” or “sheltered employment.”

The Single Commissioner did not err in failing to determine whether or not South Carolina recognizes the doctrine of “sheltered work” because such recognition was not necessary based on his findings. Defendants assert that if there was a duty to include this recognition in his decision and order, such error would be harmless as it would not change the ultimate outcome of the Commissioner’s decision.

IV. North Carolina case law should have no precedent when analyzing the sheltered employment doctrine.

Although North Carolina workers' compensation case law retains a special significance in this state, our own Legislature's pronouncements of the law must necessarily prevail. *Wigfall v. Tideland Utils.*, 354 S.C. 100 (2003). Respondents assert that a plain reading of the Act does not allow a Claimant to receive total and permanent disability while continuing to work a job that both he and his employer value since the initial injury on June 25, 2017. A plain reading of the Act does not allow Claimant to receive the commuted value (\$312,378,27) for permanent and total disability while he has received payment for valued work from the employer over the past four years, and continues to work for the foreseeable future. It is the position of the Respondents that post-injury employment is *prima facie* evidence that Claimant has no loss of earning capacity. Respondents argue that adoption of the sheltered employment doctrine could

potentially go against public policy by essentially turning the Workers' Compensation Act into a retirement fund, as every older worker that establishes two body parts could potentially be found permanently and totally disabled even though the employer continues to employ them.

Respondents assert that adoption of the sheltered employment doctrine would lead to unforeseeable legal ramifications and complicate the Act with issues such as determining what date Claimant became permanent and total disabled, and whether or not the Defendants would be entitled to a credit for all the wages paid to the Claimant after the injury. In this case, hypothetically, Respondents would argue that the Commission must find that Claimant was permanently and totally disabled as of the date of the injury, and that the Respondents were paying wages in lieu of temporary total benefits and should be entitled to a credit for overpayment of wages paid after the injury under S.C. Code Ann. §42-9-210. On the other hand, Appellant may argue that he is entitled to the lump sum of commuted value now and that Respondents are not entitled to any credit, which could potentially result in Claimant receiving a permanent disability award while continuing to work until he decides to retire. This absurd result would allow the Claimant to receive permanent and total disability when there was no wage loss whatsoever.

V. Even if the State of South Carolina acknowledges the sheltered employment doctrine, the Single Commissioner did not err in finding Claimant was not permanently and totally disabled.

Defendants assert that the evidence in this claim is clear that the “sheltered employment” doctrine, if recognized by South Carolina, would not apply to the facts of this case. Appellant’s reliance on Larson’s “definition” of sheltered work doctrine is misplaced and an incomplete analysis of the Treatise. The definition on provided on page 4 of Appellant’s brief can be found in §81.06 of Larson's Workers' Compensation Law (2021), which is entitled “Discounting Employer’s Sympathy.” This section is referring to ways in which one may rebut the

presumption found in §81.02, which explains: “If the employee, as often happens, returns to his or her former work for the same employer after the injury, or is offered it, at a wage at least as high as before, there is a presumption against loss of earning capacity. The presumption may be overcome.” 7 Larson's Workers' Compensation Law § 81.02 (2021).

Therefore, it is Appellant’s burden to rebut the presumption that Claimant’s position is not an accurate reflection of his current ability to earn wages. Respondents assert that the Appellant has not only failed to meet this burden, but the overwhelming evidence is to the contrary. There is no evidence that the continued employment and accommodations over the past 4 years were made out of sympathy. In his brief, Appellant emphasized the phrase “or if he manages to continue only by delegating his more onerous tasks to a helper,” however Respondents disagree with the interpretation that this phrase is referencing a Claimant’s permanent accommodation. Instead, Respondents interpret the phrase “more onerous tasks” to mean tasks that a Claimant must perform in his post-injury employment that the employer does not accommodate. Claimant’s current job does not have any “onerous tasks” that he needs help with because the employer has provided accommodations to allow him to continue to work. Therefore, Respondents assert that this Appellant’s argument regarding his reliance on other workers in support of the sheltered employment doctrine is misplaced.

Typically, the “sheltered work” or “make work” doctrine involves the court’s concern that the employer is creating a fake position that provides little to no benefit to the employer by providing accommodations as a legal tactic to avoid paying disability under the Act. This case is clearly distinguishable from *Peoples*, which summarized the Claimant’s modified duty as follows:

Theoretically, given our understanding of Mr. Peoples' medical limitations, defendant is willing to pay him the same salary in the

supply room job that he was earning as a supervisor without regard for whether he comes to work, how long he stays, and how much he does while he is there.

Further, the accommodations offered to the claimant in *Peoples* did not require any lifting whatsoever. In this case, the Employer is not offering a job in which Claimant sits in a room and does absolutely nothing. Rather, his specialized training makes him an invaluable member of the team. Respondents are unable to find any North Carolina authority that applies the sheltered employment doctrine to a Claimant who is highly trained in a certain area that continues to provide valued work for the employer. Although Claimant was offered a modified job to accommodate his permanent restrictions, the position was not “engineered and designed for an individual” as the Court found in *Peoples*. In fact, during his deposition, Ronnie Williams explained Claimant has assumed the roles of a maintenance supervisor and a lead fabricator. (APA p. 326).

Respondents assert that Appellant’s contention that he is unable to gain suitable employment in an open market is misplaced, as he has been promoted, transferred, repositioned, and given raises in an open market over the past 4 years. Respondents point out that Claimant’s current position is a different position than the one he had at the time of the injury, and that he obtained this position in an open job market. In *Peoples*, the Court explained:

The statement in *Branham* that there is no disability if the employee is receiving the same wages in the same or other employment is correct only so long as the employment reflects the employee's ability to earn wages in the competitive market. In like manner the language in the opinion below that an employer may not avoid liability under the Act by offering an injured employee a job at his old wage within his ability to perform is accurate only if the proffered job is not available generally in the market. If the proffered job is generally available in the market, the wages earned in it may well be strong, if not conclusive, evidence of the employee's earning capacity.

The evidence shows that over the past 4 years, in an open job market and through a pandemic, the Employer had ample opportunities to separate themselves from the Claimant if they wished to do so. Instead of looking to replace Claimant on the open job market, which they could have done, the Employer promoted Claimant to a salaried position, transferred him from the plant that shut down instead of laying him off, did not furlough him during the pandemic (although according to Terri Anne Jermon's testimony on June 9, 2020, that Appellant's supervisor was on furlough at that time [APA p. 301]), and gave him another raise to the \$72,000 he is making now. (Hr. Tr. p. 68). More importantly, all the evidence shows that the work Claimant continues to provide is valuable and beneficial to the employer. Claimant fully admits that he believes he provides a valuable service to the employer. (Hr. Tr. p. 50).

Respondents assert the evidence shows Claimant is an irreplaceable, valued employee of The Muffin Mam, Inc. and that he has significant job security as he is the only person that knows how to maintain some of the older equipment. By arguing that the Claimant cannot compete in the open job market is based on the assumption that no one else in the State of South Carolina capable of learning how to maintain the equipment Claimant specializes in. Respondents assert that there is no reliable evidence to support the position that the Claimant's promotions and transfers were not made in an open market. To remove the Appellant's current position would result in the employer facing two options: replace all of its older equipment, or find another employee capable of maintaining or learning how to maintain the existing equipment. Further, assuming South Carolina adopts the sheltered work doctrine, applying it to the facts at hand and finding that the Claimant is permanently and totally disabled would be based on an assumption that no other employer in South Carolina currently uses the equipment Claimant specializes in, which is unsupported by any reliable evidence. It would also be assumption and surmise to

conclude that said equipment would be destroyed rather than purchased and used by another company, should the employer unexpectedly close or go out of business.

Indeed, the majority of Appellant's argument hinges on the uncertainty of Muffin Mam's future. However, according to Larson, "[i]f the claimant's earnings in post-injury employment are sufficiently regular and continuous to establish true earning capacity, the claimant cannot assert disability based on the uncertainty of future continuance of employment opportunities in that field. The claimant must take his or her chances on economic unemployment like anyone else." 2 Larson's Workers' Compensation - Desk Edition § 81.07 (2021). Respondents assert that the record clearly establishes "sufficiently regular and continuous" post-injury employment and true earning capacity has been established. Therefore, the Appellant's concerns regarding the economic future and whether or not Muffin Mam may go out of business should not be considered in this analysis.

VI. The Single Commissioner did not err in disregarding Clark v. Phillips Electronics, and there is no evidence he did not consider the vocational evaluation.

Respondents assert that based on the Single Commissioner's findings that Claimant's recovery was limited to the scheduled member statute, analysis of loss of earning capacity was unnecessary. Respondents argue that just because Mr. Brown's vocational evaluation is the only expert opinion regarding Claimant's earning capacity does not automatically force the Commission to find loss of earning capacity, as it is up to the Single Commissioner to consider all the evidence submitted and consider the weight to be assigned to each piece of evidence. Defendants assert that Claimant's continued employment and promotions over the past 4 years supports the presumption that he is not entitled to wage loss.

Additionally, Respondents argue that the vocational evaluation should be given little weight because it appears Mr. Adger was not made aware of the full extent of Claimant's past

education and certifications. According to the “Educational Background” Section of the Vocational Evaluation Report, Mr. Brown noted “[a]fter leaving high school, Mr. Dalton attended Greenville Technical College, completing about 6-12 months of training in auto mechanics, power systems, and electricity. He states that he took individual courses and never completed a particular degree.” (APA p. 181). However, during the hearing, Claimant admitted to also going to Limestone to take some accounting courses, but didn’t know if he ever got a certificate. (Hr. Tr. p. 62). Claimant testified he might have gotten a certificate when his prior employer, GE, sent him to switch gear school. (Hr. Tr. p. 63). Claimant testified that he also remembers getting a balancing certificate while employed with GE. (Hr. Tr. p. 63-64). Claimant admitted that prior to obtaining these certificates he did not know how to work with gear switches or how to balance, but he was able to learn these skills. (Hr. Tr. p. 63-64). Claimant also admitted that he is certified to operate a forklift. (Hr. Tr. p. 67). When asked if he told the vocational evaluation expert Adger Brown about his certificates in switch gear, balancing, and forklift operations, Claimant testified that he wasn’t sure. (Hr. Tr. p. 67). Because these certifications and additional education were not included in the vocational report, and Claimant is unable to verify that Mr. Brown was aware of these additional skills and education, Respondents assert that the vocational evaluation is unreliable as the expert did not have all of the facts to come to a reliable opinion.

CONCLUSION

It is the position of the Respondents that South Carolina does not recognize the sheltered employment doctrine, but even if it did the Claimant has failed to rebut the presumption that the Claimant’s current job is not an accurate representation of his current earning capacity. Claimant specializes in maintenance of certain equipment, and admits his current work is valuable to the

employer. There is no evidence that the employer's offer of permanent accommodations were based on sympathy or made as a legal tactic to avoid payment of a disability award. All of the evidence points to the offer being made in good faith. Since the injury that occurred on June 25, 2017, the Claimant has been promoted to a salaried position, transferred to a new plant after the plant he was working on was shut down, was not furloughed during the pandemic, and is currently making 31% more than he was at the time of the injury. Here is no evidence of the employer having any issues with accommodating Claimant's restrictions since the injury. According to Professor Larson, the Appellant's arguments and concerns regarding the uncertainty of the future should not be considered because the "claimant must take his or her chances on economic unemployment like anyone else." 2 Larson's Workers' Compensation - Desk Edition § 81.07 (2021).

For the reasons stated above, the Respondents respectfully request the Full Commission issue an order affirming the decision of the Single Commissioner in full. In the alternative, should the Commission find the Claimant permanently and totally disabled, the Respondents would request a finding that they are entitled to overpayment of temporary total disability for wages paid since the date of injury.

Respectfully submitted,



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Attorneys for the Employer/Carrier

Charleston, South Carolina
November 5, 2021

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1713760

RANDALL G. DALTON,

Employee,

Claimant,

vs.

THE MUFFIN MAM, INC.,

Employer,

AND

AMERISURE MUTUAL INSURANCE
COMPANY, INC.,

Carrier,

Defendants.

DECISION AND ORDER

DATE OF HEARING:

Hearing held in Greenville, S.C. on April 14, 2021.

APPEARANCES:

Claimant appeared and represented by C. Logan Rollins,
Esquire of HawkLaw of Spartanburg, South Carolina.

Defendants represented by John D. Stroud, Esquire of
McAngus Goudelock & Courie, L.L.C. of Charleston,
South Carolina.

PURPOSE OF THE HEARING: To determine all issues as set forth in Forms 50 and 51.

COMMISSIONER:

Commissioner Avery B. Wilkerson, Jr.

FILED:

June 30, 2021

STIPULATIONS

The parties stipulate to the following:

1. That the South Carolina Workers' Compensation Commission has jurisdiction to hear this matter, and that venue is proper.
2. That Claimant has an average weekly wage of \$1,057.18 and a corresponding compensation rate of \$704.82.
3. That this hearing will address the issues on both the Claimant's Form 50 and Defendants' Form 21.

APA SUBMISSIONS

Without objection from Defendants, Claimant submitted the following pursuant to the Administrative Procedures Act:

TAB	NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE #
5	J. Adger Brown, Jr. Rehabilitation Consulting	04/13/20	177-184
6	Reedy Family Medicine Dr. James R. Fuson	01/25/19-08/05/20	185-251
7	Pain Medicine- Eastside Dr. Phillip Joshua Smith	10/05/20	252-260
8	Innervision Medical Imaging	11/27/17	261-262
9	MD360	06/26/17	263-266
10	Center for Health and Occupational Services	07/05/17-09/18/17	267-282
11	Emergency MD	08/03/17	283-285
12	Carolina Ortho & Neurosurgical Associates	12/05/17-01/31/18	286-287

TAB	EXHIBIT	DATE	PAGE #
A	Email correspondence from Claimant's Counsel to Defense Counsel	08/17/20-08/31/20	288-289
B	Deposition Transcript of Terri Anne Jermon – 30 (b) (6)	06/09/20	290-315
C	Deposition Transcript of Ronnie Williams	10/06/20	316-332
D	Deposition Transcript of Dr. Phillip J. Smith	03/23/21	333-338
E	Resume of J. Adger Brown, Jr.	***	339-341

Without objection from Claimant, Defendants submitted the following pursuant to the Administrative Procedures Act:

APA #	DOCTOR	PRACTICE	DATES	PAGES
1.		Carolina Orthopaedics and Neurosurgical Associates	11/16/17 – 4/12/19	1-148
2.		Prisma Health (Reedy Family Medical Center)	10/12/20	149-160
3.		Functional Capacity Evaluation	12/16/20	161-172
4.		SCDEW wages		173-176

STATEMENT OF THE CASE

This matter was brought before the undersigned Commissioner pursuant to Claimant's Form 50 request for a hearing. During the Hearing, Defendants brought to the undersigned Commissioner's attention that they were under the impression the hearing was on a Form 21 Employer's request for hearing as well, which was inconsistent with the Commissioner's file and hearing docket. However, Claimant stipulated to proceeding with the hearing to address the issues on both the Form 50 and Form 21.

It was the position of the Claimant that, as a matter of law, he is permanently and totally disabled under either Section 42-9-10 or 42-9-30, arguing Claimant sustained 50% or more permanent disability to the back, even though Claimant continued to be employed by Defendants. In support of his position, Claimant points to his work restrictions that limit him to a maximum of exerting 30 pounds of pressure at all and a maximum of 10 pounds of pressure overhead. Claimant argues that the record demonstrates that his actual ability is lifting 10 pounds maximum and lifting only 7 pounds over his head. Claimant asserts his only work history is doing mechanical repairs, and the only vocational evidence in the record establishes that he would be unhireable at any place other than his current place of employment that has someone

other than Claimant perform all activities he is now physically incapable of performing. Claimant also took the position that Clark v. Phillips Electronics, 433 S.C. 186 (Ct. App. 2021) required considering the opinion of the vocational expert in determining whether Claimant was permanently and totally disabled.

Defendants deny an injury to the Claimant's legs, right hip, and bilateral hands but admit Claimant sustained a compensable injury to his low back, neck, and right shoulder. Defendants asserted that Claimant received all necessary medical treatment, had reached MMI, and requested a determination of permanency as well as Claimant's entitlement to additional benefits under the Act. Defendants also requested a credit for overpayment of TTD benefits. Defendants denied Claimant was permanently and totally disabled, and that the current accommodations would not fall under the sheltered employment doctrine as the accommodations were legitimate and Claimant was a valued employee. Defendants took the position that the case law relied upon by Claimant was inapplicable to the facts at hand in support of their denial that Claimant is entitled to an award for permanent and total disability.

EVIDENCE OF THE CASE

APA Submissions/Exhibits

Claimant presented to MD360 on June 26, 2017 with complaints of right shoulder, right hip, right groin and right upper back pain following a slip and fall down 4-5 steps while performing work for Muffin Mam. (APA p. 263). Claimant was given medications and referred to Center for Health and Occupational Services. Claimant presented to Center for Health and Occupational Service on July 6, 2017 with continued complaints with his back, neck, and groin, and was prescribed medications and placed on restrictions of no lifting over 10 pounds, no excessive twisting or bending at waist level, no squatting, no forklift driving, sedentary work

with frequent breaks. (APA p. 267). On July 13, 2017 Claimant returned reporting continued back and neck pain, but noted the groin pain was getting better. (APA p. 269). Claimant continued to treat with Center for Health and Occupational for pain in his back, neck, groin, right shoulder and both hands until he was referred to an Orthopedist on September 18, 2017. (APA p. 272-282). During this treatment, Claimant underwent an MRI of his neck and lower back on August 3, 2017. (APA p. 283). The MRI of the lumbar spine revealed a broad-based posterior disc herniation extending to the right posterolateral recess at the level of L5 on S1, a posterocentral disc herniation at L4-L5, an annular bulge at L3-L4, dehydration of the discs, loss of disc height, and mild narrowing of the right intervertebral neural foramen at L5 and S1. The MRI of the cervical spine revealed a reversal of the cervical lordosis, spondylosis, and multilevel degenerative disc disease, but no acute traumatic pathology.

Claimant presented to Carolina Orthopedics and Neurosurgical Associates on November 16, 2017 with complaints of back, neck, right shoulder pain and radiation into his arms and thighs. An EMG/NCS was ordered, and Claimant was referred to Dr. Hoenig to evaluate the right shoulder. (APA p. 1). After evaluating the right shoulder on November 20, 2017, Dr. Hoenig ordered an MRI. (APA p. 4). The MRI was taken on November 27, 2017, revealing a full tear of the supraspinatus tendon, as well as severe infraspinatus and moderate subscapular tendinosis. (APA p. 261). Claimant returned to Dr. Lim on February 8, 2018 with continued complaints of left hip pain that will radiate down his bilateral lower extremities. Claimant reported no relief from bilateral L5-S1 transforaminal epidural steroid injection with Dr. Behr. (APA p. 22).

On February 14, 2018 Claimant underwent a right shoulder arthroscopy with extensive debridement and biceps tenotomy, subacromial decompression, distal clavicle resection of 8 mm,

and rotator cuff repair, which did include the installation of hardware. (APA p. 28). Claimant continued to treat with Dr. Hoenig and received the expected post-operative care physical therapy and return visits until he reached MMI for his right shoulder on June 18, 2018. (APA p. 36-119). On June 18, 2018, Dr. Hoenig placed Claimant at MMI, assigned 8% impairment to the right shoulder, and permanent restrictions of no lifting greater than 10 pounds overhead. Claimant's shoulder pain increased after an FCE was done on November 14, 2018 and an injection was performed on December 17, 2018. (APA p. 136). Claimant returned to Dr. Hoenig on January 14, 2019, at which time Dr. Hoenig opined he returned to baseline, placed him at MMI again, and made no changes to the 14B he issued previously. (APA p. 141).

On May 22, 2018 Claimant returned to Dr. Lim with continued complaints of back pain and radiation down both legs. (APA p. 97). Claimant returned on July 27, 2018 reporting pain in his neck going down his right shoulder and thoracic spine into his lower back and both legs. Claimant was given medications and sent to physical therapy. (APA p. 121). Claimant returned on September 5, 2018 with continued complaints of neck and back pain. Claimant was given medication, repeat lumbar injections were recommended, and Claimant was instructed to continue physical therapy. (APA p. 126). Claimant returned to Dr. Behr on November 7, 2018 with continued complaints of right shoulder pain and pain in his lower back, radiating into both legs. Claimant declined facet injections, and Dr. Behr placed Claimant at MMI for both cervical and lumbar spine with ongoing pain management to include medications recommended for at least 2 years. (APA p. 131). On November 20, 2018 Dr. Behr prepared a 14B confirming the date of MMI and future medical treatment, assigned a 4% to the cervical spine, 8% to the lumbar spine, and permanent restrictions of no lifting more than 30 pounds. (APA p. 136).

After being placed at MMI by the Authorized Treating Physicians, Claimant continued to treat with his primary care physician. During that time, Claimant reported a twisting injury in his lower back on October 22, 2019 with radiation into his buttocks, and was written out of work for a week. (APA p. 203). On October 29, 2019 Claimant returned reporting no pain, and was cleared to return to work full duty. (APA p. 208). Claimant reported neck pain on August 5, 2020 and August 17, 2020, and received an injection. (APA p. 240 and 244).

On October 5, 2020 Claimant was evaluated by Dr. Smith with Interventional Pain Management Associates. (APA p. 252). Claimant reported chronic neck and back pain, noting that it flares up periodically, resolving on its own. Claimant was referred to pain management and instructed to continue use of a TENS unit. The last record available from Claimant's primary care physician is dated October 12, 2020, at which time Claimant reported he was much better, only having mild pains and was ready to return to work. Claimant was given work restrictions of no lifting over 10 pounds and instructed to follow up in one month. (APA p. 149).

On December 16, 2020 Claimant underwent a functional capacity evaluation with Garber physical therapy, which found Claimant was capable of functioning at a Light level of work based on his material handling performance. (APA p. 161). The Claimant demonstrated consistency of performance on all consistency tests pertaining to gripping and pinching. On April 19, 2020 Claimant underwent a vocational evaluation with J. Adger Brown, Jr. (APA p. 218). In short, Mr. Brown opined Claimant is able to continue to work under his accommodations with the employer, but that should Mr. Dalton lose his job for any reason, whether it be through reinjury, termination, downsizing, layoff, sale of the company, or any other reason, he would find himself unemployed and, more likely than not, totally disabled from any and all forms of work.

The deposition of Dr. Smith was taken on March 23, 2021. Dr. Smith confirmed that he only saw the Claimant once. (APA p. 335). Dr. Smith opined that Claimant would benefit from continued pain management and epidural injections. Dr. Smith testified he was unable to comment on maximum medical improvement and would defer to the authorized treating physician. Dr. Smith also deferred to Claimant's primary care or the authorized treating physicians with regard to whether or not he is capable of returning to work. Dr. Smith testified that he was unaware of the Claimant's current condition because it had been six months since he evaluated the claimant. Dr. Smith admitted that he was unable to provide a medical opinion based on the lack of knowledge of Claimant's current condition and the time that had lapsed since his IME. Dr. Smith admitted that any recommendation for future medical treatment would be speculative at this point. The remainder of the deposition was reviewed by the undersigned, but further summary here within this order is unnecessary based on the findings of facts below.

The deposition of an employer representative, Terri Anne Jermon was also submitted into evidence. Mrs. Jermon testified that based on his qualifications, Claimant would probably have been hired by Muffin Mam given his current restrictions, but admitted she is not in charge of hiring. (APA p. 302 and 303). She testified Claimant has been able to handle pretty much anything that's needed to be done. (APA p. 303). She further testified that she was under the belief that Claimant has taken on a more supervisory role as shift supervisor. (APA p. 303-304).

The deposition of another employer representative, Ronnie Williams, was also submitted into evidence. Mr. Williams testified that he is the director of engineering for Muffin Mam. Mr. Williams confirmed that a maintenance technician may need to work overhead to work on pieces of equipment, but did not believe the job would require exertion of more than 30 pounds of force while doing so. (Williams Deposition Tr. p. 10). Mr. Williams testified that most of the pieces

of equipment that would be required to move weight “5, 10, 15, maybe 25 pounds.” Id. Mr. Williams testified that he was unaware Claimant was on restrictions, stating he performed his functions just as well as everyone else. Id. at 12. Mr. Williams admitted that he wouldn’t hire anyone who couldn’t lift his hands over his head. Id. at 13. Mr. Williams testified that he would not hire someone who could not lift more than 30 pounds with both arms, but wouldn’t disqualify someone with one arm as long as they were able to do what needed to be done. Id. at 14. Mr. Williams confirmed that he would hire someone with a restriction of no lifting 10 pounds overhead. Id. at 15-16.

Claimant’s testimony

At the hearing, Claimant testified on his own behalf. Claimant testified that he is 61 years old and graduated high school. (Hr. Tr. p. 16). Claimant denied getting any college certificates or licenses after high school, but did admit he attended some technical college courses for auto mechanics and industrial electronics. (Hr. Tr. p. 17). He testified he is not familiar with Microsoft Word, Excel, or Powerpoint, but is capable of using CAMs at work. Id. at 17-18. Claimant testified he has been working for Muffin Mam for almost 18 years and 6 months, and his current job title is maintenance supervisor. Id. at 19-20. Claimant confirmed that he was promoted to his current position approximately one year prior to the hearing. Id. at 20. Prior to his promotion, Claimant’s job title was a maintenance technician. Id. at 21. Claimant testified that his current job requires him to perform maintenance on several machines, but confirmed that he doesn’t have to lift any weight because the machines are on wheels. Id. at 21-23. Claimant testified that he may sometimes need to do overhead work, which would require more than 10 pounds of pressure if you had to torque nuts. (Id. at 24-25). Claimant confirmed that he can have someone else do work that he would be incapable of doing. Id.

Prior to working for Muffin Mam, Claimant worked for Goglanian Bakery as a maintenance technician. (Id. at 27-28). Claimant testified that Muffin Mam had different equipment, and he had to learn how to operate the new machinery. Id. at 28. Prior to working for Goglanian Bakery, Claimant worked at Sew Simple wiring control panels. Id. at 29. Claimant testified that he doesn't think he could return to that job because he has forgotten how to wire the control panels. Id. Prior to Sew Simple, Claimant worked at GE service center rebuilding electric motors, doing "switch gear work." Id. at 31.

Claimant testified his shoulder pain these days on average is 2-3/10. Id. at 39. Claimant testified that his neck pain is similar, and he has difficulty tilting his head back. Id. at 41. Claimant testified the worst his neck pain gets would be 5-6/10. Id. at 42. With regards to his lower back, Claimant testified his pain on average is 3-4/10, but can be as high as 6-7/10. Id. at 43. As a result of his injuries, Claimant testified that he is unable to lift his shoulder over a certain level, and can no longer throw a baseball the way he used to. Id. at 38-39. Claimant testified that his lower back is aggravated by walking long distances, which he has been doing more since moving to a larger facility. Id. at 33-34.

Claimant testified that the employer recently shut down a facility and moved operations to a larger facility in Laurens, SC. Id. at 33. Claimant confirmed that he knows the equipment Muffin Mam uses better than anyone else there. Id. at 48. Claimant testified that the most important factor in his experience doing this job is working on that specific equipment for a long period of time. Id. Claimant testified that he is training co-workers to be more familiar with the older equipment. Id. Claimant confirmed that he believes he provides a valuable service to the employer based on his experience with the older equipment. Id. at 50. Claimant testified that after work he goes home, takes a shower, and applied heat to his shoulder. Id. at 52. Claimant

testified that he has about 4 bad days a week. Id. On the weekends, Claimant usually rests because he needs to rest his body. Id. Claimant testified that he is planning on working for Muffin Mam as long as they will have him and as long as he is able to. Id. at 58. Claimant confirmed that he is happy with his employer. Id. at 60.

On cross-examination, Claimant confirmed that he obtained a certificate in switch gear repair through his employment with GE. Id. at 63. Claimant admitted that he didn't have experience in switch gear repair but was able to learn how to do it. Id. Claimant confirmed he also received a balancing certificate through GE, which again was something he had no experience in but was able to learn. Id. at 63-64. Claimant confirmed that he is certified in operating a forklift. Id. at 67. Claimant couldn't recall if he told the vocational expert about these certifications. Id. Claimant confirmed that he is now getting paid a salary at \$72,000.00 a month. Id. at 68. Claimant confirmed that Muffin Mam shut down the facility he was working in, transferred him to the new facility, switched him to a salary base pay and gave him a raise. Id. at 68-69. Claimant testified that he was not furloughed or laid off during the COVID 19 pandemic. Id. at 71.

On May 12, 2021, the undersigned Commissioner issued directives to the parties to prepare an Order finding the following:

FINDINGS OF FACT

1. Based upon the average weekly wage stipulated by the parties, I find that at the time of the injury Claimant made approximately \$54,973.36 a year. Based on his testimony, Claimant is now paid a salary of \$72,000 a year.
2. I find the employer has made accommodations for Claimant's permanent restrictions. By all accounts, including his own testimony, Claimant is a valued employee. Claimant is the

only person who understands and knows the old equipment, and nobody else can do his job at Muffin Mam. Claimant was transferred from a former location to the new location in Laurens, South Carolina. Claimant has major lifetime restrictions of no lifting more than 10 pounds overhead, yet the employer has accommodated these restrictions over the past 3 years.

3. I do not find sheltered environment employment. Therefore, I do not find Claimant is permanently and totally disabled. Claimant is making more money now than before accident.
4. Claimant has hardware stemming from the shoulder surgery authorized by Defendants. Therefore, Claimant is entitled to lifetime maintenance and repair of said hardware.
5. Defendants are not entitled to any credit for overpayment of TTD benefits. No evidence was produced at the hearing to prove overpayment. The record was left open and documents were submitted after the hearing. However, the documents submitted by Defendants do not provide any reliable information or prove an overpayment.
6. I find Claimant exerted full effort during his FCE, and the restrictions recommended in the FCE are reliable and an accurate representation of Claimant's permanent restrictions.
7. I find Claimant reached MMI for his shoulder on June 18, 2018. Dr. Hoenig assigned 8% to the right shoulder and did not recommend any further medical treatment.
8. I find Claimant reached MMI for his lumbar and cervical spine on November 7, 2018. Dr. Behr assigned an impairment rating of 4% tot the cervical spine and 8% to the lumbar spine, and recommended ongoing pain management to include medications for at least 2 years.

9. I find Claimant failed to meet the burden required to establish a compensable injury to his right hand, left hand, groin, right lower extremity, left lower extremity, and right hip as pled on Claimant's Form 50 request for hearing and pre-hearing brief. Therefore, I find Claimant reached MMI for all compensable body parts as of November 7, 2018 per Dr. Behr's report.
10. Based on the evidence, I give greater weight to the two authorized treating physicians at Carolina Ortho and Neurosurgical Associates, Dr. Hoenig and Dr. Behr. I am not persuaded by Dr. Smith's testimony and rely on the opinions of the authorized treating physicians with regard to all issues, including date of MMI, level of impairment, and future medical care.
11. Based on the greater weight of the case, I would find Randall Dalton had a 15% disability to his right shoulder and a combined rating for cervical and lumbar spine of 15% to his back.
12. I find Claimant is entitled to causally-related medical treatment to the neck and lumbar spine as recommended by Dr. Behr, which is ongoing pain management to include medications for at least 2 years.
13. I find Claimant is entitled to life time maintenance and repair of the hardware installed in his right shoulder during the operation that took place on February 14, 2018. Claimant is not entitled to any other medical treatment for the shoulder.
14. I find Claimant is not entitled to any benefits under the Act for the right hand, left hand, groin, right lower extremity, left lower extremity, and right hip, as Claimant failed to meet the burden establishing a compensable injury to these denied body parts.

CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. §42-9-10, I find Claimant has failed to meet his burden of proof required to establish an award for permanent and total disability.
2. Pursuant to S.C. Code Ann. §42-9-30, I find Claimant has failed to meet his burden of proof required to establish an award for permanent and total disability.
3. I find that the Claimant has not met his burden of proof required to establish sheltered employment and entitlement to an award for permanent disability under Peoples v. Cone Mills Corporation 342 S.E.2d 798 (N.C. 1986) and other cited case law. I find the facts of this claim to be significantly different with the facts at issue in Peoples, and therefore the case law is inapplicable.
4. Defendants have failed to prove entitlement to credit for overpayment of TTD benefits under S.C. Code Ann. §42-9-210.
5. Claimant has failed to prove a compensable injury to the right hand, left hand, groin, right lower extremity, left lower extremity, and right hip pursuant to S.C. Code Ann. §42-1-160.
6. Claimant is not entitled to medical treatment for the right hand, left hand, groin, right lower extremity, left lower extremity, and right hip pursuant to S.C. Code Ann. §42-15-60.
7. Pursuant to S.C. Code Ann. §42-9-30, Claimant is entitled to an award of permanent partial disability of 15% to the spine and 15% to the right shoulder.
8. Pursuant to S.C. Code Ann. §42-15-60, I find Claimant is entitled to additional medical treatment to as recommended by Dr. Behr to the lower back and neck only, and lifetime maintenance and repair of Claimant's hardware installed during the surgery on his right shoulder.

ORDER

IT IS HEREBY ORDERED that Claimant is entitled to an award for 15% disability to his right shoulder and a combined rating for cervical and lumbar spine of 15% to his back.

IT IS FURTHER ORDERED that the award shall be paid in lump sum, and Claimant's proceeds of Sixty-Three Thousand, Four Hundred, Thirty-Three and 80/100 (\$63, 433.80) shall be allocated as follows: Twenty-One Thousand, One Hundred, Forty-Four and 60/100 (\$21,144.60) Dollars in attorney's fees and Four Thousand, Two Hundred, Ninety-Four and 37/100 (\$4,294.37) Dollars in costs; Thirty-Seven Thousand, Nine Hundred, Ninety-Four and 83/100 (\$37,994.83) Dollars in compromise settlement of disputed future disability benefits to Claimant at the rate of \$36.81 per week commencing June 28, 2021, for 19.85 yrs (1,032.20 wks) based upon the claimant's life expectancy thereafter pursuant to Section 19-1-150 of the South Carolina Code of Law, (1976 as Amended), and as is interpreted by the South Carolina Supreme Court in the decision of *Utica Mohawk Mills vs. Orr*, 87 S.E.2d 589 (S.C. 1955); *Sciarotta v. Bowen*, 837 F.2d 135 (3rd Cir. 1988; *Lemire v. Secretary of Health and Human Services*, 682 F. Supp. 102 (D.C.N.H.) and *Hatch v. Heckler*, 626 F. Supp. 1367 (N.D. California 1986). POMS §52001.555 (c) (4)." See *James v. Anne's Inc.*, 390 S.C. 188, 701 S.E.2d 730 (S.C. 2010). For ERISA and social security disability purposes, these settlement funds are to be apportioned for the entire life span of 19.85 yrs (1,032.20 wks).

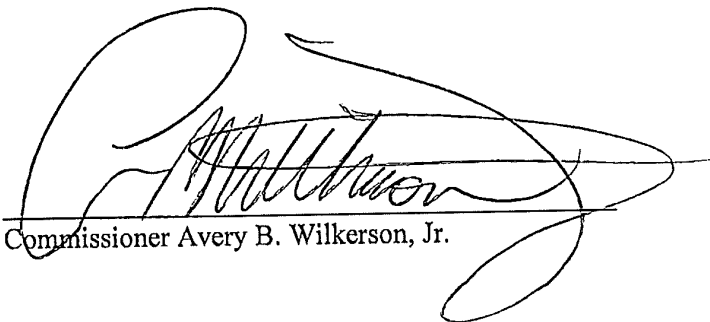
IT IS FURTHER ORDERED that Claimant is entitled to causally-related future medical treatment for the neck and low back as recommended by Dr. Behr, which is

ongoing pain management to include medications for at least 2 years, as well as lifetime maintenance and repair of Claimant's hardware installed during the surgery on his right shoulder.

IT IS FURTHER ORDERED that Claimant failed to prove a compensable injury to the right hand, left hand, groin, right lower extremity, left lower extremity, and right hip, and therefore is not entitled to any benefits under the act for those body parts.

IT IS FURTHER ORDERED that Defendants are not entitled to any credit for overpayment of temporary total disability benefits.

AND IT IS SO ORDERED.



Commissioner 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 Deborah Hutto on June 30, 2021

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1713760

RANDALL G. DALTON,	}	
	}	
Employee,	}	
	}	
Claimant,	}	
	}	
vs.	}	
	}	
THE MUFFIN MAM, INC.,	}	
	}	
Employer,	}	
	}	
AND	}	
	}	
AMERISURE MUTUAL INSURANCE	}	
COMPANY, INC.,	}	
	}	
Carrier,	}	
Defendants.	}	

**CERTIFICATE
OF
SERVICE**

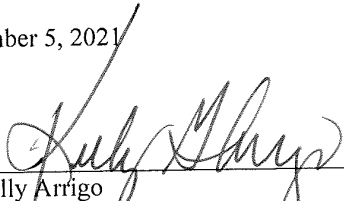
The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: **VIA EMAIL AND US MAIL**
C. Logan Rollins
HawkLaw
Post Office Box 5048
Spartanburg, South Carolina 29304

VIA US MAIL AND ECASE
Amy Bracy, Judicial Director
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

DOCUMENT: Respondents' Brief to Full Commission

DATE OF MAILING: November 5, 2021



Kelly Arrigo
Legal Assistant to Allison C. Nussbaum