THE STATE OF SOUTH CAROLINA
In The Court of Appeals

RECEIVED
OCT 19 2023
S.C. SUPREME COURT

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No.: 2017-001535

Doretta Butler-Long, Employee, Claimant,.....Appellant,

v.

ITW Labels, Employer, and American Zurich Insurance Company/Zurich North America c/o Broadspire, Carrier,..... Respondents.

RECORD ON APPEAL

Stephen B. Samuels
SAMUELS LAW FIRM, LLC
1320 Richland Street
Columbia, SC 29201
(803) 779-4000

ATTORNEY FOR APPELLANT

Jason W. Lockhart, Esquire
McAngus Goudelock & Courie, LLC
Post Office Box 12519
Columbia, SC 29211
(803) 779-2300

Helen F. Hiser, Esquire
McAngus Goudelock & Courie, LLC
Post Office Box 650007
Mt. Pleasant, SC 29465
(843) 576-2900

ATTORNEYS FOR RESPONDENTS

INDEX

I. **ORDERS** 1

Decision and Order filed January 9, 2017 1

Appellate Panel Decision and Order filed June 14, 2017 20

II. **PLEADINGS** 47

Form 50 of June 24, 2013 47

Form 50 of March 7, 2016 49

Form 51 of March 14, 2016 51

Claimant's Form 58 of May 27, 2016 52

Claimant's APA Submissions 56

1. Providence Hospital 57
2. Palmetto Health Richland 72
3. Palmetto Health Richland - Family Medicine Center 88
4. University Specialty Clinics - Neurosurgery 122
5. University Specialty Clinics Department of Orthopaedic Surgery 127
6. Sports Plus Physical Therapy 173
7. Drayer Physical Therapy Institute 192

A. Job Description – Laminator 274

B. Payroll Records 277

C. Performance Appraisal of Claimant 291

D. Work Excuses 297

I. Short Term Disability Claim Form 303

J. Email from Aetna Life Insurance 309

K. Notice of Termination 311

L. Long Term Disability Claim Form 313

Defendant's Form 58 of August 30, 2016 317

Form 30 of January 23, 2017 318

III. **TRANSCRIPTS** **320**

Deposition of Doretta Butler of November 24, 2014 320

Caption 302

Direct Examination by Mr. Lockhart 322

Pgs. 18 – 22 323

Pgs. 27 – 28 328

Pgs. 31 – 33 330

Pgs. 36 – 41 333

Pg. 45 339

Deposition of Christopher Mazoue, M.D. of August 29, 2016 340

Caption 340

Stipulations 342

Examination by Mr. Lockhart 342

Cross-examination by Mr. Samuels 368

Re-examination by Mr. Lockhart 382

Cross-examination by Mr. Samuels 386

Re-examination by Mr. Lockhart 388

Transcript of Proceedings before Commissioner Gene McCaskill of August 30, 2016 390

Witness – Doreta Butler Long 407

Direct Examination by Mr. Samuels 407

Cross-Examination by Mr. Lockhart 427

Redirect Examination by Mr. Samuels 451

Recross-Examination by Mr. Lockhart 458

Full Commission Hearing (Transcript) of April 18, 2017 462

Caption 462

Call to Order (Court Reporter) 464

Argument by Mr. Samuels 464

Reply by Mr. Lockhart 471

Reply by Mr. Samuels 479

IV. **CERTIFICATE OF COUNSEL** **483**

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1221499

DORETTA BUTLER-LONG,

Employee,

Claimant,

vs.

ITW LABELS,

Employer,

AND

AMERICAN ZURICH INSURANCE COMPANY/ZURICH NORTH AMERICA c/o BROADSPIRE,

Carrier,

Defendants.

DECISION AND ORDER

DATE OF HEARING: Hearing held in Columbia, South Carolina on August 30, 2016.

APPEARANCES: Claimant appeared and represented by Stephen B. Samuels, Esquire of Samuels Law Firm of Columbia, South Carolina.

Defendants represented by Jason W. Lockhart, Esquire of McAngus Goudelock & Courie, L.L.C. of Columbia, South Carolina.

PURPOSE OF THE HEARING: To determine all issues as set forth in Forms 50 and 51.

COMMISSIONER: Commissioner Gene McCaskill

FILED: January 9, 2017

STIPULATIONS

The parties stipulated to the following:

1. The South Carolina Workers' Compensation Commission has jurisdiction over the parties and subject matter of this claim.
2. Venue is proper in Columbia, South Carolina.
3. The Notice of Hearing was timely and properly served upon all parties of interest.
4. Claimant's average weekly wage is Four Hundred Twenty-Nine and 86/100 ($429.86) Dollars, with an applicable compensation rate of Two Hundred Eighty-Six and 59/100 ($286.59) Dollars.

APA SUBMISSIONS

Claimant's APA Submissions

1. Records of Providence Hospital, dated 04/14/12-06/14/13, pages 1-14.
2. Records of Palmetto Health Richland, dated 04/17/12-09/25/12, pages 15-29.
3. Records of Palmetto Health Richland Family Medical Center, dated 04/27/12-08/27/12, pages 30-62.
4. Records of University Specialty Clinics – Neurosurgery, dated 05/31/12, pages 63-66.
5. Records of University Specialty Clinics Department of Orthopaedic Surgery, dated 06/11/12-01/20/15, pages 67-111.
6. Records of Sports Plus Physical Therapy, dated 06/18/12-01/08/13, pages 112-129.
7. Records of Drayer Physical Therapy Institute, dated 04/04/14-10/07/14, pages 130-210.
8. Exhibit A: Job Description – Laminator, date unknown, pages 211-212.
9. Exhibit B: Payroll Records, dated 01/20/12-04/13/12, pages 213-225.
10. Exhibit C: Performance Appraisal of Claimant, dated 04/11/12, pages 226-230.
11. Exhibit D: Work Excuses, dated 04/17/12-05/14/12, pages 231-235.

12. Exhibit E: Leave of Absence Application Packet as provided to Claimant, date unknown, pages 236-243.
13. Exhibit F: Complete Leave of Absence Application, dated 05/11/12, page 244.
14. Exhibit G: FMLA Certification of Health Care Provider, dated 5/11/12, pages 245-248.
15. Exhibit H: Short Term Disability Claim Form as provided to Claimant, date unknown, pages 249-253.
16. Exhibit I: Short Term Disability Claim Form, dated 05/11/12, pages 254-258.
17. Exhibit J: Email from Aetna Life Insurance, dated 07/23/12, page 259.
18. Exhibit K: Notice of Termination, dated 08/02/12, page 260.
19. Exhibit L: Long Term Disability Claim Form, dated 12/31/12, pages 261-263.

Defendants' APA Submissions

20. Records of Providence Hospital, dated 05/26/15, pages 264-269.
21. Exhibit M: Claimant's Disability Application, dated 05/11/12, pages 270-274.

STATEMENT OF THE CASE

The hearing was scheduled pursuant to a Form 50 filed by the Claimant's attorney on March 7, 2016. The Claimant alleged that she sustained a compensable injury to the neck, right hand, right shoulder and/or right upper extremity while in the course and scope of the Claimant's employment with the Employer in April 2012. The Claimant maintained that the Claimant's alleged work-related injuries arose as a result of a specific work-related accident or, in the alternative, the Claimant's performance of repetitive activities while working with the Employer. The Claimant also maintained that the Claimant had not reached maximum medical improvement and was entitled to temporary total disability benefits from December 2014 to the present and continuing, causally-related medical care until she reaches maximum medical improvement, along with reimbursement for medical care

incurred to date. Furthermore, the Claimant requested that Dr. Mazoue be designated as the authorized treating physician.

In response, the Defendants maintained that the Claimant could not satisfy her burden of proving a compensable injury to the neck, right hand, right shoulder and/or right upper extremity pursuant to Section 42-1-160 and/or Section 42-1-172 of the Act.

EVIDENCE OF THE CASE

Testimony of the Claimant

The Claimant was the only witness to testify on her behalf. The Claimant testified that she is currently 44 years of age. (H. Tr. p. 18). The Claimant indicated that she graduated from high school and studied for two years at Midlands Technical College. (H. Tr. p. 18). The Claimant indicated that she began working with the Employer in March 2000 as a laminator/inspector, and was employed as a laminator/inspector on the date of her alleged April 2012 work-related accident. (H. Tr. pp. 19-20, 23-24). The Claimant testified that her job duties as a laminator/inspector required her to lift and run materials on a daily basis. (H. Tr. pp. 21-22). The Claimant testified that she is right-hand dominant. (H. Tr. p. 23).

The Claimant testified that she sustained an injury to the right upper extremity while in the course and scope of her employment with the Employer on either April 10, 2012 or April 11, 2012. (H. Tr. p. 24). The Claimant testified that she was injured due to lifting the rolls and from the repetitive nature of sending the rolls through the machine. (H. Tr. p. 23). The Claimant stated that, while she developed right upper extremity pain and problems, she did not think, at the time, that the above-referenced problems came from her job with the Employer. (H. Tr. p. 26). The Claimant indicated that she "thought [she] was hurting those days until [she found] out the right diagnosis." (H. Tr. p. 26). The Claimant testified that she told her employer (specifically Stacie Dash) her injury was work related "in the end of July when I found out what was wrong with me." Claimant stated

that she did this again in December 2012 when Mr. House called to tell her the plant was closing and advise her about insurance. Claimant testified Dr. Tanksley "was the doctor that originally discovered that I had slipped disc in my neck." (H. Tr. p. 32). Specifically, the Claimant stated that she believed she determined she had suffered a work-related injury after undergoing an evaluation with Dr. Sweet, and indicated that it was not until then "when I understand that it was not my slipped disc. It was my rotator cuff." (H. Tr. p. 32).

The Claimant indicated that she sought and received initial medical treatment at Providence Hospital in Columbia, South Carolina, on April 14, 2012. (H. Tr. pp. 26-27). The Claimant testified that she sought and received additional medical treatment with Family Medicine Center and Dr. Mazoue, who is an orthopedic physician in Columbia, South Carolina. (H. Tr. p. 35). The Claimant indicated that she eventually received treatment from Dr. Mazoue in the form of surgery, which was performed in April 2014. (H. Tr. pp. 34-35). The Claimant indicated that she has not undergone a follow-up examination with Dr. Mazoue since being examined in December 2014, and has been unable to seek additional medical treatment with Dr. Mazoue due to the fact that the Claimant no longer has health insurance and does not have money for any insurance. (H. Tr. pp. 35-36, 51, 57).

The Claimant indicated that continues to experience severe right hand and/or right upper extremity problems. (H. Tr. p. 36). More specifically, the Claimant stated that she cannot write with her right hand nor can she pick up objects with her right hand nor can she sleep well. (H. Tr. p. 36). The Claimant testified that she could possibly return to work with the Employer if "I would have been [an] inspector. That's just looking at sheets." (H. Tr. pp. 37, 59). The Claimant admitted that she can lift her right upper extremity overhead, but it hurts from the top of her shoulder to her elbow. (H. Tr. pp. 37-38).

On cross-examination, the Claimant was presented with the diagnostic reports of Providence Hospital, Palmetto Health Richland, Family Medical Center, Dr. McGown and Dr. Mazoue, and most of the records shown to her by defense counsel made no mention of the Claimant providing her

physicians with a history of a work-related accident. In regards to the above-referenced medical records, the Claimant admitted that she did not provide the medical providers with a history of work-related injury because "I was informed that I had a slipped disc in my neck. I didn't know that it was my rotator cuff." She added "The pain did start at work, but I didn't think it came from work." (H. Tr. pp. 38-48, 70-72). The Claimant indicated that she did not begin to provide the physicians with complaints of pain and problems due to a work-related injury until she was diagnosed with a rotator cuff injury. (H. Tr. pp. 46-47). More specifically, the Claimant testified that she informed Dr. Mazoue in September 2012 that she had been injured on the job due to lifting rolls. (H. Tr. pp. 48-49). However, the Claimant's deposition testimony from indicates that Claimant told Dr. Mazoue the injury resulted from "lifting boxes" at work. (Clmt.'s November 24, 2014 Depo. Tr. p. 40). Claimant further explained that "we have material that come in rolls. We have material that come in boxes as well. When I do inventory, I lift the boxes of rolls. I can lift rolls of material too as well. They either come in sheets, boxes, or rolls." (H. Tr. Pp. 49-50).

The Claimant testified that she also filed for and received short-term disability benefits through her employment with the Employer, and that documentation, which was part of her application for short-term disability benefits indicating that her medical condition was not the result of a work-related accident, may have been completed by her husband as opposed to by the Claimant. (H. Tr. pp. 51, 53). The Claimant stated that she last received long-term disability benefits in December 2014, and that her only current source of income is her husband's wages. (H. Tr. pp. 51-52). The Claimant admitted that her applications for short term and long term disability indicated that her condition was not work-related. (H. Tr. pp. 53-55). The Claimant testified "At that time when this paper was filled out, I was under the impression that I had a slipped disc in my neck. So I didn't know it was a work-related injury." (H. Tr. P. 31).

The Claimant indicated that she is not currently being written out of work by a physician. (H. Tr. pp. 58-59). The Claimant testified that she is only currently experiencing problems with the

right shoulder and/or right upper extremity, and is not experiencing problems with her neck. (H. Tr. pp. 60-61).

Medical Evidence

The Claimant initially sought treatment at Providence Hospital on April 14, 2012. (APA pp. 1-9). The Claimant cited complaints of right shoulder pain, which had been present for three days. (APA p. 1). The report stated "Patient has job in which she has repetitive arm movements." (APA p. 1). X-rays of the right shoulder, right forearm, and chest were normal. (APA p. 7-9). The Claimant sought treatment at Palmetto Health Richland on April 17, 2012. (APA pp. 15-17). The Claimant cited pain in her right arm, which had been present for one week. (APA p. 15). However, the Claimant reported that she did not know what was causing the pain. (APA p. 15). An x-ray of the right shoulder, which was performed on May 9, 2012, was unremarkable. (APA p. 24).

Claimant saw Dr. Tanksley on May 2, 2012. Dr. Tanksley ordered a cervical MRI. His electronic medical report contains the notation "not following a fall, not during sports and not in association with work." (APA p. 35). On May 11, 2012, Dr. Tanksley filled out the physician's portion of the Short Term Disability application. The diagnosis was "Cervical Radiculopathy." On the question "Is condition due to injury or sickness arising out of the patient's employment?" he checked "Unknown." (APA pages 256-257). He referred Claimant to Dr. Sweet for acute radiculopathy.

On May 15, 2012, Claimant returned to Dr. Tanksley. He wrote a work excuse stating "Please excuse her from work, for the next two weeks, while we try to figure out what is causing patient's arm pain." (APA p. 43).

With regards to the neck, the Claimant underwent an examination with Dr. Sweet on May 31, 2012. (APA pp. 65-66). Dr. Sweet, who is a neurosurgeon in Columbia, South Carolina, diagnosed the Claimant with a cervical bulge at C5-6, and recommended that the Claimant that the Claimant undergo an orthopedic evaluation in light of the Claimant's right shoulder pain and problems. Dr.

Sweet wrote "My impression is asymptomatic cervical disc C5-6 and probably has shoulder pathology on the right of some sort." (APA pp. 65-66).

On June 11, 2012, Claimant saw Dr. McGowan, a shoulder specialist, at University Orthopedics. On her intake paperwork, her husband wrote an injury date of "April 2012" which "started with chest pain and generated to shoulder and fingers." (APA p. 67). Dr. McGowan diagnosed her with shoulder pain and ordered physical therapy. (APA p. 69). Under history of present illness, Dr. McGowan wrote "Pain started April 10th and has not been to work since then. Does not remember a specific event. Says that pain originated at her chest and radiated out."

During this time, Claimant continued to see Dr. Tanksley. In his report of June 15, 2012, he noted she was seeing Dr. McGowan for a rotator cuff injury to her right shoulder. (APA p. 54). On July 30, 2012, Dr. Tanksley wrote in his electronic medical records "The context of the pain: occurred with movement, in association with work, not following a fall, not associated with cold weather, not associated with damp weather and not during sports." (APA p. 55).

Subsequently, on September 14, 2012, the Claimant underwent an evaluation with Dr. Mazoue, who is an orthopedic physician in Columbia, South Carolina. (APA pp. 72-74). Under history of present illness, Dr. Mazoue wrote "Pain started April 10th and has not been to work since then. Does not remember a specific event. Says that pain originated at her chest and radiated out." (APA p. 70). Claimant reported right shoulder pain, but could not recall that her work actually caused the injury. Dr. Mazoue added "Apparently on approximately April 10, 2012, she had an insidious onset of right shoulder pain. She, I believe, works laminating furniture but cannot recall that her work actually caused this injury. She had a severe onset of chest pain that radiated out from the arm." (APA p. 72). Following a MRI of the right shoulder, Dr. Mazoue conducted diagnostic testing of the Claimant's right shoulder, which revealed the presence of rotator cuff tendinosis and subacromial bursitis as well as AC joint arthroplasty. (APA p. 80). Subsequently, Dr. Mazoue performed a right shoulder arthroscopic subacromial decompression with acromioplasty and distal

clavicle excision and bursectomy on April 1, 2014. (APA pp. 89-91). Following the surgery, the Claimant underwent physical therapy for the right shoulder at Drayer Physical Therapy from April 4, 2014 through September 24, 2014. (APA pp. 130-210). On December 29, 2014, the Claimant followed-up with Dr. Mazoue. (APA pp. 108-110). Dr. Mazoue indicated that the Claimant's right rotator cuff "overall looks very good." (APA p. 110). Dr. Mazoue recommended an intra-articular corticosteroid injection by Dr. Pollock and instructed the Claimant to follow-up with him in three months. (APA p. 110).

On January 26, 2015, Dr. Mazoue filled out a questionnaire prepared by Claimant's attorney. He gave various opinions to a reasonable degree of medical certainty to the effect that "The patient's right shoulder injury most likely occurred on April 10, 2012, while the employee was engaged in the regular duties of her employment as a laminator lifting heavy rolls." Dr. Mazoue also stated she needed additional treatment, she was not at MMI, and should remain under work restrictions. On one question regarding the basis of his opinion, he handwrote the notation "and review of records with regards to onset of pain and dysfunction and subsequent medical care." (APA p. 111).

Dr. Mazoue's Deposition Testimony

Defendants noticed the deposition of Dr. Mazoue, which was conducted on August 29, 2016. Dr. Mazoue opined that the Claimant's right shoulder problems were related to her employment with the Employer despite the fact that Dr. Mazoue also admitted that the Claimant never provided him with a history of sustaining an injury and/or an accident while employed with the Employer. (Dr. Mazoue's Depo. Tr. pp. 22, 28-29, 38). Dr. Mazoue stated, in his deposition, that a significant portion of the information, regarding the Claimant's alleged work-related accident, was provided to Dr. Mazoue by the Claimant's attorney. (Dr. Mazoue's Depo. Tr. pp. 21-22). Dr. Mazoue testified on direct questioning from Defense Counsel that he could not recall what medical evidence he reviewed with the Claimant's attorney prior to completing the questionnaire, although he did not believe they were from his practice. (Dr. Mazoue's Depo. Tr. pp. 25, 37, 46-47). After being shown

additional medical records and deposition testimony from Claimant's Counsel on cross-examination, Dr. Mazoue testified that these additional records refreshed his memory as to the records that he reviewed when he filled out and signed the questionnaire. (Dr. Mazoue's Depo. Tr. pp. 21-37). Dr. Mazoue then reaffirmed the opinions he had given in the questionnaire. (Dr. Mazoue's Depo. Tr. P. 38). He also testified as to Dr. Tanksley's report stating the pain occurred with movement, in association with work "certainly suggests there's a connection." (Dr. Mazoue's Depo. Tr. P. 47). Dr. Mazoue also testified that, despite his recommendation for the Claimant to return to his office after evaluating her in December 2014, the Claimant has not returned. (Dr. Mazoue's Depo. Tr. p. 46). He added he had no reason to believe that her failure to return after December 2014 was due to anything other than financial or insurance reasons. (Dr. Mazoue's Depo. Tr. pp. 21-37).

FINDINGS OF FACT

Based upon the testimony and exhibits submitted, the undersigned makes the following Findings of Fact:

1. The South Carolina Workers' Compensation Commission has jurisdiction over the parties and subject matter of the case.
2. Claimant's average weekly wage is Four Hundred Twenty-Nine and 86/100 ($429.86) Dollars, with an applicable compensation rate of Two Hundred Eighty-Six and 59/100 ($286.59) Dollars.
3. Notice of Hearing was timely and properly served upon all parties of interest.
4. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that the Claimant alleges she sustained an injury by accident on 04/10/12 while lifting laminate. Her initial injury was allegedly exacerbated by continuous repetitive use of lifting heavy materials and running them through a machine culminating in inability to work after 04/13/12. This claim is pled under both §42-1-160 and §42-1-172.

5. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Claimant is alleging injuries to her right shoulder, right arm, right hand and neck.

6. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that the alleged psyche injury is held in abeyance.

7. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that the Defendants deny the claim. They assert that the Claimant cannot meet her burden under either §42-1-160 or §42-1-172.

8. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Claimant first visited the Emergency Department at Providence on 04/14/12. The report from that visit reads in part, "pt presents today with complaint of right shoulder and forearm pain X3 days. pain worse to touch or movement. pt feels better with holding shoulder adducted with elbow flexed. pt denies any trauma. No swelling this arm. Pain described as throbbing. pt has job in which she has repetitive arm movements. pt denies fever, heat or edema to this arm." (verbatim transcription) (APA p. 1).

9. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that this report does not reflect any report by the Claimant of a work-related injury. (APA pp. 1-9).

10. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Claimant visited Palmetto Health Richland on 04/17/2012. The report from that visit reads in part, "The patient is a 39-year-old female coming in today. She has developed this right arm pain that has been going on for a week. She says it hurts more at nighttime. She was seen at Providence and had a kind of pain in her right chest and progressed down her right arm. She denies any swelling in her right arm. She says she had a workup including a chest x-ray, which has been normal. They did not give her any follow-up

and she is just concerned as the pain has not gotten any better, it has gotten slightly worse. She states that she does not know what is causing this pain but is just causing some concern. She says she has no pain with movement. She says pain is a 9/10 and she describes as an intense pain. Denies any fever or chills. Denies any trauma to her arm." (APA p. 15).

11. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Claimant saw Dr. Simon Tanksley on 05/11/12. He records of that encounter,"...the pain occurred 1 month(s). The context of the pain: occurred not following a fall, not during sports and not in association with work..." (APA p. 40).
12. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, on 05/31/12, she saw Dr. Raymond C. Sweet of University Specialty Clinics. Dr. Sweet writes of that visit that the Claimant was complaining of right arm pain and numbness, mainly in the shoulder. "My impression is asymptomatic cervical disk C 5-6 and probably has shoulder pathology on the right of some sort. We will make her an appointment to see an orthopaedist specialist over here. I will not need to see her back since I do not feel that she has a neurosurgical problem. No evidence of myelopathy or radiculopathy." (APA pp. 65-66).
13. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Dr. Sweet's letter does not mention any nexus of her complaints or presentation to her work. (APA pp. 65-66).
14. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Claimant saw Dr. Andrew T. McGown of University Specialty Clinics on 06/11/12. He writes, "The patient is a 40-year-old black female here for consultation for Dr. Sweet's office in neurosurgery. The patient arrives today with regard to right shoulder issues. This has been going on for about three months. She has had no specific injury but she started with chest pain and then had some cervical spine issues. [Dr. Sweet] sent her over

here for the continued shoulder pain despite having the cervical issues addressed. He was concerned that maybe there was some shoulder pathology." (APA p. 68).

15. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that the above-reference report of Dr. McGown makes no mention of any nexus of her complaints or presentation to her work. (APA p. 68).

16. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Claimant saw Dr. Christopher Mazoue on 09/14/12. He writes of that encounter, "[Claimant] is a 40-year-old right-hand dominant female. Apparently on approximately April 10, 2012 she had an insidious onset of right shoulder pain. She, I believe, works laminating furniture but cannot recall that her work actually caused this injury. She had a severe onset of chest pain that radiated outward from the arm." (APA p. 72).

17. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that he also writes of his Upper Extremity Evaluation performed on the Claimant that day, "Pain started April 10th and has not been to work since then. Does not remember a specific event. Says that pain originated at her chest and radiated out. Went to the ER at Providence originally Dx with muscle strain. Has seen Dr. McGown who recommended therapy. Pt claims that therapy has helped some, but has not provided pain relief." (APA p. 70).

18. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Dr. Mazoue writes in part of that encounter, "Ms. Butler is here for a follow-up of the MRI of her right shoulder...I think this is a very difficult problem...She is exhibiting pain and depression that are certainly out of proportion from what we see on exam or the MRI." (APA p. 75).

19. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Claimant saw Dr. Mazoue again on 08/16/13. He writes of that encounter "[Claimant] returns today after canceling her surgery 5 months ago for her R shoulder SAD, DCE, biceps tenodesis. She states the pain in her shoulder is the same as it was when we last saw her. She wears an icy hot patch during the day and finds some relief with this. She is not interested in surgery due to financial reasons. She is here today to discuss other options." (APA p. 81).

20. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that there is a questionnaire completed by Dr. Mazoue on 01/26/15 which he completed after meeting with Claimant's counsel. He so testified in his deposition. (APA p. 111; Dr. Mazoue's Depo. Tr. p. 20).

21. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, in that questionnaire, Dr. Mazoue indicates to a reasonable degree of medical certainty that he believes the Claimant's right shoulder injury is most likely related to her activities as a laminator. He also indicated that he believed that her shoulder injury "Most likely occurred on April 10, 2012, while the employee was engaged in the regular duties of her employment as a laminator particularly lifting heavy rolls." He further indicated that there was a direct causal relationship between the condition under which the work is performed and the injury. (APA p. 111).

22. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that he also answers "yes" to the statement, "My opinion is based on the history and symptoms reported by the patient, the signs shown on the physical examination, imaging studies, and the operative findings." He then adds in his own handwriting, "And review of records with regards to onset of pain and dysfunction and subsequent medical

care". (Dr. Mazoue testified in his deposition as to what the handwritten note says.) (APA p. 111; Dr. Mazoue's Depo. Tr. pp. 20-21, 24).

23. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Dr. Mazoue was deposed by the parties on 08/29/16. I have read that deposition in its entirety. In that deposition, Dr. Mazoue does not change his opinion to any of the above. (Dr. Mazoue's Depo. Tr. pp. 22, 28-29, 38).

24. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, when I view the evidence as a whole, I am not persuaded that the Claimant had an injury by accident on or about 04/10/13.

25. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, there simply is not any description in the medical records or in the Claimant's testimony that persuades me that there was an injury by accident as defined in the Act.

26. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, as to a repetitive injury, I must determine whether there enough evidence in the record to tip the scale in the Claimant's favor.

27. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that there is no indication in the medical records – other than the opinion of Dr. Mazoue – that the Claimant was injured at work. I find that lack of reference troubling.

28. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that there are several indications throughout the record that her injury is not job-related. (APA pp. 1, 13, 30, 35, 40, 68, 70, 72, 85, 254, 270).

29. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, while an argument can be made that if her work is repetitive, there is little testimony as to the repetitive nature of the job.

30. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that the Aetna form which the husband completed for the Claimant lists an answer of "No" to the question, "Is this condition work related?" (H. Tr. pp. 31, 51, 53; APA p. 254).

31. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that the Claimant testified that the she did not know her injury was caused by work. (H. Tr. pp. 26, 31).

32. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, when the evidence is viewed as a whole, I am not persuaded that the Claimant has met her burden as to compensability.

33. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, clearly, she has medical issues. She has had surgery and the record is replete with references to the right upper extremity medical issues she has had.

34. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Dr. Mazoue has opined that those issues are work-related. That being said, his conclusion as to that work nexus does not come while he is actively treating her. It comes some time later in a medical questionnaire. (APA p. 111). As such, I cannot give that opinion the weight I would normally give such opinion offered contemporaneously to the alleged date of injury.

35. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, even after extensive review, I cannot make a finding of compensability without speculation. The record alone simply does not lead me to find otherwise.

36. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, as such, the claim is dismissed with prejudice.

37. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that did not satisfy her burden of proving a compensable injury by accident and/or compensable repetitive trauma while in the course and scope of her employment with the Defendants.

38. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Claimant is not entitled to any benefits under the Act.

CONCLUSIONS OF LAW

It is concluded that under the South Carolina Workers' Compensation Act, §42-1-110, S. C. Code of Laws, et. seq. that:

1. Pursuant to S. C. Code Ann. §42-17-20, and based on the substantial evidence, jurisdiction and venue are proper.
2. Pursuant to S. C. Workers' Compensation Rules and Regulations, Rule 67-210(b) and Rule 67-213(c), and based on the substantial evidence, the parties were properly served the Notice of Hearing.
3. Pursuant to S. C. Code Ann. §42-1-140, and based on the substantial evidence, Claimant's average weekly wage is Four Hundred Twenty-Nine and 86/100 ($429.86) Dollars, with an applicable compensation rate of Two Hundred Eighty-Six and 59/100 ($286.59) Dollars.
4. Workers' Compensation awards may not be based upon surmise, conjecture, or speculation, but must be founded on evidence of sufficient substance to afford a reasonable basis for it. Tiller v. Nat'l Health Care Ctr. of Sumter, 334 S.C. 333, 339, 513 S.E.2d 843, 845 (1999); Sharpe v. Case Produce Co., 329 S.C. 534, 543, 495 S.E.2d 790, 794 (Ct.App.1997) rev'd on other grounds.

5. Only the facts and circumstances of the injury can determine whether it is compensable and, therefore, whether the employee's remedy is exclusively under the Compensation Law. Thompson v. J.A. Jones Const. Co., 199 S.C. 304, 19 S.E.2d. 226 (1942).

6. A workers' compensation claimant has the burden of proving facts that show the alleged injury arose out of and in the course and scope of employment. Clade v. Champion Laboratories, 330 S.C. 8, 496 S.E.2d 856 (S.C. 1998).

7. A "possibility" is not enough to show that a worker's injury arose out of and in the course and scope of his employment. Fowler v. Abbott Motor Co., 236 S.C. 226, 113 S.E.2d 737 (S.C. 1960).

8. Expert medical testimony is designed to aid the Commission in reaching the correct conclusion, and therefore, the Commission determines the weight and credit to be given to the expert testimony. Sharpe v. Case Produce, Inc., 336 S.C. 154, 519 S.E.2d 102 (S.C. 1999).

9. Pursuant to the application of S. C. Code Ann. §42-1-160, and based on the substantial evidence, including the testimony of Claimant and the medical records of Claimant, Claimant has not sustained her burden of proving a compensable injury to the right shoulder, right arm, right hand and/or neck as a result of the alleged April 2012 work accident.

10. Pursuant to the application of S. C. Code Ann. §42-1-172, and based on the substantial evidence, including the testimony of Claimant and the medical records of Claimant, Claimant has not sustained her burden of proving a compensable repetitive trauma injury to the right shoulder, right arm, right hand and/or neck as a result of the alleged April 2012 work accident.

11. Claimant is not entitled to any benefits under the Act.

12. Accordingly, Claimant's claim for benefits is dismissed, with prejudice.

ORDER

IT IS HEREBY ORDERED that the greater weight of the evidence supports a finding that Claimant cannot sustain her burden of proving a compensable injury to her right shoulder, right arm, right hand and/or neck as a result of the alleged April 2012 work accident.

IT IS HEREBY ORDERED that the greater weight of the evidence supports a finding that Claimant cannot sustain her burden of proving a compensable repetitive trauma injury to her right shoulder, right arm, right hand and/or neck as a result of the alleged April 2012 work accident.

IT IS HEREBY ORDERED that the Claimant is not entitled to any benefits under the Act.

IT IS FURTHERED ORDERED that this claim is DISMISSED WITH PREJUDICE.

AND IT IS SO ORDERED.

Commissioner Gene McCaskill

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).
January 9, 2017

By: Kellie Lindler, Administrative Assistant to Commissioner McCaskill

APPELLATE PANEL DECISION AND ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1221499

Doretta Butler — EMPLOYEE, CLAIMANT/RESPONDENT

VS.

ITW Labels — EMPLOYER,

AND

American Zurich Insurance Company/Zurich North America c/o Broadspire — CARRIER, DEFENDANTS/APPELLANTS,

---

Appellate Panel Review held in Columbia, South Carolina, on April 18, 2017 per notices timely And properly served upon all parties of interest.

Appellate Panel Decision and Order Filed:

June 14, 2017

APPEARANCES: Claimant/Appellant represented by Stephen B. Samuels, Esquire

Defendants/Respondents represented by Jason W. Lockhart, Esquire

STATEMENT OF THE CASE

A Hearing was held before the Single Commissioner pursuant to Forms 50 and 51. The Claimant alleged that she sustained a compensable injury to the neck, right hand, right shoulder and/or right upper extremity while in the course and scope of the Claimant's employment with the Employer in April 2012. The Claimant maintained that the Claimant's alleged work-related injuries arose as a result of a specific work-related accident or, in the alternative, the Claimant's performance of repetitive activities while working with the Employer. The Claimant also maintained that she had not reached maximum medical improvement and was entitled to temporary total disability benefits from December 2014 to the present and continuing, causally-related medical care until she reaches maximum medical improvement, as well as with reimbursement for medical care incurred to date. Furthermore, the Claimant requested that Dr. Mazoue be designated as the authorized treating physician. In response, the Defendants maintained that the Claimant could not satisfy her burden of proving a compensable injury to the neck, right hand, right shoulder and/or right upper extremity pursuant to Section 42-1-160 and/or Section 42-1-172 of the Act.

A hearing in this matter was held before Commissioner McCaskill on March 7, 2016. At the conclusion of the hearing, Commissioner McCaskill issued a Decision and Order making the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACTS

Based upon the testimony and exhibits submitted, the undersigned makes the following Findings of Fact:

1. The South Carolina Workers' Compensation Commission has jurisdiction over the parties and subject matter of the case.
2. Claimant's average weekly wage is Four Hundred Twenty-Nine and 86/100 ($429.86)

Dollars, with an applicable compensation rate of Two Hundred Eighty-Six and 59/100 ($286.59) Dollars.

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

4. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that the Claimant alleges she sustained an injury by accident on 04/10/12 while lifting laminate. Her initial injury was allegedly exacerbated by continuous repetitive use of lifting heavy materials and running them through a machine culminating in inability to work after 04/13/12. This claim is pled under both §42-1-160 and §42-1-172.

5. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Claimant is alleging injuries to her right shoulder, right arm, right hand and neck.

6. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that the alleged psyche injury is held in abeyance.

7. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that the Defendants deny the claim. They assert that the Claimant cannot meet her burden under either §42-1-160 or §42-1-172.

8. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Claimant first visited the Emergency Department at Providence on 04/14/12. The report from that visit reads in part, "pt presents today with complaint of right shoulder and forearm pain X3 days. pain worse to touch or movement. pt feels better with holding shoulder adducted with elbow flexed. pt denies any trauma. No swelling this arm. Pain described as throbbing. pt has job in which she has repetitive arm movements. pt denies fever, heat or edema to this arm." (verbatim transcription) (APA p. 1).

9. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that this report does not reflect any report by the Claimant of a work-related injury. (APA pp. 1-9).

10. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Claimant visited Palmetto Health Richland on 04/17/2012. The report from that visit reads in part, "The patient is a 39-year-old female coming in today. She has developed this right arm pain that has been going on for a week. She says it hurts more at nighttime. She was seen at Providence and had a kind of pain in her right chest and progressed down her right arm. She denies any swelling in her right arm. She says she had a workup including a chest x-ray, which has been normal. They did not give her any follow-up and she is just concerned as the pain has not gotten any better, it has gotten slightly worse. She states that she does not know what is causing this pain but is just causing some concern. She says she has no pain with movement. She

says pain is a 9/10 and she describes as an intense pain. Denies any fever or chills. Denies any trauma to her arm." (APA p. 15).

11. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Claimant saw Dr. Simon Tanksley on 05/11/12. He records of that encounter,"...the pain occurred 1 month(s). The context of the pain: occurred not following a fall, not during sports and not in association with work..." (APA p. 40).

12. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, on 05/31/12, she saw Dr. Raymond C. Sweet of University Specialty Clinics. Dr. Sweet writes of that visit that the Claimant was complaining of right arm pain and numbness, mainly in the shoulder. "My impression is asymptomatic cervical disk C 5-6 and probably has shoulder pathology on the right of some sort. We will make her an appointment to see an orthopaedist specialist over here. I will not need to see her back since I do not feel that she has a neurosurgical problem. No evidence of myelopathy or radiculopathy." (APA pp. 65-66).

13. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Dr. Sweet's letter does not mention any nexus of her complaints or presentation to her work. (APA pp. 65-66).

14. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Claimant saw Dr. Andrew T. McGown of University Specialty Clinics on 06/11/12. He writes, "The patient is a 40-year-old black female here for consultation for Dr. Sweet's office in neurosurgery. The patient arrives today with regard to right shoulder issues. This has been going on for about three months. She has had no specific injury but she started with chest pain and then had some cervical spine issues. [Dr. Sweet] sent her over here for the continued shoulder pain despite having the cervical issues addressed. He was concerned that maybe there was some shoulder pathology." (APA p. 68).

15. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that the above-reference report of Dr. McGown makes no mention of any nexus of her complaints or presentation to her work. (APA p. 68).

16. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Claimant saw Dr. Christopher Mazoue on 09/14/12. He writes of that encounter, "[Claimant] is a 40-year-old right-hand dominant female. Apparently on approximately April 10, 2012 she had an insidious onset of right shoulder pain. She, I believe, works laminating furniture but cannot recall that her work actually caused this injury. She had a severe onset of chest pain that radiated outward from the arm." (APA p. 72).

17. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that he also writes of his Upper Extremity Evaluation

performed on the Claimant that day, "Pain started April 10th and has not been to work since then. Does not remember a specific event. Says that pain originated at her chest and radiated out. Went to the ER at Providence originally Dx with muscle strain. Has seen Dr. McGown who recommended therapy. Pt claims that therapy has helped some, but has not provided pain relief." (APA p. 70).

18. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Dr. Mazoue writes in part of that encounter, "Ms. Butler is here for a follow-up of the MRI of her right shoulder...I think this is a very difficult problem...She is exhibiting pain and depression that are certainly out of proportion from what we see on exam or the MRI." (APA p. 75).

19. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Claimant saw Dr. Mazoue again on 08/16/13. He writes of that encounter "[Claimant] returns today after canceling her surgery 5 months ago for her R shoulder SAD, DCE, biceps tenodesis. She states the pain in her shoulder is the same as it was when we last saw her. She wears an icy hot patch during the day and finds some relief with this. She is not interested in surgery due to financial reasons. She is here today to discuss other options." (APA p. 81).

20. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that there is a questionnaire completed by Dr. Mazoue on 01/26/15 which he completed after meeting with Claimant's counsel. He so testified in his deposition. (APA p. 111; Dr. Mazoue's Depo. Tr. p. 20).

21. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, in that questionnaire, Dr. Mazoue indicates to a reasonable degree of medical certainty that he believes the Claimant's right shoulder injury is most likely related to her activities as a laminator. He also indicated that he believed that her shoulder injury "Most likely occurred on April 10, 2012, while the employee was engaged in the regular duties of her employment as a laminator particularly lifting heavy rolls." He further indicated that there was a direct causal relationship between the condition under which the work is performed and the injury. (APA p. 111).

22. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that he also answers "yes" to the statement, "My opinion is based on the history and symptoms reported by the patient, the signs shown on the physical examination, imaging studies, and the operative findings." He then adds in his own handwriting, "And review of records with regards to onset of pain and dysfunction and subsequent medical care". (Dr. Mazoue testified in his deposition as to what the handwritten note says.) (APA p. 111; Dr. Mazoue's Depo. Tr. pp. 20-21, 24).

23. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Dr. Mazoue was deposed by the parties on 08/29/16. I have read that deposition in its entirety. In that deposition, Dr. Mazoue does not change

his opinion to any of the above. (Dr. Mazoue's Depo. Tr. pp. 22, 28-29, 38).

24. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, when I view the evidence as a whole, I am not persuaded that the Claimant had an injury by accident on or about 04/10/13.

25. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, there simply is not any description in the medical records or in the Claimant's testimony that persuades me that there was an injury by accident as defined in the Act.

26. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, as to a repetitive injury, I must determine whether there enough evidence in the record to tip the scale in the Claimant's favor.

27. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that there is no indication in the medical records – other than the opinion of Dr. Mazoue – that the Claimant was injured at work. I find that lack of reference troubling.

28. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that there are several indications throughout the record that her injury is not job-related. (APA pp. 1, 13, 30, 35, 40, 68, 70, 72, 85, 254, 270).

29. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, while an argument can be made that if her work is repetitive, there is little testimony as to the repetitive nature of the job.

30. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that the Aetna form which the husband completed for the Claimant lists an answer of "No" to the question, "Is this condition work related?" (H. Tr. pp. 31, 51, 53; APA p. 254).

31. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that the Claimant testified that the she did not know her injury was caused by work. (H. Tr. pp. 26, 31).

32. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, when the evidence is viewed as a whole, I am not persuaded that the Claimant has met her burden as to compensability.

33. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, clearly, she has medical issues. She has had surgery and the record is replete with references to the right upper extremity medical issues she has had.

34. Based on the substantial evidence, including Claimant's testimony and the medical

records of Claimant, I find that Dr. Mazoue has opined that those issues are work-related. That being said, his conclusion as to that work nexus does not come while he is actively treating her. It comes some time later in a medical questionnaire. (APA p. 111). As such, I cannot give that opinion the weight I would normally give such opinion offered contemporaneously to the alleged date of injury.

35. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, even after extensive review, I cannot make a finding of compensability without speculation. The record alone simply does not lead me to find otherwise.

36. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that, as such, the claim is dismissed with prejudice.

37. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that did not satisfy her burden of proving a compensable injury by accident and/or compensable repetitive trauma while in the course and scope of her employment with the Defendants.

38. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, I find that Claimant is not entitled to any benefits under the Act.

CONCLUSIONS OF LAW

It is concluded that under the South Carolina Workers' Compensation Act, §42-1-110, S. C. Code of Laws, et. seq. that:

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

2. Pursuant to S. C. Workers' Compensation Rules and Regulations, Rule 67-210(b) and Rule 67-213(c), and based on the substantial evidence, the parties were properly served the Notice of Hearing.

3. Pursuant to S. C. Code Ann. §42-1-140, and based on the substantial evidence, Claimant's average weekly wage is Four Hundred Twenty-Nine and 86/100 ($429.86) Dollars, with an applicable compensation rate of Two Hundred Eighty-Six and 59/100 ($286.59) Dollars.

4. Workers' Compensation awards may not be based upon surmise, conjecture, or speculation, but must be founded on evidence of sufficient substance to afford a reasonable basis for it. Tiller v. Nat'l Health Care Ctr. of Sumter, 334 S.C. 333, 339, 513 S.E.2d 843, 845 (1999); Sharpe v. Case Produce Co., 329 S.C. 534, 543, 495 S.E.2d 790, 794 (Ct.App.1997) rev'd on other grounds.
5. Only the facts and circumstances of the injury can determine whether it is compensable and, therefore, whether the employee's remedy is exclusively under the Compensation Law. Thompson v. J.A. Jones Const. Co., 199 S.C. 304, 19 S.E.2d. 226 (1942).

6. A workers' compensation claimant has the burden of proving facts that show the alleged injury arose out of and in the course and scope of employment. Clade v. Champion Laboratories, 330 S.C. 8, 496 S.E.2d 856 (S.C. 1998).

7. A "possibility" is not enough to show that a worker's injury arose out of and in the course and scope of his employment. Fowler v. Abbott Motor Co., 236 S.C. 226, 113 S.E.2d 737 (S.C. 1960).

8. Expert medical testimony is designed to aid the Commission in reaching the correct conclusion, and therefore, the Commission determines the weight and credit to be given to the expert testimony. Sharpe v. Case Produce, Inc., 336 S.C. 154, 519 S.E.2d 102 (S.C. 1999).

9. Pursuant to the application of S. C. Code Ann. §42-1-160, and based on the substantial evidence, including the testimony of Claimant and the medical records of Claimant, Claimant has not sustained her burden of proving a compensable injury to the right shoulder, right arm, right hand and/or neck as a result of the alleged April 2012 work accident.

10. Pursuant to the application of S. C. Code Ann. §42-1-172, and based on the substantial evidence, including the testimony of Claimant and the medical records of Claimant, Claimant has not sustained her burden of proving a compensable repetitive trauma injury to the right shoulder, right arm, right hand and/or neck as a result of the alleged April 2012 work accident.

11. Claimant is not entitled to any benefits under the Act.

Following the Decision and Order, Claimant filed a Form 30 and asserted several exceptions to the Decision and Order:

1. Whether the single commissioner erred, as a matter of fact and law, in finding various medical records did not reflect a report of a work-related injury (Findings of Fact #25, 27-28);

2. Whether the single commissioner erred, as a matter of fact and law, in finding Claimant did not sustain a compensable injury under Sections 42-1-160 or 42-1-172 (Findings of Fact #24, 28-29, 32, 37);

3. Whether the single commissioner erred, as a matter of fact and law, in disregarding the opinions of Dr. Tanksley that Claimant's injury happened in connection with her work (Findings of Fact #11);

4. Whether the single commissioner erred, as a matter of fact and law, in giving normal weight to Dr. Mazoue's opinion in the questionnaire and deposition because "his conclusion as to that work nexus does not come while he is actively treating her," when Dr. Mazoue gave these opinions less than a month after his examination of Claimant at a time when he would

have continued treating her, had she been able to afford treatment or had the claim been accepted (Findings of Fact #34);

5. Whether the single commissioner erred, as a matter of fact and law, in finding only Dr. Mazoue opined the injury was work-related when Dr. Tanksley also opined the injury occurred in connection with work (Findings of Fact #11, 34);

6. Whether the single commissioner erred, as a matter of fact and law, in finding "there are several indications throughout the record that her injury is not job-related" (Findings of Fact #28);

7. Whether the single commissioner erred, as a matter of fact and law, in failing to apply Schlumberger for the proposition that a misdiagnosis is not evidence that an injury is not connected to work;

8. Whether the single commissioner erred, as a matter of fact and law, in denying the claim for benefits due to injuries to the right shoulder, right arm, right hand and/or neck (Findings of Fact #24, 28-29, 32, 37); and

9. Whether the single commissioner erred, as a matter fact and law, in finding Claimant failed to sustain her burden of proof when the uncontradicted lay and medical evidence confirmed she had suffered a work-related injury (Findings of Fact #37).

EVIDENCE OF THE CASE

Testimony of the Claimant

The Claimant was the only witness to testify on her behalf. The Claimant testified that she is currently 44 years of age. (H. Tr. p. 18). The Claimant indicated that she graduated from high school and studied for two years at Midlands Technical College. (H. Tr. p. 18). The Claimant indicated that she began working with the Employer in March 2000 as a laminator/inspector, and was employed as a laminator/inspector on the date of her alleged April 2012 work-related accident. (H. Tr. pp. 19-20, 23-24). The Claimant testified that her job duties as a laminator/inspector required her to lift and run materials on a daily basis. (H. Tr. pp. 21-22). The Claimant testified that she is right-hand dominant. (H. Tr. p. 23).

The Claimant testified that she sustained an injury to the right upper extremity while in the course and scope of her employment with the Employer on either April 10, 2012 or April 11, 2012. (H. Tr. p. 24). The Claimant testified that she was injured due to lifting the rolls and from the

repetitive nature of sending the rolls through the machine. (H. Tr. p. 23). The Claimant stated that, while she developed right upper extremity pain and problems, she did not think, at the time, that the above-referenced problems came from her job with the Employer. (H. Tr. p. 26). The Claimant indicated that she "thought [she] was hurting those days until [she found] out the right diagnosis." (H. Tr. p. 26). The Claimant testified that she told her employer (specifically Stacie Dash) her injury was work related "in the end of July when I found out what was wrong with me." Claimant stated that she did this again in December 2012 when Mr. House called to tell her the plant was closing and advise her about insurance. Claimant testified Dr. Tanksley "was the doctor that originally discovered that I had slipped disc in my neck." (H. Tr. p. 32). Specifically, the Claimant stated that she believed she determined she had suffered a work-related injury after undergoing an evaluation with Dr. Sweet, and indicated that it was not until then "when I understand that it was not my slipped disc. It was my rotator cuff." (H. Tr. p. 32).

The Claimant indicated that she sought and received initial medical treatment at Providence Hospital in Columbia, South Carolina, on April 14, 2012. (H. Tr. pp. 26-27). The Claimant testified that she sought and received additional medical treatment with Family Medicine Center and Dr. Mazoue, who is an orthopedic physician in Columbia, South Carolina. (H. Tr. p. 35). The Claimant indicated that she eventually received treatment from Dr. Mazoue in the form of surgery, which was performed in April 2014. (H. Tr. pp. 34-35). The Claimant indicated that she has not undergone a follow-up examination with Dr. Mazoue since being examined in December 2014, and has been unable to seek additional medical treatment with Dr. Mazoue due to the fact that the Claimant no longer has health insurance and does not have money for any insurance. (H. Tr. pp. 35-36, 51, 57).

The Claimant indicated that she continues to experience severe right hand and/or right upper extremity problems. (H. Tr. p. 36). More specifically, the Claimant stated that she cannot write with her right hand nor can she pick up objects with her right hand nor can she sleep well. (H. Tr. p. 36). The Claimant testified that she could possibly return to work with the Employer if "I would have

been [an] inspector. That's just looking at sheets." (H. Tr. pp. 37, 59). The Claimant admitted that she can lift her right upper extremity overhead, but it hurts from the top of her shoulder to her elbow. (H. Tr. pp. 37-38).

On cross-examination, the Claimant was presented with the diagnostic reports of Providence Hospital, Palmetto Health Richland, Family Medical Center, Dr. McGown and Dr. Mazoue, and most of the records shown to her by defense counsel made no mention of the Claimant providing her physicians with a history of a work-related accident. With regard to the above-referenced medical records, the Claimant admitted that she did not provide the medical providers with a history of work-related injury because "I was informed that I had a slipped disc in my neck. I didn't know that it was my rotator cuff." She added "The pain did start at work, but I didn't think it came from work." (H. Tr. pp. 38-48, 70-72). The Claimant indicated that she did not begin to provide the physicians with complaints of pain and problems due to a work-related injury until she was diagnosed with a rotator cuff injury. (H. Tr. pp. 46-47). More specifically, the Claimant testified that she informed Dr. Mazoue in September 2012 that she had been injured on the job due to lifting rolls. (H. Tr. pp. 48-49). However, the Claimant's deposition testimony indicates that Claimant told Dr. Mazoue the injury resulted from "lifting boxes" at work. (Clmt.'s November 24, 2014 Depo. Tr. p. 40). Claimant further explained that "we have material that come in rolls. We have material that come in boxes as well. When I do inventory, I lift the boxes of rolls. I can lift rolls of material too as well. They either come in sheets, boxes, or rolls." (H. Tr. Pp. 49-50).

The Claimant testified that she also filed for and received short-term disability benefits through her employment with the Employer, and that documentation, which was part of her application for short-term disability benefits indicating that her medical condition was not the result of a work-related accident, may have been completed by her husband as opposed to by the Claimant. (H. Tr. pp. 51, 53). The Claimant stated that she last received long-term disability benefits in December 2014, and that her only current source of income is her husband's wages. (H. Tr. pp. 51-

52). The Claimant admitted that her applications for short term and long term disability indicated that her condition was not work-related. (H. Tr. pp. 53-55). The Claimant testified "At that time when this paper was filled out, I was under the impression that I had a slipped disc in my neck. So I didn't know it was a work-related injury." (H. Tr. P. 31).

The Claimant indicated that she is not currently being written out of work by a physician. (H. Tr. pp. 58-59). The Claimant testified that she is only currently experiencing problems with the right shoulder and/or right upper extremity, and is not experiencing problems with her neck. (H. Tr. pp. 60-61).

Medical Evidence

The Claimant initially sought treatment at Providence Hospital on April 14, 2012. (APA pp. 1-9). The Claimant cited complaints of right shoulder pain, which had been present for three days. (APA p. 1). The report stated "Patient has job in which she has repetitive arm movements." (APA p. 1). X-rays of the right shoulder, right forearm, and chest were normal. (APA p. 7-9). The Claimant sought treatment at Palmetto Health Richland on April 17, 2012. (APA pp. 15-17). The Claimant cited pain in her right arm, which had been present for one week. (APA p. 15). However, the Claimant reported that she did not know what was causing the pain. (APA p. 15). An x-ray of the right shoulder, which was performed on May 9, 2012, was unremarkable. (APA p. 24).

Claimant saw Dr. Tanksley on May 2, 2012. Dr. Tanksley ordered a cervical MRI. His electronic medical report contains the notation "not following a fall, not during sports and not in association with work." (APA p. 35). On May 11, 2012, Dr. Tanksley filled out the physician's portion of the Short Term Disability application. The diagnosis was "Cervical Radiculopathy." On the question "Is condition due to injury or sickness arising out of the patient's employment?" he checked "Unknown." (APA pages 256-257). He referred Claimant to Dr. Sweet for acute radiculopathy.

On May 15, 2012, Claimant returned to Dr. Tanksley. He wrote a work excuse stating, "Please excuse her from work, for the next two weeks, while we try to figure out what is causing patient's arm pain." (APA p. 43).

With regard to the neck, the Claimant underwent an examination with Dr. Sweet on May 31, 2012. (APA pp. 65-66). Dr. Sweet, who is a neurosurgeon in Columbia, South Carolina, diagnosed the Claimant with a cervical bulge at C5-6, and recommended that the Claimant undergo an orthopedic evaluation in light of the Claimant's right shoulder pain and problems. Dr. Sweet wrote "My impression is asymptomatic cervical disc C5-6 and probably has shoulder pathology on the right of some sort." (APA pp. 65-66).

On June 11, 2012, Claimant saw Dr. McGowan, a shoulder specialist, at University Orthopedics. On her intake paperwork, her husband wrote an injury date of "April 2012" which "started with chest pain and generated to shoulder and fingers." (APA p. 67). Dr. McGowan diagnosed her with shoulder pain and ordered physical therapy. (APA p. 69). Under history of present illness, Dr. McGowan wrote "Pain started April 10th and has not been to work since then. Does not remember a specific event. Says that pain originated at her chest and radiated out."

During this time, Claimant continued to see Dr. Tanksley. In his report of June 15, 2012, he noted she was seeing Dr. McGowan for a rotator cuff injury to her right shoulder. (APA p. 54). On July 30, 2012, Dr. Tanksley wrote in his electronic medical records "The context of the pain: occurred with movement, in association with work, not following a fall, not associated with cold weather, not associated with damp weather and not during sports." (APA p. 55).

Subsequently, on September 14, 2012, the Claimant underwent an evaluation with Dr. Mazoue, who is an orthopedic physician in Columbia, South Carolina. (APA pp. 72-74). Under history of present illness, Dr. Mazoue wrote "Pain started April 10th and has not been to work since then. Does not remember a specific event. Says that pain originated at her chest and radiated out." (APA p. 70). Claimant reported right shoulder pain, but could not recall that her work actually caused the injury.

Dr. Mazoue added "Apparently on approximately April 10, 2012, she had an insidious onset of right shoulder pain. She, I believe, works laminating furniture but cannot recall that her work actually caused this injury. She had a severe onset of chest pain that radiated out from the arm." (APA p. 72). Following a MRI of the right shoulder, Dr. Mazoue conducted diagnostic testing of the Claimant's right shoulder, which revealed the presence of rotator cuff tendinosis and subacromial bursitis as well as AC joint arthroplasty. (APA p. 80). Subsequently, Dr. Mazoue performed a right shoulder arthroscopic subacromial decompression with acromioplasty and distal clavicle excision and bursectomy on April 1, 2014. (APA pp. 89-91). Following the surgery, the Claimant underwent physical therapy for the right shoulder at Drayer Physical Therapy from April 4, 2014 through September 24, 2014. (APA pp. 130-210). On December 29, 2014, the Claimant followed-up with Dr. Mazoue. (APA pp. 108-110). Dr. Mazoue indicated that the Claimant's right rotator cuff "overall looks very good." (APA p. 110). Dr. Mazoue recommended an intra-articular corticosteroid injection by Dr. Pollock and instructed the Claimant to follow-up with him in three months. (APA p. 110).

On January 26, 2015, Dr. Mazoue filled out a questionnaire prepared by Claimant's attorney. He gave various opinions to a reasonable degree of medical certainty to the effect that "The patient's right shoulder injury most likely occurred on April 10, 2012, while the employee was engaged in the regular duties of her employment as a laminator lifting heavy rolls." Dr. Mazoue also stated she needed additional treatment, she was not at MMI, and should remain under work restrictions. On one question regarding the basis of his opinion, he handwrote the notation "and review of records with regards to onset of pain and dysfunction and subsequent medical care." (APA p. 111).

Dr. Mazoue's Deposition Testimony

Defendants noticed the deposition of Dr. Mazoue, which was conducted on August 29, 2016. Dr. Mazoue opined that the Claimant's right shoulder problems were related to her employment with the Employer despite the fact that Dr. Mazoue also admitted that the Claimant never provided him

with a history of sustaining an injury and/or an accident while employed with the Employer. (Dr. Mazoue's Depo. Tr. pp. 22, 28-29, 38). Dr. Mazoue stated in his deposition that a significant portion of the information, regarding the Claimant's alleged work-related accident, was provided to Dr. Mazoue by the Claimant's attorney. (Dr. Mazoue's Depo. Tr. pp. 21-22). Dr. Mazoue testified on direct questioning from Defense Counsel that he could not recall what medical evidence he reviewed with the Claimant's attorney prior to completing the questionnaire, although he did not believe they were from his practice. (Dr. Mazoue's Depo. Tr. pp. 25, 37, 46-47). After being shown additional medical records and deposition testimony from Claimant's Counsel on cross-examination, Dr. Mazoue testified that these additional records refreshed his memory as to the records that he reviewed when he filled out and signed the questionnaire. (Dr. Mazoue's Depo. Tr. pp. 21-37). Dr. Mazoue then reaffirmed the opinions he had given in the questionnaire. (Dr. Mazoue's Depo. Tr. P. 38). He also testified as to Dr. Tanksley's report stating the pain occurred with movement, in association with work "certainly suggests there's a connection." (Dr. Mazoue's Depo. Tr. P. 47). Dr. Mazoue also testified that, despite his recommendation for the Claimant to return to his office after evaluating her in December 2014, the Claimant has not returned. (Dr. Mazoue's Depo. Tr. p. 46). He added he had no reason to believe that her failure to return after December 2014 was due to anything other than financial or insurance reasons. (Dr. Mazoue's Depo. Tr. pp. 21-37).

FULL COMMISSION FINDINGS OF FACT AND CONCLUSIONS OF LAW

FINDINGS OF FACTS

1. The South Carolina Workers' Compensation Commission has jurisdiction over the parties and subject matter of the case.
2. Claimant's average weekly wage is Four Hundred Twenty-Nine and 86/100 ($429.86) Dollars, with an applicable compensation rate of Two Hundred Eighty-Six and 59/100 ($286.59) Dollars.

3. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that Claimant alleges she sustained an injury by accident on 04/10/12 while lifting laminate. Her initial injury was allegedly exacerbated by continuous repetitive use of lifting heavy materials and running them through a machine culminating in inability to work after 04/13/12. This claim is pled under both §42-1-160 and §42-1-172.
4. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that Claimant is alleging injuries to her right shoulder, right arm, right hand and neck.
5. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that the alleged psyche injury is held in abeyance.
6. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that the Defendants deny the claim. They assert that the Claimant cannot meet her burden under either §42-1-160 or §42-1-172.
7. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that Claimant first visited the Emergency Department at Providence on 04/14/12. The report from that visit reads in part, "pt presents today with complaint of right shoulder and forearm pain X3 days. pain worse to touch or movement. pt feels better with holding shoulder adducted with elbow flexed. pt denies any trauma. No swelling this arm. Pain described as throbbing. pt has job in which she has repetitive arm movements. pt denies fever, heat or edema to this arm." (verbatim transcription) (APA p. 1).
8. Based on the substantial evidence, including Claimant's testimony and the medical

records of Claimant, we find that this report does not reflect any report by the Claimant of a work-related injury. (APA pp. 1-9).

9. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that Claimant visited Palmetto Health Richland on 04/17/2012. The report from that visit reads in part, "The patient is a 39-year-old female coming in today. She has developed this right arm pain that has been going on for a week. She says it hurts more at nighttime. She was seen at Providence and had a kind of pain in her right chest and progressed down her right arm. She denies any swelling in her right arm. She says she had a workup including a chest x-ray, which has been normal. They did not give her any follow-up and she is just concerned as the pain has not gotten any better, it has gotten slightly worse. She states that she does not know what is causing this pain but is just causing some concern. She says she has no pain with movement. She says pain is a 9/10 and she describes as an intense pain. Denies any fever or chills. Denies any trauma to her arm." (APA p. 15).

10. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that Claimant saw Dr. Simon Tanksley on 05/11/12. He records of that encounter,"...the pain occurred 1 month(s). The context of the pain: occurred not following a fall, not during sports and not in association with work..." (APA p. 40).

11. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that, on 05/31/12, she saw Dr. Raymond C. Sweet of University Specialty Clinics. Dr. Sweet writes of that visit that the Claimant was complaining of right arm pain and numbness, mainly in the shoulder. "My impression is

asymptomatic cervical disk C 5-6 and probably has shoulder pathology on the right of some sort. We will make her an appointment to see an orthopaedist specialist over here. I will not need to see her back since I do not feel that she has a neurosurgical problem. No evidence of myelopathy or radiculopathy." (APA pp. 65-66).

12. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that Dr. Sweet's letter does not mention any nexus of her complaints or presentation to her work. (APA pp. 65-66).

13. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that Claimant saw Dr. Andrew T. McGown of University Specialty Clinics on 06/11/12. He writes, "The patient is a 40-year-old black female here for consultation for Dr. Sweet's office in neurosurgery. The patient arrives today with regard to right shoulder issues. This has been going on for about three months. She has had no specific injury but she started with chest pain and then had some cervical spine issues. [Dr. Sweet] sent her over here for the continued shoulder pain despite having the cervical issues addressed. He was concerned that maybe there was some shoulder pathology." (APA p. 68).

14. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that the above-referenced report of Dr. McGown makes no mention of any nexus of her complaints or presentation to her work. (APA p. 68).

15. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that Claimant saw Dr. Christopher Mazoue on 09/14/12. He writes of that encounter, "[Claimant] is a 40-year-old right-hand dominant female. Apparently on approximately April 10, 2012 she had an insidious onset of right shoulder

pain. She, I believe, works laminating furniture but cannot recall that her work actually caused this injury. She had a severe onset of chest pain that radiated outward from the arm." (APA p. 72).

16. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that he also writes of his Upper Extremity Evaluation performed on the Claimant that day, "Pain started April 10th and has not been to work since then. Does not remember a specific event. Says that pain originated at her chest and radiated out. Went to the ER at Providence originally Dx with muscle strain. Has seen Dr. McGown who recommended therapy. Pt claims that therapy has helped some, but has not provided pain relief." (APA p. 70).

17. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that Dr. Mazoue writes in part of that encounter, "Ms. Butler is here for a follow-up of the MRI of her right shoulder...I think this is a very difficult problem...She is exhibiting pain and depression that are certainly out of proportion from what we see on exam or the MRI." (APA p. 75).

18. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that Claimant saw Dr. Mazoue again on 08/16/13. He writes of that encounter "[Claimant] returns today after canceling her surgery 5 months ago for her R shoulder SAD, DCE, biceps tenodesis. She states the pain in her shoulder is the same as it was when we last saw her. She wears an icy hot patch during the day and finds some relief with this. She is not interested in surgery due to financial reasons. She is here today to discuss other options." (APA p. 81).

19. Based on the substantial evidence, including Claimant's testimony and the medical

records of Claimant, we find that there is a questionnaire completed by Dr. Mazoue on 01/26/15 which he completed after meeting with Claimant's counsel. He so testified in his deposition. (APA p. 111; Dr. Mazoue's Depo. Tr. p. 20).

20. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that, in that questionnaire, Dr. Mazoue indicates to a reasonable degree of medical certainty that he believes the Claimant's right shoulder injury is most likely related to her activities as a laminator. He also indicated that he believed that her shoulder injury "Most likely occurred on April 10, 2012, while the employee was engaged in the regular duties of her employment as a laminator particularly lifting heavy rolls." Dr. Mazoue further indicated that there was a direct causal relationship between the condition under which the work is performed and the injury. (APA p. 111).

21. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that Dr. Mazoue also answers "yes" to the statement, "My opinion is based on the history and symptoms reported by the patient, the signs shown on the physical examination, imaging studies, and the operative findings." Dr. Mazoue then adds in his own handwriting, "And review of records with regards to onset of pain and dysfunction and subsequent medical care". (Dr. Mazoue testified in his deposition as to what the handwritten note says.) (APA p. 111; Dr. Mazoue's Depo. Tr. pp. 20-21, 24).

22. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that Dr. Mazoue was deposed by the parties on August 29, 2016. We have read that deposition in its entirety. In that deposition, Dr. Mazoue does not change his opinion to any of the above. (Dr. Mazoue's Depo. Tr. pp. 22, 28-29, 38).

23. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that, when we view the evidence as a whole, we are not persuaded that the Claimant had an injury by accident on or about April 10, 2012.

24. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, there simply is not any description in the medical records or in the Claimant's testimony that persuades us that there was an injury by accident as defined in the Act.

25. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that, as to a repetitive injury, we must determine whether there enough evidence in the record to tip the scale in the Claimant's favor.

26. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that there is no indication in the medical records – other than the opinion of Dr. Mazoue – that the Claimant was injured at work. We find that lack of reference troubling.

27. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that there are several indications throughout the record that her injury is not job-related. (APA pp. 1, 13, 30, 35, 40, 68, 70, 72, 85, 254, 270).

28. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that, while an argument can be made that if her work is repetitive, there is little testimony as to the repetitive nature of the job.

29. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that the Aetna form which the husband completed for the Claimant lists an answer of "No" to the question, "Is this condition work related?" (H.

Tr. pp. 31, 51, 53; APA p. 254).

30. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that the Claimant testified that the she did not know her injury was caused by work. (H. Tr. pp. 26, 31).

31. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that, when the evidence is viewed as a whole, we are not persuaded that the Claimant has met her burden as to compensability.

32. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that, clearly, she has medical issues. She has had surgery and the record is replete with references to the right upper extremity medical issues she has had.

33. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that Dr. Mazoue has opined that those issues are work-related. That being said, Dr. Mazoue's conclusion as to that work nexus does not come while he is actively treating the Claimant. It comes some time later in a medical questionnaire. (APA p. 111). As such, we cannot give that opinion the weight we would normally give such opinion offered contemporaneously to the alleged date of injury.

34. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that, even after extensive review, we cannot make a finding of compensability without speculation. The record alone simply does not lead us to find otherwise.

35. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that, as such, the claim is denied.

36. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that the Claimant did not satisfy her burden of proving a compensable injury by accident and/or compensable repetitive trauma while in the course and scope of her employment with the Defendants.

37. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we find that Claimant is not entitled to any benefits under the Act.

38. Based on the substantial evidence, including the Claimant's testimony and the medical records of Claimant, we find that the Decision and Order of the Single Commissioner is affirmed with amendments.

CONCLUSIONS OF LAW

It is concluded under the South Carolina Worker's Compensation Act in Section 42-1-10 S.C. Code of Laws, et seq., that:

1. Pursuant to S.C. Code Ann. § 42-15-10 and § 42-17-20, jurisdiction and venue are proper.

2. Pursuant to South Carolina Workers' Compensation Commission Rules and Regulations, Rule 67-210(B) and Rule 67-213(C), the parties were properly served with Notice of the Hearing.

3. The scope of review of the Full Commission is not limited. The Commission can, like the Single Commissioner, consider all of the evidence and reach its own findings of fact and conclusions of law. Lowe v. Am-Can Transport Services, Inc., 283 S.C. 534, 324 S.E.2d 87 (S.C. Ct. App. 1984).

4. Pursuant to S. C. Code Ann. §42-1-140, and based on the substantial evidence, Claimant's average weekly wage is Four Hundred Twenty-Nine and 86/100 ($429.86) Dollars, with an applicable compensation rate of Two Hundred Eighty-Six and 59/100 ($286.59) Dollars.

5. The Full Commission is not necessarily bound by the Single Commissioner's findings of fact, and is empowered to make its own findings of fact and to reach its own conclusions of law consistent or inconsistent with those of the Single Commission. Green v. Raybestos-Manhattan, Inc., 250 S.C. 58, 64, 156 S.E.2d 318, 321 (S.C. 1967). See also Muir v. C.R. Bard, Inc., 336 S.C. 266, 519 S.E.2d 583 (Ct. App. 1999).

6. Workers' Compensation awards may not be based upon surmise, conjecture, or speculation, but must be founded on evidence of sufficient substance to afford a reasonable basis for it. Tiller v. Nat'l Health Care Ctr. of Sumter, 334 S.C. 333, 339, 513 S.E.2d 843, 845 (1999) ; Sharpe v. Case Produce Co., 329 S.C. 534, 543, 495 S.E.2d 790, 794 (Ct.App.1997) rev'd on other grounds.

7. Only the facts and circumstances of the injury can determine whether it is compensable and, therefore, whether the employee's remedy is exclusively under the Compensation Law. Thompson v. J.A. Jones Const. Co., 199 S.C. 304, 19 S.E.2d. 226 (1942).

8. A workers' compensation claimant has the burden of proving facts that show the alleged injury arose out of and in the course and scope of employment. Clade v. Champion Laboratories, 330 S.C. 8, 496 S.E.2d 856 (S.C. 1998).

9. A "possibility" is not enough to show that a worker's injury arose out of and in the course and scope of his employment. Fowler v. Abbott Motor Co., 236 S.C. 226, 113 S.E.2d 737 (S.C. 1960).

10. Expert medical testimony is designed to aid the Commission in reaching the correct conclusion, and therefore, the Commission determines the weight and credit to be given to the expert testimony. Sharpe v. Case Produce, Inc., 336 S.C. 154, 519 S.E.2d 102 (S.C. 1999).

11. Expert testimony is not binding upon the fact-finding body if there is competent substantial evidence to the contrary. Herndon v. Morgan Mills, 246 S.C. 201, 143 S.E.2d 376 (1965).

12. While the Workers' Compensation Act is liberally construed in favor of finding coverage, this liberality will not be indulged to the extent of doing violence to its substantive provisions by changing the meaning of the terms and conditions set forth therein. Teigue v. Appleton Co., 221 S.C. 52, 68 S.E.2d 878 (1952).

13. The Full Commission is constrained from resorting to a forced construction of the Workers' Compensation Act so as to expand its operation. Gilstrap v. South Carolina Budget and Control Board, 310 S.C. 210, 423 S.E.2d 101 (1992).

14. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we conclude that, when we view the evidence as a whole, we are not persuaded that the Claimant sustained an injury by accident on or about April 10, 2012.

15. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we conclude that, as to a repetitive injury, we must determine whether there enough evidence in the record to tip the scale in the Claimant's favor.

16. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we conclude that, when the evidence is viewed as a whole, we are not persuaded that the Claimant has met her burden as to compensability.

17. Based on the substantial evidence, including Claimant's testimony and the medical records of Claimant, we conclude that, even after extensive review, we cannot make a finding of compensability without speculation.

18. Based on the substantial evidence, including Claimant's testimony and the medical

records of Claimant, we conclude that, as such, the claim is denied based on the Claimant's failure to satisfy her burden of proof as required by the South Carolina Workers Compensation Act.

19. Pursuant to the application of S. C. Code Ann. §42-1-160, and based on the substantial evidence, including the testimony of Claimant and the medical records of Claimant, Claimant has not sustained her burden of proving a compensable injury to the right shoulder, right arm, right hand and/or neck as a result of the alleged April 2012 work accident.

20. Pursuant to the application of S. C. Code Ann. §42-1-172, and based on the substantial evidence, including the testimony of Claimant and the medical records of Claimant, Claimant has not sustained her burden of proving a compensable repetitive trauma injury to the right shoulder, right arm, right hand and/or neck as a result of the alleged April 2012 work accident.

21. Claimant is not entitled to any benefits under the Act.

22. Based on the substantial evidence including the medical records submitted, the testimony of the representatives of the Defendants, and the Claimant's testimony, we find that the Decision and Order of the Single Commissioner is affirmed with amendments.

ORDER

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the substantial evidence supports a finding that the Decision and Order of the Single Commissioner is **AFFIRMED WITH AMENDMENTS.**

IT IS HEREBY ORDERED that the greater weight of the evidence supports a finding that Claimant did not sustain her burden of proving a compensable injury by accident as a result of her alleged April 10, 2012 work accident.

IT IS HEREBY ORDERED that the greater weight of the evidence supports a finding that Claimant is not entitled to any benefits under the Act.

SO ORDERED.

Commissioner Susan S. Barden.
For the Appellate Panel

WE CONCUR:

Commissioner Avery B. Wilkerson

Commissioner R. Michael Campbell, II

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Eugenia Hollmon on June 14, 2017

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

CC File #: _____
Carrier File #: _____
Carrier Code #: 00438
Employer FEIN #: _____

Claimant's Name: Doretta Butler SSN: _____ Employer's Name: Illinois Tool Works (F B Johnston Graphics, Inc.)
Address: _____ Address: 300 E. Boundary Street
City: Columbia State: SC Zip: _____ City: Chapin State: SC Zip: 29036
Home Phone: ( ) - Work Phone: ( ) - Insurance Carrier: American Zurich Insurance Co., Zurich North America
Preparer's Name: Stephen B. Samuels Law Firm: Samuels Law Firm Preparer's Phone #: (803) 779 - 4000

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.
A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness:** 04/13/2012
☒ Injury ☐ Illness ☒ Repetitive Trauma

1a. The claimant sustained an injury to right shoulder, right arm, right hand, neck (Part(s) of Body Injured) on 04/13/2012 (Month/Day/Year) in Lexington county, state of SC.
1b. Body part(s) affected are: right shoulder, right arm, right hand, neck
Briefly describe how the accident occurred. Repetitive motion of lifting materials, inspecting them and running jobs through a laminating machine.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on 04/16/2012 (Month/Day/Year) in the following manner:
Claimant called her supervisor, Stacy Price, by phone and reported she was unable to report to work due to shoulder and arm pain after seeking medical treatment in ER on 04/13/12.

☒ 6. Due to injury, the claimant is in need of (check one):
☒ (a) medical examination and treatment for: right shoulder, right arm, right hand, neck
☐ (b) additional medical examination and treatment for: _____

☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 04/16/2012 and continuing

☐ 8. 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

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

10a. At the time of the injury, the Claimant was paid weekly wages of $Form 20 Needed 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:
None. Claimant tried to return to work for employer one day but was unable to lift required materials and was sent home.
11a. Further grounds or unusual aspects of claim:
The plant where Claimant performed her job duties is believed to have shut down on or about December 31, 2012.
11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Please see Attachment to Employee's Notice of Claim, WCC Form #50.
11c. To the best of your knowledge, did you have any prior permanent disability? None Claimant tried to return to work for employer one day but was unable to lift required materials and was sent home
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.

☒ 13a. **I am filing a claim. I am not requesting a hearing at this time.**
☐ 13b. **I am requesting a hearing. A $25 fee is required.**
14. Estimated time needed for hearing: _____

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

Preparer's Signature	Attorney for Claimant	Stephen@Samuelslawfirm.net	June 24, 2013
	Title	Email	Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

WCC Form # 50
Revised 9/07

50

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

ATTACHMENT TO WCC FORM #50, EMPLOYEE'S NOTICE OF CLAIM

Doretta Butler v. Illinois Tool Works (F B Johnston Graphics, Inc.)

W.C.C. File Number: not yet assigned

11b. Providence Hospital
2435 Forest Drive
Columbia, South Carolina 29204

Providence Hospital Northeast
120 Gateway Corporate Boulevard
Columbia, South Carolina 29203

Pitts Radiology
Post Office Box 602728
Charlotte, North Carolina 28260

Palmetto Health Richland
Five Richland Medical Park
Columbia, South Carolina 29203

Family Medicine Center
3209 Colonial Drive
Columbia, South Carolina 29203

USC Orthopaedics
2 Medical Park, Suite 104
Columbia, South Carolina 29203

Sports Plus USC
3010 Farrow Road
Columbia, South Carolina 29203

University Specialty Clinics
Department of Neurosurgery
Three Medical Park, Suite 310
Columbia, South Carolina 29203

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 #: 1221499
Carrier File #: 186548843
Carrier Code #: 00438
Employer FEIN #:

Claimant's Name: Doretta Butler SSN:
Address:
City: West Columbia State: SC Zip:
Home Phone: ( ) - Work Phone: ( ) -

Employer's Name: Illinois Tool Works (F B Johnston Graphics, Inc.)
Address: 300 E. Boundary Street
City: Chapin State: SC Zip: 2903(
Insurance Carrier: American Zurich Insurance Co., Zurich North America

Preparer's Name: Stephen B. Samuels Law Firm: Samuels Law Firm, LLC Preparer's Phone #: (803) 779 - 4000

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness:** 04/13/2012

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

1. The claimant sustained an injury to right shoulder, right arm, right hand, neck (Part(s) of Body Injured) on 04/13/2012 (Month/Day/Year) in Lexington county, state of South Carolina.
2. Body part(s) affected are: right shoulder, right arm, right hand, neck
   Briefly describe how the accident occurred. Repetitive motion of lifting materials, inspecting them and running jobs through a laminating machine.
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 04/16/2012 (Month/Day/Year) in the following manner:
   Claimant called her supervisor, Stacy Price, by phone and reported she was unable to report to work due to shoulder and arm pain after seeking medical treatme in ER on 04/13/12.

☒ 7. Due to injury, the claimant is in need of (check one):
   ☒ (a) medical examination and treatment for: right shoulder, right arm, right hand, neck
   ☐ (b) additional medical examination and treatment for: ____

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
   04/16/2012 and continuing

☐ 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. ☐ A determination of permanent disability is premature at this time.

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

10a. At the time of the injury, the Claimant was paid weekly wages of $____, 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:
None. Claimant tried to return to work for employer one day but was unable to lift required materials and was sent home.

11. Further grounds or unusual aspects of claim:
The plant where Claimant performed her job duties is believed to have shut down on or about December 31, 2012.

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:
Please see Attachment to Employee's Request for Hearing, WCC Form #50.

11b. To the best of your knowledge, did you have any prior permanent disability? None.
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.

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

14. Estimated time needed for hearing: 1 hour

☒ 13b. **I am requesting a hearing. A $25 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 See attached Certificate of Service on the 7th day of March 2016, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature	Attorney for Claimant Title	Stephen@SamuelsLawFirm.net Email	March 7, 2016 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 7/13

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

ATTACHMENT TO WCC FORM #50, EMPLOYEE'S REQUEST FOR HEARING

Doretta Butler v. Illinois Tool Works (F B Johnston Graphics, Inc.)

W.C.C. File Number: 1221499

11b. Providence Hospital
2435 Forest Drive
Columbia, South Carolina 29204

Palmetto Health Richland
Five Richland Medical Park
Columbia, South Carolina 29203

Family Medicine Center
3209 Colonial Drive
Columbia, South Carolina 29203

University Specialty Clinics
Department of Orthopaedic Surgery
Two Medical Park, Suite 104
Columbia, South Carolina 29203

Sports Plus USC
3010 Farrow Road
Columbia, South Carolina 29203

University Specialty Clinics
Department of Neurosurgery
Three Medical Park, Suite 310
Columbia, South Carolina 29203

Drayer Physical Therapy
3250 Harden Street Extension, Suite 100
Columbia, SC 29205

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 #: 1221499
Carrier File #: 186548843
Carrier Code #:
Employer FEIN #:

Claimant's Name: Doretta Butler SSN

Address

Home Phone: Work Phone #

Date of Injury: 4/13/12

Employer's Name: Illinois Tool Works
d/b/a Central Label Products
300 East Boundary Road
Address: Chapin, South Carolina 29036

Insurance Carrier: American Zurich Insurance Company/Zurich North America c/o Broadspire

Preparer's Name: Jason W. Lockhart Law Firm McAngus Goudelock & Courie Preparer's Phone #: (803) 227-2283

Date of Injury or Illness: 4/13/12 **Estimated time for hearing:** 1 hour

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

1. It is ☐ **Admitted** ☒ **Denied** the employee sustained an injury or illness on or about the date set forth in the application. The reasons for denial are: The investigation of the Employer/Carrier does not reveal a compensable injury by accident within the course and scope of Claimant's employment. In addition, the Employer/Carrier maintain that Claimant's current problems with her neck, right hand, right shoulder and/or right upper extremity are not causally connected to Claimant's alleged repetitive trauma and/or alleged 04/13/12 work-related accident.
2. It is ☒ **Admitted** ☐ **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See Number 1 above.
3. It is ☒ **Admitted** ☐ **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are: See Number 1 above.
4. It is ☐ **Admitted** ☒ **Denied** at the time in question the employee was performing service arising out of and in the course of employment. The reasons for denial are: See Number 1 above.
5. It is ☐ **Admitted** ☒ **Denied** notice of injury was given the employer. The reasons for denial are: See Number 1 above.
6. It is ☐ **Admitted** ☒ **Denied** the employee ☒ **needs/**☒ **is entitled to additional** medical care as a result of injury or illness. The reasons for denial are: The Employer/Carrier maintain that there is no medical evidence to support Claimant's entitlement to additional medical treatment.
7. It is ☐ **Admitted** ☒ **Denied** the employee is entitled to temporary total disability for the period(s) of: The Employer/Carrier maintain that there is no medical evidence to support Claimant's entitlement to temporary total disability benefits.
8. It is ☐ **Admitted** ☒ **Denied** the employee is permanently disabled. The reasons for denial are: The Employer/Carrier maintain that there is no medical evidence to support Claimant's entitlement to permanent disability benefits.
9. It is ☐ **Admitted** ☒ **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of $ Form 20 to be submitted applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: The Employer/Carrier maintain that Claimant cannot satisfy her burden of proving a compensable injury to the neck, right hand, right shoulder and/or right upper extremity pursuant to Section 42-1-160, Section 42-1-172 and/or Section 42-9-35 of the Act. In addition, the Employer/Carrier maintain that Claimant's claim for benefits, if any, may be barred pursuant to the equitable defense of laches.

☐ **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.

Preparer's Signature | Attorney for Employer/Carrier (Title) | jlockhart@mgclaw.com (Email) | March 14, 2016 (Date)

Refer to R.67-204 through R.67-210 and R.67-501 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 51
Revised 7/13

51

Employer's Answer to Request for Hearing

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1221499

Claimant's Name: Doretta Butler
Address:
City: West Columbia State: SC Zip:
Home Phone: ( ) - Work Phone: ( ) -
Preparer's Name: Stephen B. Samuels

Employer's Name: Illinois Tool Works (F B Johnston Graphics, Inc.)
Address: 300 E. Boundary Street
City: Chapin State: SC Zip: 29036
Carrier: American Zurich Insurance Co., Zurich North America
Preparer's Phone #: (803) 779-4000

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

1. Compensation Rate: $ 453.71 2. AWW: $ 302.49 **Date of Injury:** 04/13/2012
3. Type of injury and body part(s): (R) shoulder, (R) arm, (R) hand, neck
4. Facts in controversy: Please see "Attachment to Pre-Hearing Brief, (WCC Form #58)"
5. Legal issues involved: Please see "Attachment to Pre-Hearing Brief, (WCC Form #58)"
6. Unusual aspects:
7. Witnesses (designate if expert):* Doretta Butler Long, Leviticus Long, Stacy Price, Eva Williams, Shannon Randolph and any witnesses presented on behalf of Defendants.
8. Exhibits: Please see enclosed "Notice of Witnesses and Written Expert Reports to be Submitted on Behalf of Claimant." Claimant may submit additional documents from the transcripts for the Deposition of the Claimant dated 11/24/14 and 04/13/16, and portions of Claimant's Personnel Fil
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
Please see enclosed "Notice of Witnesses and Written Expert Reports to be Submitted on Behalf of Claimant."
10. Name, address, and specialty, if any, of the treating physician: Providence, 2435 Forest Dr, Columbia, SC; PH Richland, 5 Richland Med Pk, Columbia, SC; Family Medicine Ctr, 3209 Colonial Dr., Columbia, SC; USC Dept of Ortho Surgery 2 Med Pk, Columbia, SC; Sports Plus USC, 3010 Farrow Rd, Columbia, SC; USC Dept of Neuro, 3 Med Pk, Columbia, SC; Drayer PT, 3250 Harden St Ext, Ste 100, Columbia, SC;
11. Impairment rating(s); body part(s); physician and date of opinion:
12. I am amending my Form 50/51 in the following manner:

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

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

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 SEE ATTACHED CERTIFICATE OF SERVICE on the 27 day of May 2016, by; ☒ first class postage ☐ certified mail ☐ personal service.

Signature:
Email: Stephen@samuelslawfirm.net
Date of hearing: June 13, 2016
Time needed for hearing: 90 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.

ATTACHMENT TO PRE-HEARING BRIEF (WCC FORM #58)

Claimant: **Doretta Butler**
WCC File No.: **1221499**

Procedural History and Statement of the Case:

This hearing is set on a Form 50 filed by Claimant Doretta Butler. This is a denied claim.

Butler sustained an injury by accident on April 10, 2012 while lifting laminate. Her initial injury was exacerbated by continuous repetitive use of lifting heavy materials and running them through a machine culminating in inability to work after April 13, 2012.

The issue to be determined is:

(1) Whether Butler suffered a compensable work-related injury to her right shoulder, arm and neck;
(2) Medical Treatment for the injuries through Dr. Mazoue and other providers;
(3) Temporary Total Disability Compensation payable from April 14, 2012 and continuing; and
(4) Permanency is premature.

FACTUAL BACKGROUND:

Doretta Butler was employed by Illinois Tool Works (ITW) as a laminator and finisher for 12 years. She was hired on March 20, 2000. Her last full day of work was April 13, 2012. Butler attempted to return to work on May 15, 2012, but was only able to work about an hour before having to leave due to pain in her right side and shoulder.

On April 10, 2012, Butler was working in her job as a laminator and finisher. The job required lifting large rolls or sheets of laminate and placing them in a machine. As she was lifting a load, Butler felt pain in her right arm coming from her shoulder and neck.

Butler's arm continued to hurt, but she dealt with it and kept working. On Friday, April 13th, her fingers started going numb. After leaving work, she went to the emergency room at Providence Hospital (Claimant's APA p1).

The Providence history states: "pt presents today with complaint of right sided shoulder and forearm pain x 3 days." X-rays of her forearm, shoulder and neck were read as normal. She was diagnosed with "arm pain" and given percocet for pain (Claimant's APA p1).

On Monday, April 16, 2012, Butler called in and spoke to her supervisor, Stacy Price. She told Price her right arm was hurting, that she had been to the emergency room, and that she would not be coming in to work. It is not clear if Butler told Price explicitly that her pain was from a work injury on that phone call. Butler was not diagnosed with a torn rotator cuff until August 2012. In June or July 2012, Butler did tell Price explicitly that her doctor had told her the injury could be from doing the repetitive motion of moving the sheets.

On April 17, 2012 (4 days later), Butler went to the ER at Palmetto Health Richland with complaints of right arm pain and muscle spasms for the past week. She went back to the Richland ER on April 23, 2012 (Claimant's APA p15-21).

On April 27, 2012, Butler went to the Family Medical Center. She was diagnosed with "neck pain and neuropathy affecting the right arm – likely brachial plexitis." (Claimant's APA p30). She was referred to neurosurgery.

On May 31, 2012, Butler was seen by a neurosurgeon, Dr. Sweet. Dr. Sweet felt she had an asymptomatic bulging cervical disc with her symptoms coming from shoulder pathology. He referred her to a shoulder specialist, Dr. Chris Mazoue (Claimant's APA p65-66).

Dr. Mazoue followed Butler from June 11, 2012 until December 29, 2014. Surgery was recommended but not done until April 1, 2014 due to financial and insurance reasons. Butler is currently under a 5-pound lifting restriction.

On January 20, 2015, Dr. Mazoue reviewed Butler's entire medical history. **Dr. Mazoue opined to a reasonable degree of medical certainty that her injury was directly related to her job activities.** He also opined she was not at MMI and should remain under work restrictions (Claimant's APA p111).

During the pendency of the claim, Butler filled out an application for short and long term disability. As she had not been diagnosed and did not know what was wrong with her – and on the advice of the HR department – she checked "No" to the question whether her condition was work-related. However, her doctor at the time checked "Unknown" to the same question. Butler paid for the disability coverage.

4. Facts in Controversy:

A. Whether the injuries arose out of the employment.

The history and medical evidence confirm that Butler's right shoulder injury arose out of and in the course of her employment.

B. Medical Treatment.

Butler may be close to MMI, but has not been able to complete her course of treatment with Dr. Mazoue. She is entitled to have her medical bills paid and to return to Dr. Mazoue for further evaluation and treatment. Dr. Mazoue should be designated the attending physician per Section 42-16-60.

C. Temporary Total Disability Compensation.

Butler should be paid TTD from May 14, 2012 and continuing. It is undisputed that her employer was unable to accommodate her restrictions (even before the plant closed). TTD should continue on a running award. Given the extended time frame since the last visit with Dr. Mazoue on December 29, 2014, Claimant consents to TTD being paid through her MMI date – which can be determined by Dr. Mazoue on the next visit.

11. Impairment Ratings:

None. Butler is not at MMI.

CLAIMANT'S A.P.A. SUBMISSIONS

Doretta Butler v. Illinois Tool Works (FB Johston Graphics, Inc.) And American Zurich Insurance Co./Zurich NA c/o Broadspire

WCC FILE NO.: 1221499

APA	MEDICAL PROVIDER	DATES	PAGES
1.	Providence Hospital	04/14/2012 - 06/14/2013	01 - 14
2.	Palmetto Health Richland	04/17/2012 - 09/25/2012	15 - 29
3.	Palmetto Health Richland Family Medical Center	04/27/2012 - 08/27/2012	30 - 62
4.	University Speciality Clinics - Neurosurgery	05/31/2012	63 - 66
5.	University Speciality Clinics Department of Orthopaedic Surgery	06/11/2012 - 01/20/2015	67 - 111
6.	Sports Plus Physical Therapy	06/18/2012 - 01/08/2013	112 - 129
7.	Drayer Physical Therapy Institute	04/04/2014 - 10/07/2014	130 - 210

TAB	EXHIBIT	DATES	PAGES
A.	Job Description - Laminator	Unknown	211 - 212
B.	Payroll Records	01/20/2012 - 04/13/2012	213 - 225
C.	Performance Appraisal of Claimant	04/11/2012	226 - 230
D.	Work Excuses	04/17/2012 - 05/14/2012	231 - 235
E.	Leave of Absence Application Packet as provided to Claimant	Unknown	236 - 243
F.	Completed Leave of Absence Application	05/11/2012	244
G.	FMLA Certification of Health Care Provider	05/11/2012	245 - 248
H.	Short Term Disability Claim Form as provided to Claimant	Unknown	249 - 253
I.	Short Term Disability Claim Form	05/11/2012	254 - 258
J.	Email from Aetna Life Insurance	07/23/2012	259
K.	Notice of Termination	08/02/2012	260
L.	Long Term Disability Claim Form	12/13/2012	261 - 263

CLAIMANT'S APA #1

Providence Hospital

SISTERS OF CHARITY PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

ED PROVIDER NOTE

PATIENT: BUTLER,DORETTA NMI	ACCOUNT # D00507281913
PROVIDER: Jordan,Wiley Phillips	MED REC # M000962129
ADMISSION DATE:	AGE: 39
DISCHARGE DATE:	NURSING STATION: D.ED
ROOM/BED:	DATE OF DICT.: 04/14/12
PATIENT TYPE:	TIME OF DICTATION: 0042

****

General Medical Prob. HPI

General
Mode of Arrival+: AMBULATORY
Accompanied By+: FRIEND
Chief Complaint Pain
Stated Complaint PAIN IN ARM AND WRIST/RIGHT SIDE
Time Seen by MD 0016
Source patient
Exam Limitations no limitations

History of Present Illness
Initial Comments
pt presents today with complaint of right sided shoulder and forearm pain x 3 days. pain worse to touch or movement. pt feels better with holding shoulder adducted with elbow flexed. pt denies any trauma. no swelling in this arm. pain described as throbbing. pt has job in which she has repetitive arm movements. pt denies fever, heat or edema to this arm. no hx of same
Timing/Duration per HPI
Modifying Factors
worse with: no exac./allev. factors.
Associated Symptoms per HPI

Respiratory ROS
Constitutional
no symptoms reported
EENTM
no symptoms reported
Respiratory
no symptoms reported
Cardiovascular

****ED PROVIDER NOTE****

PATIENT: BUTLER,DORETTA NMI
PROVIDER: Jordan,Wiley Phillips
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT # D00507281913
MED REC # M000962129
AGE: 39
NURSING STATION: D.ED
DATE OF DICT.: 04/14/12
TIME OF DICTATION: 0042

****

no symptoms reported
Gastrointestinal
no symptoms reported
Genitourinary
no symptoms reported
Musculoskeletal
see HPI
Skin
no symptoms reported
Psychiatric/Neurological
no symptoms reported
Hematologic/Lymphatic
no symptoms reported
Immunological/Allergic
no symptoms reported
All Other Systems Negative except in HPI

Past Medical HX

Past Surgical Hx:
NONE
Past Medical Hx:
NONE
Tetanus (Within 5 Yrs): NO
Pneumovax (Last 5 Yrs): NO
Influenza (Within 1 yr): NO
Allergies
Coded Allergies:
No Known Drug Allergies (04/13/12)

Ambulatory Medications
Reported Medications
NO HOME MEDICATIONS

****ED PROVIDER NOTE****

PATIENT: BUTLER,DORETTA NMI
PROVIDER: Jordan,Wiley Phillips
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT # D00507281913
MED REC # M000962129
AGE: 39
NURSING STATION: D.ED
DATE OF DICT.: 04/14/12
TIME OF DICTATION: 0042

Past Family and Social Hx
Tobacco use: NONE
Alcohol: No

General Medical Prob. Exam

Physical Exam
Vital Signs
Vital Signs

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
04/13 2329	97.8	81	16	116/72	100			

General Appearance WD/WN, no apparent distress
Eyes
bilateral eye PERRL, bilateral eye EOMI
Ear, Nose, Throat hearing grossly normal, normal ENT inspection, normal pharynx
Neck normal inspection, non-tender, supple, full range of motion
Respiratory chest non-tender, lungs clear, normal breath sounds, no respiratory distress, no accessory muscle use
Cardiovascular regular rate/rhythm, no edema, no gallop, no JVD, no murmur, normal peripheral pulses
Gastrointestinal normal bowel sounds, non tender, soft, no organomegaly, no pulsatile mass
Back normal inspection, no CVA tenderness, no vertebral tenderness
Extremities normal range of motion, normal inspection, normal capillary refill, pain to palpation of forearm and shoulder. pain with generalized movement. pt is able to abduct shoulder and flex and extend her elbow. no swelling, heat or other abnormality noted.

****ED PROVIDER NOTE****

PATIENT: BUTLER,DORETTA NMI
PROVIDER: Jordan,Wiley Phillips
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT # D00507281913
MED REC # M000962129
AGE: 39
NURSING STATION: D.ED
DATE OF DICT.: 04/14/12
TIME OF DICTATION: 0042

****

pulsed intact.
Neurologic/Psychiatric alert, normal mood/affect, no motor/sensory deficits, oriented x 3
Skin normal color, warm/dry

Medical decision making

Course:
coarse is uneventful. pt given percocet with improvement and given sling
Medications administered:
Current Medications

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Oxycodone/ Acetaminophen	0	.STK-MED ONE PO	04/14 0048	DC	

Orders placed:
Orders

Procedure	Date/time	Status
SHOULDER COMPLETE, RIGHT	04/14 0045	Active
FOREARM (2 VIEWS) RIGHT	04/14 0045	Active
PORTABLE CHEST	04/14 0042	Active
D-DIMER QUANT	04/14 0038	Complete

Decision made to admit? No
Lab data
Laboratory Tests

Test	Result	Date Time
Coagulation		
D-Dimer, Quantitative (0.22 - 0.47 ug/mlFEU)	< 0.22 L	04/14 0218

Run: 04/14/12-03:11 by

SISTERS OF CHARITY PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

ED PROVIDER NOTE

PATIENT: BUTLER,DORETTA NMI	ACCOUNT # D00507281913
PROVIDER: Jordan,Wiley Phillips	MED REC # M000962129
ADMISSION DATE:	AGE: 39
DISCHARGE DATE:	NURSING STATION: D.ED
ROOM/BED:	DATE OF DICT.: 04/14/12
PATIENT TYPE:	TIME OF DICTATION: 0042

****

Radiology Impressions
Recent Impressions
RADIOLOGY - FOREARM (2 VIEWS) RIGHT 04/14 0038
*** Report Impression - Status: DRAFT (not yet signed)
IMPRESSION:
No acute fracture or dislocation.
Impression By: GIZED - EDWARD A. GIZE, M.D.
RADIOLOGY - SHOULDER COMPLETE, RIGHT 04/14 0038
*** Report Impression - Status: DRAFT (not yet signed)
IMPRESSION:
No acute fracture or dislocation.
Impression By: GIZED - EDWARD A. GIZE, M.D.
RADIOLOGY - PORTABLE CHEST 04/14 0038
*** Report Impression - Status: DRAFT (not yet signed)
IMPRESSION:
Unremarkable chest radiograph.
Impression By: GIZED - EDWARD A. GIZE, M.D.

ED Departure
Time of Disposition 0308
Clinical Impression
Primary Impression: arm pain
Disposition DISCH TO HOME OR SELF CARE
Condition Improved
Prescriptions
Current Visit Scripts
Percocet 5-325 Mg Tablet (Oxycodone Hcl/Acetaminophen) 1EACH PO Q4-6HPRN
#14
prn for pain

Run: 04/14/12-03:11 by

SISTERS OF CHARITY PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: BUTLER,DORETTA NMI	ACCOUNT # D00507281913
PROVIDER: Jordan,Wiley Phillips	MED REC # M000962129
ADMISSION DATE:	AGE: 39
DISCHARGE DATE:	NURSING STATION: D.ED
ROOM/BED:	DATE OF DICT.: 04/14/12
PATIENT TYPE:	TIME OF DICTATION: 0042

****

Patient Instructions How to Use a Sling (GEN)
~ ~
~Referrals:
NO DOCTOR (PCP/Family)

~ ~
~ ~

~Dictating Provider Signature: Jordan,Wiley Phillips
<<SIGNATURE ON FILE>>

Electronic Signature Date: 04/14/12
Electronic Signature Time: 0311

Report Co-Signed by:
<<SIGNATURE ON FILE>>

Electronic Signature Date:
Electronic Signature Time:
Run: 04/14/12-03:11 by

Name: BUTLE[illegible]ORETTA NMI
Phys: Jordan,Wiley Phillips III MD
DOB: [illegible] Age: 41 Sex: F
Acct: D00507281913 Loc: UNK
Exam Date: 04/14/2012 Status: UNK
Radiology No:
Unit No: M000962129

EXAM# TYPE/EXAM RESULT
001419050 RAD/SHOULDER COMPLETE, RIGHT

CLINICAL HISTORY: Right shoulder pain.

TECHNIQUE: Three separate radiographs of the right shoulder were obtained.

FINDINGS: The clavicle, scapula, and proximal humerus are intact. The acromioclavicular and glenohumeral joints are maintained. The alignment is anatomic.

IMPRESSION:
No acute fracture or dislocation.

** REPORT ELECTRONICALLY SIGNED 04/14/2012 (0755) **
Reported By: EDWARD A. GIZE, M.D.
Signed By: GIZE,EDWARD A

CC:

Technologist: BARBETTE I THOMAS, R.T.(R)
Dictated Date/Time: 04/14/2012 (0102)
Transcribed Date/Time: 04/14/2012 (0225)
Transcriptionist: LONGAL
Printed Date/Time: 08/05/2013 (1046)

Name: BUTLE[illegible]ORETTA NMI
Phys: Jordan,Wiley Phillips III MD
DOB: [illegible] Sex: F
Acct: D00507281913 Loc: UNK
Exam Date: 04/14/2012 Status: UNK
Radiology No:
Unit No: M000962129

EXAM#	TYPE/EXAM	RESULT
)01419051	RAD/FOREARM (2 VIEWS) RIGHT	

CLINICAL HISTORY: Right forearm pain.

TECHNIQUE: Two separate radiographs of the right forearm are obtained.

FINDINGS: A radial and distal ulna are intact. The elbow joint and wrist joints are maintained. The alignment is anatomic.

IMPRESSION:
No acute fracture or dislocation.

** REPORT ELECTRONICALLY SIGNED 04/14/2012 (0755) **
Reported By: EDWARD A. GIZE, M.D.
Signed By: GIZE,EDWARD A

CC:

Technologist: BARBETTE I THOMAS, R.T.(R)
Dictated Date/Time: 04/14/2012 (0103)
Transcribed Date/Time: 04/14/2012 (0227)
Transcriptionist: LONGAL
Printed Date/Time: 08/05/2013 (1047)

Name: BUTLE[illegible]ORETTA NMI
Phys: Jordan,Wiley Phillips III MD
DOB: Age: 41 Sex: F
Acct: D00507281913 Loc: UNK
Exam Date: 04/14/2012 Status: UNK
Radiology No:
Unit No: M000962129

EXAM#	TYPE/EXAM	RESULT
)01419049	RAD/PORTABLE CHEST	

CLINICAL HISTORY: Chest pain.

TECHNIQUE: Single, frontal portable radiograph of the chest was obtained.

FINDINGS: The heart size is normal. No pneumothorax or pleural effusions are identified. The lungs are clear.

IMPRESSION:
Unremarkable chest radiograph.

** REPORT ELECTRONICALLY SIGNED 04/14/2012 (0755) **
Reported By: EDWARD A. GIZE, M.D.
Signed By: GIZE,EDWARD A

CC:

Technologist: BARBETTE I THOMAS, R.T.(R)
Dictated Date/Time: 04/14/2012 (0102)
Transcribed Date/Time: 04/14/2012 (0223)
Transcriptionist: LONGAL
Printed Date/Time: 08/05/2013 (1046)

SISTERS OF CHARITY PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

ED PROVIDER NOTE

PATIENT: BUTLER,DORETTA NMI
DICTATING PROVIDER: Patel,Bhadrik I PA-C
ATTENDING: Carroll,Vernon Scott Sr. MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT # E00115485286
MED REC # Z000977498
AGE: 41
NURSING STATION: E.ED
DATE OF DICTATION: 06/14
TIME OF DICTATION: 1612

****

Upper Extremity HPI

General
Mode of Arrival+: AMBULATORY
Accompanied By+: SIGNIFICANT OTHER
Chief Complaint Upper Extremity Complaint
Stated Complaint RIGHT ARM & SHOULDER
Time Seen by MD 1610
Source patient
Exam Limitations no limitations

History of Present Illness
Initial Comments
41 y/o AAF presents for neurontin Rx. she was supposed to have surgery for rotator cuff back in march but d/t insurance issues couldnt get it done denies any new injury.
Onset per hPi
Severity moderate
Pain/Injury Location
right shoulder
Method of Injury unknown
Modifying Factors
worse with: no exac./allev. factors.

General ROS 2
Unable to obtain (see HPI) No
Constitutional
Pt reports: no symptoms reported.
EENTM
Pt reports: no symptoms reported.
Respiratory

****ED PROVIDER NOTE****

PATIENT: BUTLER,DORETTA NMI
DICTATING PROVIDER: Patel,Bhadrik I PA-C
ATTENDING: Carroll,Vernon Scott Sr. MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT # E00115485286
MED REC # Z000977498
AGE: 41
NURSING STATION: E.ED
DATE OF DICTATION: 06/14
TIME OF DICTATION: 1612

****

no symptoms reported
Cardiovascular
no symptoms reported
Gastrointestinal
no symptoms reported
Genitourinary
no symptoms reported
Musculoskeletal
Pt reports: extremity pain. Pt denies: back pain, joint swelling, muscle stiffness, neck pain, myalgia, arthralgia, muscle weakness.
Skin
Pt reports: no symptoms reported.
Psychiatric/Neurological
Pt reports: no symptoms reported.
All Other Systems Negative except in HPI

PMH, Allergies, Home Meds

Past Surgical Hx:
TUBAL LIGATION
Past Medical Hx:
NONE
Tetanus (Within 5 Yrs): NO
Pneumovax (Last 5 Yrs): NO
Influenza (Within 1 yr): NO
Allergies
Coded Allergies:
No Known Drug Allergies (06/14/13)

Ambulatory Medications
Active Scripts
Percocet 5-325 Mg Tablet (Oxycodone Hcl/Acetaminophen) 1 EACH

SISTERS OF CHARITY PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: BUTLER,DORETTA NMI
DICTATING PROVIDER: Patel,Bhadrik I PA-C
ATTENDING: Carroll,Vernon Scott Sr. MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT # E00115485286
MED REC # Z000977498
AGE: 41
NURSING STATION: E.ED
DATE OF DICTATION: 06/14
TIME OF DICTATION: 1612

****

Prov: 04/14/12

Reported Medications
NO HOME MEDICATIONS

Past Family and Social Hx

Tobacco use: NONE
Alcohol: No
Lives With: family

Upper Extremity Exam

Physical Exam

Vital Signs
Vital Signs

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
06/14 1604	98.5	96	20	156/99	97			

General Appearance WD/WN, no apparent distress
EENT NCAT, PERRL, EOMI, TMs normal, pharynx normal
Neck normal alignment, no JVD, normal inspection, non-tender, supple, no cerv. mdln tenderness, full range of motion
Cardiovascular/Respiratory normal breath sounds, regular rate/rhythm, no JVD, no M/R/G, no respiratory distress, normal peripheral pulses
Gastrointestinal non-tender, no organomegaly, no hernia
Back normal inspection, no CVA tenderness, no vertebral tenderness, neg. straight leg raise

SISTERS OF CHARITY PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: BUTLER,DORETTA NMI
DICTATING PROVIDER: Patel,Bhadrik I PA-C
ATTENDING: Carroll,Vernon Scott Sr. MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT # E00115485286
MED REC # Z000977498
AGE: 41
NURSING STATION: E.ED
DATE OF DICTATION: 06/14
TIME OF DICTATION: 1612

****

Shoulders
right shoulder normal range of motion, right shoulder no evidence of injury, right shoulder neg empty can maneuver, right shoulder no pain w/cross body mane, right shoulder no pain w/compression man, right shoulder no pain w/supination, right shoulder limited range of motion (secodnary to pain), right shoulder pain
Elbows
bilateral elbow non-tender, bilateral elbow normal inspection, bilateral elbow normal range of motion, bilateral elbow no evidence of injury
Forearms
bilat forearm non-tender, bilat forearm normal inspection, bilat forearm normal range of motion, bilat forearm no evidence of injury
Wrists
bilateral wrist non-tender, bilateral wrist normal inspection, bilateral wrist normal range of motion, bilateral wrist no evidence of injury
Hands
bilateral hand non-tender, bilateral hand normal inspection, bilateral hand normal range of motion, bilateral hand no evidence of injury
Reflexes
2+ bicep (R), 2+ bicep (L), 2+ tricep (R), 2+ tricep (L)
Neurologic/Tendon normal sensation, normal motor functions, normal tendon functions, responds to pain, no evidence tendon injury
Psychiatric alert, oriented x 3
Skin normal color, warm/dry

Medical decision making

Pt seen under the direction of:
Carroll,Vernon Scott Sr. MD
MDM complexity: moderate complexity
Course:
will give Neurontin Rx
offered that we can reffer her to Moore orthopedic patient deffered

Run: 06/14/13-16:33 by

SISTERS OF CHARITY PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

ED PROVIDER NOTE

PATIENT: BUTLER,DORETTA NMI
DICTATING PROVIDER: Patel,Bhadrik I PA-C
ATTENDING: Carroll,Vernon Scott Sr. MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT # E00115485286
MED REC # Z000977498
AGE: 41
NURSING STATION: E.ED
DATE OF DICTATION: 06/14
TIME OF DICTATION: 1612

****

f/u with PCP in 2-3 days if need
return if worsening of symptoms.
Decision made to admit? No
Independent review of images Allergies/meds reviewed, Interpretations discussed, Medical records reviewed

ED Departure
Time of Disposition 1632
Clinical Impression
Primary Impression: Shoulder pain
Disposition DISCH TO HOME OR SELF CARE
Condition Stable
Prescriptions
Current Visit Scripts
Neurontin (Gabapentin) 300MG PO BID
#50

Patient Instructions Shoulder Bursitis (GEN)
Additional Instructions
f/u with PCP in 2-3 days.
return if worsening of symptoms.
~ ~
~ ~
~ ~

~Dictating Provider Signature: Patel,Bhadrik I PA-C
<<SIGNATURE ON FILE>>

Electronic Signature Date: 06/14/13
Electronic Signature Time: 1633

Report Co-Signed by: <Electronically signed by Carroll,Vernon Scott Sr. MD>
<<SIGNATURE ON FILE>>

Electronic Signature Date: 06/16/13
Electronic Signature Time: 1208
Run: 06/14/13-16:33 by

CLAIMANT'S APA #2

Palmetto Health Richland

Result type:	Emergency Dept
Result date:	18 April 2012 03:51
Result status:	Auth (Verified)
Result title:	Emergency Dept
Performed by:	Tanner MD, Steven M on 18 April 2012 03:51
Verified by:	Ford MD, David T on 05 May 2012 19:42
Encounter info:	R1210802774, Richland, ERR-Emergency Room, 04/17/12 - 04/18/12
Contributor system:	Softmed

Emergency Dept (Verified)

PATIENT:	BUTLER, DORETTA	DICT:	Steven Tanner, MD-Res
MR #:	006819156	DOB:	
ADMITTED:	04/17/2012	PT.LOC:	PD9
ACCOUNT #:	1210802774		

DATE OF VISITATION: 04/17/2012

ACCOUNT NUMBER: 1210802774

ATTENDING PHYSICIAN: David T. Ford, MD

CHIEF COMPLAINT: Right arm pain.

MODE OF ARRIVAL: Personal vehicle.

HISTORY OF PRESENT ILLNESS: The patient is a 39-year-old female coming in today. She has developed this right arm pain that has been going on for a week. She says that hurts more at nighttime. She was seen at Providence and had a kind of pain in her right chest and progressed down her right arm. She denies any swelling in her right arm. She says she had a workup including a chest x-ray, which has been normal. They did not give her any follow-up and she is just concerned as the pain has not gotten any better, it has gotten slightly worse. She states that she does not know what is causing this pain but is just causing some concern. She says she has no pain with movement. She says pain is a 9/10 and she describes as an intense pain. Denies any fever or chills. Denies any trauma to her arm.

REVIEW OF SYSTEMS: The patient denies headache, nausea, fevers, chills vomiting, urinary or bowel complaints. All other review of systems are negative unless stated above.

PAST MEDICAL HISTORY: The patient denies.

MEDICATIONS: Denies.

ALLERGIES: No known drug allergies.

PAST SURGICAL HISTORY: Bilateral tubal ligation.

FAMILY HISTORY: Diabetes, hypertension, hyperlipidemia.

SOCIAL HISTORY: She smokes one half per day of tobacco and denies alcohol. She does smoke marijuana. Last use was 5 days.

The patient does not have a primary care physician.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature is 98.4, pulse 75, respirations 16, blood pressure is 139/74, pulse ox is 100% on room air.
GENERAL: The patient is awake, alert and oriented to person, place and time, and appears to be in minimal distress.
NEURO: Cranial nerves 2 through 12 grossly intact. Strength and sensation 5/5 bilaterally in upper and lower extremities. Reflexes 2+.
EYES: Pupils equal, round, and reactive to light. Extraocular movements intact.
ENT: Mucous membranes moist. TMs clear bilaterally. Oropharynx is clear.
NECK: Soft and supple.
CARDIOVASCULAR: Normal S1 and S2. No murmurs, rubs, gallops. Distal pulses are intact.
RESPIRATORY: Clear to auscultation bilaterally. No wheezes, rales or rhonchi.
GI: No abdominal tenderness to touch, no rebound, guarding or signs of organomegaly.
MUSCULOSKELETAL: The patient does have full range of motion. However, does have tenderness with passive motion of her right arm. She is able to all fully extend and flex her shoulder with a reduction as well. She also has tenderness with flexion and extension of her elbow with tenderness to palpation over the muscular compartments in her arm and there does feels to be like palpable cords in there. However they are not overtly tense or consistent with compartment syndrome, especially since there has been no trauma. There is no warmth noted over these areas.
SKIN: No rashes, lesions, or burns present.

MEDICAL DECISION MAKING: Based on the patient's complaints, risks of complications, a thorough exam and physical was done in order to obtain effective and efficient evaluation of this patient. We will get a ultrasound of the right upper extremity to rule out any DVT. We will get CPK to rule out any type of rhabdo. Will also review the x-rays from Providence.

LABORATORY DATA: CPK is unremarkable. Vascular study shows no evidence of a clot.

EMERGENCY DEPARTMENT COURSE: The patient was seen immediately upon arrival by me in room 7 of pod 9. The patient had signs and symptoms and clinical history consistent with right upper extremity pain. Likely secondary to muscle spasm as the patient had tense muscles. She is given Valium here, which helped her pain however with palpation and ultrasound of her upper extremity she started having more pain, which was given some Tylox to help with that. Afterward she is able to rest comfortably. She is requesting discharge at this time. We will discharge her with a prescription for Valium and then provide a Richard Care sheet so that she can find a primary care physician of her choosing, and I have also given her the number to the orthopedic clinic so that she can follow up with them for further evaluation

t this. She can return to the emergency department for any worsening signs or symptoms or concerns. The patient states understanding of these discharge instructions and will follow up as directed above.

CLINICAL IMPRESSION:
1. Right upper extremity pain.
2. Muscle spasm.

DISPOSITION: The patient will be discharged home to follow up as directed above.

The attending Dr. Ford was present for treatment and evaluation of this patient.

: 04/18/2012 05:56 T: 04/18/2012 03:51 TID: dnn
Job #: 79549 Doc #: 10258159
cc: Steven Tanner, MD-Res
David T. Ford, MD

e

Signature Line
Electronically Signed & Verified on 04/20/2012 08:04
by Tanner MD, Steven M

Electronically Signed & Verified on 05/05/12 19:42
by Ford MD, David T

Completed Action List:
* Perform by Tanner MD, Steven M on 18 April 2012 03:51
* Sign by Tanner MD, Steven M on 20 April 2012 08:04 Requested on 18 April 2012 11:31
* Modify by Ford MD, David T on 05 May 2012 19:42
* Sign by Ford MD, David T on 05 May 2012 19:42 Requested by Tanner MD, Steven M on 20 April 2012 08:04
* VERIFY by Ford MD, David T on 05 May 2012 19:42

Result type: Emergency Dept
Result date: 24 April 2012 09:02
Result status: Auth (Verified)
Result title: Emergency Dept
Performed by: Mullins MD, James T on 24 April 2012 09:02
Verified by: Harvey MD, Allison L on 30 April 2012 08:03
Encounter info: R1211403053, Richland, ERR-Emergency Room, 04/23/12 - 04/24/12
Contributor system: Softmed

Emergency Dept
PATIENT: BUTLER, DORETTA DICT: James Mullins, MD-R
MR #: 006819156 DOB:
ADMITTED: 04/23/2012 PT.LOC: PD6
ACCOUNT #: 1211403053

DATE OF VISITATION: 04/24/2012

ACCOUNT NUMBER: 1211403053

ATTENDING PHYSICIAN: Allison L. Harvey, MD

CHIEF COMPLAINT: Arm complaint.

MODE OF ARRIVAL: Privately owned vehicle.

HISTORY OF PRESENT ILLNESS: This patient is a 39-year-old, African-American female who has been seen now three times for right arm pain. The patient has had x-rays done as well as ultrasounds to make sure there were no signs of fracture or blood clot. The patient states that she is still continuing to have pain radiating from the neck all the way down to the arm. The patient states that she has been taking Valium as well as Tylox with very little benefit as well as Aleve. However, due to increased pain not getting better, she felt the need to come back in and be reevaluated here tonight.

REVIEW OF SYSTEMS: The patient denies headaches, nausea, vomiting, fever or chills. All other review of systems is negative unless stated above.

FAMILY HISTORY: None.

PAST MEDICAL HISTORY: None.

PAST SURGICAL HISTORY: Tubal ligation.

MEDICATIONS: Please see nurse's notes; they were reviewed.

SOCIAL HISTORY: Positive tobacco, positive marijuana. No alcohol.

ALLERGIES: No known drug allergies.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 97, pulse 75, respirations 16, blood pressure 115/73, O2 sat 100%.
GENERAL APPEARANCE: The patient is alert and oriented to person, place, and time, good hygiene, in no acute distress.
NEUROLOGICAL: Cranial nerves 2-12 grossly intact. Sensation equal and intact by touch bilaterally. Strength 5/5 bilaterally. Reflexes 2+.
HEENT: Eyes: Pupils equal, round, and reactive to light. Extraocular muscles are intact. Ears, nose, and throat: Mucous membranes are moist. TMs are clear.
RESPIRATORY: Lungs are clear bilaterally. Symmetric chest rise. No wheezes, rales, or rhonchi.
CARDIOVASCULAR: S1, S2. No murmurs, rubs, or gallops. Distal pulses are intact.
GASTROINTESTINAL: No abdominal tenderness to touch. No rebound or guarding. Positive bowel sounds. No signs of organomegaly.
MUSCULOSKELETAL: No cyanosis or clubbing. The patient has had tenderness upon flexion/extension of the elbow and at the wrist with some numbness and tingling upon palpation to her hand as well as some difficulties raising arm above her head due to muscle spasm she has throughout the paraspinal muscles noted in the cervical spine.
SKIN: Void of all rashes, bruises, or lesions.

MEDICAL DECISION MAKING: The patient is being evaluated for right arm. Due to the patient's complaints and risk of complications, a thorough physical exam was done for effective and efficient evaluation of this patient.

LABORATORY DATA: X-ray of the cervical spine showed degenerative joint disease as well as some signs consistent with muscle spasms.

EMERGENCY DEPARTMENT COURSE: The patient was seen immediately upon arrival by myself in room 263. Due to the patient's history, I felt it necessary to do a thorough exam. Once we had evaluated the patient, it was noted that she did have significant amount of pain [____] at that side. She has already had ultrasounds as well as
x-rays of the arm. I did think cervical spine x-rays were necessary. The patient may end up requiring MRI if this does continue. However, she does not have a doctor. I did tell her I would give her Family Practice referral. The patient does state she does have insurance so she should be able to be in there fine. However, at this point, the patient will be continued to be monitored and she will be discharged home with steroids as well as some NSAIDs to follow up. The patient has remained stable throughout her time. She has had no other complaints at this point. The patient will be discharged.

DIAGNOSES/IMPRESSION: Muscle spasms.

DISPOSITION: The patient will be sent home at this time and told to follow up with Family Practice. The patient will possibly need MRI.

D: 04/24/2012 05:56 T: 04/24/2012 09:01 TID: clp
Job #: 86832 Doc #: 40922262
cc: James Mullins, MD-R
Allison L. Harvey, MD

Signature Line
Electronically Signed & Verified on 04/24/2012 19:48
by Mullins MD, James T

Electronically Signed & Verified on 04/30/12 08:03
by Harvey MD, Allison L

Completed Action List:
* Perform by Mullins MD, James T on 24 April 2012 09:02
* Sign by Mullins MD, James T on 24 April 2012 19:48 Requested on 24 April 2012 09:20
* Sign by Harvey MD, Allison L on 30 April 2012 08:03 Requested by Mullins MD, James T on 24 April 2012 19:48
VERIFY by Harvey MD, Allison L on 30 April 2012 08:03

* Final Report *

Result type:	CR Cervical Spine Complete W/ Obliques
Result date:	24 April 2012 04:40
Result status:	Auth (Verified)
Performed by:	Fanning, Peter C on 24 April 2012 04:40
Verified by:	Vadaparampil MD, John A on 24 April 2012 06:58
Encounter info:	R1211403053, Richland, ERR-Emergency Room, 04/23/12 - 04/24/12

* Final Report *

Reason For Exam
pain in neck/arm x3 weeks

Finding:
CERVICAL SPINE WITH OBLIQUES, 04/24/12, 4:20 AM

CLINICAL HISTORY: 39-year old female with pain in neck and arm for 3-weeks.

FINDINGS: Lateral, cervical odontoid, AP and bilateral oblique views of the cervical spine are obtained without prior film for comparison.

The vertebral body heights and disc heights are grossly maintained other than some mild loss of disc height at C5-6 compatible with mild degenerative disc disease. There are some asymmetric anterior osteophytes at the C5-6 level as well. Prevertebral soft tissues appear unremarkable. No discrete osseous lesion is seen. There is straightening of the normal cervical lordosis which may be due to muscle spasm or positioning. The lateral masses and dens are symmetrically intact. Curvature is grossly unremarkable. The oblique views show no critical bony neural foraminal narrowing or facet malalignment.

IMPRESSION: Mild degenerative changes at C5-6, without acute fracture or subluxation seen. No aggressive osseous lesion is identified.

Signature Line
*** Final *** Trans On: 04/24/2012 06:1by: BB
Read by: Vadaparampil MD, John A
Released By: Vadaparampil MD, John A
Released on: 04/24/2012 06:58

Final Report *

Completed Action List:
* Order by Mullins MD, James T on 24 April 2012 04:01
* Assist by Oxner, Whitney E on 24 April 2012 04:40
* Perform by Fanning, Peter C on 24 April 2012 04:40
* VERIFY by Vadaparampil MD, John A on 24 April 2012 06:58

* Final Report *

Result type:	CR Shoulder 2 Views Minimum Right
Result date:	09 May 2012 14:40
Result status:	Auth (Verified)
Performed by:	Scott, Wendy A on 09 May 2012 14:40
Verified by:	Conwell MD, W Shawn on 09 May 2012 17:30
Encounter info:	R1213000475, Richland, 3MP-Op Registration, 05/09/12 - 05/09/12

* Final Report *

Reason For Exam
Pain

Finding:
AP INTERNAL ROTATION VIEWS RIGHT SHOULDER

FINDINGS: No fracture, subluxation or lytic or blastic lesion is identified. The visualized soft tissues are unremarkable.

IMPRESSION: Unremarkable extremity radiograph.

Signature Line
*** Final *** Trans On: 05/09/2012 15:4by: AEP
Read by: Conwell MD, W Shawn
Released By: Conwell MD, W Shawn
Released on: 05/09/2012 17:30

Completed Action List:
* Order by Tanksley MD, Simon G on 09 May 2012 14:21
* Perform by Scott, Wendy A on 09 May 2012 14:40
* VERIFY by Conwell MD, W Shawn on 09 May 2012 17:30

Final Report *

Result type:	RF Arthrogram Shoulder Right
Result date:	25 September 2012 15 31
Result status:	Auth (Verified)
Performed by:	Harris, Kelly L on 25 September 2012 15:31
Verified by:	McConnell MD, Douglas M on 26 September 2012 08:29
Encounter info:	R1226900122, Richland, 3MP-Op Registration, 09/25/12 - 09/25/12

* Final Report *

Reason For Exam
rt.shoulder pain 719.41

Finding:
RIGHT SHOULDER ARTHROGRAM

INDICATION: Shoulder pain.

TECHNIQUE: Written informed, competent consent was obtained. The patient was placed in the supine position on the fluoroscopic table and the skin over the right shoulder was prepped and draped in the usual sterile fashion. Using Lidocaine for local anesthesia and real-time fluoroscopic guidance, a 22 gauge spinal needle was directed into the glenohumeral joint space. Approximately 12 cc of a solution containing 0.1 mL of gadolinium with saline and Optiray were administered into the joint space. The patient tolerated the procedure well and there were no immediate complications. She was transferred to MRI for further imaging. No extravasation of contrast or intraarticular filling defect is seen.

IMPRESSION: Technically successful shoulder arthrogram. Please see MRI report of the same day.

Signature Line
*** Final *** Trans On: 09/25/2012 17:3by: KSC
Read by: McConnell MD, Douglas M
Released By: McConnell MD, Douglas M
Released on: 09/26/2012 08:29

Technical Comments
Administered per implementation of contrast protocol:
Type: Magnevist
Volume: specified volume: ml: 2

Completed Action List:
* Order by Mazoue MD, Christopher G on 14 September 2012 16:06
* Perform by Harris, Kelly L on 25 September 2012 15:31
* Assist by McConnell MD, Douglas M on 25 September 2012 15:31

Final Report *

* VERIFY by McConnell MD, Douglas M on 26 September 2012 08:29

* Preliminary Report *

Result type:	MR Ext Jt Upper W/ Contrast Right
Result date:	25 September 2012 16:30
Result status:	Transcribed
Performed by:	Gooding, Rebecca L on 25 September 2012 16:30
Encounter info:	R1226900122, Richland, 3MP-Op Registration, 09/25/12 - 09/25/12

* Preliminary Report *

Reason For Exam
rt.shoulder pain 719.41

Finding:
MR ARTHROGRAM RIGHT SHOULDER

REASON FOR EXAM: Right shoulder pain, 719.41.

MR arthrogram of the right shoulder was performed using multiple pulse sequences in all planes after sterile intra-articular administration of approximately 12 mL of a Gadolinium, saline and iodine solution.

There is an irregular or shaggy appearance or contour of the articular surface aspect of the supraspinatus tendon seen on coronal fat-suppressed T1 images 8 through 11 on series number 6. This suggests some mild fraying or shallow tear of the articular surface aspect of the supraspinatus tendon. This involves only 10% of the tendon thickness at most. More posteriorly there is some mild tendinosis type signal within the infraspinatus tendon at the attachment on the greater tuberosity of the humeral head.

On the coronal T2-weighted images there is a small amount of fluid seen in the subacromial/subdeltoid bursae suggestive of some minimal bursitis. Some very mild degenerative arthritic change of the AC joint is noted.

The subscapularis tendon is intact. The long head of the biceps tendon is intact and is located within the bicipital groove.

On the axial fat-suppressed T1 images, note is made of a very small Gadolinium filled cleft between the anterior labrum and the articular cartilage of the glenoid fossa seen on axial image 13 which is

suggestive of a very small focus of glenoid labral articular disruption or GLAD lesion. This is very small and only minimally displaced. The clinical significance of this finding is not certain. This finding is, however, also seen on sagittal image number 14, series number 8.

Some minimal irregularity of the posterosuperior labrum is also noted. The remainder of the labrum appears smooth and intact.

IMPRESSION:

1. Mild fraying of the articular surface aspect of the supraspinatus tendon which may represent some very shallow articular surface aspect tear which involves 10% or less of the thickness of the tendon.

2. Mild tendinosis of the intrasubstance region of the infraspinatus tendon noted.

3. Minimal subacromial/subdeltoid bursitis.

4. Small focal Gadolinium filled defect between the articular cartilage of the glenoid fossa and the anterior labrum seen on image 13 of series number 5 which may represent a very small and possibly insignificant GLAD type lesion. There is no visible loose body in the shoulder joint. Minimal irregularity of the posterosuperior aspect of the glenoid labrum is also noted.

Signature Line
*** Preliminary Report ***
Read By: Silvester MD, T Daniel
Transcription: AEP
Trans Date/Time: 09/26/2012 10:51
Technologist: RGS

Technical Comments
Administered per implementation of contrast protocol:
Type: None
Volume: N/A

* Preliminary Report *

Completed Action List:
* Order by Mazoue MD, Christopher G on 14 September 2012 16:06
* Perform by Gooding, Rebecca L on 25 September 2012 16:30
* Assist by Shellem, Richard G on 25 September 2012 16:30

Printed by: Tucker, Verona S
Printed on: 09/26/12 15:23

CLAIMANT'S APA #3

Palmetto Health Richland

Family Medical Center

Comment: Last MJ on April 20th

Physical Examination
VS/Measurements
Vital Signs

4/27/2012 4:06 PM EDT		
	Peripheral Pulse Rate	88 bpm
	Pulse Site	Radial artery
	Respiratory Rate	16 br/min
	Systolic Blood Pressure	108 mmHg
	Diastolic Blood Pressure	64 mmHg
	Mean Arterial Pressure	79 mmHg
	BP Site	Left arm
	Pain Present	Yes (Provider Notified)

General: Alert and oriented, No acute distress.
Eye: Extraocular movements are intact.
Neck: Supple.
Respiratory: Lungs are clear to auscultation.
Cardiovascular: Normal rate, Regular rhythm, No murmur.
Gastrointestinal: Soft, Non-tender.
Lymphatics: No cervical LAD.
Musculoskeletal: RUE initially in sling which was removed. Rt trapesius and paraspinal muslces in marked spasm easily visible. Arm was held in guarged position. Ther was markedly reduced ROM with shoulder abduction and internal and extgernal rotation and elbow flexion and extension as well as the wrist. No erythem and no effusion palpable. She had full strength in her hand- seemed limited only by pain. Skin over upper and lower arms was hypersthetic- she winced in paln with only mild pressure. Strong radial pulse present, no discoloration..
Neurologic: Alert.
Psychiatric: Cooperative.
Senstalon intact and normla on exam on rt hand.

Procedure
After informed consent, The rt trapesius was cleaned with an alcohol swab and area of maximum spasm identified. Using a 1.5 inch 22 gauge needle 2cc of 1% lidocaine, and 2 cc of 40mg/mL depometdrol was injected in 3 areas of the muscle. The pt tolerated the procedure well and noted some relief just a few minutes later.

Impression and Plan
Diagnosis
Brachial neuropathic pain (ICD9 723.4).
Orders
Orders:
Pharmacy:
naproxen 500 mg oral tablet (Ordered): 1 tab(s) (500 mg), PO, BID, # 60 tab(s), 0 Refill(s), Type: Soft Stop
Percocet 5/325 oral tablet (Ordered): 2 tab(s), PO, q4hr, PRN: as needed for pain, # 50 tab(s), 0 Refill(s), Type: Maintenance
diazepam 5 mg oral tablet (Discontinued)
Percocet 5/325 oral tablet (Discontinued)
predniSONE 50 mg oral tablet (Discontinued)
Orders.

Charges (Evaluation and Management):
99214 office outpatient visit 25 minutes (Charge) (Completed): Quantity: 1

Orders
Orders.
Pharmacy:
amitriptyline 25 mg oral tablet (Ordered): 1 tab(s) (25 mg), po, hs, # 30 tab(s), 1 Refill(s), Type: Maintenance
Orders.
Charges:
20552 injection single/mlt trigger point 1/2 muscles (Charge) (Completed): Quantity: 1

Confusing pt with unusual exam but marked pain and abdormanl findings. At least 2 patholgies present- neck spasm and some neuropathy affecting the rt arm- likely brachial plexitis. LA and CSI performed on muscle today for immediate relief, NSAID regimen given and perocent supply increased to manage pain empirically as this resovled. Starting amitryipline at night for neuropathic componenet. Recommened she stop valium to due lack of efficacy and interaction w/narcotic meds, and stop the prednisone due ot hte side effects and increased risk on NSAIDS.
Follow up next week- if not impriving may need MRI vs nerve conduction studies depending on her exam.

Narcotic for short term managment only, pt understands this.

She does manual labor for a flooring company- work excuse given till follow up.

Addendum by Stacy MD, Jason on May 14, 2012 10:16 AM EDT (Verified)
I agree with the findings and the assessment & plan in the resident's note. I was present and available during the patient's office visit.
Jason J. Stacy, MD

Charted Date: April 27, 2012 4:37 PM EDT
Subject / Title: FMC Adult Visit,
Performed By: Shaffer MD, Mark on April 27, 2012 4:50 PM EDT
Electronically Signed By: Shaffer MD, Mark on April 28, 2012 1:52 PM EDT
Visit Information: 5711, Family Medicine Center, Outpatient, 4/27/2012 - 4/29/2012

FMC Work/School Excuse

Patient: **BUTLER, DORETTA** **MRN: 6819156** **FIN: 5711**
Age: **39 years** Sex: **Female** DOB:
Associated Diagnoses: **None**
Author: **Jones, Katherine**

CERTIFICATE TO RETURN TO SCHOOL OR WORK

Date: 4/27/12

Patient name: Doretta Butler

Doretta Butler has been under the care of Dr. Stacy from 4/27/12 to 5/2/12 and is able to return to school/work on 5/3/12.

Limitations/Remarks: none

Authorized by: Katherine Jones LPN

PALMETTO HEALTH

Palmetto Health Richland

Family Medicine Center

3209 Colonial Drive

Columbia, South Carolina 29203

Phone: (803)-434-6113

Charted Date: April 27, 2012 5:18 PM EDT
Subject / Title: FMC Work/School Excuse
Performed By: Jones, Katherine on April 27, 2012 5:21 PM EDT
Electronically Signed By: Jones, Katherine on April 27, 2012 5:21 PM EDT
Visit Information: 5711, Family Medicine Center, Outpatient, 4/27/2012 - 4/29/2012

Printed by: McKnight, Melissa
Printed on: 7/3/2013 10:59 AM EDT

Document Has Been Updated And Contains Addenda

FMC Adult Visit,

Patient: **BUTLER, DORETTA** **MRN: 6819156** **FIN: 5711**
Age: **39 years** Sex: **Female** DOB:
Associated Diagnoses: **Brachial neuropathic pain**
Author: **Shaffer MD, Mark**

History of Present Illness
Rt UE pain- Pain started 3 weeks ago in the rt side of her chest. This hurt for 2 days, then migrated to her rt clavicle, and then up her rt arm. She presented when she developed tingling pain down her whole arm to her fingers.
She feels definately week in the rt hand like she cannot hold onto things- bothf rom pain and weakness.
It is all very sensative and painful.

She recalls no injury. No swlellin gor redness that she as noticed.
She has been wearing a sling for 3 weeks now. givein by the ED-she has been to 2 ED's a total of 3x for this problem, and had no PCP to manage he rlong term, referred to our office.
She does ice and heat.
The worst spot is the tricpes and the mid forarm.

Review of Systems
Constitutional: No fever, No chills, No sweats.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
GU: neg
MSK: see HPI
pscyh: neg
neuro: weakness of funny senstaion in rt hand

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies
Medications: (Selected).
Documented Medications
Documented
Percocet 5/325 oral tablet: 1 tab(s), PO, q4hr, PRN: for pain, tab(s), 0 Refill(s), Type: Maintenance
diazepam 5 mg oral tablet: 1 tab(s) (5 mg), PO, bid, PRN: for anxiety, tab(s), 0 Refill(s), Type: Maintenance
predniSONE 50 mg oral tablet: 1 tab(s) (50 mg), PO, Daily, # 5 tab(s), 0 Refill(s), Type: Maintenance

Histories
Past Medical History:
No active or resolved past medical history items have been selected or recorded.
Social History:
Tobacco Assessment: Current
Current, Cigarettes, 10 per day. Started age 28 Years.
Substance Abuse Assessment: Current
Current, Marijuana.

Document Has Been Updated And Contains Addenda

Upper Extremity Pain *

Patient: **BUTLER, DORETTA** **MRN: 6819156** **FIN: 6264**
Age: **39 years** Sex: **Female** DOB:
Associated Diagnoses: **Arm pain**
Author: **Tanksley MD, Simon**

Visit Information
Visit type: New symptom.
Accompanied by: No one.
Source of history: Self.
Referral source: Emergency department.
History limitation: None.

Chief Complaint
CHIEF COMPLAINT
5/2/2012 1:37 PM EDT Rt. arm pain

History of Present Illness
The patient presents with upper extremity pain. The location of pain is the right and upper arm(s). The pain is characterized by sharp and throbbing. The severity of the pain is severe and is rated 10 / 10 on the pain scale. The timing/course of the pain is constant. The pain occurred 4 week(s). The context of the pain: occurred not following a fall, not during sports and not in association with work. Exacerbating factors consist of movement. Relieving factors consist of analgesics, cold application, immobilization, heat application and Percocets help a little, naproxen helps a litte, amytripyline helps her sleep but not pain. Associated symptoms consist of decreased range of motion, loss of function, tingling, denies joint instability, denies joint stiffness, denies muscle cramps and denies numbness. Prior treatment consists of immobilization.

Review of Systems
Musculoskeletal: Joint pain, Muscle pain, Decreased range of motion, No trauma.
Neurologic: Alert and oriented X4, No numbness, No tingling.

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies
Medications: (Selected).
Prescriptions
Ordered
Percocet 5/325 oral tablet: 2 tab(s), PO, q4hr, PRN:as needed for pain, # 50 tab(s), 0 Refill(s), Type: Maintenance
amitriptyline 25 mg oral tablet: 1 tab(s) (25 mg), po, hs, # 30 tab(s), 1 Refill(s), Type: Maintenance
naproxen 500 mg oral tablet: 1 tab(s) (500 mg), PO, BID, # 60 tab(s), 0 Refill(s), Type: Maintenance
Problem list:
All Problems
Tobacco user / ICD-9-CM 305.1 / Probable

Histories
Family History:
Mother

High blood pressure
Hypercholesterolemia
Father
Coronary heart disease
Autoimmune disease
Heart attack
Hypercholesterolemia
Grandmother (M)
CA - Breast cancer

Procedure history: .
Abortion history (D63BF4F9-6FE3-4543-9E7D-FEE948263A48).
Tubal ligation (128720016).
Tubal ligation (694AB14D-ED08-4D31-937A-340969CE60F7).
Social History: .
Tobacco Assessment: Current
Current, Cigarettes, 10 per day. Started age 28 Years.
Substance Abuse Assessment: Current
Current, Marijuana
Comment: Last MJ on April 20th
Single, 3 children. Lives in house with her daughter and two sons, 16,18,19

Physical Examination
VS/Measurements
Vital Signs

5/2/2012 1:37 PM EDT	Peripheral Pulse Rate	80 bpm
	Systolic Blood Pressure	112 mmHg
	Diastolic Blood Pressure	72 mmHg

, Measurements from flowsheet : Measurements

5/2/2012 1:37 PM EDT	Weight	135.40 lb

General: Alert and oriented, Mild distress.
Eye: Extraocular movements are intact, Normal conjunctiva.
HENT: Normocephalic, Normal hearing.
Respiratory: Respirations are non-labored.
Musculoskeletal: No swelling, No deformity, Normal gait, No trauma.
Upper extremity exam: Arm (Right, Severe, Aligned, No deformity, No erythema, No ecchymosis, No swelling, Tenderness, Pain, Range of motion (Restricted by pain)).
Neurologic: Alert, Oriented, Normal deep tendon reflexes.
Psychiatric: Cooperative.
Mood and affect: Depressed, Sad, Tearful.
Behavior: Congruent.

Impression and Plan
Diagnosis
Arm pain (ICD9 729.5).
Course: Unchanged, Poor response to treatment:
Plan: MRI cervical spine, Patient asking for me to sign disability papers and refill percocet Rx from ER. Very suspicious for malingering, will get MRI..
Patient Instructions:

Limitations: No work for 7 days.
Counseled: Patient.

Orders

Orders.
Charges (Evaluation and Management):
99213 office outpatient visit 15 minutes (Charge) (Completed): Quantity: 1
Orders (Selected).
Outpatient Orders
Ordered
MRI Cervical Spine w/ Contrast (Request):
XR Shoulder Right (Request):

Addendum by Keisler MD, Brian on May 09, 2012 11:40 PM EDT (Verified)

I agree with the findings and the assessment & plan in the resident's note. I was present and available during the patient's office visit.

Charted Date:	May 02, 2012 2:02 PM EDT
Subject / Title:	Upper Extremity Pain *
Performed By:	Tanksley MD, Simon on May 02, 2012 2:10 PM EDT
Electronically Signed By:	Tanksley MD, Simon on May 09, 2012 5:15 PM EDT
Visit Information:	6264, Family Medicine Center, Outpatient, 5/2/2012 - 5/4/2012

Work or School Excuse *

Patient: **BUTLER, DORETTA** **MRN: 6819156** **FIN: 6264**
Age: **39 years** Sex: **Female** DOB:
Associated Diagnoses: **None**
Author: **Tanksley MD, Simon**

Today's date: 5/2/2012 2:56:00 PM .

To whom it may concern:

This patient is currently under my care, Was seen in my office on 5/2/2012 2:56:00 PM. and and has had arm pain and difficulty moving for the past 3 weeks.. Please excuse him/ her from work, for the next 1 weeks. He/ she may return to work, in 7 days, with the following restrictions: no driving, no hazardous work or equipment use, no lifting. The patient will need follow-up care in 1 weeks. Please contact me if you have any questions or concerns.

Sincerely,

Charted Date:	May 02, 2012 2:56 PM EDT
Subject / Title:	Work or School Excuse *
Performed By:	Tanksley MD, Simon on May 02, 2012 2:57 PM EDT
Electronically Signed By:	Tanksley MD, Simon on May 02, 2012 2:57 PM EDT
Visit Information:	6264, Family Medicine Center, Outpatient, 5/2/2012 - 5/4/2012

Technical Comments
Administered per implementation of contrast protocol:
Type: Gadolinium
Volume: specified volume: ml: 6mL Gadavist

Findings:
MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST - 05/09/12

INDICATION: Right arm pain.

TECHNIQUE: Sagittal and axial pre and post Gadolinium T1 as well as T2 weighted images were performed through the cervical spine.

FINDINGS: Vertebral body stature and alignment are normal. There is no marrow signal abnormality. Post Gadolinium sequences show no abnormal intramedullary, epidural, or paraspinous enhancement or mass.

At C5-6, there is broad central disc protrusion, which is slightly more prominent to the right of midline. This results in mild canal stenosis. No other focal protrusion or significant canal or foraminal encroachment is noted at the visualized levels.

IMPRESSION: Focal disc protrusion and mild stenosis at C5-6. Otherwise unremarkable exam.

Result Comment by Generated Domain User for 3926863 on May 09, 2012 5:04 PM EDT
*** Final *** Trans On: 05/09/2012
15:3by: WLC
Read by: McConnell MD, Douglas M
Released By: McConnell MD, Douglas M
Released on: 05/09/2012 17:04

Charted Date:	May 09, 2012 1:35 PM EDT
Subject / Title:	MR Cervical Spine W/O + W/ Contrast
Performed By:	43554 -McConnell, Douglas M on May 09, 2012 12:50 PM EDT
Electronically Signed By:	43554 -McConnell, Douglas M on May 09, 2012 1:35 PM EDT
Visit Information:	HUB - PHAR, Outpatient, 5/9/2012 - 5/9/2012
Contributor system:	PHA_PHAR_SC_INOP_SYS

Document Has Been Updated And Contains Addenda

Upper Extremity Pain *

Patient: **BUTLER, DORETTA** **MRN: 6819156** **FIN: 6882**
Age: **39 years** Sex: **Female** DOB:
Associated Diagnoses: **Cervical Stenosis of Spinal Canal**
Author: **Tanksley MD, Simon**

Visit Information
Visit type: Scheduled follow-up.
Accompanied by: No one.
Source of history: Self.
History limitation: None.

Chief Complaint
CHIEF COMPLAINT
5/11/2012 1:21 PM EDT Rt. arm pain

History of Present Illness
The patient presents with upper extremity pain. The location of pain is the right and upper arm(s). The pain is characterized by aching. The severity of the pain is severe and is rated 9 / 10 on the pain scale. The timing/course of the pain is constant. The pain occurred 1 month(s). The context of the pain: occurred not following a fall, not during sports and not in association with work. Exacerbating factors consist of movement. Relieving factors consist of immobilization. Associated symptoms consist of decreased range of motion, loss of function, numbness and tingling. Prior treatment consists of immobilization.

Review of Systems
Musculoskeletal: Joint pain, Muscle pain, Decreased range of motion.
Neurologic: Alert and oriented X4, No numbness, No tingling.

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies
Medications: (Selected).
Prescriptions
Ordered
Percocet 5/325 oral tablet: 2 tab(s), PO, q4hr, PRN: as needed for pain, # 50 tab(s), 0 Refill(s), Type: Maintenance
amitriptyline 25 mg oral tablet: 1 tab(s) (25 mg), po, hs, # 30 tab(s), 1 Refill(s), Type: Maintenance
naproxen 500 mg oral tablet: 1 tab(s) (500 mg), PO, BID, # 60 tab(s), 0 Refill(s), Type: Maintenance

Physical Examination
VS/Measurements
Vital Signs

5/11/2012 1:21 PM EDT	Peripheral Pulse Rate	104 bpm	HI
	Systolic Blood Pressure	96 mmHg	
	Diastolic Blood Pressure	60 mmHg	

, Measurements from flowsheet : Measurements

5/11/2012 1:21 PM EDT	Weight	134.00 lb

General: Alert and oriented, Mild distress.
Ambulation status: Within normal limits.
Appearance: Within normal limits.
Behavior: Withdrawn.
Signs of distress: Crying.
Skin: Normal for ethnicity.
Eye: Extraocular movements are intact, Normal conjunctiva.
HENT: Normocephalic, Normal hearing.
Respiratory: Respirations are non-labored.
Musculoskeletal: No swelling, No deformity, Normal gait, No trauma.
Mobility/ gait: Within normal limits.
Upper extremity exam: Shoulder (Right, Moderate, Aligned, No deformity, No erythema, No ecchymosis, No swelling, Tenderness, Pain, No numbness, No tingling, Strength 5 /5, Range of motion (Diminished, Active)).
Neurologic: Alert, Oriented, Normal deep tendon reflexes.
Psychiatric: Cooperative, Non-suicidal.
Mood and affect: Depressed, Sad, Tearful, Withdrawn.
Behavior: Congruent.
Judgment: Able to make sensible decisions.
Abnormal / Psychotic thoughts: No suicidal ideation.
Thought process: Appropriate.

Review / Management
Radiology results
Magnetic Resonance Imaging
Documentation reviewed: Reviewed prior records.

Impression and Plan
Diagnosis
Cervical Stenosis of Spinal Canal (ICD9 723.0).
Course: Progressing as expected.
Plan: Steroid burst to reduce inflammation in spine, neurontin for neuropathic pain. Referral to neurosurge..
Patient Instructions: RADICULOPATHY, Cervical, Follow up with primary care provider Within 1 to 2 weeks.
Counseled: Patient, Regarding diagnosis, Activity, Verbalized understanding.
Orders
Orders.
Charges (Evaluation and Management):
99213 office outpatient visit 15 minutes (Charge) (Completed): Quantity: 1
Orders (Selected).
Outpatient Orders
Ordered
Consult to Neurosurgery (Request): Referred to: USC neurosurgery, Reason: bulging cervical disk, C4-C5, with right arm pain and numbness
Prescriptions
Ordered
Neurontin 300 mg oral capsule: 1 cap(s) (300 mg), PO, TID, PRN: for pain, # 90 cap(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5596
predniSONE 50 mg oral tablet: 1 tab(s) (50 mg), PO, Daily, # 5 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5596

Addendum by Strayer MD, Scott on May 18, 2012 5:11 PM EDT (Verified)
I agree with the findings and the assessment & plan in the resident's note. I was present and available during the patient's office visit.

Charted Date:	May 11, 2012 1:29 PM EDT
Subject / Title:	Upper Extremity Pain *
Performed By:	Tanksley MD, Simon on May 11, 2012 1:30 PM EDT
Electronically Signed By:	Tanksley MD, Simon on May 13, 2012 9:12 PM EDT
Visit Information:	6882, Family Medicine Center, Outpatient, 5/11/2012 - 5/13/2012

Document Has Been Updated And Contains Addenda

Upper Extremity Pain *

Patient: **BUTLER, DORETTA** **MRN: 6819156** **FIN: 8329**
Age: **39 years** Sex: **Female** DOB:
Associated Diagnoses: **Cervical radiculopathy**
Author: **Tanksley MD, Simon**

Visit Information
Visit type: Re-evaluation.
Paperwork needed for illness/injury excuse.
Accompanied by: No one.
Source of history: Self.
History limitation: None.

Chief Complaint
CHIEF COMPLAINT
5/15/2012 2:49 PM EDT Rt. arm pain

History of Present Illness
The patient presents with upper extremity pain. The location of pain is the right, upper arm(s), elbow(s) and forearm(s). The pain is characterized by aching, burning, sharp and shooting. The severity of the pain is extreme and is rated 11 / 10 on the pain scale. The timing/course of the pain is constant and is worsening. The pain occurred 1 month(s). The context of the pain: occurred not following a fall, not during sports and not in association with work. Exacerbating factors consist of movement. Relieving factors consist of immobilization and neurontin, tylenol. Associated symptoms consist of decreased range of motion, loss of function, numbness and tingling. Prior treatment consists of immobilization.

Review of Systems
Constitutional: No fever, No chills, No sweats.
Musculoskeletal: Joint pain, Decreased range of motion, Joint stiffness.

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies

Histories
Past Medical History:
Active
Acute cervical radiculopathy (723.4)

Physical Examination
VS/Measurements
Vital Signs

5/15/2012 2:49 PM EDT	Peripheral Pulse Rate	112 bpm HI
	Respiratory Rate	18 br/min
	Systolic Blood Pressure	104 mmHg
	Diastolic Blood Pressure	60 mmHg

, Measurements from flowsheet : Measurements
5/15/2012 2:49 PM EDT Weight 135.50 lb

General: Alert and oriented, Moderate distress, Smoker's breath.
Ambulation status: Within normal limits.
Appearance: Unkempt.
Behavior: Withdrawn.
Signs of distress: Crying.
Skin: Normal for ethnicity.
Eye: Extraocular movements are intact, tearry eyes.
HENT: Normocephalic, Normal hearing.
Respiratory: Respirations are non-labored.
Musculoskeletal: Upper extremity exam: Shoulder (Right, Severe, No deformity, No erythema, No ecchymosis, No mass, No nodule, No swelling, Tenderness, Pain, No numbness, No tingling, Strength 4 /5), Arm (Right, Severe, No erythema, No ecchymosis, No mass, No nodule, No swelling, Pain, No numbness, No tingling, Strength 4 /5), Elbow (Right, Severe, No deformity, No erythema, No ecchymosis, No mass, No nodule, No swelling, Tenderness, No crepitus, Pain, No numbness, Strength 4 /5), Forearm (Right, Severe, No erythema, No ecchymosis, No mass, No nodule, No swelling, Tenderness, Pain, No numbness, No tingling, Strength 4 /5).
Neurologic: Alert, Oriented, Normal sensory, Normal deep tendon reflexes.
Orientation: Oriented X 4.
Psychiatric:
Mood and affect: Depressed, Fearful, Sad, Tearful, Withdrawn.
Behavior: Congruent.
Judgment: Able to make sensible decisions, Appropriate in social situations.
Abnormal / Psychotic thoughts: No suicidal ideation.
Thought process: Appropriate.

Review / Management
Documentation reviewed: Reviewed prior records.

Impression and Plan
Diagnosis
Cervical radiculopathy (ICD9 723.4).
Course: Not improving.
Plan: Refer to: neurosurgery, Increase neurontin as this seems to be helping, add flexeril for trapezius muscle spasms and to help patient sleep. Duloxetine might be a good next step given her derpessive symptoms..
Orders
Orders.
Charges (Evaluation and Management):
99213 office outpatient visit 15 minutes (Charge) (Completed): Quantity: 1
Orders (Selected).
Outpatient Orders
Ordered:
Consult to Neurosurgery (Request): Referred to: USC neurosurgery, Reason: bulging cervical disk, C4-C5, with right arm pain and numbness
Prescriptions
Ordered
Flexeril 5 mg oral tablet: 1 tab(s) (5 mg), PO, TID, # 21 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5596
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, Instructions: Do not drive after taking, # 90 tab(s), 0

Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5596

Addendum by Witherspoon MD, Patricia on May 16, 2012 10:33 PM EDT (Verified)
I agree with the findings and the assessment &plan in the resident's note. I examined and discussed during the patient's office visit.

Charted Date:	May 15, 2012 3:21 PM EDT
Subject / Title:	Upper Extremity Pain *
Performed By:	Tanksley MD, Simon on May 15, 2012 3:22 PM EDT
Electronically Signed By:	Tanksley MD, Simon on May 16, 2012 8:28 AM EDT
Visit Information:	8329, Family Medicine Center, Outpatient, 5/15/2012 - 5/17/2012

Work or School Excuse *

Patient: **BUTLER, DORETTA** **MRN: 6819156** **FIN: 8329**
Age: **39 years** Sex: **Female** DOB:
Associated Diagnoses: **None**
Author: **Tanksley MD, Simon**

Today's date: 5/15/2012 3:18:00 PM .

To whom it may concern:

This patient is currently under my care and Was seen in my office on 5/15/2012 3:19:00 PM. . Please excuse him/ her from work, for the next 2 weeks, while we try and figure out what is causing patients right arm pain. The MRI showed that she has a pinched nerve in her neck and she is waiting to be seen by the neurosurgeon.. The patient will need follow-up care in 1 weeks. Please contact me if you have any questions or concerns.

Sincerely,

Charted Date:	May 15, 2012 3:18 PM EDT
Subject / Title:	Work or School Excuse *
Performed By:	Tanksley MD, Simon on May 15, 2012 3:20 PM EDT
Electronically Signed By:	Tanksley MD, Simon on May 15, 2012 3:20 PM EDT
Visit Information:	8329, Family Medicine Center, Outpatient, 5/15/2012 - 5/17/2012

Printed by: McKnight, Melissa
Printed on: 7/3/2013 10:59 AM EDT

Document Has Been Updated And Contains Addenda

Upper Extremity Pain *

Patient: **BUTLER, DORETTA** **MRN: 6819156** **FIN: 9955**
Age: **40 years** Sex: **Female** DOB:
Associated Diagnoses: **Shoulder pain**
Author: **Tanksley MD, Simon**

Visit Information
Visit type: Increase in symptoms.
Paperwork needed work excuse. ,
Accompanied by: No one.
Source of history: Self.
History limitation: None.

Chief Complaint
CHIEF COMPLAINT
6/1/2012 2:42 PM EDT rt. arm pain

History of Present Illness
The patient presents with upper extremity pain. The location of pain is the right, shoulder(s) and upper arm(s). The pain is characterized by sharp and with movement. The severity of the pain is extreme and is rated 11 / 10 on the pain scale. The timing/course of the pain is constant. The pain occurred 1 month(s). The context of the pain: occurred with movement and not following a fall. Exacerbating factors consist of movement. Relieving factors consist of analgesics and immobilization. Associated symptoms consist of decreased range of motion and loss of function. Prior treatment consists of none.
Patient saw neurosurg, they don't think pain is due to cervical stenosis, think its more of orthopedic shoulder problem. Gabapentin helps a little with pain.

Review of Systems
Constitutional: No fever, No chills, No sweats.
Musculoskeletal: Joint pain, Decreased range of motion, No trauma.

Health Status
Allergies: .
Allergic Reactions (Selected)
No known allergies
Medications: (Selected).
Prescriptions
Ordered
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, Instructions: Do not drive after taking, # 90 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5596

Physical Examination
VS/Measurements
Vital Signs

6/1/2012 2:42 PM EDT	Peripheral Pulse Rate	80 bpm	
	Systolic Blood Pressure	92 mmHg	
	Diastolic Blood Pressure	54 mmHg	LOW

	Mean Arterial Pressure	67 mmHg
Measurements from flowsheet : Measurements 6/1/2012 2:42 PM EDT	Weight	137.10 lb

General: Alert and oriented, Mild distress.
Eye: Pupils are equal, round and reactive to light, Extraocular movements are intact, Normal conjunctiva.
HENT: Normocephalic, Normal hearing.
Respiratory: Respirations are non-labored.
Cardiovascular: Normal rate.
Musculoskeletal: Upper extremity exam: Shoulder (Left, No deformity, No erythema, No ecchymosis, No mass, No swelling, No wound, Pain, Range of motion (Not restricted by pain)), Arm (Right, No deformity, No erythema, No ecchymosis, No swelling, Tenderness, No wound, Pain, Range of motion (Restricted by pain)).
Neurologic: Alert, Oriented.
Psychiatric: Cooperative.
Mood and affect: Depressed, Sad, Tearful.
Behavior: Congruent.
Judgment: Able to make sensible decisions, Appropriate in social situations.
Abnormal / Psychotic thoughts: No suicidal ideation.

Review / Management
Documentation reviewed: Reviewed prior records.

Impression and Plan
Diagnosis
Shoulder pain (ICD9 719.41).
Course: Still bizaare presentation. Patient will allow passive movement of shoulder and elbow but starts crying quietly when arm is manipulated, or even skin lightly brushed. Suspect conversion given her severely depressed affect but patient resistant to anti-depressants. Wants to see ortho as neurosurg said this is what she needs so will refer to ortho. Reports gabapentin helps a little for pain so will increase dose to 600 TID but won't increase any further., Not improving.
Plan: Refer to: orthopedic surgery.
Patient Instructions: Exercises for Shoulder Flexibility: Pendulum Exercise, Exercises for Shoulder Flexibility: Wall Walk, Parts of the Shoulder, TRAMADOL, Gabapentin Oral tablet.
Counseled: Patient, Regarding diagnosis, Activity, Verbalized understanding.
Orders
Orders.
Charges (Evaluation and Management):
99213 office outpatient visit 15 minutes (Charge) (Completed): Quantity: 1
Orders (Selected).
Prescriptions
Ordered
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, Instructions: Do not drive after taking, # 90 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5596

Addendum by Strayer MD, Scott on June 09, 2012 7:11 AM EDT (Verified)
I agree with the findings and the assessment & plan in the resident's note. I was present and available during the patient's office visit.

Charted Date: June 01, 2012 3:21 PM EDT

Subject / Title: Upper Extremity Pain *
Performed By: Tanksley MD, Simon on June 01, 2012 3:25 PM EDT
Electronically Signed By: Tanksley MD, Simon on June 08, 2012 7:52 AM EDT
Visit Information: 9955, Family Medicine Center, Outpatient, 6/1/2012 - 6/3/2012

Work or School Excuse *

Patient: **BUTLER, DORETTA** **MRN: 6819156** **FIN: 9955**
Age: **40 years** Sex: **Female** DOB:
Associated Diagnoses: **None**
Author: **Tanksley MD, Simon**

Today's date: 6/1/2012 3:25:00 PM .

To whom it may concern:
This patient is currently under my care and Was seen in my office on 6/1/2012 3:25:00 PM. . Please excuse him/ her from work, for the next 2 weeks. Please contact me if you have any questions or concerns.

Sincerely,

Charted Date:	June 01, 2012 3:25 PM EDT
Subject / Title:	Work or School Excuse *
Performed By:	Tanksley MD, Simon on June 01, 2012 3:26 PM EDT
Electronically Signed By:	Tanksley MD, Simon on June 01, 2012 3:26 PM EDT
Visit Information:	9955, Family Medicine Center, Outpatient, 6/1/2012 - 6/3/2012

Printed by: McKnight, Melissa
Printed on: 7/3/2013 10:59 AM EDT

Document Has Been Updated And Contains Addenda

Upper Extremity Pain *, Depressive Symptoms *

Patient: **BUTLER, DORETTA** **MRN: 6819156** **FIN: 13206**
Age: **40 years** Sex: **Female** DOB:
Associated Diagnoses: **Rotator cuff strain; Depression**
Author: **Tanksley MD, Simon**

Visit Information
Visit type: Scheduled follow-up.
Accompanied by: No one.
Source of history: Self.
History limitation: None.

Chief Complaint
CHIEF COMPLAINT
6/15/2012 3:12 PM EDT rt. arm pain

History of Present Illness
The patient presents with upper extremity pain. The location of pain is the right. The pain is characterized by with movement. The severity of the pain is severe. The timing/course of the pain is improving. The pain occurred 6 week(s). The context of the pain: occurred not following a fall. Exacerbating factors consist of movement. Relieving factors consist of analgesics. Associated symptoms consist of decreased range of motion and loss of function. Prior treatment consists of immobilization.

The patient presents with depression. The depressive symptom(s) are described as feelings of worthlessness, feeling of guilt, feeling of hopelessness, low self esteem, no irritability and no suicidal ideation. The severity of the depressive symptom(s) is severe. The symptom(s) associated with depression is worsening. The depressive symptom(s) has lasted for 1 month(s). The context of the symptom(s) associated with depression: occurred in association with illness. Exacerbating factors consist of emotional stress. Relieving factors consist of none. Associated symptoms consist of anxiety, decreased appetite, fatigue, insomnia, myalgia, loss of appetite and denies suicidal thoughts.

Review of Systems
Musculoskeletal: Joint pain.
Psychiatric: Depression, Not suicidal.

Health Status
Allergies: .
Allergic Reactions (Selected)
No known allergies
Medications: (Selected).
Prescriptions
Ordered
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, Instructions: Do not drive after taking, # 90 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5596
tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q4hr, PRN: for pain, # 60 tab(s), 1 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5596

Histories
Past Medical History: .
Active

Acute cervical radiculopathy (723.4)
Resolved
Rotator cuff strain (840.4): Resolved.
Social History: living on couch at friends house, two younger boys living with patients older daughter. electricity turned off in house, couldn't pay bill..

Physical Examination
VS/Measurements
Vital Signs

6/15/2012 3:12 PM EDT	Peripheral Pulse Rate	88 bpm
	Systolic Blood Pressure	110 mmHg
	Diastolic Blood Pressure	70 mmHg

, Measurements from flowsheet : Measurements

6/15/2012 3:12 PM EDT	Weight	139.40 lb

General: Alert and oriented, Breath is within normal limits.
Ambulation status: Within normal limits.
Appearance: Within normal limits.
Behavior: Withdrawn.
Hydration: Within normal limits.
Signs of distress: Crying.
Skin: Normal for ethnicity.
Eye: Extraocular movements are intact, Normal conjunctiva.
Lacrimal system: Both eyes, Nasolacrimal duct (With excessive tearing).
HENT: Normocephalic, Normal hearing.
Respiratory: Respirations are non-labored.
Cardiovascular: Normal rate.
Musculoskeletal: Upper extremity exam: Shoulder (Left, Rotator cuff, Mild, Pain, Range of motion (Restricted by pain)).
Neurologic: Alert, Oriented.
Psychiatric:
Mood and affect: Depressed, Sad, Tearful, Withdrawn.
Behavior: Congruent.
Judgment: Able to make sensible decisions, Appropriate in social situations.
Abnormal / Psychotic thoughts: No suicidal ideation.
Thought process: Appropriate.

Review / Management
Documentation reviewed: Reviewed prior records.

Impression and Plan
Diagnosis
Rotator cuff strain (ICD9 840.4).
Course: Improving, Has referral to sports plus for 4-6 weeks. Dr. McGowen also prescribed patient another steroid like prednisone, according to patient. Gabapentin and tramadol helping reduce but not eliminate pain. Will make letter for patient to give to work as she is very concerned about losing job over this injury..
Plan: Refer to: Physical therapy.
Patient Instructions: Counseled: Patient, Regarding diagnosis, Regarding medications, Activity, Verbalized understanding.
Orders
Orders (Selected).

Prescriptions
Ordered
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, Instructions: Do not drive after taking, # 90 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5596
tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q4hr, PRN: for pain, # 60 tab(s), 1 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5596

Diagnosis
Depression (ICD9 311).

Course: Worsening, PHQ-9 16, moderate/sever depression. Patient achnowledges she is depressed but denies SI. Counseled on risks and benefits of SSRI, patient wants to proceed..

Patient Instructions: Paroxetine Hydrochloride Oral tablet, About Antidepressants, Depression Affects Your Mind and Body, Combat Stress with a Healthy Lifestyle, Follow up with primary care provider Within 1 month Return if symptoms worsen. Counseled: Patient, Regarding diagnosis, Regarding treatment, Regarding medications, Verbalized understanding.

Orders
Orders.
Charges (Evaluation and Management):
99214 office outpatient visit 25 minutes (Charge) (Completed): Quantity: 1
Orders (Selected).
Prescriptions
Ordered
paroxetine 20 mg oral tablet: 1 tab(s) (20 mg), PO, Daily, # 30 tab(s), 1 Refill(s), Type: Maintenance

Addendum by Keisler MD, Brian on June 19, 2012 9:22 AM EDT (Verified)
I agree with the findings and the assessment & plan in the resident's note. I was present and available during the patient's office visit.

Charted Date: June 15, 2012 3:29 PM EDT
Subject / Title: Upper Extremity Pain *, Depressive Symptoms *
Performed By: Tanksley MD, Simon on June 15, 2012 3:29 PM EDT
Electronically Signed By: Tanksley MD, Simon on June 18, 2012 8:57 PM EDT
Visit Information: 13206, Family Medicine Center, Outpatient, 6/15/2012 - 6/17/2012

Work or School Excuse *

Patient: **BUTLER, DORETTA** **MRN: 6819156** **FIN: 13206**
Age: **40 years** Sex: **Female** DOB:
Associated Diagnoses: **None**
Author: **Tanksley MD, Simon**

Today's date: 6/15/2012 3:49:00 PM .

To whom it may concern:

This patient is currently under my care and Was seen in my office on 6/15/2012 3:49:00 PM. . Please excuse him/ her from Ms. Butler is currently being treated for a rotator cuff injury to her right shoulder. She is about to begin physical therapy for this and I anticipate she will need 4-6 weeks to recover from this injury.. The patient will need follow-up care in 4 weeks. Please contact me if you have any questions or concerns.

Sincerely,

Charted Date:	June 15, 2012 3:49 PM EDT
Subject / Title:	Work or School Excuse *
Performed By:	Tanksley MD, Simon on June 15, 2012 3:51 PM EDT
Electronically Signed By:	Tanksley MD, Simon on June 18, 2012 8:57 PM EDT
Visit Information:	13206, Family Medicine Center, Outpatient, 6/15/2012 - 6/17/2012

Printed by: McKnight, Melissa
Printed on: 7/3/2013 10:59 AM EDT

Document Contains Addenda

Upper Extremity Pain *

Patient: **BUTLER, DORETTA** **MRN: 6819156** **FIN: 19817**
Age: **40 years** Sex: **Female** DOB:
Associated Diagnoses: **Shoulder sprain**
Author: **Tanksley MD, Simon**

Visit Information
Visit type: General concerns.
Accompanied by: Family member.
Source of history: Self, Family member.
History limitation: None.

Chief Complaint
CHIEF COMPLAINT
7/30/2012 3:49 PM EDT F/u /Refills

History of Present Illness
The patient presents with upper extremity pain. The location of pain is the right and shoulder(s). The pain is characterized by sharp. The severity of the pain is severe and is rated 9 / 10 on the pain scale. The timing/course of the pain is constant and is improving. The pain occurred 3 month(s). The context of the pain: occurred with movement, in association with work, not following a fall, not associated with cold weather, not associated with damp weather and not during sports. Exacerbating factors consist of movement. Relieving factors consist of analgesics and immobilization. Associated symptoms consist of decreased range of motion and loss of function. Prior treatment consists of immobilization. Additional pertinent history: Went to Dr. McGowen, given another 4 weeks of PT per patient.

Review of Systems
Musculoskeletal: Joint pain, Decreased range of motion, No trauma.
Neurologic: No numbness, No tingling.

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies
Medications: (Selected).
Prescriptions
Ordered
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, Instructions: Do not drive after taking, # 90 tab(s), 1 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5596
paroxetine 20 mg oral tablet: 1 tab(s) (20 mg), PO, Daily, # 30 tab(s), 1 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5596
tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5596
Problem list:
All Problems (Selected)
Acute cervical radiculopathy / ICD-9-CM 723.4 / Confirmed
Tobacco user / ICD-9-CM 305.1 / Probable

Histories

Past Medical History: .

Active

Acute cervical radiculopathy (723.4)

Resolved

Rotator cuff strain (840.4): Resolved.

Family History: .

CA - Breast cancer
Grandmother (M)

Autoimmune disease
Father

High blood pressure
Mother

Heart attack
Father

Hypercholesterolemia
Father
Mother

Coronary heart disease
Father

Procedure history: .

Tubal ligation (128720016).
Tubal ligation (694AB14D-ED08-4D31-937A-340969CE60F7).
Abortion history (D63BF4F9-6FE3-4543-9E7D-FEE948263A48).

Social History: .

Tobacco Assessment: Current
Current, Cigarettes, 10 per day. Started age 28 Years.

Substance Abuse Assessment: Current
Current, Marijuana
Comment: Last MJ on April 20th

Physical Examination

VS/Measurements

Vital Signs

7/30/2012 3:49 PM EDT	Peripheral Pulse Rate	80 bpm
	Respiratory Rate	20 br/min
	Systolic Blood Pressure	100 mmHg
	Diastolic Blood Pressure	60 mmHg

, Measurements from flowsheet : Measurements

7/30/2012 3:49 PM EDT	Weight	133.1 lb

General: Alert and oriented, No acute distress.
Eye: Extraocular movements are intact.
HENT: Normocephalic, Normal hearing.
Respiratory: Respirations are non-labored.
Cardiovascular: Normal rate.
Musculoskeletal: Normal gait.
Upper extremity exam: Shoulder (Right, Anterior, No deformity, No ecchymosis, No swelling, Tenderness, Pain, Range of

motion (Restricted by pain)), Arm (Right, No deformity, No swelling, Pain, Range of motion (Restricted by pain)).
Neurologic: Alert, Oriented, Normal sensory, Normal deep tendon reflexes.
Psychiatric: Cooperative.
Mood and affect: Depressed, Sad, Tearful.
Behavior: Congruent.

Impression and Plan
Diagnosis
Shoulder sprain (ICD9 840.9).
Course: Improving.
Plan: Has been almost 4 months since start of right shoulder pain. Seeing sport med, Dr. McGowen thinks is rotator cuff tendonitis, patient on second round of PT. I filled out FMLA paperwork, patient now asking how to get disability. Advised patient she will need Ortho evaluation, then call Voc Rehab to start process. This is last time I can give her work excuse. Will refill gabapentin as patient says is only thing that helps the pain.
Refer to: Orthopedics.
Patient Instructions: Counseled: Patient, Regarding diagnosis, Regarding medications, Activity, Smoking cessation, Verbalized understanding.
Orders
Orders.
Charges (Evaluation and Management):
99213 office outpatient visit 15 minutes (Charge) (Completed): Quantity: 1
Orders (Selected).
Outpatient Orders
Ordered
Orthopedic Consult (Request): Referred to: Orthopedic surgery, Reason: Evaluation of right shoulder and arm pain, patient is trying to get disability, Priority: Routine
Prescriptions
Ordered
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, Instructions: Do not drive after taking, # 90 tab(s), 0 Refill(s), Type: Maintenance

Professional Services
Discused with attending Dr. Lamar

Addendum by Lamar MD, C Scott on August 07, 2012 1:29 PM EDT (Verified)
Agree with findings, assessment and plan as per the resident's note.
I was present and available during the patient's office visit

Charted Date: July 30, 2012 4:33 PM EDT
Subject / Title: Upper Extremity Pain *
Performed By: Tanksley MD, Simon on July 30, 2012 4:34 PM EDT
Electronically Signed By: Tanksley MD, Simon on August 01, 2012 10:16 AM EDT
Visit Information: 19817, Family Medicine Center, Outpatient, 7/30/2012 - 8/1/2012

Work or School Excuse *

Patient: **BUTLER, DORETTA** **MRN: 6819156** **FIN: 19817**
Age: **40 years** Sex: **Female** DOB:
Associated Diagnoses: **None**
Author: **Tanksley MD, Simon**

Today's date: 7/30/2012 4:31:00 PM .

To whom it may concern:

This patient is currently under my care and Was seen in my office on 7/30/2012 4:31:00 PM. . Please excuse him/ her from work, for the next 4 weeks. He/ she may return to with the following restrictions: no lifting, Patient is currently seeing a sports physician, Dr. McGowen, as well as myself for her right shoulder injury. Dr. McGowen has prescribed her another 4 weeks of physical therapy.and I have prescribed her another 4 weeks of pain medication. She is unable to functionally use her right arm currently so she will not be able to do manual labor during this time.. Please contact me if you have any questions or concerns.

Sincerely,

Charted Date:	July 30, 2012 4:30 PM EDT
Subject / Title:	Work or School Excuse *
Performed By:	Tanksley MD, Simon on July 30, 2012 4:33 PM EDT
Electronically Signed By:	Tanksley MD, Simon on July 30, 2012 4:33 PM EDT
Visit Information:	19817, Family Medicine Center, Outpatient, 7/30/2012 - 8/1/2012

Document Contains Addenda

FMC Adult Visit

Patient: **BUTLER, DORETTA** **MRN: 6819156** **FIN: 25896**
Age: **40 years** Sex: **Female** DOB:
Associated Diagnoses: **Right Arm Pain**
Author: **Riggsbee DO, Joshua**

Chief Complaint
CHIEF COMPLAINT
8/27/2012 2:20 PM EDT right arm pain

History of Present Illness
Pt with right arm pain since April 2012. Entire arm with shoulder being the worst. Throbbing pain. Xrays and MRI done. Improving at therapy. Scheduled to see ortho (Mazoue) in Sept. Taking neurontin, diclofenac, ultram. Neurontin making pt feel drunk. Would like lower dose.

Review of Systems
Constitutional: No fever, No chills, No sweats, No fatigue.
Eye
Ear/Nose/Mouth/Throat
Respiratory: No shortness of breath, No cough, No sputum production, No wheezing.
Cardiovascular: No chest pain, No palpitations, No peripheral edema.
Gastrointestinal: No nausea, No vomiting, No diarrhea, No constipation, No abdominal pain.
Genitourinary: No dysuria, No hematuria.
Hematology/Lymphatics: No bruising tendency, No bleeding tendency.
Endocrine: No excessive thirst, No polyuria, No cold intolerance, No heat intolerance.
Musculoskeletal: Joint pain, Muscle pain, No back pain.
Integumentary: No rash, No skin lesion.
Neurologic: No numbness, No tingling, No headache.

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies
Medications: (Selected).
Prescriptions
Ordered
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, Instructions: Do not drive after taking, # 270 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS Caremark MailOrder Electronic
paroxetine 20 mg oral tablet: See Instructions, Instructions: TAKE 1 TABLET BY MOUTH EVERY DAY, # 30 tab(s), 2 Refill(s), Pharmacy: CVS/pharmacy #5596
tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5596
Documented Medications
Documented
diclofenac-misoprostol 75 mg-200 mcg oral tablet: 1 tab(s), PO, BID, # 60 tab(s), 0 Refill(s), Type: Soft Stop
Problem list:
All Problems (Selected)

Acute cervical radiculopathy / ICD-9-CM 723.4 / Confirmed
Tobacco user / ICD-9-CM 305.1 / Probable

Histories

Past Medical History: .

Active
Acute cervical radiculopathy (723.4)

Resolved
Rotator cuff strain (840.4): Resolved.

Family History: .

CA - Breast cancer
Grandmother (M)
Autoimmune disease
Father
High blood pressure
Mother
Heart attack
Father
Hypercholesterolemia
Father
Mother
Coronary heart disease
Father

Procedure history: .

Tubal ligation (SNOMED CT 128720016).
Tubal ligation (SNOMED CT 694AB14D-ED08-4D31-937A-340969CE60F7).
Abortion history (SNOMED CT D63BF4F9-6FE3-4543-9E7D-FEE948263A48).

Social History: .

Tobacco Assessment: Current
Current, Cigarettes, 10 per day. Started age 28 Years.
Substance Abuse Assessment: Current
Current, Marijuana
Comment: Last MJ on April 20th

Physical Examination

VS/Measurements

Vital Signs

8/27/2012 2:20 PM EDT	Peripheral Pulse Rate	74 bpm
	Pulse Site	Radial artery
	Respiratory Rate	16 br/min
	Systolic Blood Pressure	104 mmHg
	Diastolic Blood Pressure	70 mmHg
	Mean Arterial Pressure	81 mmHg
	BP Site	Left arm
	Pain Present	Yes (Provider Notified)

, Measurements from flowsheet : Measurements

8/27/2012 2:20 PM EDT	Height	62 in
	Weight	135.8 lb

BSA	1.64 m2
Body Mass Index	24.84 kg/m2

General: Alert and oriented, crying.
Eye: Pupils are equal, round and reactive to light, Extraocular movements are intact.
Neck: Supple, No lymphadenopathy.
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal.
Cardiovascular: Normal rate, Regular rhythm, No murmur, No gallop, Good pulses equal in all extremities, No edema.
Gastrointestinal: Soft, Non-tender, Non-distended, Normal bowel sounds.
Musculoskeletal: Unable to examine right arm fully 2/2 pain and pt crying. Multiple areas of TTP and decreased ROM 2/2 pain.
Integumentary: Warm, Dry, Intact, No rash.
Neurologic: No focal defects, Cranial Nerves II-XII are grossly intact.
Psychiatric: Cooperative.

Review / Management
Results review

Impression and Plan
Diagnosis
Right Arm Pain (ICD9 729.5) (Unsure etiology but has had extensive w/u recently including MRI. Will see ortho in September for further recs. States dose of gabapentin makes pt feel drunk and would like lower dose. Cont diclofenac. Work excuse given until ortho can evaluate.)
(Primary Diagnosis).
Orders
Orders (Selected).
Outpatient Orders
Ordered
Return to Clinic (Request): REV: follow up, Return in 1 month
Completed
99213 office outpatient visit 15 minutes (Charge): Quantity: 1
Prescriptions
Ordered
gabapentin 300 mg oral tablet: See Instructions, Instructions: 1 tab PO tid prn pain, # 90 tab(s), 3 Refill(s), Type: Soft Stop, Pharmacy: CVS/pharmacy #5596
Documented Medications
Ordered
diclofenac-misoprostol 75 mg-200 mcg oral tablet: 1 tab(s), PO, BID, # 60 tab(s), 0 Refill(s), Type: Soft Stop
Attending, Dr. (Platt), was present and available at all times during the office visit.
Diagnosis
(Additonal Diagnosis).
Diagnosis
(Additional Diagnosis).
Diagnosis
(Additional Diagnosis).
Diagnosis
(Additional Diagnosis).
Diagnosis
(Additional Diagnosis).

Addendum by Platt MD, Tan on September 16, 2012 9:02 PM EDT (Verified)
I agree with the findings and the assessment and planin the resident's note. I was present and available during the patient's office visit.

Charted Date:	August 27, 2012 2:37 PM EDT
Subject / Title:	FMC Adult Visit
Performed By:	Riggsbee DO, Joshua on August 27, 2012 2:45 PM EDT
Electronically Signed By:	Riggsbee DO, Joshua on September 15, 2012 10:26 AM EDT
Visit Information:	25896, Family Medicine Center, Outpatient, 8/27/2012 - 8/29/2012

CLAIMANT'S APA #4

University Specialty Clinics - Neurosurgery

University Specialty Clinics - Neurosurgery

3 Richland Medical Pk Dr, Suite 310, Columbia, SC 29203
803-434-8323, FAX 803-434-8326

Date form completed: _____

Prior to your scheduled clinic visit, please take a moment to answer each question and complete all areas that apply to your health. This information will be reviewed by the physician and will be useful in the evaluation and treatment of your condition.

Name: Doretta Butler Date of Birth Age: 40 Sex: M (F)

Primary Care Physician: none

Consulting Physician:

Reason for visit: extreme pain in right arm & shoulder

Medical History:

Past Medical History (Check all that apply)

☐ Cancer ☐ Diabetes ☐ Heart Disease ☐ Stroke ☐ Hypertension ☐ Asthma ☐ Emphysema
☐ Gallbladder/Liver Problems ☐ Hepatitis ☐ Tuberculosis ☐ HIV Infection (AIDS)
☐ Thyroid/Parathyroid Problems ☐ Seizures ☒ Migraines ☐ Psychiatric Illness ☐ NONE

Surgical History (list any operations you have had)

Operation	When	Where	Why	Surgeon
1. Fibrillation	1995	Lexington County Hospital		
2.				
3.			Didn't want any more kids.	

Did you have a general anesthetic? ☐ No ☐ Yes
Did you experience any problems, if yes please explain:

Medications (including prescription & over-the-counter)

Name	Dose	Frequency	How Long Taken?
1. Gabapentin ~~600mg~~	600 mg	3x day	2 weeks
2. Aleve			4 days
3.			
4.			
5.			

Allergies: Yes / No, if yes please list allergies:
Identify reaction to allergy:

Social History:

Marital History: (Single) / Married / Divorced / Widowed

Occupation: FB Johnston Graphics Employer: FB Johnston Graphics

Have you missed work due to your condition/symptoms? (Yes) / No
If yes, how much time have you missed from work? 2 months

Do you use tobacco products: (Yes) / No If yes, amount per day: ½ pk #yrs used: 11
Have you smoked in the past? (Yes) / No If yes, number of years smoked: ____ Year quit: ____
Do you drink Alcohol? Yes / (No) If yes, type and number of drinks per week: ____
Do you have a history of alcohol abuse? Yes / (No)
Do you use or have you ever-used Street Drugs? (Yes) / No If yes, type: [redacted] How often: twice a month

Family History (check all that apply and indicate which family member has disease)

☐ Cancer ____ ☒ Diabetes ____ ☐ Stroke ____
☐ Seizures ____ ☐ Gallbladder ____ ☒ Other ____
☐ Heart Disease ____ ☐ Tuberculosis ____ ☐ NONE
☐ Thyroid/Parathyroid Problems

Review of Systems:

*Please check YES or NO where appropriate if you presently have or have had in past year.

Y	N	GENERAL
	X	Chills
	X	Depression
X		Dizziness
	X	Fainting
	X	Fatigue
	X	Fever
	X	Sweats
X		Sleep loss
	X	Weight gain
	X	Weight loss
	X	Tremors
	X	Nervousness
	X	Mental disorder
		EARS, EYES, NOSE & THROAT
	X	Respiratory Infection
	X	Hoarseness
	X	Sinus infection
	X	Sinus headaches
	X	Sore throat
	X	Swallowing difficulties
	X	Earaches
	X	Hearing loss
	X	Ringing in the ears
	X	Visual changes
X		Blurred Vision
X		Double Vision
	X	Loss of peripheral vision
		SKIN
	X	Rash
	X	Hair loss
	X	Lumps in breasts
	X	Skin Cancer
		RESPIRATORY
	X	Shortness of breath
	X	Wheezing
	X	Chronic cough
	X	Asthma
	X	Bloody sputum
	X	Lung Cancer
	X	Tuberculosis

Y	N	CARDIOVASCULAR
	X	High blood pressure
	X	Low blood pressure
	X	Hardening of the arteries
X		Chest pain or angina
	X	Heart attack – date:
	X	Rapid heart rate
	X	Slow heart rate
	X	Palpitations of the heart
	X	Poor circulation
X		Swelling of the ankles
	X	Heart Disease
	X	High cholesterol
		MUSCULOSKELETAL
	X	Arthritis-location:
X		**Numbness/Tingling/Pain:**
	X	Neck
	X	Shoulders
	X	Arms
	X	Elbows
X	X	Hands
	X	Hips
	X	Legs
	X	Knees
	X	Feet
	X	Low back
		NEUROLOGICAL
	X	Weakness-location:
	X	Memory problems
X		Balance difficulties
	X	Seizures
	X	Epilepsy disease
	X	Headaches-location:
X		Dizziness
	X	History of stroke
		HEMATOLOGY
	X	Anemia
	X	Bruises easily
	X	Bleeding Tendencies

Y	N	GENITOURINARY
	X	Blood in urine
	X	Frequent urination
	X	Loss of bladder control
	X	Difficult urination
	X	Painful urination
	X	Frequent nighttime urination
	X	Bladder or kidney infection
	X	Kidney stones
	X	No menstrual cycle-*female*
	X	Irregular menstrual cycle-*female*
	X	Endometriosis-*female*
	X	Uterine/cervical cancer-*female*
		Unable to maintain erection-*male*
		Prostate problems-*male*
		Prostate cancers-*male*
		GASTROINTESTINAL
	X	Belching or gas
	X	Constipation
	X	Diarrhea
	X	Distention of stomach
	X	Excessive hunger
	X	Poor appetite
X		Nausea/vomiting
	X	Gallbladder problems
	X	Liver problems
	X	Liver disease
	X	Alcoholism
	X	Colon cancer
		ENDOCRINE
	X	Heat or cold intolerance
	X	History of thyroid disease
	X	History of diabetes

Reviewed by: _____ 5/31/12
MD Signature *Date*

The above information is accurate to the best of my knowledge.
*If you indicated that you are presently experiencing any of the above symptoms, we strongly advise you to make an appointment with your primary care physician for further work up and evaluation.

Patient Signature: Doretta Butler Date: 5/31/12

UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE
UNIVERSITY SPECIALTY CLINICS

May 31, 2012

Patricia W. Witherspoon, M.D.
3209 Colonial Drive
Columbia, South Carolina 29203

Re: Doretta Butler
Chart #: 69056
DOB:

Dear Dr. Witherspoon:

Thank you for referring Ms. Butler to me. I saw her in my office on 05/31/12 complaining of right arm pain and numbness, mainly in the shoulder. Originally had chest pain.

History of present illness: She was recently seen in the emergency room twice and been sent here for further evaluation. She has been wearing a sling for her right arm. She denies surgery on the arm or back.

I discussed her medical history, surgical history, medications, social history, and family medical history. She admits to migraines. She has tubal ligation in 1995. Takes Neurontin and Aleve. No allergies. She is single and works at F.B. Johnson Graphics. She missed two months of work. She does smoke, has smoked in the past. No alcohol. Used street drugs in the past. Family medical history: Positive for cancer and diabetes.

A 10-point review of systems was done. Positive for dizziness; sleep loss; blurred vision; double vision; chest pain; swelling of the ankles; numbness and tingling, pain in the hands; balance difficulty, and dizziness. Also, nausea and vomiting.

Physical examination today reveals a 40-year-old appearing female in no acute distress, mild chronic pain. She is 5 feet 2 inch, 135 pounds. Blood pressure 134/74. Pulse 84. Respirations 12. No glasses. Ears, nose, and throat: Unremarkable. Head and face: Chronic pain and occasionally teary eyed. Respiratory: Lungs clear. Cardiovascular: Heart regular rate and rhythm. GI: Abdomen is soft. GU/GYN/Breasts: Deferred. Skin: Unremarkable. Musculoskeletal: Some tenderness over the right shoulder joint. Trouble putting the hand behind the head in the small of the back. Comes down with forward elevation when pushed on. Back exam: Negative. Straight leg-raising test is negative. Twelve inches from toes on trunk flexion.

Neurological Exam: Mental status oriented x3 and cooperative. No aphasia. Cranial nerves II-XII. Pupils equal and reactive to light. Full extraocular movements. Symmetrical face. Hearing and vision are grossly intact. Tongue midline. Motor exam: Good strength all four extremities. DTRs absent lower extremities, intact in the upper extremities. No Babinski. Negative Hoffmann. Gait unremarkable.

Review of the medical data was done. MRI shows a central disk bugle at C5-6. Not really with much pressure on the cord or either nerve root. Plain x-rays of the right shoulder are negative.

My impression is asymptomatic cervical disk C5-6 and probably has shoulder pathology on the right of some sort. We will make an appointment to see an orthopaedist specialist over here. I will not need to see her back since I do not feel that she has a neurosurgical problem. No evidence of myelopathy or radiculopathy.

Sincerely,

Raymond C. Sweet, M.D., F.A.C.S.

RCS:TrUSA0366-339464

6-5-12

UNIVERSITY SPECIALTY CLINICS - NEUROSURGERY
Three Richland Medical Park, Suite 310, Columbia, SC 29203
803-434-8323, FAX 803-434-8326

CLAIMANT'S APA #5

University Specialty Clinics
Department of Orthopaedic Surgery

Patient Chart # 99554 Date: 6-11-2012

Name: Doretha Butler Occupation: Finisher for Printing Company Age: 40

NECK (R) (L) SHOULDER / CLAVICLE (R) (L) ELBOW

Injury Date: April 2012

Consulted By: Dr. Sweets (neurosurgeon) medical park 3

Dominant Hand: Right / Left

Previous Test: X-Ray / MRI / CT / Bone Scan / NCS / Other

Do we have previous test?: YES / NO medical park Palmetto Richland (X-ray)

◆ Cause of Pain: Started with chest pain and generated to shoulder and fingers.

◆ Treatment: Meds/Heat/Ice/Therapy/DrTx Sling, See attachment for meds

◆ Location: (R) Shoulder

◆ Prior Surgery: NA

◆ Makes It Worse: Pressure

◆ Duration: 3 months

◆ Swelling: YES / NO

◆ Makes It Better: NA

◆ Dermatologic: Bruising/Redness/Normal

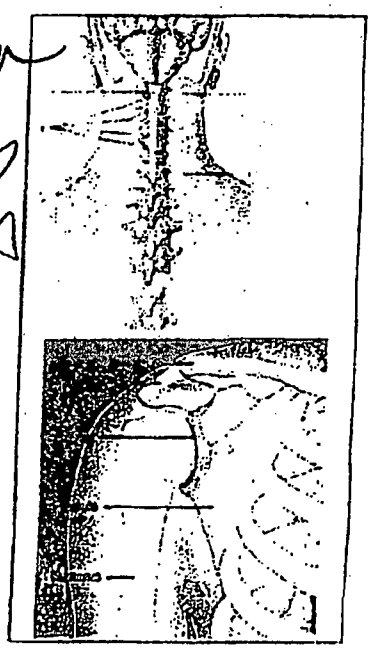
◆ Crepitus: Grinding/Popping/Locking/Decreased Strength/Normal

◆ Neuro: Numbness/Tingling/Normal

◆ REMOVED Bra, Necklace, Earrings YES / NO

◆ Allergies: NKDA

Physician Only



Physician Only

Circulation:

Sensation:

Motor:

P128

UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE
UNIVERSITY SPECIALTY CLINICS®

JUNE 11, 2012 **RE: DORETTA BUTLER # 99554**

CHIEF COMPLAINT: Right shoulder pain.

HISTORY OF PRESENT ILLNESS: The patient is a 40-year-old black female here for consultation from Dr. Sweet's office in neurosurgery. The patient arrives today with regard to right shoulder issues. This has been going on for about three months. She has had no specific injury but she started with chest pain and then had some cervical spine issues. She saw Dr. Sweet. He sent her over here for the continued shoulder pain despite having the cervical issues addressed. He was concerned that maybe there was some shoulder pathology. I am more than happy to see her today for evaluation. She is in a sling today.

The new patient medical information sheet was reviewed, signed and dated.

PHYSICAL EXAM: The patient is an alert and oriented x3 40-year-old black female in no acute distress. Physical exam of the right shoulder reveals no masses, rashes, lesions or abrasions. She has fair range of motion and some difficulty with forward flexion and abduction the last 10 to 15 degrees. She had decreased strength overall, right versus left.

RADIOGRAPHS: X-rays from an outside source and from today are essentially negative.

IMPRESSION: 1) Right shoulder pain. 2) Right rotator cuff tendonitis/bursitis. 3) Right questionable early adhesive capsulitis.

PLAN: I have seen the patient. I will go ahead and give her a cortisone shot in the right shoulder. She will take Voltaren 75 mg one p.o. q 12 hours and physical therapy at Sports Plus. I will see her back here in about three weeks for recheck and evaluation and of course, sooner if there are any further problems.

PROCEDURE NOTE: The patient was alcohol and Betadine scrubbed. An injection was carried out in the posterior aspect of the right shoulder with 8 cc of Lidocaine and 2 cc of Depo-Medrol into the subacromial space of the right shoulder. The patient tolerated the procedure well and was discharged home without complications.

ALLERGIES: NKDA.

Andrew T. McGown, M.D.

ATM.06.11.12.vr.ORTHO

DEPARTMENT OF ORTHOPAEDIC SURGERY
Two Medical Park, Suite 404, Columbia, SC 29203
803-434-6812, FAX 803-434-7306

UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE

UNIVERSITY SPECIALTY CLINICS®

99554
25441

JULY 13, 2012 **RE: DORETTA BUTLER #48**

SUBJECTIVE: Ms. Butler is a 40-year-old black female I have seen with regard to shoulder pain and early adhesive capsulitis. She is doing a little better. She is still having some pain. She is working hard with therapy at Sports Plus but still having some pain overall.

OBJECTIVE: On exam the patient has no warmth or erythema. She has improved range of motion. Flexion to about 90 degrees. Abduction to about 115-120 degrees. Improved strength overall. Grossly neurovascularly intact.

IMPRESSION: 1) Right shoulder pain. 2) Right shoulder rotator cuff tendinitis but with adhesive capsulitis.

PLAN: I have seen Ms. Butler. At this point I would like her to continue working hard with physical therapy. We will see her back here in about 4-6 weeks for recheck and evaluation, of course, sooner if there are any further problems.

ALLERGIES: NKDA.

Andrew T. McGown, M.D.
ATM.07.13.12.cct.ORTHO

DEPARTMENT OF ORTHOPAEDIC SURGERY
Two Medical Park, Suite 404, Columbia, SC 29203
803-434-6812, FAX 803-434-7306

Upper Extremity Evaluation*

Patient: **BUTLER, DORETTA** **MRN: 25441** **FIN: 12134**
Age: **40 years** Sex: **Female** DOB:
Associated Diagnoses: **Shoulder impingement syndrome**
Author: **Mazoue MD, Christopher**

History of Present Illness

Pain started April 10th and has not been to work since then. Does not remember a specific event. Says that pain originated at her chest and radiated out. Went to the ER at Providence originally Dx with muscle strain. Has seen Dr. McGown who recommended therapy. Pt claims therapy has helped some, but has not provided pain relief. Pt can Abduct to 90 degrees, flex to about 100 deg. MMT reveal 5/5 str in Abd, flex, IR, ER, grip. No numbness/tingling currently present. + H-K.

SEE DICTATED NOTE

Review of Systems

Constitutional: Negative.
Cardiovascular: Negative.
Hematology/Lymphatics: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Numbness.
Psychiatric: Negative.

Health Status

Allergies: .
Allergic Reactions (Selected)
No known allergies
Medications: (Selected).
Documented Medications
Documented
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, # 90 tab(s), 0 Refill(s), Type: Soft Stop
paroxetine 20 mg oral tablet: 1 tab(s) (20 mg), PO, Daily, # 30 tab(s), 0 Refill(s), Type: Soft Stop
tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Soft Stop
Problem list: .
All Problems (Selected)
Tobacco user / ICD-9-CM 305.1 / Probable
Sprain of Unspecified Site of Shoulder and Upper Arm / ICD-9-CM 840.9 / Confirmed
Shoulder pain / ICD-9-CM 719.41 / Confirmed
Right Arm Pain / ICD-9-CM 729.5 / Confirmed
Injury of tendon of rotator cuff / ICD-9-CM 959.2 / Confirmed

Histories

Past Medical History: .
Resolved
Acute cervical radiculopathy: Resolved.
Comments:
9/13/2012 EDT 8:43 AM EDT - Mathis2 , Crystal
still active
Family History: .
No family history items have been selected or recorded.
Procedure history: .
No active procedure history items have been selected or recorded.
Social History: .
Tobacco Assessment
Current
Home and Environment Assessment

Marital status: Single.

Impression and Plan

Diagnosis

Shoulder impingement syndrome (ICD9 726.2).

Orders

Orders.

Charges (Evaluation and Management):

99203 office outpatient new 30 minutes (Charge) (Completed): Quantity: 1

Charted Date:	September 14, 2012 11:24 AM EDT
Subject / Title:	Upper Extremity Evaluation*
Performed By:	Mazoue MD, Christopher on September 14, 2012 11:33 AM EDT
Electronically Signed By:	Mazoue MD, Christopher on September 14, 2012 12:03 PM EDT
Visit Information:	12134, USC Orthopedics, Outpatient, 9/14/2012 - 9/16/2012

UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE

UNIVERSITY SPECIALTY CLINICS®

SEPTEMBER 14, 2012 **RE: DORETTA BUTLER #25441**

CHIEF COMPLAINT: Right shoulder pain.

HISTORY OF PRESENT ILLNESS: Ms. Butler is a 40-year-old right-hand dominant female. Apparently on approximately April 10, 2012 she had an insidious onset of right shoulder pain. She, I believe, works laminating furniture but cannot recall that her work actually caused this injury. She had a severe onset of chest pain that radiated outward from the arm.

Her past medical history is furthered reviewed in the chart.

She has had some corticosteroid injections to the right shoulder that provided minimal relief. She has been seen by Dr. Sweet in neurosurgery. MRI of the cervical spine was obtained. Apparently, Dr. Sweet did not feel like there was anything needed from a neurosurgical standpoint. Ms. Butler complains of pain primarily to the anterior and lateral aspect of the right shoulder. She really does not have true radicular symptoms or neurologic symptoms.

PAST MEDICAL HISTORY: Her past medical history was reviewed and signed in the chart.

PHYSICAL EXAMINATION: **VITAL SIGNS:** Reviewed and signed in the chart. **GENERAL:** She is alert, oriented, a healthy appearing black female in no acute distress. She has a pleasant mood and affect. **GAIT:** She is ambulating with a good gait pattern. **MUSCULOSKELETAL:** She has no gross deformities to the upper extremities. She has good range of motion of her cervical spine. The skin is intact to the upper extremities. She is tender with overhead motion of the right shoulder but can abduct the right shoulder about 145 degrees. Her strength is actually good with abduction, external rotation and internal rotation with the right shoulder as compared to the left. The remainder of the motor exam is intact to the right and left upper extremities. She has tenderness over the AC joint. She has positive external impingement sign including Hawkins and Neer's tests of the right shoulder. No evidence of any gross anterior, posterior, or inferior laxity of the right shoulder as compared to the left.

RADIOGRAPHS: Radiographs of the left shoulder AP, true AP, axillary of the supraspinatus, and outlet view show no obvious bony pathology.

IMPRESSION: Chronic right shoulder pain.

PLAN: Due to the chronicity of the symptoms we will go ahead and get an MR arthrogram of the right shoulder. She will followup with me in two weeks to review the MR arthrogram of the right shoulder.

Christopher G. Mazzola, M.D.
CGM.09.14.12 cct.ORTHO

DEPARTMENT OF ORTHOPAEDIC SURGERY
Two Medical Park, Suite 404, Columbia, SC 29203
803-434-6812, FAX 803-434-7306

Upper Extremity Evaluation*

Patient: **BUTLER, DORETTA** **MRN: 25441** **FIN: 14702**
Age: **40 years** Sex: **Female** DOB:
Associated Diagnoses: **Shoulder pain**
Author: **Mazoue MD, Christopher**

Chief Complaint
CHIEF COMPLAINT
9/26/2012 2:29 PM EDT 40 y/o female MRI F/U R shoulder

History of Present Illness
Shoulder is still painful and ROM is somewhat limited.

SEE DICTATED NOTE

Review of Systems
Constitutional: Negative.
Cardiovascular: Negative.
Hematology/Lymphatics: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Numbness, Tingling.
Psychiatric: Negative.
All other systems are negative

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies
Medications: (Selected)
Documented Medications
Documented
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, # 90 tab(s), 0 Refill(s), Type: Soft Stop
paroxetine 20 mg oral tablet: 1 tab(s) (20 mg), PO, Daily, # 30 tab(s), 0 Refill(s), Type: Soft Stop
tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Soft Stop
Problem list:
All Problems
Injury of tendon of rotator cuff / ICD-9-CM 959.2 / Confirmed
Right Arm Pain / ICD-9-CM 729.5 / Confirmed
Shoulder pain / ICD-9-CM 719.41 / Confirmed
Sprain of Unspecified Site of Shoulder and Upper Arm / ICD-9-CM 840.9 / Confirmed
Tobacco user / ICD-9-CM 305.1 / Probable

Histories
Past Medical History:
Resolved
Acute cervical radiculopathy: Resolved.
Comments:
9/13/2012 EDT 8:43 AM EDT - Mathis2 , Crystal
still active
Family History:
Diabetes
Mother
High Blood Pressure
Mother
Father

Procedure history:
Cortisone Injection in 2012 at 40 Years.
Comments:
9/26/2012 10:30 AM - Ford , Neta
8cc Lidocaine 2cc Depo-Medrol right shoulder
Tubal Ligation (V26.51).
Social History:
Alcohol Assessment: Denies Alcohol Use
Current
Comment: Not often
Tobacco Assessment
Current, Cigarettes
Comment: 1/2 PPD
Substance Abuse Assessment: Denies Substance Abuse
Employment and School Assessment
Employed
Comment: Finisher
Home and Environment Assessment
Marital status: Single.

Impression and Plan
Diagnosis
Shoulder pain (ICD9 719.41).
Orders
Orders.
Charges (Evaluation and Management):
99212 office outpatient visit 10 minutes (Charge) (Completed): Quantity: 1

Charted Date:	September 26, 2012 3:09 PM EDT
Subject / Title:	Upper Extremity Evaluation*
Performed By:	Mazoue MD, Christopher on September 26, 2012 3:11 PM EDT
Electronically Signed By:	Mazoue MD, Christopher on September 26, 2012 3:35 PM EDT
Visit Information:	14702, USC Orthopedics, Outpatient, 9/26/2012 - 9/28/2012

UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE

UNIVERSITY SPECIALTY CLINICS®

SEPTEMBER 28, 2012 **RE: DORETTA BUTLER #25441**

CHIEF COMPLAINT: Right shoulder pain.

HISTORY OF PRESENT ILLNESS: Ms. Butler is here for a followup of the MRI of her right shoulder. Recall, she has had previous injections around her shoulder. It appears that a couple or even three of them may have been just mild fascia trigger points. She has undergone physical therapy. She complains of pain around the superior, around AC joint and also pain around the trapezius. There is no neck pain. No radicular or neurologic symptoms.

PHYSICAL EXAMINATION: **GENERAL:** She is alert and oriented. She was tearful on her last visit here and the visit today. She really has exhibited significant crying and depression despite of limited exam. **MUSCULOSKELETAL:** She can abduct about 155 degrees the right shoulder; 180 degrees the left shoulder. Her strength is good with abduction, external rotation and internal rotation of the right shoulder as compared to the left. There is significant tenderness over the AC joint also tenderness over the trapezius with some trigger points although they are somewhat diffuse. No evidence of any gross anterior, posterior or inferior laxity of the right shoulder as compared to the left.

MR ARTHROGRAM: MR Arthrogram of the right shoulder is reviewed. Overall there is some rotator cuff tendinosis but the rotator cuff is intact. There is subacromial bursitis. There is AC joint arthropathy. I do not see any other major pathology.

IMPRESSION: Right shoulder impingement syndrome, AC joint arthropathy and trigger points around the trapezius.

PLAN: I think this is a very difficult problem. Ms. Butler certainly appears depressed. She is exhibiting pain and depression that are certainly out of proportion from what we see on exam or the MRI. We will go ahead and proceed with an AC joint injection and we will see how she does with that. She will do a home exercise program. We will talk about anti-inflammatory medicine. She will followup with me in about two months for re-evaluation.

PROCEDURE NOTE: The patient's right superior shoulder was prepped with Betadine. Under sterile conditions the AC joint was infiltrated with 2 cc of Celestone and 3 cc of 1% Lidocaine. She tolerated this procedure without any difficulty.

Christopher G. Mazzuca, M.D.
CGM.09.26.12.cd/ORTHO

DEPARTMENT OF ORTHOPAEDIC SURGERY
Two Medical Park, Suite 404, Columbia, SC 29203
803-434-6812, FAX 803-434-7306

Upper Extremity Evaluation*

Patient: **BUTLER, DORETTA** **MRN: 25441** **FIN: 16085**
Age: **40 years** Sex: **Female** DOB:
Associated Diagnoses: **Shoulder pain**
Author: **Mazoue MD, Christopher**

Chief Complaint
CHIEF COMPLAINT
11/28/2012 11:02 AM EST R shoulder f/u

History of Present Illness

SEE DICTATED NOTE

Review of Systems
Constitutional: Negative.
Cardiovascular: Negative.
Hematology/Lymphatics: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Negative.
Psychiatric: Negative.
All other systems are negative

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies
Medications: (Selected)
Documented Medications
Documented
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, # 90 tab(s), 0 Refill(s), Type: Soft Stop
paroxetine 20 mg oral tablet: 1 tab(s) (20 mg), PO, Daily, # 30 tab(s), 0 Refill(s), Type: Soft Stop
tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Soft Stop
Problem list:
All Problems
Tobacco user / ICD-9-CM 305.1 / Probable
Shoulder pain / ICD-9-CM 719.41 / Confirmed
Right Arm Pain / ICD-9-CM 729.5 / Confirmed
Sprain of Unspecified Site of Shoulder and Upper Arm / ICD-9-CM 840.9 / Confirmed
Injury of tendon of rotator cuff / ICD-9-CM 959.2 / Confirmed

Histories
Past Medical History:
Resolved
Acute cervical radiculopathy: Resolved.
Comments:
9/13/2012 EDT 8:43 AM EDT - Mathis2 , Crystal
still active
Family History:
Diabetes
Mother
High Blood Pressure
Mother
Father

Procedure history:
Cortisone Injection in 2012 at 40 Years.
Comments:
9/26/2012 10:30 AM - Ford , Neta
8cc Lidocaine 2cc Depo-Medrol right shoulder
Tubal Ligation (V26.51).
Social History:
Alcohol Assessment: Denies Alcohol Use
Current
Comment: Not often
Tobacco Assessment
Current, Cigarettes
Comment: 1/2 PPD
Substance Abuse Assessment: Denies Substance Abuse
Employment and School Assessment
Employed
Comment: Finisher
Home and Environment Assessment
Marital status: Single.

Impression and Plan
Diagnosis
Shoulder pain (ICD9 719.41).
Orders
Orders.
Charges (Evaluation and Management):
99213 office outpatient visit 15 minutes (Charge) (Completed): Quantity: 1, Modifier(s): 25

Charted Date:	November 28, 2012 11:03 AM EST
Subject / Title:	Upper Extremity Evaluation*
Performed By:	Mazoue MD, Christopher on November 28, 2012 11:04 AM EST
Electronically Signed By:	Mazoue MD, Christopher on November 28, 2012 12:11 PM EST
Visit Information:	16085, USC Orthopedics, Outpatient, 11/28/2012 - 11/30/2012

UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE

UNIVERSITY SPECIALTY CLINICS®

NOVEMBER 28, 2012 **RE: DORETTA BUTLER #25441**

CHIEF COMPLAINT: Right shoulder pain.

HISTORY OF PRESENT ILLNESS: Ms. Butler got a corticosteroid injection for her AC joint last visit. She states that she got about 50% better and was doing much better. Then her pain recurred. She currently complains of pain again to the superior aspect of her right shoulder. She does not really complain of any radicular symptoms.

PHYSICAL EXAMINATION: **GENERAL:** She is alert, oriented, and healthy appearing. Again, she has that depressed affect. **MUSCULOSKELETAL:** She has good active range of motion of the right shoulder as compared to the left a little bit better than previous exams. Her strength is good with abduction, external rotation and internal rotation of the right shoulder as compared to the left. There is tenderness over the AC joint. There is some mild discomfort with external Impingement signs including Hawkins and Neer's test. No evidence of any gross anterior, posterior, or inferior laxity of the right shoulder as compared to the left.

IMPRESSION: Right shoulder Impingement syndrome with AC joint arthropathy and history of trigger points around the trapezius.

PLAN: I talked to Ms. Butler about her options including continued benign neglect versus another corticosteroid injection versus surgery. We will go ahead and proceed with another intraarticular corticosteroid injection in the AC joint. We will see how she does over time. She will followup with me in about three months for a re-evaluation.

PROCEDURE: The patient's right superior shoulder was prepped with Betadine. Under sterile conditions the AC joint was infiltrated with 2 cc of Celestone and 2 cc of 1% Lidocaine. She tolerated this procedure without any difficulty.

Christopher G. Mazoue, M.D.
CGM.11.28.12 cc: ORTHO

DEPARTMENT OF ORTHOPAEDIC SURGERY
Two Medical Park, Suite 404, Columbia, SC 29203
803-434-6812, FAX 803-434-7306

Upper Extremity Evaluation*

Patient: **BUTLER, DORETTA** **MRN: 25441** **FIN: 23062**
Age: **40 years** Sex: **Female** DOB:
Associated Diagnoses: **Shoulder pain; Shoulder impingement syndrome**
Author: **Mazoue MD, Christopher**

Chief Complaint
CHIEF COMPLAINT
2/11/2013 9:51 AM EST f/u R shoulder

History of Present Illness
Patient presents today for a right shoulder follow up. At her last appointment she received an injection that gave her around a months relief. She states the pain has since returned but it is not yet at the level it was previously. The pain is constant, she does have pain with sleeping, and she takes diclofenac regularly. The therapy she has completed helped her pain decrease.

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies
Medications: (Selected)
Documented Medications
Documented
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, # 90 tab(s), 0 Refill(s), Type: Soft Stop
paroxetine 20 mg oral tablet: 1 tab(s) (20 mg), PO, Daily, # 30 tab(s), 0 Refill(s), Type: Soft Stop
tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Soft Stop
Problem list:
All Problems (Selected)
Tobacco user / ICD-9-CM 305.1 / Probable
Sprain of Unspecified Site of Shoulder and Upper Arm / ICD-9-CM 840.9 / Confirmed
Shoulder pain / ICD-9-CM 719.41 / Confirmed
Right Arm Pain / ICD-9-CM 729.5 / Confirmed
Injury of tendon of rotator cuff / ICD-9-CM 959.2 / Confirmed

Histories
Past Medical History:
Resolved
Acute cervical radiculopathy: Resolved.
Comments:
9/13/2012 EDT 8:43 AM EDT - Mathis2 , Crystal
still active
Family History:
Diabetes
Mother
High Blood Pressure
Mother
Father

Procedure history:
Cortisone injection in 2012 at 40 Years.
Comments:
9/26/2012 10:30 AM - Ford , Nete
8cc Lidocaine 2cc Depo-Medrol right shoulder
Tubal Ligation (V26.51).
Social History:
Alcohol Assessment: Denies Alcohol Use
Current

Comment: Not often
Tobacco Assessment
Current, Cigarettes
Comment: 1/2 PPD
Substance Abuse Assessment: Denies Substance Abuse
Employment and School Assessment
Employed
Comment: Finisher
Home and Environment Assessment
Marital status: Single.

Physical Examination

On exam, she is alert and oriented, healthy-appearing, in no acute distress with a pleasant affect. She has no gross deformity to the right shoulder. She has good range of motion of the right shoulder as compared to left. Her strength is good and abduction, external rotation and internal rotation of the right shoulder as compared to left. She has tenderness over the a.c. joint of the right shoulder. She has positive external impingement signs to the right shoulder. The remainder of the motor exam, sensation and pulses are intact to the right and left upper extremities.

Impression and Plan

Diagnosis
Shoulder pain (ICD9 719.41).
Shoulder impingement syndrome (ICD9 726.2).

Summary: Impression: Chronic right shoulder pain with impingement syndrome and a.c. joint arthropathy

Plan: We discussed nonoperative versus operative treatment. At this point due to failure of nonoperative treatment we will proceed with a right shoulder arthroscopy with SCD, DCE, possible rotator cuff debridement versus repair and possible biceps tenotomy versus tenodesis. We discussed the risks and benefits of surgery..

Orders
Orders.
Charges (Evaluation and Management):
99213 office outpatient visit 15 minutes (Charge) (Completed): Quantity: 1

Signature Line

Signed and Authored by Christopher Mazoue on 02/11/2013 10:09 AM EST
Signed by Pathyna Knight on 03/08/2013 04:19 PM EST
Emily Durand

Charted Date:	February 11, 2013 9:51 AM EST
Subject / Title:	Upper Extremity Evaluation*
Performed By:	Mazoue MD, Christopher on February 11, 2013 9:53 AM EST
Electronically Signed By:	Mazoue MD, Christopher on February 11, 2013 10:09 AM EST
Visit Information:	23062, USC Orthopedics, Outpatient, 2/11/2013 - 2/13/2013

Upper Extremity MAZ

Patient: **BUTLER, DORETTA** MRN: 25441 FIN: 51288
Age: 41 years Sex: Female DOB:
Associated Diagnoses: Shoulder pain; Shoulder impingement syndrome
Author: Mazoue MD, Christopher

Chief Complaint
8/16/2013 3:55 PM EDT R shoulder pain

History of Present Illness
Doretta returns today after cancelling her surgery 5 months ago for her R shoulder SAD, DCE, biceps tenodesis. She states the pain in her shoulder is the same as it was when we last saw her. She wears an icy hot patch during the day and finds some relief with this. She is not interested in surgery due to financial reasons. She is here today to discuss other options.

Review of Systems
Constitutional: Negative.
Cardiovascular: Negative.
Hematology/Lymphatics: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Negative.
Psychiatric: Negative.
All other systems reviewed and negative

Health Status
Allergies:
Allergic Reactions (All)
No known allergies
Medications: (Selected)
Documented Medications
Documented
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, # 90 tab(s), 0 Refill(s), Type: Soft Stop
paroxetine 20 mg oral tablet: 1 tab(s) (20 mg), PO, Daily, # 30 tab(s), 0 Refill(s), Type: Soft Stop
tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Soft Stop
Problem list:
All Problems
Injury of tendon of rotator cuff / ICD-9-CM 959.2 / Confirmed
Right Arm Pain / ICD-9-CM 729.5 / Confirmed
Shoulder pain / ICD-9-CM 719.41 / Confirmed
Sprain of Unspecified Site of Shoulder and Upper Arm / ICD-9-CM 840.9 / Confirmed
Tobacco user / ICD-9-CM 305.1 / Probable
Resolved: Acute cervical radioulopathy

Histories
Past Medical History:
Resolved
Acute cervical radiculopathy: Resolved.
Comments:

9/13/2012 EDT 8:43 AM EDT - Mathis2 , Crystal
still active

Family History:
Diabetes
Mother
High Blood Pressure
Mother
Father

Procedure history:
Cortisone Injection in 2012 at 40 Years.
Comments:
9/26/2012 10:30 AM - Ford , Nela
6cc Lidocaine 2cc Depo-Medrol right shoulder
Tubal Ligation (V26.51).

Social History:
Alcohol Assessment: Denies Alcohol Use
Current
Comment: Not often
Tobacco Assessment
Current, Cigarettes
Comment: 1/2 PPD
Substance Abuse Assessment: Denies Substance Abuse
Employment and School Assessment
Employed
Comment: Finisher
Home and Environment Assessment
Marital status: Single.

Physical Examination
The patient is alert and oriented, healthy appearing, in no acute distress, with a pleasant affect.
The patient ambulates with a normal gait.
There is no gross deformity to the right and left upper extremities.
Skin is intact to the R and L UE.
Exam of the R shoulder:
Active abduction:120 degrees.
Passive FF: 150 degrees.
Strength; Abduction: 5/5, ER 5/5, IR 5/5.
Remainder motor exam R UE: normal
Sensation R UE: intact
Pulses R UE: intact
TTP AC joint: positive
TTP proximal biceps tendon: positive.
External impingement signs: positive.
Scapula dyskinesia: negative.

Motor exam, sensation and pulses L UE: intact.
No gross lymphadenopathy B UE.

Health Maintenance

Recommendations
Pending (In the next year)
Due
Alcohol Misuse Screen (Female) due 08/16/13 and every 1 year(s)
Cervical Cancer Screen (if sexually active) due 08/16/13 and every 3 year(s)
Depression Screen (Female) due 08/16/13 and every 1 year(s)
HIV Screen (if sexually active) (Female) due 08/16/13 and every 1 year(s)
High Blood Pressure Screen (Female) due 08/16/13 and every 1 year(s)
Lipid Disorders Screen (Female) due 08/16/13 and every 5 year(s)
STD Counseling (if sexually active) (Female) due 08/16/13 and every 1 year(s)
Syphilis Screen (if sexually active) (Female) due 08/16/13 and every 1 year(s)
Tetanus Vaccine due 08/16/13 and every 10 year(s)
Satisfied (In the past 1 year)
There are no satisfied recommendations within the defined date range

Impression and Plan
Diagnosis
Shoulder pain (ICD9 719.41).
Shoulder impingement syndrome (ICD9 726.2).
Summary: she is not interested in surgical intervention at this point. We will proceed with a subacromial corticosteroid injection. She will followup me as needed in the future.

Procedure note: Under sterile conditions, the right shoulder subacromial space was injected with 2 cc of Depo-Medrol and 5 cc of 1% Lidocaine. The patient tolerated this procedure without difficulty..
Orders
Orders.
Charges (Evaluation and Management):
99213 office outpatient visit 15 minutes (Charge) (Order): Quantity: 1, Modifier(s): 25

Professional Services

Note: This note was created using speech recognition software.

Signature Line

Signed and Authored by Christopher Mazoue on 08/18/2013 06:10 PM EDT

Charted Date:	August 16, 2013 3:56 PM EDT
Subject / Title:	Upper Extremity MAZ
Performed By:	Mazoue MD, Christopher on August 16, 2013 4:00 PM EDT
Electronically Signed By:	Mazoue MD, Christopher on August 18, 2013 6:10 PM EDT
Visit Information:	51288, USC Orthopedics, Outpatient, 8/16/2013 - 8/18/2013

Printed by: Guzman , Jacquelyn
Printed on: 7/10/2014 11:46 AM EDT

Upper Extremity MAZ

Patient: **BUTLER, DORETTA** MRN: **25441** FIN: **82044**
Age: 41 years Sex: **Female** DOB:
Associated Diagnoses: **Shoulder pain**
Author: **Mazoue MD, Christopher**

Chief Complaint
2/28/2014 3:15 PM EST F/U R SHOULDER

History of Present Illness
Mrs. Butler is a pleasant RHD 41 y/o female c/o R shoulder pain. We previously saw her about one year ago and she was scheduled for an R sldr SAD, DCE, bicep tenodesis. Pain began April 10, 2012 no known MOI and has had problems ever since. However due to insurance and finanacial reasons she was not able to have the surgery. We saw her again in August 2013 at which time she was looking for other treatment options and received a CSI which helped for a short period of time. She now has new insureance and would like to proceed with her original surgery. Pain in constant and located on her anterior and lateral aspect of her shoulder. PAin increase with movement. Occassional popping/clicking. C/o of numbness and tingling in her whole hand. She wears an ace bandage most of the time around her arm which helps with the pain. Difficulty sleeping at night due to the pain. She takes aleve on a daily basis as well as uses aspercreme. She has no previous hx of shoulder surgery.

Health Status
Allergies:
Allergic Reactions (All)
No known allergies
Medications: (Selected)
Documented Medications
Documented
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, # 90 tab(s), 0 Refill(s), Type: Soft Stop
paroxetine 20 mg oral tablet: 1 tab(s) (20 mg), PO, Daily, # 30 tab(s), 0 Refill(s), Type: Soft Stop
tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Soft Stop
Problem list:
All Problems
Injury of tendon of rotator cuff / ICD-9-CM 959.2 / Confirmed
Right Arm Pain / ICD-9-CM 729.5 / Confirmed
Shoulder pain / ICD-9-CM 719.41 / Confirmed
Sprain of Unspecified Site of Shoulder and Upper Arm / ICD-9-CM 840.9 / Confirmed
Tobacco user / ICD-9-CM 305.1 / Probable
Resolved: Acute cervical radiculopathy

Histories
Past Medical History:
Resolved
Acute cervical radiculopathy: Resolved.
Comments:
9/13/2012 EDT 8:43 AM EDT - Mathis2 , Crystal
still active
Family History:
Diabetes

Mother
High Blood Pressure
Mother
Father

Procedure history:
Cortisone Injection on 6/11/2012 at 40 Years.
Comments:
9/26/2012 10:30 AM - Ford , Neta
8cc Lidocaine 2cc Depo-Medrol right shoulder
Tubal Ligation (V26.51).

Social History:
Alcohol Assessment: Denies Alcohol Use
Current
Comments:
09/26/2012 - Ford , Neta
Not often
Tobacco Assessment
Current, Cigarettes
Comments:
09/26/2012 - Ford , Neta
1/2 PPD
Substance Abuse Assessment: Denies Substance Abuse
Employment and School Assessment
Employed
Comments:
09/26/2012 - Ford , Neta
Finisher
Home and Environment Assessment
Marital status: Single.

Physical Examination
The patient is alert and oriented, healthy appearing, in no acute distress, with a pleasant affect.
The patient ambulates with a normal gait.
There is no gross deformity to the right and left upper extremities.
Skin is intact to the R and L UE.
Exam of the R shoulder:
Active abduction:165 degrees.
Passive FF: 10 degrees.
Strength: Abduction: 5/5, ER 5/5, IR 5/5.
Remainder motor exam: normal
Sensation: intact
Pulses: intact
TTP AC joint: positive.
TTP proximal biceps tendon: positive.
External impingement signs: positive.
Scapula dyskinesia: negative.

Motor exam, sensation and pulses L UE: intact.
No gross lymphadenopathy B UE.

Radiographs of the R shoulder: negative.

Health Maintenance

Recommendations

Pending (in the next year)

OverDue

Body Mass Index Check (Female) due 09/14/13 and every 1 year(s)

Due

Alcohol Misuse Screen (Female) due 02/28/14 and every 1 year(s)
Cervical Cancer Screen (if sexually active) due 02/28/14 and every 3 year(s)
Depression Screen (Female) due 02/28/14 and every 1 year(s)
HIV Screen (if sexually active) (Female) due 02/28/14 and every 1 year(s)
High Blood Pressure Screen (Female) due 02/28/14 and every 1 year(s)
Lipid Disorders Screen (Female) due 02/28/14 and every 5 year(s)
STD Counseling (if sexually active) (Female) due 02/28/14 and every 1 year(s)
Syphilis Screen (if sexually active) (Female) due 02/28/14 and every 1 year(s)
Tetanus Vaccine due 02/28/14 and every 10 year(s)

Satisfied (in the past 1 year)

There are no satisfied recommendations within the defined date range

Impression and Plan

Diagnosis

Shoulder pain (ICD9 719.41).

Summary: she continues to show evidence of impingement syndrome with some mild a.c. joint arthrosis. We will proceed with a right shoulder arthroscopy with subacromial decompression, distal clavicle excision and possible biceps tenodesis. We will also look at the labrum. We have discussed the risks and benefits of this procedure..

Orders

Orders
Charges (Evaluation and Management):
99213 office outpatient visit 15 minutes (Charge) (Order): Quantity: 1.

Professional Services

Note: This note was created using speech recognition software.

Signature Line

Signed and Authored by Christopher Mazoue on 02/28/2014 03:50 PM EST

Charted Date: February 28, 2014 3:15 PM EST
Subject / Title: Upper Extremity MAZ
Performed By: Mazoue MD, Christopher on February 28, 2014 3:22 PM EST

Electronically Signed By: Mazoue MD, Christopher on February 28, 2014 3:50 PM EST
Visit Information: 82044, USC Orthopedics, Outpatient, 2/28/2014 - 3/2/2014

PALMETTO HEALTH RICHLAND
5 Richland Medical Park Drive
Columbia, SC 29203
(803) 434-7000

OPERATIVE REPORT

PATIENT:	BUTLER, DORETTA	DICT:	Christopher G. Mazoue, MD
MR #:	006819156	DOB:	
ADMITTED:	04/01/2014	PT LOC:	OPS^^^R^^^

DATE OF OPERATION: 04/01/2014

PREOPERATIVE DIAGNOSES:
1. Right shoulder impingement syndrome.
2. Right shoulder acromioclavicular degenerative joint disease.
3. Right shoulder rotator cuff tendinopathy.
4. Right shoulder proximal biceps tendinopathy.

POSTOPERATIVE DIAGNOSES:
1. Right shoulder impingement syndrome.
2. Right shoulder acromioclavicular joint arthropathy.
3. Right shoulder proximal biceps tendinopathy.
4. Right shoulder 20-30 percent partial-thickness articular sided rotator cuff tear of the supraspinatus tendon.

PROCEDURES:
1. Diagnostic arthroscopy right shoulder.
2. Right shoulder arthroscopic subacromial decompression with acromioplasty and bursectomy.
3. Right shoulder arthroscopic distal clavicle excision.
4. Right shoulder arthroscopic debridement of partial thickness articular side of the rotator cuff tear of the supraspinatus tendon.
5. Right shoulder open proximal biceps tenodesis.

SURGEON: Christopher G. Mazoue, MD

ASSISTANT: Alfredo Arrojas, MD-R

ANESTHESIA: General with right interscalene block.

ESTIMATED BLOOD LOSS: 10 mL.

TOURNIQUET TIME: None.

DRAINS: None.

PALMETTO HEALTH RICHLAND
5 Richland Medical Park Drive
Columbia, SC 29203
(803) 434-7000

COMPLICATIONS: None.

INDICATIONS: Ms. Butler is a very pleasant 41-year-old female with a long history of right shoulder pain. She has undergone extensive nonoperative treatment, but unfortunately has had persistent pain and discomfort to the right shoulder. We therefore felt she would benefit from surgical intervention. We discussed at length the risks and benefits of this procedure and informed consent was obtained.

DESCRIPTION OF PROCEDURE: The patient was taken to the operating room and general anesthesia was administered without difficulty. Prior to this, an interscalene block was placed by Anesthesia without any difficulty. The patient was given IV antibiotics. She was placed in the left lower decubitus position and was held in place with a bean bag. All pressure points were adequately padded. Right shoulder suspended at 50 degrees of abduction, 10 degrees of forward flexion with 10 pounds of weight through a standard hand holder. Right shoulder was prepped and draped in standard sterile surgical fashion. We insufflated glenohumeral joint with 40 mL of saline. We established standard approach for arthroscopic portal. Arthroscope inserted in the glenohumeral joint. Under needle visualization we established anterior mid glenoid portal. Diagnostic arthroscopy was performed. The biceps tendon itself overall looked to be in good condition. However due to the patient's preoperative symptoms with pain consistent in the intertubercular groove region we opted to perform a proximal biceps tenodesis. We placed 2 FiberLink sutures into the biceps tendon intra-articularly. We then incised the attachment of the biceps tendon releasing the biceps tendon completely. The patient's labrum overall circumferentially was in excellent condition. Articular surface of the humeral head and glenoid were pristine. The posterior rotator cuff was intact. There was an obvious partial-thickness articular-sided rotator cuff tear to the supraspinatus tendon. Working between various portals we debrided this. This was approximately 20-30 percent partial thickness articular side of the rotator cuff tear of the posterior supraspinatus tendon. We did not feel that a formal repair was necessary. The subscapularis was intact. We then removed arthroscopic instruments from the glenohumeral joint and we placed our arthroscope into the subacromial space. We created a lateral arthroscopic portal. We then performed an extensive bursectomy of the subacromial space. There was a small anterior prominence of the acromion. We performed a standard acromioplasty removing the anterior prominence and smoothing the undersurface of the acromion. We then debrided soft tissues on the distal clavicle. We used a bur and shaver and performed a standard distal clavicle excision excising approximately 1-1.5 cm distal clavicle preserving the superior acromioclavicular joint ligament. We thoroughly evaluated the bursal surface of the rotator cuff and the bursal surface was intact completely. There was evidence of some scuffing of the posterior rotator cuff. We debrided. We then removed arthroscopic instruments, reapproximated portal sites with 0 nylon. We then removed the patient under sterile conditions from traction. We extended our anterior portal distally 2-3 cm. We identified our proximal biceps tendon. We opened the proximal biceps tendon sheath. We got full release of the proximal biceps tendon. We then drilled a bony tunnel into the proximal humerus just at the very distal end of the intertubercular groove. We placed our biceps tendon at this tunnel site and stabilized it with an Arthrex biceps SwiveLock anchor getting excellent fixation of the proximal biceps tendon in a bony tunnel. We then amputated the proximal end of the biceps tendon. We irrigated out this wound. We approximated the subcutaneous tissue with 0 Vicryl, 2-0 Monocryl, skin with nylon. We dressed the wounds with Adaptic, Adaptic 4x8s, ABD pads, Hypafix tape. Cryotherapy was placed to the right shoulder. Patient was placed in an UltraSling. She will be discharged home and undergo routine rehab.

PALMETTO HEALTH RICHLAND
5 Richland Medical Park Drive
Columbia, SC 29203
(803) 434-7000

D: 04/02/2014 21:23 T: 04/02/2014 21:35 TID: 90754
Job #: 49087 Doc #: 41102942
cc: Christopher G. Mazoue, MD

Upper Extremity MAZ

Patient: **BUTLER, DORETTA** MRN: 28441 FIN: 94378
Age: 41 years Sex: Female DOB:
Associated Diagnoses: None
Author: Mazoue MD, Christopher

Chief Complaint
05/14/2014 3:59 PM EDT right shoulder

History of Present Illness
Ms. Butler is 6 weeks s/p RIGHT shoulder SAD, DCE, RTC debridement , and biceps tenodesis on 4/1/15. She is doing well, but stilll complains of pain at her shoulder and her elbow. She is attending PT at Drayer.

Review of Systems
Constitutional: Negative.
Cardiovascular: Negative.
Hematology/Lymphatics: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Negative.
Psychiatric: Negative.
All other systems reviewed and negative

Health Status
Allergies:
Allergic Reactions (All)
No known allergies
Medications: (Selected)
Prescriptions
Prescribed
acetaminophen-oxycodone 325 mg-5 mg oral tablet: 1 tab(s), po, q6-8 hrs, # 50 tab(s), 0 Refill(s), Type: Maintenance
Documented Medications
Documented
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, # 90 tab(s), 0 Refill(s), Type: Soft Stop
paroxetine 20 mg oral tablet: 1 tab(s) (20 mg), PO, Daily, # 30 tab(s), 0 Refill(s), Type: Soft Stop
tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Soft Stop
Problem list:
All Problems
Injury of tendon of rotator cuff / ICD-9-CM 959.2 / Confirmed
Right Arm Pain / ICD-9-CM 729.5 / Confirmed
Shoulder pain / ICD-9-CM 719.41 / Confirmed
Sprain of Unspecified Site of Shoulder and Upper Arm / ICD-9-CM 840.9 / Confirmed
Tobacco user / ICD-9-CM 305.1 / Probable
Resolved: Acute cervical radiculopathy

Histories
Past Medical History:
Resolved
Acute cervical radiculopathy: Resolved.
Comments:
09/13/2012 EDT 8:43 AM EDT - Mathis2 , Crystal
still active
Family History:
Diabetes
Mother
High Blood Pressure
Mother

Father

Procedure history:
Cortisone injection on 06/11/2012 at 40 Years.
Comments:
09/26/2012 10:30 AM - Ford , Neta
8cc Lidocaine 2cc Depo-Medrol right shoulder
Tubal Ligation (V26.51).

Social History:
Alcohol Assessment: Denies Alcohol Use
Current
Comments:
09/26/2012 - Ford , Neta
Not often
Tobacco Assessment
Current, Cigarettes
Comments:
09/26/2012 - Ford , Neta
1/2 PPD
Substance Abuse Assessment: Denies Substance Abuse
Employment and School Assessment
Employed
Comments:
09/26/2012 - Ford , Neta
Finisher
Home and Environment Assessment
Marital status: Single.

Physical Examination
The patient is alert and oriented, healthy appearing, in no acute distress, with a pleasant affect.
The patient ambulates with a normal gait.
There is no gross deformity to the right and left upper extremities.
Incisions well healed
Exam of the R shoulder:
Active abduction:40 degrees.
Passive FF: 80 degrees.
Strength: Abduction: 4/5, ER 4/5, IR 5/5.
Remainder motor exam R UE: normal
Sensation R UE: intact

Health Maintenance

Recommendations
Pending (in the next year)
OverDue
Body Mass Index Check (Female) due 09/14/13 and every 1 year(s)
High Blood Pressure Screen (Female) due 09/14/13 and every 1 year(s)
Due
Alcohol Misuse Screen (Female) due 05/14/14 and every 1 year(s)
Cervical Cancer Screen (If sexually active) due 05/14/14 and every 3 year(s)
Depression Screen (Female) due 05/14/14 and every 1 year(s)
HIV Screen (If sexually active) (Female) due 05/14/14 and every 1 year(s)
Lipid Disorders Screen (Female) due 05/14/14 and every 5 year(s)
STD Counseling (If sexually active) (Female) due 05/14/14 and every 1 year(s)
Syphilis Screen (If sexually active) (Female) due 05/14/14 and every 1 year(s)
Tetanus Vaccine due 05/14/14 and every 10 year(s)
Satisfied (In the past 1 year)
There are no satisfied recommendations within the defined date range

Impression and Plan
Summary: Mrs. Butler looks great today. She may d/c the use of her sling. She will continue PT. We will see her back in 2.5 months

Note scribed by Andrea L. Taylor, MS, ATC, OTC, OT-SC .

Orders
Orders
Charges:
99024 postop follow up visit related to original px (Charge) (Order): Quantity: 1.

Professional Services

Note: This note was created using speech recognition software.

Signature Line

Signed and Authored by Christopher Mazoue on 06/08/2014 08:55 PM EDT
Signed by Therese Talbot on 06/09/2014 08:17 AM EDT
Andrea Taylor

Charted Date:	May 14, 2014 3:59 PM EDT
Subject / Title:	Upper Extremity MAZ
Performed By:	Mazoue MD, Christopher on May 14, 2014 4:00 PM EDT
Electronically Signed By:	Mazoue MD, Christopher on June 08, 2014 8:55 PM EDT
Visit Information:	94378, USC Orthopedics, Outpatient, 5/14/2014 - 5/16/2014

Upper Extremity MAZ

Patient: **BUTLER, DORETTA** MRN: 28441 FIN: 94587
Age: 42 years Sex: Female DOB:
Associated Diagnoses: **Shoulder pain**
Author: **Mazoue MD, Christopher**

Chief Complaint
8/13/2014 1:21 PM EDT **R shoulder pain**

History of Present Illness
Ms. Butler is here 19 wks s/p RIGHT shoulder SAD, DCE, RTC debridement, and biceps tendodesis on 4/1/15. SHe has been going to PT and has been doing fairly well according to PT prior to this past week. She states she has had increased amounts of pain over her scar and biceps tendon (8/10 pain), this has limited her ability to use arm. She has been icing and has been taking OTC Aleve prn.

Review of Systems
Constitutional: Negative.
Cardiovascular: Negative.
Hematology/Lymphatics: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Negative.
Psychiatric: Negative.

All other systems reviewed and negative

Health Status
Allergies:
Allergic Reactions (All)
No known allergies
Medications: (Selected)
Prescriptions
Prescribed
Naprosyn 500 mg oral tablet: 1 tab(s) (500 mg), PO, BID, # 60 tab(s), 2 Refill(s), Type: Maintenance
Norco 7.5 mg-325 mg oral tablet: 1-2 tabs, po, q4-6 hrs, # 40 tab(s), 0 Refill(s), Type: Maintenance
acetaminophen-oxycodone 325 mg-5 mg oral tablet: 1 tab(s), po, q6-8 hrs, # 60 tab(s), 0 Refill(s), Type: Maintenance
Documented Medications
Documented
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, # 90 tab(s), 0 Refill(s), Type: Soft Stop
paroxetine 20 mg oral tablet: 1 tab(s) (20 mg), PO, Daily, # 30 tab(s), 0 Refill(s), Type: Soft Stop
tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Soft Stop
Problem list:
All Problems
Injury of tendon of rotator cuff / ICD-9-CM 959.2 / Confirmed
Right Arm Pain / ICD-9-CM 729.6 / Confirmed
Shoulder pain / ICD-9-CM 719.41 / Confirmed
Sprain of Unspecified Site of Shoulder and Upper Arm / ICD-9-CM 840.9 / Confirmed
Tobacco user / ICD-9-CM 305.1 / Probable
Resolved: Acute cervical radiculopathy

Histories
Past Medical History:
Resolved
Acute cervical radiculopathy: Resolved.
Comments:
8/13/2012 EDT 8:43 AM EDT - Mathis2 , Crystal
still active

Family History:
Diabetes
Mother
High Blood Pressure
Mother
Father

Procedure history:
Cortisone Injection on 6/11/2012 at 40 Years.
Comments:
9/26/2012 10:30 AM - Ford , Neta
8cc Lidocaine 2nd Depo-Medrol right shoulder
Tubal Ligation (V26.51).

Social History:
Alcohol Assessment: Denies Alcohol Use.
Current
Comments:
09/26/2012 - Ford , Neta
Not often
Tobacco Assessment
Current, Cigarettes
Comments:
09/26/2012 - Ford , Neta
1/2 PPD
Substance Abuse Assessment: Denies Substance Abuse
Employment and School Assessment
Employed
Comments:
09/26/2012 - Ford , Neta
Finisher
Home and Environment Assessment
Marital status: Single.

Physical Examination
The patient is alert and oriented, healthy appearing, in no acute distress, with a pleasant affect.
The patient ambulates with a normal gait.
There is no gross deformity to the right and left upper extremities.
Skin is intact to the R and L UE.
Exam of the R shoulder:
Active abduction:170 degrees.
Passive FF: 170 degrees.
Strength: Abduction: 5/5, ER 5/5, IR 5/5.
Remainder motor exam R UE: normal
Sensation R UE: intact
Pulses R UE: intact
TTP AC joint: negative.
TTP proximal biceps tendon: negative
External impingement signs: negative.
Scapula dyskinesia: negative.

Motor exam, sensation and pulses L UE: intact.
No gross lymphadenopathy B UE.

Health Maintenance

Recommendations
Pending (In the next year)
OverDue
Body Mass Index Check (Female) due 09/14/13 and every 1 year(s)
High Blood Pressure Screen (Female) due 09/14/13 and every 1 year(s)

Due
Alcohol Misuse Screen (Female) due 08/13/14 and every 1 year(s)
Cervical Cancer Screen (If sexually active) due 08/13/14 and every 3 year(s)
Depression Screen (Female) due 08/13/14 and every 1 year(s)
HIV Screen (If sexually active) (Female) due 08/13/14 and every 1 year(s)
Lipid Disorders Screen (Female) due 08/13/14 and every 5 year(s)
STD Counseling (If sexually active) (Female) due 08/13/14 and every 1 year(s)
Syphilis Screen (If sexually active) (Female) due 08/13/14 and every 1 year(s)
Tetanus Vaccine due 08/13/14 and every 10 year(s)

Satisfied (In the past 1 year)
There are no satisfied recommendations within the defined date range

Impression and Plan

Diagnosis
Shoulder pain (ICD9 719.41).

Patient Instructions: Counseled: Patient.

Summary: I am very happy with her progress. OVerall I do not think she has done anything major to her shoulder. We will give her prednisone and naproxen. I do think she will do well. She is going to take a week off from PT. She may progress to a HEP. We will see her back in 2 months.

Note scribed by Andrea L. Taylor, MS, ATC, OTC, OT-SC .

Orders

Orders
Charges (Evaluation and Management):
99213 office outpatient visit 15 minutes (Charge) (Order); Quantity: 1.

Professional Services

Note: This note was created using speech recognition software.

Signature Line

Signed and Authored by Christopher Mazoue on 08/13/2014 03:32 PM EDT

Charted Date:	August 13, 2014 1:21 PM EDT
Subject / Title:	Upper Extremity MAZ
Performed By:	Mazoue MD, Christopher on August 13, 2014 1:26 PM EDT
Electronically Signed By:	Mazoue MD, Christopher on August 13, 2014 3:32 PM EDT
Visit Information:	94587, USC Orthopedics, Outpatient, 8/13/2014 - 8/15/2014

Printed by: Bailey-Robinson , Ann
Printed on: 11/18/2014 4:54 PM EST

Upper Extremity MAZ

Patient: BUTLER, DORETTA MRN: 25441 FIN: 108031
Age: 42 years Sex: Female DOB:
Associated Diagnoses: Shoulder pain
Author: Maizoub MD, Christopher

Chief Complaint
10/15/2014 1:23 PM EDT F/U RIGHT Shoulder

History of Present Illness
Ms. Butler is a pleasant 42 year old female here 28 wks s/p SAD, DCE, and RTC debridement, biceps tenodesis on 4/1/14. At this time she complains of pain over her scar. Pain is constant. At this time she has discontinued PT. She complains of numbness through the middle of her hand. Her strength feels good though. She still has trouble extending her arm behind her. At this time she is taking naproxen which does seem to be helping, but does not alleviate all pain.

Review of Systems
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.

Health Status
Allergies:
Allergic Reactions (All)
No known allergies
Medications: (Selected)
Prescriptions
Prescribed
Naprosyn 500 mg oral tablet: 1 tab(s) (500 mg), PO, BID, # 60 tab(s), 2 Refill(s), Type: Maintenance
Norco 7.5 mg-325 mg oral tablet: 1-2 tabs, po, q4-6 hrs, # 40 tab(s), 0 Refill(s), Type: Maintenance
Vimovo 500 mg-20 mg oral delayed release tablet: 1 tab(s), po, bid, # 60 tab(s), 2 Refill(s), Type: Maintenance, Pharmacy: American Specialty Pharmacy #7, 1 tab(s) po bid
acetaminophen-oxycodone 325 mg-5 mg oral tablet: 1 tab(s), po, q6-8 hrs, # 60 tab(s), 0 Refill(s), Type: Maintenance
predniSONE 60 mg oral tablet: 1 tab(s) (60 mg), po, daily, # 5 tab(s), 0 Refill(s), Type: Maintenance
Documented Medications
Documented
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, # 90 tab(s), 0 Refill(s), Type: Soft Stop
paroxetine 20 mg oral tablet: 1 tab(s) (20 mg), PO, Daily, # 30 tab(s), 0 Refill(s), Type: Soft Stop
tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Soft Stop
Problem list:
All Problems
Injury of tendon of rotator cuff / ICD-9-CM 959.2 / Confirmed
Right Arm Pain / ICD-9-CM 729.5 / Confirmed
Shoulder pain / ICD-9-CM 719.41 / Confirmed
Sprain of Unspecified Site of Shoulder and Upper Arm / ICD-9-CM 840.9 / Confirmed
Tobacco user / ICD-9-CM 305.1 / Probable
Resolved: Acute cervical radiculopathy

Histories
Past Medical History:
Resolved
Acute cervical radiculopathy: Resolved.
Comments:
9/13/2012 EDT 8:43 AM EDT - Mathis2 , Crystal
still active
Family History:
Diabetes
Mother
High Blood Pressure

Mother
Father

Procedure history:
Cortisone injection on 6/11/2012 at 40 Years.
Comments:
9/26/2012 10:30 AM - Ford , Neta
8cc Lidocaine 2cc Depo-Medrol right shoulder
Tubal Ligation (V26.51).

Social History:
Alcohol Assessment: Denies Alcohol Use
Current
Comments:
09/26/2012 - Ford , Neta
Not often
Tobacco Assessment
Current, Cigarettes
Comments:
09/26/2012 - Ford , Neta
1/3 PPD
Substance Abuse Assessment: Denies Substance Abuse
Employment and School Assessment
Employed
Comments:
09/26/2012 - Ford , Neta
Finisher
Home and Environment Assessment
Marital status: Single.

Physical Examination
The patient is alert and oriented, healthy appearing, in no acute distress, with a pleasant affect.
The patient ambulates with a normal gait.
There is no gross deformity to the right and left upper extremities.
Skin is intact to the R and L UE.
Exam of the R shoulder:
Active abduction:170 degrees.
Passive FF: 170 degrees.
Strength: Abduction: 5/5, ER 5/5, IR 5/5.
Remainder motor exam R UE: normal
Sensation R UE: intact
Pulses R UE: intact
TTP AC joint: negative.
TTP proximal biceps tendon: positive.
External impingement signs: negative.
Scapula dyskinesia: negative.

Motor exam, sensation and pulses L UE: intact.
No gross lymphadenopathy B UE.

Impression and Plan
Diagnosis
Shoulder pain (ICD9 719.41).
Summary: Overall she looks great on exam, but I am unhappy with the discomfort she is having. This could be a neuroma or a problem with her biceps insertion. We discussed a CSI the the biceps tendon. We will see her back in 6 weeks.

Procedure note: Under sterile conditions, the right shoulder proximal biceps tendon sheath was injected with 2 cc of Depo-Medrol and 3 cc of 1% Lidocaine. The patient tolerated this procedure without difficulty.

Note scribed by Andrea L. Taylor, MS, ATC, OTC, OT-SC .

Orders

Orders

Charges (Evaluation and Management):

99213 office outpatient visit 15 minutes (Charge) (Order): Quantity: 1, Modifier(s): 25

Charges:

20550 injection of single tendon sheath (Form/Charge) (Order): Quantity: 1

J1040 injection, methylprednisolone acetate, 80 mg (Charge) (Order): Quantity: 1.

Professional Services

Note: This note was created using speech recognition software.

Signature Line

Signed and Authored by Christopher Mazoue on 10/19/2014 07:57 PM EDT

Charted Date:	October 15, 2014 1:24 PM EDT
Subject / Title:	Upper Extremity MAZ
Performed By:	Mazoue MD, Christopher on October 15, 2014 1:27 PM EDT
Electronically Signed By:	Mazoue MD, Christopher on October 19, 2014 7:57 PM EDT
Visit Information:	108031, USC Orthopedics, Outpatient, 10/15/2014 - 10/17/2014

Upper Extremity Evaluation*

Patient: BUTLER, DORETTA MRN: 25441 FIN: 126909
Age: 42 years Sex: Female DOB:
Associated Diagnoses: Shoulder pain
Author: Marcou MD, Christopher

Chief Complaint
11/24/2014 9:55 AM EST F/U RT SHOULDER S/P SAS; DCE; RTC DEBRID.; BT ON : 4/1/14

History of Present Illness
Doretta is a pleasant 42 yo F who comes in today for f/u RIGHT SHOULDER SAD; DCE; RTC DEBRID. ; and BICEPS TENODESIS on: 4/1/14. Last visit she had a CSI in her biceps and states that did not help her pain. She does report tingling in her fingers

Review of Systems
Constitutional: Negative.
Cardiovascular: Negative.
Hematology/Lymphatics: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Negative.
Psychiatric: Negative.

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies
Medications: (Selected)
Prescriptions
Prescribed
Naprosyn 500 mg oral tablet: 1 tab(s) (500 mg), PO, BID, # 60 tab(s), 2 Refill(s), Type: Maintenance
Norco 7.5 mg-325 mg oral tablet: 1-2 tabs, po, q4-6 hrs, # 40 tab(s), 0 Refill(s), Type: Maintenance
Vimovo 500 mg-20 mg oral delayed release tablet: 1 tab(s), po, bid, # 60 tab(s), 2 Refill(s), Type: Maintenance, Pharmacy: American Specialty Pharmacy #7, 1 tab(s) po bid
acetaminophen-oxycodone 325 mg-5 mg oral tablet: 1 tab(s), po, q6-8 hrs, # 50 tab(s), 0 Refill(s), Type: Maintenance
predniSONE 50 mg oral tablet: 1 tab(s) (50 mg), po, daily, # 5 tab(s), 0 Refill(s), Type: Maintenance
Documented Medications
Documented
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, # 90 tab(s), 0 Refill(s), Type: Soft Stop
paroxetine 20 mg oral tablet: 1 tab(s) (20 mg), PO, Daily, # 30 tab(s), 0 Refill(s), Type: Soft Stop
tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Soft Stop
Problem list:
All Problems (Selected)
Tobacco user / ICD-9-CM 305.1 / Probable
Sprain of Unspecified Site of Shoulder and Upper Arm / ICD-9-CM 840.9 / Confirmed
Shoulder pain / ICD-9-CM 719.41 / Confirmed
Right Arm Pain / ICD-9-CM 729.5 / Confirmed
Injury of tendon of rotator cuff / ICD-9-CM 959.2 / Confirmed

Histories
Past Medical History:
Resolved
Acute cervical radiculopathy: Resolved.
Comments:
9/13/2012 EDT 8:43 AM EDT - Mathis2 , Crystal
still active
Family History:
Diabetes

Mother
High Blood Pressure
Mother
Father

Procedure history:
Cortisone injection on 6/11/2012 at 40 Years.
Comments:
9/26/2012 10:30 AM - Ford , Neta
8cc Lidocaine 2cc Depo-Medrol right shoulder
Tubal Ligation (V26.51).

Social History:
Alcohol Assessment: Denies Alcohol Use
Current
Comments:
09/26/2012 - Ford , Neta
Not often
Tobacco Assessment
Current, Cigarettes
Comments:
09/26/2012 - Ford , Neta
1/2 PPD
Substance Abuse Assessment: Denies Substance Abuse
Employment and School Assessment
Employed
Comments:
09/26/2012 - Ford , Neta
Finisher
Home and Environment Assessment
Marital status: Single.

Physical Examination
The patient is alert and oriented, healthy appearing, in no acute distress, with a pleasant affect.
The patient ambulates with a normal gait.
There is no gross deformity to the right and left upper extremities.
Skin is intact to the R and L UE.
Exam of the R shoulder:
Active abduction: 170 degrees.
Passive FF: 170 degrees.
Strength: Abduction: 5/5, ER 5/5, IR 5/5.
Remainder motor exam R UE: normal
Sensation R UE: intact
Pulses R UE: intact
TTP AC joint: negative.
TTP proximal biceps tendon: positive.
External impingement signs: negative, but pain in biceps
Speeds: positive
Scapula dyskinesia: negative.

Normal C-spine ROM

Motor exam, sensation and pulses L UE: intact.
No gross lymphadenopathy B UE.

Radiographs RIGHT shoulder: evidence of osteolysis biceps anchor

Impression and Plan
Diagnosis

Shoulder pain (ICD9 719.41).
Summary: I am happy with her exam, but I am unhappy with what she is telling me. She conitnues to have focal tenderness at the region of her biceps tenodesis. I would like to get an MRI to further assess this. .
Orders
Orders
Charges:
73030 x-ray of shoulder, two views (Task/Charge) (Order): Quantity: 1, Instructions: RIGHT shoulder 4v room 6.
Orders
Charges (Evaluation and Management):
99213 office outpatient visit 15 minutes (Charge) (Order): Quantity: 1
Requests (Radiology):
MRI Shoulder Right (Request) (Order): Instructions: MRI arthrogram RIGHT shoulder Assess: RTC and biceps tendon s/p tenodesis FU 2 weeks
Requests (Return to Office):
Return to Clinic (Request) (Order): Return in 2 weeks.

Signature Line

Signed and Authored by Christopher Mazoue on 12/09/2014 08:50 AM EST

Charted Date:	November 24, 2014 9:56 AM EST
Subject / Title:	Upper Extremity Evaluation*
Performed By:	Mazoue MD, Christopher on November 24, 2014 9:59 AM EST
Electronically Signed By:	Mazoue MD, Christopher on December 09, 2014 8:50 AM EST
Visit Information:	126909, USC Orthopedics, Outpatient, 11/24/2014 - 11/26/2014

PALMETTO HEALTH

Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203
R

To: Mazoue MD, Christopher G
USC DEPARTMENT OF ORTHOPAEDICS
2 MEDICAL PARK DRIVE, Suite 404,
COLUMBIA, SC 29203

Patient: BUTLER, DORETTA
Address
Phone
DOB: Age: 42 years

Ord Phy: Mazoue MD, Christopher G
PIN: R1433800389
Pt Type: SMP Pt Registration
MRN: R0068[illegible]
CC

RADIOLOGY SERVICES

Exam:	Exam Date/Time:	Accession Number:
MR Rt Jt Upper W/ Contrast Right	12/1/2014 5:38:50 PM	MR-1448028945

Reason for Exam:

ASSESS RTC AND BICEPS TENDON, S/P TENODESIS

Findings:

MR ARTHROGRAM RIGHT SHOULDER

CLINICAL DATA: Right shoulder pain with previous tenodesis and rotator cuff repair.

COMPARISON: 09/25/2012.

TECHNIQUE: The following sequences were performed on a 1.5 TESLA magnet: Axial and oblique coronal T1-weighted fast spin echo, oblique coronal fat-sat T2-weighted fast spin echo, oblique sagittal T1-weighted fast spin echo with axial 3D COSMIC imaging through the right shoulder following arthrography

FINDINGS: The supraspinatus tendon is diffusely thickened at the repair site with small partial-thickness articular surface tear within the critical zone. This was present previously. The infraspinatus, subscapularis and teres minor tendons are intact

There is a suture anchor at the site of previous tenodesis. There is evidence of previous labral debridement. No recurrent labral tear is present.

There are postsurgical changes of acromioplasty. There is trace subacromial subdeltoid bursa fluid.

Patient Name BUTLER, DORETTA
Medical Record Number R0068191S6

Ordering Physician: Mazzeo MD, Christopher H

RADIOLOGY SERVICES

Exam:	Exam Date/Time:	Accession Number:
MR Ext Jt Upper W Contrast Right	12/4/2014 5:38:50 PM	MR-14-0028945

IMPRESSION:

1. Small residual partial-thickness articular surface tear of the supraspinatus tendon involving the critical zone.
2. Biceps tenodesis, which appears intact.
3. Acromioplasty.

*** Final *** Trans On: 12/05/2014 08:25 by: CS
Read by: Atchison MD, Paul M
Released By: Atchison MD, Paul M
Released on: 12/05/2014 10:24 Technologist: Shellem, Richard H

Technical Comments

Administered per implementation of contrast protocol:
Type: Documented Accompanying Exam Same Day
Volume: N/A
Report Results:

Patient Name: BUTLER, DORETTA

Print Date/Time: 12/5/2014 11:50 AM

PALMETTO HEALTH

Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203
R

To: Mazzoue MD, Christopher G
USC DEPARTMENT OF ORTHOPAEDICS
2 MEDICAL PARK DRIVE, Suite 101,
COLUMBIA, SC 29203

Patient: BUTLER, DORETTA
Address:
Phone:
DoB: Age: 42 years

Ord Phy: Mazzoue MD, Christopher G
FIN: R1133800389
Pt Type: IMP-Op Registration
MRN: 00009191N
CC:

RADIOLOGY SERVICES

Exam:
RF Arthrogram Shoulder Right

Exam Date/Time:
12/4/2014 4:12:30 PM

Accession Number:
RF-14-0014954

Reason for Exam:
ASSESS RTC AND BICEPS TENDON, S/P TENODESIS

Findings:
RIGHT SHOULDER ARTHROGRAM

CLINICAL INFORMATION: 42-year-old female with shoulder pain post tenodesis.

TECHNIQUE: Informed risks and benefits of the procedure were explained in detail to the patient who elected to proceed. Informed written consent was obtained and time-out was performed confirming correct patient identification.

The patient was placed on the fluoroscopy table and the right shoulder was prepped and draped in appropriate sterile fashion. Local anesthesia was obtained with lidocaine. A 22-gauge, 3-1/2 inch needle was inserted under fluoroscopic guidance into the glenohumeral joint space via a rotator cuff interval approach. Confirmation in the joint space was achieved with a small injection of Omnipaque and subsequently 12 cc of a diluted gadolinium mixture were injected into the joint space.

FINDINGS: Pre arthrogram radiograph demonstrates no fracture, subluxation, loose body or hydroxyapatite deposition.

Post arthrogram demonstrates contrast within the glenohumeral joint space.

Patient Name:BUTLER, DORETTA
Medical Record Number R00681956

Ordering Physician: Mazzeo MD, Christopher G

RADIOLOGY SERVICES

Exam:	Exam Date/Time:	Accession Number:
RF Arthrogram Shoulder Right	12/4/2014 4:12:50 PM	RF-14-001494

IMPRESSION: Successful right shoulder arthrogram, patient to MRI.

*** Final *** Trans On 12/04/2014 16:35 by RC
Read by: Hardin IV MD, Harry Simms
Released By: Hardin IV MD, Harry Simms
Released on 12/04/2014 16:48 Technologist: Ayers, Kimberly J;Garman, Brittany

Technical Comments

Fluoroscopy Time in Minutes: 1.11
Administered per implementation of contrast protocol:, Gadolinium Volume (in ml): 2, Optiray 320 Volume (in ml): 10

Upper Extremity MAZ

Patient: **BUTLER, DORETTA** MRN: 25441 FIN: 132069
Age: 42 years Sex: Female DOB:
Associated Diagnoses: Shoulder pain
Author: Marcoux MD, Christopher

Chief Complaint
12/29/2014 11:33 AM EST R Shoulder

History of Present Illness
Mrs. Butler is here to review an MRI done of her R shoulder to assess her biceps tendon. She reports no change in symptoms since her last visit.

Health Status
Allergies:
Allergic Reactions (All)
No known allergies
Medications: (Selected)
Prescriptions
Prescribed
Naprosyn 500 mg oral tablet: 1 tab(s) (500 mg), PO, BID, # 60 tab(s), 2 Refill(s), Type: Maintenance
Norco 7.5 mg-325 mg oral tablet: 1-2 tabs, po, q4-6 hrs, # 40 tab(s), 0 Refill(s), Type: Maintenance
Vimovo 500 mg-20 mg oral delayed release tablet: 1 tab(s), po, bid, # 60 tab(s), 2 Refill(s), Type: Maintenance
Vimovo 500 mg-20 mg oral delayed release tablet: 1 tab(s), po, bid, # 60 tab(s), 2 Refill(s), Type: Maintenance, Pharmacy: American Specialty Pharmacy #7, 1 tab(s) po bid
acetaminophen-oxycodone 325 mg-5 mg oral tablet: 1 tab(s), po, q8-6 hrs, # 50 tab(s), 0 Refill(s), Type: Maintenance
predniSONE 60 mg oral tablet: 1 tab(s) (50 mg), po, daily, # 5 tab(s), 0 Refill(s), Type: Maintenance
Documented Medications
Documented
gabapentin 600 mg oral tablet: 1 tab(s) (600 mg), PO, TID, # 90 tab(s), 0 Refill(s), Type: Soft Stop
paroxetine 20 mg oral tablet: 1 tab(s) (20 mg), PO, Daily, # 30 tab(s), 0 Refill(s), Type: Soft Stop
tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Soft Stop
Problem list:
All Problems
Injury of tendon of rotator cuff / ICD-9-CM 959.2 / Confirmed
Right Arm Pain / ICD-9-CM 729.5 / Confirmed
Shoulder pain / ICD-9-CM 719.41 / Confirmed
Sprain of Unspecified Site of Shoulder and Upper Arm / ICD-9-CM 840.9 / Confirmed
Tobacco user / ICD-9-CM 305.1 / Probable
Resolved: Acute cervical radiculopathy

Histories
Past Medical History:
Resolved
Acute cervical radiculopathy: Resolved.
Comments:
9/13/2012 EDT 8:43 AM EDT - Mathis2 , Crystal
still active
Family History:
Diabetes
Mother
High Blood Pressure
Mother
Father
Procedure history:
Cortisone injection on 6/11/2012 at 40 Years.

Comments:
9/26/2012 10:30 AM - Ford , Nata
8cc Lidocaine 2cc Depo-Medrol right shoulder
Tubal Ligation (V26.51).
Social History:
Alcohol Assessment: Denies Alcohol Use
Current
Comments:
09/26/2012 - Ford , Nata
Not often
Tobacco Assessment
Current, Cigarettes
Comments:
09/26/2012 - Ford , Nata
1/2 PPD
Substance Abuse Assessment: Denies Substance Abuse
Employment and School Assessment
Employed
Comments:
09/26/2012 - Ford , Nata
Finisher
Home and Environment Assessment
Marital status: Single.

Physical Examination
The patient is alert and oriented, healthy appearing, in no acute distress, with a pleasant affect.
The patient ambulates with a normal gait.
There is no gross deformity to the right and left upper extremities.
Skin is intact to the R and L UE.
Exam of the R shoulder:
Active abduction: 170 degrees.
Passive FF: 170 degrees.
Strength: Abduction: 5/5, ER 5/5, IR 5/5.
Remainder motor exam: normal
Sensation: intact
Pulses: intact
TTP AC joint: mild
TTP proximal biceps tendon: positive.
External impingement signs: positive.
Scapula dyskinesia: mild.

Motor exam, sensation and pulses L UE: intact.
No gross lymphadenopathy B UE.

MRI R shoulder: there is an unusual signal at superior intertubercular groove; RC looks good

Health Maintenance

Recommendations
Pending (in the next year)
OverDue
Body Mass Index Check (Female) due 09/14/13 and every 1 year(s)
High Blood Pressure Screen (Female) due 09/14/13 and every 1 year(s)
Due
Alcohol Misuse Screen (Female) due 12/29/14 and every 1 year(s)
Cervical Cancer Screen (if sexually active) due 12/29/14 and every 3 year(s)
Depression Screen (Female) due 12/29/14 and every 1 year(s)
HIV Screen (if sexually active) (Female) due 12/29/14 and every 1 year(s)
Lipid Disorders Screen (Female) due 12/29/14 and every 5 year(s)
STD Counseling (if sexually active) (Female) due 12/29/14 and every 1 year(s)
Syphilis Screen (if sexually active) (Female) due 12/29/14 and every 1 year(s)
Tetanus Vaccine due 12/29/14 and every 10 year(s)
Satisfied (in the past 1 year)

There are no satisfied recommendations within the defined date range

Impression and Plan

Diagnosis

Shoulder pain (ICD9 719.41).

Summary: the rotator cuff overall looks very good. The TEDs site looks excellent. There is an unusual circular signal at the top of the intertubercular groove. I don't note that is not some artifact. At this point would recommend an intra-articular corticosteroid injection by Dr. Pollock. She will follow up me in 3 months for reevaluation..

Orders

Orders

Charges (Evaluation and Management):

99213 office outpatient visit 15 minutes (Charge) (Order): Quantity: 1.

Professional Services

Note: This note was created using speech recognition software.

Signature Line

Signed and Authored by Christopher Mazoue on 12/29/2014 01:05 PM EST

Charted Date:	December 29, 2014 11:34 AM EST
Subject / Title:	Upper Extremity MAZ
Performed By:	Mazoue MD, Christopher on December 29, 2014 11:35 AM EST
Electronically Signed By:	Mazoue MD, Christopher on December 29, 2014 1:05 PM EST
Visit Information:	132069, USC Orthopedics, Outpatient, 12/29/2014 - 12/31/2014

The following are my opinions, stated to a reasonable degree of medical certainty, concerning my patient, **Doretta Butler**:

1. The patient's right shoulder injury is most likely related to her activities as an laminator.

   ✓ Yes ____ No.

2. The patient's right shoulder injury most likely occurred on April 10, 2012, while the employee was engaged in the regular duties of her employment as a laminator, particularly lifting heavy rolls.

   ✓ Yes ____ No.

3. There is a direct causal relationship between the condition under which the work is performed and the injury.

   ✓ Yes ____ No.

4. My opinion is based on the history and symptoms reported by the patient, the signs shown on physical examination, imaging studies, and the operative findings and review of records with regards to onset of pain and dysfunction and

   ✓ Yes ____ No.

5. The original injury was further exacerbated and aggravated by continuing to work with the injury, resulting in arm numbness with chest, shoulder and neck pain. subsequent medical care.

   ✓ Yes ____ No.

6. The patient has not reached MMI and should remain under work restrictions.

Christopher Mazoue, M.D.

DATE: 1/20/2015

CLAIMANT'S APA #6

Sports Plus Physical Therapy

SPORTS PLUS
Physical Therapy
www.csmr.org

3010 Farrow Road, Suite 100
Columbia, SC 29203
Phone (803) 771-1535
Fax (803) 771-1537

Name Doretta Butler Date 6/11/12

Diagnosis (R) Shoulder pain

Frequency: 2-3 Times Per Week For 4-6 Weeks

Special Instructions/Precautions/Notes

☒ **EVALUATE AND TREAT**

☐ OT

☒ PT

MODALITIES

- ☐ Modalities As Necessary
- ☐ Moist Heat
- ☐ Cryotherapy
- ☐ Electrical Stimulation
- ☐ Ultrasound
- ☐ Phonophoresis
- ☐ Iontophoresis

TRACTION

- ☐ Cervical / Supine Home
- ☐ Supine Home Traction / Lumbar

FUNCTIONAL ACTIVITIES

- ☐ Gait Training
- ☐ Transfer Training
- ☐ Lifting Techniques

I hereby certify that the services indicated above are medically necessary.

REFERRING PHYSICIAN: **DATE:** 6/11/12

MANUAL THERAPY

- ☐ Joint Mobilization
- ☐ Soft Tissue Mobilization
- ☐ Other _____

EXERCISE

- ☐ Strengthening/PRE
- ☐ Active Range of Motion
- ☐ Active Assistive Range of Motion
- ☐ Passive Range of Motion
- ☐ Stretching
- ☐ Comprehensive Back Program
- ☐ Dynamic Lumbar Stabilization Program
- ☐ Work Conditioning
- ☐ Therapeutic Home Exercise
- ☐ Core Strengthening
- ☐ Biodex Testing

OTHER

- ☐ Home TENS Unit (or NMES, IFC)
- ☐ Neuromuscular Taping
- ☐ Home Equipment:
  pulley, putty, theraband, other_____
- ☐ Hand / Wrist / Elbow Splint (as prescribed below)

_____

Comments:

Sports Plus - USC
Clemson Sports Medicine and Rehabilitation
Phone: 8037711535

Patient Health Questionnaire

Fax: 8037711537

Patient Name: _Doretta Butler_____ Gender: female
Family Physician: _____ Referring Physician: _____
Date of Current Surgery: _____ or Date of Onset for Current Condition: April 2012
Occupation: _____ Are you out of work due to this condition? (Yes) No
Date Last Worked: April 13, 2012 Job Modifications: _____
Last any medications you are currently taking: _____
List any medications you are allergic to: _____
Have you ever had Physical Therapy before? NO
Have you ever had or do you currently have: (Check all that apply)

Symptom/Problem	Yes	No	Symptom/Problem	Yes	No
Persistent pain at night	X		Arthritis		X
Constant, unrelenting pain	X		Osteoporosis		X
Unexplained weight loss		X	Hypertension		X
Loss of appetite		X	High Cholesterol		X
Unusual lumps or growths		X	Diabetes		X
Shortness of breath		X	Heart Disease		X
Dizziness	X		Pacemaker		X
Pain or feeling of heaviness in chest not now		X	Sleeping disorders		X
Pulsating pain anywhere in body	X		Psychiatric Problems		X
Numbness/Tingling or loss of sensation fingers	X		Stroke		X
Discolored or painful feet		X	Seizures		X
Lower back or back pain		X	Cancer		X
Frequent or severe abdominal pain		X	Bowel or Bladder Problems		X
Frequent heartburn or indigestion		X	Asthma/COPD		X
Frequent nausea or vomiting		X	HIV		X
Unusual menstrual irregularities		X	Hepatitis		X
Fever or night sweats		X	Neck Injury pain in neck		X
Recent severe emotional disturbances	X		Shoulder Injury pain in shoulder		X
Swelling in any joint with no history of injury feet	X		Elbow Injury pain "		X
Pregnancy		X	Wrist Injury pain " "		X
Changes in hearing		X	Hand Injury pain " "		X
Frequent or severe headaches		X	Hip Injury		X
Difficulty swallowing or changes in speech		X	Knee Injury		X
Changes in vision (blurriness or loss of sight)		X	Ankle Injury		X
Problems with balance, coordination or falling	X		Foot Injury		X
Fainting Spells (drop attacks)		X	Metal Implants		X
Fractures		X	Sleep Loss		X
Do you smoke or use tobacco products	X		Sudden weakness		X

Sports Plus - USC
Clemson Sports Medicine and Rehabilitation
Phone: 8037711535
Fax: 8037711537

Patient Health Questionnaire

What are your goals for Therapy?

1. get better
2.
3.
4.

Have you had any Diagnostic Tests?

Test/Examination	Yes	No	Date	Results
X-Ray	X		Mar	
MRI	X		May	
Bone Scan				
CT Scan				
Nerve Conduction Studies				
Electromygraphy				
Ultrasound	X		April	
Other				

Question	Yes	No	Description
Do you currently exercise?	X		walking, sit ups
Do you understand the nature of your injury/illness?		X	
Previous Surgeries or Fractures	X		
Has your doctor medically cleared you to exercise?			try to if can
Has your doctor placed any limitation on your exercise?			

Question	Answer
What type of exercise do your perform?	
How often do you exercise?	everyday
How did you hear about us?	referred

06/18/2012

INITIAL EVALUATION

Patient:	Butler, Doretta	① tanksley: family med center in Richland
Physician:	③ Dr. McGown	② Steet: med park 3 neurosurgeon
Medical Diagnosis:	Right shoulder pain.	
PT Diagnosis:	same	
Frequency and Duration:	2-3x per week for 4-6 weeks.	
Next MD Appointment:	In one month with Dr. McGown.	

SUBJECTIVE:

CURRENT HISTORY/MECHANISM OF INJURY: The patient is a 40-year-old female who reports chest pain beginning on April 13, 2012. The patient states the pain radiated down her arm over the next several days and concluded with numbness in the right hand. The patient went to the emergency room but had no significant findings. The patient reports continued throbbing pain in the right upper extremity. The patient was given injections in the neck in April. The patient underwent MRI in May of 2012 and was told she had a possible slipped disc in her neck. The patient saw the orthopedic physician approximately one week ago; at which time, she received injections in her right shoulder. The patient has yet to find relief from any interventions to date.

PREVIOUS HISTORY: The patient's previous history is unremarkable other than the fact that she is a smoker.

MAIN COMPLAINTS: The patient main complaints are constant pain in the right upper extremity, paresthesias in the right hand and fingers, inability to perform work duties, difficulty writing, and pain with movement of the right upper extremity.

ASSISTIVE DEVICES/SPLINTS/BRACES: The patient states she wore a sling from April until last Monday. The patient reports to physical therapy with no assistive devices, splints, or braces today.

MEDICATION: The patient is currently taking gabapentin, tramadol, a steroid, and pain reliever which she could not recall the names of and paroxetine for depression. The patient uses a heating pad and Ben-Gay to help relieve the right upper extremity pain.

OCCUPATION/HOBBIES: The patient is currently out of work secondary to right shoulder pain. Prior to the injury, she works as a laminator and an inspector at a printing facility. This job requires her to be able to lift at least 20 lbs from floor-to-waist. The patient also previously enjoyed walking and doing sit-ups for fitness.

DIAGNOSTIC TESTS: Include x-ray and MRI in May of 2012 and an ultrasound in April of 2012.

OBJECTIVE:

POSTURE/GAIT: The patient sits in a forward flexed posture with right elbow flexed and held against her chest.

ROM: The patient's active range of motion was approximately 45° of flexion and 40° of abduction with pain in both directions. The patient demonstrated good active range of motion of the cervical spine in all directions without pain. The patient reported significant pain with elbow extension.

SPECIAL TESTS: The patient was negative for increased upper extremity symptoms with pressure applied to the crown of the head. The patient was able to perform a shoulder shrug bilaterally with pain on the right. The patient was noted to have a weak grip strength on the right upper extremity compared to the left. The patient was positive for pain with manual distraction of the cervical spine. The patient also experienced pain with the attempts of a chin tuck exercise.

STRENGTH ASSESSMENT: The patient was unable to be tested via manual muscle test secondary to pain with active range of motion.

NEUROLOGICAL SIGNS AND SYMPTOMS: The patient reports throbbing pain from the right neck and shoulder to the fingers of the right hand as well as paresthesias and numbness of the right hand and fingers.

PALPATION: The patient was tender to palpation at the deltoid insertion of the right upper extremity and around the shoulder blade and upper trapezius of the right upper extremity. The patient exhibited increased tone in the right shoulder with palpation.

EDEMA/ATROPHY: The patient notes edema or swelling at the right upper trapezius.

TREATMENT:
Treatment today consisted of the initial evaluation and instruction in a light home exercise program with a handout provided. The patient was also provided with interferential current and a cold pack to the right shoulder during the initial evaluation and at the conclusion of treatment for today.

ASSESSMENT:
The patient presents with highly irritable right upper extremity pain causing deficits with functional mobility, inability to perform work duties, and difficulty sleeping. A full evaluation was not able to be completed secondary to irritability and severity of symptoms. Further examination and evaluation will be necessary.

GOALS:
1. The patient will be independent with home exercise program.
2. The patient will report pain of less than or equal to 5/10 at best or less than 7/10 at worst for 5 consecutive days.
3. The patient will demonstrate at least 140° of right shoulder passive range of motion into flexion and abduction without increased pain in order to improve functional mobility.
4. The patient will lift 20 lbs from floor-to-waist 5 x without increased pain to aid in return to work.

PLAN:
FREQUENCY AND DURATION/SPECIFIC INTERVENTIONS: The patient will see physical therapy 2 x per week for 4-6 weeks for pain control, active and passive range of motion, scapular stabilization, postural education, right upper extremity strengthening, and modalities as needed. Plan may be modified after further examinations/evaluation.

Thank you for this referral.

Lindsey Morgan, PT, DPT

Lindsey Morgan, PT, DPT

mk/mn

DAILY CLINICAL NOTES

COMPPN 031309

PATIENT Loretta Butler DOCTOR McGown

DIAGNOSIS ®shoulder pain NEXT MD APPT 1 month

Date 6/18/12 # Rx Since Sup. Visit _____ PR /10

SUBJECTIVE See IE

OBJECTIVE Pre-Rx Skin Integrity N Post-Rx Skin Integrity N

②	Interf.	20	min		MH		min		CTX/PTX	#lbs int/static	
	fluido		min		E-stim		min		manual		min
	ther ex per flow sheet		min		paraffin	②	CP	8	min	①	other
IE	min		US cont/pulse		min		ionto		mA/min		

① pt ② ē HEP. ② pt will report pain as ≤ 5/10 @ best or ≤ 7/10 @ worst for 5 cons. days. ③ pt will demo ≥ 140° ® shoulder PROM into ✓ + abd ē ↑'d pain. ④ pt will lift 20# floor to waist x5 ē ↑ pain to return to work.

ASSESSMENT: Response to treatment / Goal Status pt presents ē highly irritable ® UE pain causing deficits ē functional mobility, inability to perform work duties, + difficulty sleeping. A full evaluation was not able to be completed 2° irritability + severity of symptoms. Further examination + evaluation will be necessary.

PLAN:

PT 2x/wk for 4-6wks for pain control, AROM/PROM, scapular stabilization, postural education, ® UE strengthening, + modalities prn. Plan may be modified after further examination/eval.

Therapist Signature: Kelley Morgan, PT, DPT

Date 6/21/12 3:37 # Rx Since Sup. Visit _____ PR . /10

SUBJECTIVE pt reports 8/10 pain @ beginning of tx. Pt reports (-) findings ē nerve study.

OBJECTIVE Pre-Rx Skin Integrity N Post-Rx Skin Integrity N

③	Interf.	20	min		MH		min		CTX/PTX	#lbs int/static	
	fluido		min		E-stim		min	②	manual	20	min
①	ther ex per flow sheet	15	min		paraffin	③	CP	10	min		other
	min		US cont/pulse		min		ionto		mA/min		

① per flow sheet (-) Tinel's @ carpal tunnel.

② prone elbow, wrist, shoulder ✓ abd New Medications: diclofenac SODEC

③ IFC ē PROM + @ end of tx ē CP

ASSESSMENT: Response to treatment / Goal Status pt ē ↑'d pain during gripping exercise, better ē forearm supported. T+p @ extensor mass in forearm + notes "straining" @ distal volar forearm ē active ROM of wrist. Pt painful @ volar side of wrist + upper arm (dett. ins.) ē extensor stretch of ® forearm. Pt tolerated brief PROM @ elbow, but too painful to allow full ext. Pt unable

PLAN: to tolerate passive flexion or abduction 2° pain + muscle guarding. 9/10 pain. Pt points to mid humerus as source of greatest pain. 7/10 pain p CP/IFC x10'

Cont ē POC - investigate possible lat epicondylitis, median N. neuropathy, shoulder PROM.

Therapist Signature: Kelley Morgan, PT, DPT Mar-11

DAILY CLINICAL NOTES

COMPPN 031309

PATIENT Doretta Butler DOCTOR McGown

DIAGNOSIS (R) shoulder pain NEXT MD APPT

Date 6/27/12 3:45 # Rx Since Sup. Visit _____ PR /10

SUBJECTIVE pt reports having to wear a sling for a few days, but is feeling better now.

OBJECTIVE Pre-Rx Skin Integrity N Post-Rx Skin Integrity N

(3) Interf.	10 min	____ MH	____ min	____ CTX/PTX	____ #lbs int/static	____	____ fluido	____ min	
____ E-stim	____ min	(2) manual	20 min	(1) ther ex per flow sheet	30 min	____ paraffin			
(3) CP	10 min	____ other	____ min	____ US cont/pulse	____ min	____ ionto	____ mA/min		

(1) per flow sheet — Passive flex ~80°
(2) PROM elbow √ext, shoulder √abd, IR/ER in scap plane. — abd ~45°
(3) CP/IFC to (R) upper arm/shoulder in sitting c arm supported — ER ~40° IR ~30°

ASSESSMENT: Response to treatment / Goal Status Initiated isometrics for (R) shoulder c difficulty, pt painful + limited c AROM on pulleys. Pt notes greatest ~~diff~~ discomfort c isometric ext. Pt c/o upper arm pain c resisted wrist ext c arm supported. Pt painful @ flexor mass + upper arm c wrist flexion + pain in supinators c resisted supination. Witnessed pt actively flex + abduct shoulder to ~40° Allowed greater PROM today, but still significantly guarded. IR + elbow ext most painful.

PLAN: Spoke c September in Dr. McGown's office, confirmed ∅ significant findings from x-ray, nothing new to add. Cont progressing PROM as tolerated

Therapist Signature: Kelsey Mayer, PT, DPT

Date 7/06/12 2:50 # Rx Since Sup. Visit _____ PR /10

SUBJECTIVE "I feel about the same"

OBJECTIVE Pre-Rx Skin Integrity N Post-Rx Skin Integrity N

____ Interf.	____ min	____ MH	____ min	____ CTX/PTX	____ #lbs int/static	____	____ fluido	____ min	
____ E-stim	____ min	(2) manual	10 min	(1) ther ex per flow sheet	45 min	____ paraffin			
(3) CP	10 min	____ other	____ min	____ US cont/pulse	____ min	____ ionto	____ mA/min		

(1) per flow sheet
(2) PROM (R) shoulder, elbow, wrist, STM (R) UT in supine
(3) CP to (R) shoulder, sitting, arm supported.

ASSESSMENT: Response to treatment / Goal Status pt able to tolerate 1# resistance to elbow √ext. Better tollerance to AROM on pulleys today. Pt painful c Prone HAB initially, much improved c scap. retraction first, pt did not tolerate shoulder PROM well today, but felt more relaxed p STM @ UT.

PLAN: Cont c POC - progress

Therapist Signature: Kelsey Mayer, PT, DPT

Mar-11

DAILY CLINICAL NOTES

COMPPN 031309

PATIENT Doretta Butler DOCTOR McGown

DIAGNOSIS (R) Shoulder Pain NEXT MD APPT 7/13/12 / 8/10

Date 7/13/12 5:40 # Rx Since Sup. Visit _____ PR /10

SUBJECTIVE "I'm doing ok"

OBJECTIVE Pre-Rx Skin Integrity N Post-Rx Skin Integrity N

(3)	Interf.	15	min	____	MH	____	min	____	CTX/PTX ____ #lbs int/static ____	____	fluido ____ min
____	E-stim	____	min	(2)	manual	10	min	(1)	ther ex per flow sheet 40 min	____	paraffin
(3)	CP	15	min	____	other	____	min	____	US cont/pulse ____ min	____	ionto ____ mA/min

(1) per flow sheet PROM: abd 113°, ✓ 90°

(2) PROM (R) shoulder AROM: abd 107°, ✓ 94°

(3) IFC/CP to (R) shoulder in sitting

ASSESSMENT: Response to treatment / Goal Status pt states rows felt good. pt tolerated shoulder isometrics well, complaining of discomfort only c shoulder in too much extension and mild pain c ER. Pt able to extend elbow fully c biceps curls in standing. Pt notes "straining" @ post shoulder c table slides.

PLAN: Cont per MD's orders

Therapist Signature: Kelsey Morgan, PT, DPT

Date 7/26/12 # Rx Since Sup. Visit _____ PR /10

SUBJECTIVE "my arm hurt bad yesterday bc I was trying to move it around more, but overall it hurts/tingles less severely than it used to"

OBJECTIVE Pre-Rx Skin Integrity N Post-Rx Skin Integrity N

(3)	Interf.	15	min	____	MH	____	min	____	CTX/PTX ____ #lbs int/static ____	____	fluido ____ min
____	E-stim	____	min	(2)	manual	8	min	(1)	ther-ex per flow sheet 35 min	____	paraffin
(3)	CP	15	min	____	other	____	min	____	US cont/pulse ____ min	____	ionto ____ mA/min

(1) per flow sheet PROM: ✓ 118° AROM: abd 118°, ✓ 112°

(2) PROM ✓ abd, IR/ER, elbow ✓/✓ abd 130° AAROM abd 125° grav. elim.

(3) IFC/CP in sitting, arm supported. ER 74°, IR 54° ✓ 135° grav. assist

ASSESSMENT: Response to treatment / Goal Status Initiated IR/ER c theraband. Pt reports IR feels worse than ER. Pt able to perform active scaption to shoulder height c "tolerable" discomfort. ~7/10. Better tolerance to supine AROM. Added 2# resistance to prone ext, pt painful @ terminal ext.

PLAN: Cont c POC, progress as tolerated 4-6 wks.

Therapist Signature: Kelsey Morgan, PT, DPT

Mar-11

SPORTS PLUS Physical Therapy

Physician Follow-Up / Re-Evaluation / Discharge

Date: 7/13/12

Patient's DOB: _____ Reporting Period Dates: 6/18/12 - 7/13/12

Patient's Name: Doretta Butler Physician: McGown

Diagnosis: R shoulder pain Number of Visits: 5

Patient's treatment has consisted of:
PROM elbow/shoulder, shoulder isometrics, scapular retraction, neck/UE flexibility AAROM R shoulder, grip strengthening, IFC for pain control.

Objective Measurements/Progress: PROM: flexion ~90°, abd 113° c empty end feels AROM: flexion ~94°, abd 107°

Assessment/Progress: Have been unable to complete full evaluation/examination 2° irritability/severity of pt's symptoms, however pt is beginning to allow greater PROM + AROM c ther-ex.

Plan/Goals/Reason for DC:
will continue PT per MD's orders, please advise

Thank you very much for this referral. Please feel free to contact our clinic if you have any questions or concerns regarding this patient's treatment.

New Physician's orders or written comments: **Frequency & Duration:**

Therapist signature: Kelly Morgan, PT, DPT Physician signature: _____

3010 Farrow Road, Ste 100 Columbia, SC 29203 • Phone (803)771-1535 • Fax (803)771-1537 • www.csmr.org

DAILY CLINICAL NOTES

COMPPN 031309

PATIENT Doretta Butler DOCTOR Mc Gown

DIAGNOSIS (R) Shoulder Pain NEXT MD APPT ~~8/10~~

Date 8/15/12 # Rx Since Sup. Visit _____ PR /10

SUBJECTIVE "I've been trying to work it since I haven't been here in a while" "it mainly just hurts when I hit it or lay on it" "I still have trouble gripping/writing"

OBJECTIVE Pre-Rx Skin Integrity N Post-Rx Skin Integrity N

(3) Interf.	10 min	____ MH	____ min	____ CTX/PTX	____ #lbs int/static	____ fluido	____ min		
____ E-stim	____ min	(2) manual	8 min	(1) ther ex per flow sheet	35 min	____ paraffin			
(3) CP	10 min	____ other	____ min	____ US cont/pulse	____ min	____ ionto	____ mA/min		

(1) per flow sheet	120° ✓ on pulleys	135° ✓ AROM	PROM: ✓ 144°
(2) PROM (R) shoulder	126° abd on pulleys	130° abd AROM	abd 125°
(3) IFC/CP to (R) shoulder, sitting			

ASSESSMENT: Response to treatment / Goal Status initiated UBE c low resistance x 5 difficulty Pt c/o same discomfort c ↑'d resistance to IR/ER, pt tolerated other ther-ex well x 5 c/o pain, able to ↑ reps as well. Pt's PROM progressing well despite muscle guarding.

PLAN: Cont progressing AROM + PROM.

Therapist Signature: Libby Morgan, PT, DPT

Date 8/22/12 # Rx Since Sup. Visit _____ PR /10

SUBJECTIVE "it felt good after last time, I can hold my arm up to write my name better now."

OBJECTIVE Pre-Rx Skin Integrity N Post-Rx Skin Integrity N

____ Interf.	____ min	____ MH	____ min	____ CTX/PTX	____ #lbs int/static	____ fluido	____ min		
____ E-stim	____ min	(2) manual	8 min	(1) ther ex per flow sheet	45 min	____ paraffin			
(3) CP	10 min	____ other	____ min	____ US cont/pulse	____ min	____ ionto	____ mA/min		

(1) per flow sheet	PROM: 150° flexion
(2) PROM (R) shoulder	140° abd
(3) CP to (R) shoulder in sitting	

ASSESSMENT: Response to treatment / Goal Status pt c good tolerance to ↑'d reps + resistance on several ther-ex, x 5 c/o pain. Pt slightly challenged by comprehension of serratus press in supine. Improved PROM all directions, ER most guarded.

PLAN: Cont as previously

Therapist Signature: Libby Morgan, PT, DPT Mar-11

DAILY CLINICAL NOTES

COMPPN 031309

PATIENT Doretta Butler DOCTOR McGown

DIAGNOSIS (R) Shoulder Pain NEXT MD APPT

Date 9/12/12 # Rx Since Sup. Visit ____ PR /10

SUBJECTIVE "my arm was throbbing last night, I don't know why"

OBJECTIVE Pre-Rx Skin Integrity N Post-Rx Skin Integrity N

(2)	Interf.	10	min		MH		min		CTX/PTX	#lbs int/static			fluido		min
	E-stim		min		manual		min	(1)	ther ex per flow sheet	30	min		paraffin		
(3)	CP	10	min		other		min		US cont/pulse		min		ionto		mA/min

(1) per flow sheet 9/10 pain @ end of tx.
(2) IFC @ proximal humerus
(3) CP to (R) shoulder in sitting, arm supported.

ASSESSMENT: Response to treatment / Goal Status pt notes pain c ER > IR. Pt became tearful 2 lat pull d/t 2° pain, pointing to proximal humerus. Applied e-stim & CP + allowed pt to rest x5'. Pt unable to tolerate PROM. Discontinued ther-ex + provided ICF/CP again.

PLAN: suspect triceps muscle spasm/strain.
Resume POC if tolerable @ N.V.
advised rest, ice, + pain management over weekend
pt. to call MD if pain worsens.

Therapist Signature: Kelsey Morgan, PT, DPT

Date 9/13/12 # Rx Since Sup. Visit ____ PR /10

SUBJECTIVE "I'm doing better" pt states she sees a surgeon tomorrow to discuss surgical option.

OBJECTIVE Pre-Rx Skin Integrity N Post-Rx Skin Integrity N

	Interf.		min		MH		min		CTX/PTX	#lbs int/static			fluido		min
	E-stim		min	(2)	manual	8	min	(1)	ther ex per flow sheet	40	min		paraffin		
(3)	CP	10	min		other		min		US cont/pulse		min		ionto		mA/min

(1) per flow sheet 110° flex on pulleys, 135° PROM
(2) PROM (R) UE 105° abd " " , 170° PROM
(3) CP to R shoulder in sitting

ASSESSMENT: Response to treatment / Goal Status pt had Ø c/o pain c rows/scap retraction. Tolerated IR > ER c theraband. Pt had greatest c/o pain c lat pull c theraband pointing to distal humerus, elbow, + proximal forearm. Ø c/o pain c scaption, good tolerance to YTM.

PLAN: Cont c POC, waiting to hear results of surgical consult.

Therapist Signature: Kelsey Morgan, PT, DPT Mar-11

DAILY CLINICAL NOTES

COMPPN 031309

PATIENT Doretta Butler DOCTOR McGavin / Mazare

DIAGNOSIS ® shoulder pain NEXT MD APPT Nov. 28

Date 10/03/12 # Rx Since Sup. Visit _____ PR /10

SUBJECTIVE "the Dr. told me I have arthritis in my shoulder + inflammation in my RTC and that I should keep doing PT + stop smoking."

OBJECTIVE Pre-Rx Skin Integrity _____ Post-Rx Skin Integrity _____

___ Interf.	___ min	___ MH	___ min	___ CTX/PTX	___ #lbs int/static	___	___ fluido	___ min	
___ E-stim	___ min	② manual	8 min	① ther ex per flow sheet	35 min		___ paraffin		
___ CP	___ min	___ other	___ min	___ US cont/pulse	___ min		___ ionto	___ mA/min	

① per flow sheet ~145° ✓ + abd PROM.
② PROM ® shoulder provided Biofreeze samples.

ASSESSMENT: Response to treatment / Goal Status pt c good tolerance to all ther-ex today. pt c/o "pinching" feeling @ ~145° PROM into ✓ + abd c° inflammation somewhat empty end feels.

PLAN: Cont c POC.

Therapist Signature: Libby Morgan, PT, DPT

Date 10/12/12 # Rx Since Sup. Visit _____ PR /10

SUBJECTIVE "I feel about the same, still some pain in my arm"

OBJECTIVE Pre-Rx Skin Integrity N Post-Rx Skin Integrity N

___ Interf.	___ min	___ MH	___ min	___ CTX/PTX	___ #lbs int/static	___	___ fluido	___ min	
___ E-stim	___ min	___ manual	___ min	① ther ex per flow sheet	45 min		___ paraffin		
___ CP	___ min	___ other	___ min	② US cont/pulse	8 min		___ ionto	___ mA/min	

① per flow sheet
② phono c HC 50% duty 1mHz

ASSESSMENT: Response to treatment / Goal Status Pt tolerated all ther-ex well c minimal pain. Favorable response to phono.

PLAN: Cont c POC - manual PROM, measurements, reassess strength

Therapist Signature: Libby Morgan, PT, DPT Mar-11

UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE
ORTHOPAEDICS & SPORTS MEDICINE

PHYSICAL THERAPY PRESCRIPTION

Patient's Name: DORETHA BUTLER DOS: _____

Diagnosis/Surgery: right shoulder pain, difficulty with ROM, RTC Tear

Treatment Frequency:

2-3 times per week, or _____ one instructional visit only

Treatment Duration:

4-6 weeks, or _____ months

Precautions/Limitations: _____

- [x] Evaluate and Treat
- [x] ROM and Strength
- [ ] Progress per Protocol
- [ ] Gait Training
- [ ] Trunk Stabilization
- [ ] Cervical Traction
- [ ] Spine Rehabilitation
- [ ] Neck Program
- [ ] Low Back Program
- [ ] _____
- [x] Home Exercise Program
- [x] Electrical Stimulation
- [x] Ultrasound/Phone/Ionto
- [ ] Work Conditioning
- [ ] Functional Capacity Eval.
- [ ] Massage/Mobilization
- [ ] Impairment Rating
- [ ] Biodex Test

Physician's Signature _____ Date 11/15/12

The attending physician prescribes therapy to avoid an inpatient hospital admission.
Please send or fax periodic and discharge reports to the above physician at the address and/or fax number listed below.

USC SPORTS MEDICINE

DEPARTMENT OF ORTHOPAEDIC SURGERY
Two Medical Park, Suite 404, Columbia, SC 29203
803-434-6812, FAX 803-434-7306
www.uscortho.com / www.uscsportsmedicine.com

DAILY CLINICAL NOTES

COMPPN 031309

PATIENT Dorcetta Butler DOCTOR McGown / Manoui

DIAGNOSIS ® Shoulder pain / RTC NEXT MD APPT 11/28

Date 11/20/12 # Rx Since Sup. Visit _____ PR /10

SUBJECTIVE pt reports "I'm always in pain, I take my meds + put cream on it, then try to ignore it." Pt reports avg. pain as 8/10 over past week.

OBJECTIVE Pre-Rx Skin Integrity N Post-Rx Skin Integrity N

____	Interf.	____	min	____	MH	____	min	____	CTX/PTX ____	#lbs int/static ____	____ fluido ____ min
____	E-stim	____	min	____	manual	____	min	①	ther ex per flow sheet	45 min	____ paraffin
____	CP	____	min	____	other	____	min	②	US cont/pulse	8 min	____ ionto ____ mA/min

① per flow sheet + manual PROM RUE

② Rhino c HC, 1mHz, 0.2 w/cm², 50% duty. pt declined cp.

MMT: 5/5 but c ↑ shoulder pain

AROM: flex 144°; abd 138°

⊖ Spurlings compress / distract.

ASSESSMENT: Response to treatment / Goal Status pt tender to palpation over ® UT + tip of acromion. Pt c/o "pinch" c wall slide into abd. Pt c/o greatest pain c resisted scaption.

PLAN: Cont ther-ex to address scapular stability + modalities for pain control.

Therapist Signature: Lacey Morgan, PT, DPT

Date _____ # Rx Since Sup. Visit _____ PR /10

SUBJECTIVE _____

OBJECTIVE Pre-Rx Skin Integrity _____ Post-Rx Skin Integrity _____

____	Interf.	____	min	____	MH	____	min	____	CTX/PTX ____	#lbs int/static ____	____ fluido ____ min
____	E-stim	____	min	____	manual	____	min	____	ther ex per flow sheet	____ min	____ paraffin
____	CP	____	min	____	other	____	min	____	US cont/pulse	____ min	____ ionto ____ mA/min

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

Therapist Signature: _____ Mar-11

NAME Doretta Butler	DX ® shoulder pain	DOS	MD McGowan

TREATMENT	DATE 6/25/12	6/27	7/06/12	7/13/12	7/26	8/15/12	8/22/12	8/29/12	9/13/12	10/03/12	10/17/12
pendulum	3x10	3x10	—								
grip	yellow x2'	yellow 2'	grn 2'	grn 2'		grn 2'	grn 2'	blue 2'			
wrist AROM	flex, sup x10ea	x15ea	—								
scap retract	3"x15	3" x 15	x20	row red 2 x10	red x20	grn 2x10	row/latt 3x10ea	grn 3x10ea	grn 2x10 ea	row/latt grn 3x10ea	row/latt · grn 3x10 ea
UT / levator ⑤	3x30"ea	3x30"	3x30"ea	2x30"	3x30"						
pulleys	→	V, abd 2'ea	V, abd 2'ea	2' ea	· 2' ea	2'ea	2'10	2'ea	2' ea	4'	wall slide · 10x10"
isometrics	→	4 way x10 ea	x10 ea	6 way x10 ea	IR/ER yellow · x10 ea	red 2x10 ea	IR/ER red 2x10 ea	red 3x10 ea	IR/ER red 2x10	IR/ER red 3x10 ea	red 3x10 ea
elbow V/I	→	Bresist x20	2# x20	2# standing x10		5# 2x10	lat/tris 3pl/4pl 2x10ea	→		4pl/3pl x20	
prone row/ext		→	x10ea	x10 ea	2# x10 ea	2# 2 x10 ea	HAB/ext 2# x10ea	YTM B# →	B# x10 ea	YTM 1# x10 ea	YTM · x10 ea
table slides		→	V, abd 2' ea	2'ea	· 2' ea		3 way 2' ea				
grav elim abd			→	abd x5	abd + V 2 x5 ea	—				abd x10	SL · 2x10
scaption				→	Bresist X10	1# V, abd x10ea	2# 2x10ea	→	1# 2x10	2#/1# 2x10	2# · 2x10
serratus press						→	3# 2x10	→	2# 2x10	3# 2x10	wall push up · 2x10
UBE					→	6'@1.0	6'@1.0	6'@1.0	6'@1.0	6'@1.0	6'

P188

NAME Doretta Butler	DX ⓡ shoulder pain	DOS	MD McGown/Mazzone

TREATMENT	DATE 11/20/12										
UBE	6'@1.0										
rows/latts	GB 2x10										
wall slides	1# abd 10x ea										
IR/ER	→										
bi/triceps	→										
scaption	2#/1# 2x10										
wall push up	→										
YTM	→										
SL abd	—										
Chin tucks	x10										
UT/levator ⓢ	3x30" ea										

P1827

ACC'T #/DOB 5-21-72 Authorized Treatment

Patient Portion $80 BCBS

Frequency/Duration 20%

Initial Therapist

Lindsey

REHABILITATION RECORD

Max. Benefits _____ Deductible/Remaining $300/205

Misc. Notes: 60 visits had del met

Date of Visit	Therapist:	PE - PT Evaluation R - Re-eval	OE - OT Evaluation R - Re-eval	TP - Therapeutic Procedure	N - Neuromuscular Reeducation	G - Gait Training	O - Orthotics / N - Night Splint	TA - Therapeutic Activity (funct'l)	W - Work Hardening initial 2 hours	W+ - Work Hardening add'l hours	M - Manual Therapy Tech	B - Biodex Exercise	H - Hot Pack	E - Electrical Stimulation	WP - Whirlpool	PT - Pelvic Traction	I - Iontophoresis	U - Ultrasound	P - Paraffin	D - Debridement/Dressing	T - Tens Fitting	S - Supply:	Ph - Physical Performance Test	Patient Portion Due	Patient Portion Paid	Initials
1st 6/13/12	48	PE				179																		60	20	
6/21/12	48			TP		155					M		C	E						60				20	20	mm
6/27/12	48			TP2		201					M		C	E						84		20+		20	20	mm
7/6/12	48			TP3		213					M		C							17.60		20+		20	20	mm
7/13/12	48			TP3		247					M		C	E						21.40		20+		20	20	mm
7/26/12	48			TP2		201					M		C	E						16.80		20+		20	20	mm
8/15/12	48			TP2		201					M		C	E						4/12 160.80				16.80	195.00	mm
8th 8/22/12	48			TP2		13					M		C							Credit 17.40				17.60		
8/29/12	48			TP2		151							C	E								20+		13.00	20	mm
9/13/12	48			TP3		213					M		C							Credit 6.80				17.60	11.00	
10/03/12	48			TP2		142					M									Credit .20				13.00	20	mm
10/12/12	48			TP3		166											U			credit 7.20				16.80	20.00	mm
11/20/12	48			TP3													U			Credit 10.40				16.80	20.00	mm
16th																										

R 1 of 2 Tues 12/04 R 0

PINNACLE
Physical Therapy

Physician Follow-Up / Re-Evaluation / Discharge

Date: 01/08/13

Patient's DOB: _____ Reporting Period Dates: 6/18/12 - 11/20/12

Patient's Name: Doretta Butler Physician: McGown / Mazoué

Diagnosis: ® shoulder pain / RTC Number of Visits: 13

Patient's treatment has consisted of:
PROM ®UE, IFC, phonophoresis, scapular stabilization, postural education, neck/shoulder flexibility, ®UE strengthening.

Objective Measurements/Progress: AROM: ® shoulder flex 144, abd 138°
TTP ® upper trapezius + tip of acromion. Neg. Spurling's compression.
Avg. pain level: 8/10.

Assessment/Progress: pt's pain levels remain high though strength + ROM have improved. Responded favorably to phono.

Plan/Goals/Reason for DC:
pt did not schedule follow-up visits; financial constraints.

Thank you very much for this referral. Please feel free to contact our clinic if you have any questions or concerns regarding this patient's treatment.

New Physician's orders or written comments: **Frequency & Duration:** _____

Therapist signature: Lacey Morgan, PT, DPT Physician signature: _____

3010 Farrow Road, Ste 100 • Columbia, SC 29203 • Phone (803)771-1535 • Fax (803)771-1537 • www.csmr.org

CLAIMANT'S APA #7

Drayer Physical Therapy Institute

DRAYER Physical Therapy Institute
Leading the Way to Good Health

INITIAL EVALUATION AND PLAN OF CARE
Upper Quarter/ Cervical

Patient Name: Doretta Butler Date of Birth: Date of Eval: 4/4/14
Diagnosis: RTC tear, BT, SAD/OCE. ☒ Right ☐ Left ☐ Bilateral Hand Dominance ☒ Right ☐ Left

Objective Measurements (choose all that apply) (*Denotes Pain)	Current Status				Long Term Goals (LTG's)		Time Frame
ROM Cervical:	R		L		R	L	Weeks
Flexion							
Extension							
Retraction							
Protraction							
Rotation							
Sidebending							
	Current AROM		Current PROM		LTG's		Time
ROM Shoulder:	R	L	R	L	R	L	Weeks
Flexion	NT 2° post-op day 3				160		16
Extension							
Abduction					165		16
Adduction							
Int Rotation at 45°					TF		16
Int Rotation at 90°							
Ext Rotation at 45°					TF		16
Ext Rotation at 90°							
ROM Elbow:	R	L	R	L	R	L	Weeks
Flexion							
Extension							
Supination							
Pronation							
ROM Wrist:	R	L	R	L	R	L	Weeks
Flexion							
Extension							
Radial Deviation							
Ulnar Deviation							
Flexibility:	R	L	R	L	R	L	Weeks
Pectoralis Minor							
Pectoralis Major							
Subscapularis							
Upper Trapezius							
Levator Scapulae							
	Current Status				LTG's		Weeks
Pain:	Worst: 10 /10 Best: 8 /10				Worst: 2 /10 Best: 0 /10		8
HEP:							
Vital Signs:	HR:		BP:		RR:		

Objective Measurements (choose all that apply) (*Denotes Pain)	Current Status		Long Term Goals (LTG's)		Time Frame
Strength Scapula:	R	L	R	L	Weeks
Upper Trapezius (C4)					
Middle Trapezius					
Lower Trapezius					
Rhomboids					
Serratus Anterior					
Strength Shoulder:	R	L	R	L	Weeks
Flexion	NT 2° post-op day 3		4+		20
Extension					
Abduction			4+		20
Internal Rotation			4+		20
External Rotation			4+		20
Strength Elbow:	R	L	R	L	Weeks
Flexion (C5)			5		20
Extension (C7)			5		20
Supination					
Pronation					
Strength Wrist:	R	L	R	L	Weeks
Flexion					
Extension (C6)					
Radial Deviation					
Ulnar Deviation					
Strength Hand:	R	L	R	L	Weeks
Grip Strength					
Finger Flexion (C8)					
Finger Abd. (T1)					
Pinch Strength					
Dermatomes:	R	L	R	L	Weeks
Reflexes:	R	L	R	L	Weeks
Biceps					
Brachioradialis					
Triceps					
Neural Tension:	R	L	R	L	Weeks
Radial Nerve					
Ulnar Nerve					
Median Nerve					

	Current Status	Long Term Goals	Weeks
Observation/ Posture/Inspection Compensatory Patterns:	pt in post-op bandages.	full wound closure	20
Palpation:			
Joint Mobility:			
Special Tests/ Functional Tests:			
Other:			

RECEIVED
APR 08 2014
BY: TK

DRAYER Physical Therapy Institute

PLAN OF CARE CERTIFICATION

Patient Name: Daretta Butler
Date of Birth: _____ Sex: ☐ Male ☒ Female
Diagnosis: (R)L/B RTC tear, bicep tenotomy
Referring Physician: Dr. Chris Massive
Date of Eval: 4.4.14
Date of Onset: 2013
Date of Surgery: 4.1.14
Surgical Procedure: Shoulder, RTC repair, BT
Cert Period Effective Date: 4.4.14 Through: 5.3.14

ASSESSMENT

Patient Presents with Signs and Symptoms Consistent with the Following Therapy Diagnosis(es):
(A) Shldr pain (B) _____ (C) _____ (D) _____

Clinical Assessment: Daretta is 3 days post op RTC repair & Biceps Tenotomy, We are unable to assess/document ☐ or strength at 1 visit time as she is required by protocol to stay in her sling. We will improve her overall ☐, ROM and strength start. 4/8/14

Problem List: ☒ Pain ☒ Decreased Range of Motion ☒ Decreased Function ☐ Decreased Postural/ Ergonomic Awareness
☒ Swelling ☒ Decreased Flexibility ☐ Gait Dysfunction ☐ Balance Dysfunction/ Fall Risk
☒ Decreased Strength ☒ Joint Hypermobility/Hypomobility ☐ Other: _____

Comorbidity(ies) that May Impact Rate of Recovery: ☐
Rehabilitation Potential: ☒ Excellent ☐ Good ☐ Fair ☐ Other: _____

Specific Functional Measurement/Activity		Long Term Functional Goals: Targeted Performance	Weeks
OH reach	unable	20 # OH to top shelf	20
BB reach	unable	wash mid back	20
lifting	unable	50# floor to table	20
dressing	mod (A)	(I)	6
bathing	mod (A)	(I)	6
Functional Tool/Score: QUASH 88 ☒ % Disability ☐ % Function		Score: <20 ☒ % Disability ☐ % Function	20
Functional Tool/Score: _____ ☐ % Disability ☐ % Function		Score: _____ ☐ % Disability ☐ % Function	

PLAN

☒ Functional Activities ☒ Neuromuscular Reeducation ☒ Manual Therapy ☒ Electrical Stimulation ☒ Ice/Cold Pack
☒ Strengthening ☐ Assistive Device Fitting/Training ☒ Spine Stabilization ☒ Vasopneumatic ☐ Paraffin
☒ AA/PROM ☐ Refer for Assistive Device ☐ McKenzie Assessment ☒ Iontophoresis ☐ Infrared
☒ Endurance Training ☐ Gait Training ☐ Wound Care ☐ Whirlpool/Fluidotherapy ☒ Taping
☒ Posture ☒ Orthotic Fitting/Training ☐ Aquatic Therapy ☒ Ultrasound/Phonophoresis ☐ Mechanical Traction
☐ Flexibility ☒ Follow-Up with Physician pra Regarding Patient's Pain ☒ Patient Education / Home Exercise Program
☐ Further Objective/Functional Testing per Physician Protocol and/or Therapist Discretion ☐ Other: _____
☐ Other: _____

Treatment Frequency of: 3 times per week Treatment Duration of: 20 weeks
Comments: _____

CERTIFICATION

I have fully discussed the above treatment plan of care and exercises with the patient. Please let me know if you agree with this plan of care and sincerely appreciate you referring this patient to me. Please do not hesitate to contact me if you have any questions or concerns. Thank you for this referral.

Therapist's Signature: [signature] License #: 6789 Date: 4/4/14
Printed Therapist's Name: Greg Kite PT

Certification: I hereby certify that the rehabilitation plan noted above is medically necessary for the above named patient. I also understand that my signature signifies agreement with the billed dates of care, including the estimated frequency and duration as noted on this plan of care, and that I will review this plan of care every 30 days. I certify the services outlined on the Prescription and Initial Rehabilitation Evaluation.

Physician's Comments: _____
Physician's Signature: [signature] Date: 4-8-14
Printed Physician's Name: Dr. Chris Massive

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT 10	97001	1	
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	1	
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140		
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack 15	97010	1	
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., enodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		6:25
Time Out		7:05
Total Treatment Time		40
Total Service Based Time		25
Total Time Based Time		15
Total Time Based Units		1
Total Units (SB + TB)		3

DIAGNOSIS — **ICD9 CODE**

RTC tear — 727.61

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: _____

SR - IE

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education: _____

Function: dressing, showering, driving, doffing sling

Assessment: Patient's progress towards functional STG/LTG: _____

Plan: _____ Progress/modify current treatment plan _____

___Total # visits _____ ..... Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature _____ License # 6789

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
	0002008	Butler Dorella	00026	04-04-14 06:00p

DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	INSURANCE DESCRIPTION	CERTIFICATE NO.
		00003	/ Pt With Set Copay	0034816 CoPay/Coins

Patient Bal 0.00

Apr. 17. 2014 9:31AM

RECEIVED
APR 17 2014

DRAYER Physical Therapy Institute
Leading the Way in Cost Control

RE-EVALUATION

□ Please Refer to Attached Document for Additional Re-Evaluation and Plan of Care Information

Patient Name: Dorretta Butler
Date of Birth: _____ Sex: □ Male ☒ Female
Diagnosis: (R) / L / B RTC tear, biceps tenodesis
Referring Physician: Dr. Chris Mazore

Date: 4/16/14 Date of Eval: 4/4/14
Total # Visits: 2 # Cx: 0 # NS: 0
Additional Diagnosis: N/A
Re-Cert Period Effective Date: 4/4/14 Through: 6.1.14

Subjective/Functional Status: Pt is able to don/doff shirt (I). She is min (A) for dressing and bathing. She is (I) c feeding.

Comorbidity(ies) that May Impact Rate of Recovery: D

Rehabilitation Potential: ☒ Excellent □ Good □ Fair □ Other: _____

Objective Measurements Functional Limitations	Current Measurements	Goals Met Yes	Goals Met No	Current/Updated Goals	Wks
Pain	Worst: /10 Best: /10			Worst: /10 Best: /10	
PROM ✓	117°		X	175°	8
abd	101°		X	160°	↓
ER	e45° abd 35°		X	final TG	
IR	NT		X	final TG	↓
Strength	NT		X	5/5	
Functional Tool: QuickDASH	Score: 56 % Disability □ % Function		X	Score: <20 % Disability □ % Function	16
Functional Tool: _____	Score: _____ □ % Disability □ % Function			Score: _____ □ % Disability □ % Function	
See IE - no changes.					

Therapist Assessment and Plan Recommendations: Dorretta is 2 weeks s/p above surgery. She will benefit from continued ROM after the next 6 weeks. She will be able to begin strengthening when Dr Mazore releases her from the sling.

- ☒ Functional Activities
- ☒ Strengthening
- ☒ AA/AROM
- ☒ Endurance Training
- □ Posture
- ☒ Flexibility
- □ Neuromuscular Reeducation
- □ Assistive Device Fitting/Training
- □ Refer for Assistive Device
- □ Gait Training
- □ Orthotic Fitting/Training
- □ Manual Therapy
- □ Spine Stabilization
- □ Pulmonary Assessment
- □ Wound Care
- □ Aquatic Therapy
- □ Electrical Stimulation
- □ Vasopneumatic
- □ Iontophoresis
- □ Whirlpool/Hydrotherapy
- □ Ultrasound/Phonophoresis
- □ Patient Education/ Home Exercise Program
- □ Other: _____
- □ Hot/Cold Pack
- □ Paraffin
- □ Infrared
- □ Taping
- □ Mechanical Traction
- □ Biofeedback

Further Objective/Functional Testing per Physician Protocol and/or Therapist Discretion

Treatment Frequency of: 3 times per week

Treatment Duration of: 16 weeks

I have discussed the above findings, recommended treatment plan, and expected outcomes with the patient. He/she is aware of the risks/benefits and proper methods voluntarily agrees to continue participation in physical therapy services.

Therapist's Signature: _____ License #: 6089 Date: 4/16/14

Printed Therapist's Name: _____

Certification: I hereby certify that certification or recertification of the need for the services listed on this form is required, that I have established this plan with the patient and the treatment goals listed, that they may be modified only with my approval, and that they are necessary and medically indicated by the patient's condition. I have reviewed the Plan of Care and have approved it. This document is my order for the duration of treatment listed in the Plan of Care.

Physician's Comments: _____

Physician's Signature: _____ Date: 4/17/14

Printed Physician's Name: Dr Chris Mazore

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	8 1	X
Therapeutic Procedures (ea. 15 min)	97110	1	
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)/5	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack 10	97010	1	
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic 15	97016	1	
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		5:10
Time Out		6:20
Total Treatment Time		70
Total Service Based Time		25
Total Time Based Time		45
Total Time Based Units		3
Total Units (SB + TB)		5

DIAGNOSIS — **ICD-9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: _____

See RE

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education: HEP

Function: _____

Assessment: Patient's progress towards functional STG/LTG: _____

Plan: _____ Progress/modify current treatment plan _____

___ Total # visits _____ ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature _____ License # 6784

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Buller	0002008	Buller Doretta	00026	04-16-14 05:00p
Columbia SC				
Patient Bal 0.00				

DATE OF BIRTH	TELEPHONE NO.	INSURANCE		
		CODE	DESCRIPTION	CERTIFICATE NO.
		00002	/ Pt Pays After Insurance	0035585
		001	Non-Billable	CoPay/Coins

5200321 9/25/13 Laser

To Reorder, Call WB Mason 888.926.2766

Evaluation			
Description	CPT	UNITS	$9
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Description	CPT	UNITS	$9
Therapeutic Activities (ea. 15 min)	97530		
Therapeutic Procedures (ea. 15 min)	97110	1	
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	$9
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Description	CPT	UNITS	$9
Hot/Cold Pack 10	97010	1	
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic 15	97016	1	
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., enodyne, ReviveMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	$9
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		10:40
Time Out		11:35
Total Treatment Time		55
Total Service Based Time		25
Total Time Based Time		30
Total Time Based Units		2
Total Units (SB + TB)		4

DIAGNOSIS **ICD9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: pt says she has had no extra pain from PT yesterday.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment. Manual- STM

Patient Education: pain tolerance

Function: _____

Assessment: Patient's progress towards functional STG/LTG: pt did not tolerate STM well became tearful c manual

Plan: _____ Progress/modify current treatment plan wrist V, I, S-P

Total # visits 3 ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature _____ License # C6784

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Dorella Buller	0002008	Buller Dorella	00026	04-17-14 10:30a
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE	
Patient Bal 0.00			CODE / DESCRIPTION / CERTIFICATE NO.	
			00002 / Pt Pays After Insurance / 0035666	
			001 Non-Billable CoPay/Coins	

E200391 9/25/13 Laser

To Reorder, Call V/B Mason 888.926.2766

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Initial Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-Evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min) (I.e., Richmar near infrared handheld)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750							Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	2		Hot/Cold Pack ID	97010	1		Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110	1		Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140	1		Vasopneumatic ID	97016	1					
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**	**Non-Medicare**	
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., Smoovne; RevisMed)	97026			Time In		1:20	
Self Care/Home Management	97535			Group Therapy	97150			Time Out		2:35	
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time		75	
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time		20	
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time		55	
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality (I.e., Richmar near infrared diode)	97039			Total Time Based Units		4	
Wound-Non Selective	97602							Total Units (SB + TB)		6	

DIAGNOSIS / ICD9 CODE

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: _____

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

PROM ↑ 126° (was 117°)
ab 113 (was 101°)

Patient Education: HEP, precautions c bicep

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Steady ↑ in ROM.
pt demonstrates compliance c HEP

Plan: _____ Progress/modify current treatment plan Cont c ROM

Total # visits 4 ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature _____ License # 6789

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Dorella Butler	0002009	Butler Dorella	00026	04-18-14 01:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE	
Patient Bal 185.00			CODE / DESCRIPTION / CERTIFICATE NO.	
			00002 / Pt Pays After Insurance / 0035757	
			001 Non-Billable CoPay/Coins	

5200591 9/25/13 Laser

To Reorder, Call WB Mason 888.926.2765

34

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Suppl	
escription	CPT	UNITS	SB	Description	CPT	UNITS	SB	Description	CPT
Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550
aluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760
itial-Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97760
e-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761
hysical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545
C.E. Functional Data-ea. 15 min)								Work Conditioning (each add. hr.)	97546
Time Based Procedures - Direct Contact Required				Service Based Procedures/Modalities - Direct Contact Not Required				Wheelchair Management (ea. 15 min)	97542
herapeutic Activities (ea. 15 min)	97530	3	X	Hot/Cold Pack	97010			Electrodes (per pair)	A4556
herapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:	
euromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:	
Manual Therapy (ea. 15 min)	97140	1		Vasopneumatic 15	97016	1			
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018				
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			Tracking	Medicare / Non-Medica
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, RevitaMed)	97026			Time In	2:10
Self Care/Home Management	97535			Group Therapy	97150			Time Out	3:20
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time	70
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time	15
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time	55
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039			Total Time Based Units	4
Wound-Non Selective	97602			(i.e., Richmar near infrared diode)				Total Units (SB + TB)	5

DIAGNOSIS **ICD-9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals:

Pt reports being some ↑ in Tenderness over the weekend.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

TTP Incision sites - grade II

Addressed ice today

Error in billing Vasopneumatic billed instead of NHP 9.3.14

Patient Education: Avoiding extraction of Biceps.

Function: ___

Assessment: Patient's progress towards functional STG/LTG: Pt tolerating ↑ ROM & ↑ pain.

Plan: _____ Progress/modify current treatment plan Assess Scapular mobility / Stability

___ Total # visits 5 ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature _____ License # 7291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	0002009	Butler Doretta	00502	04-22-14 02:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	DESCRIPTION / CERTIFICATE NO.
Patient Bal 410.00			00002 001	Pt Pays After Insurance Non-Billable / 0035954 CoPay/Coins

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Description	CPT	UNITS	59
Therapeutic Activities (ea. 15 min)	97530	3	
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		
Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Description	CPT	UNITS	59
Hot/Cold Pack 15	97010	1	
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		4:17
Time Out		5:25
Total Treatment Time		OK
Total Service Based Time		15
Total Time Based Time		53
Total Time Based Units		4
Total Units (SB + TB)		5

DIAGNOSIS — **ICD9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals:

pt cannot carry or lift c her (R) UE

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

AAROM in Supine ✓ abd 131° 132°

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: ↑ ROM, steady improvement

Plan: _____ Progress/modify current treatment plan _____ pt/tolerance

Total # visits 6 ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature _____ License # 6789

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Dorella Butler	0002009	Butler Dorella	00026	04-23-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION	CERTIFICATE NO.
Patient Bal 410.00			00002 001 / Pt Pays After Insurance Non-Billable	0036044 CoPay/Coins

5200001 9/25/13 Laser

To Reorder, Call WB Mason 888 926.2766

Evaluation			
Description	CPT	UNITS	59
Evaluation-PT	97001		
Evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			
Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	3	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min) 12	97140		
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		
Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		
Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack 10	97010	1	
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		4:48
Time Out		5:45
Total Treatment Time		57
Total Service Based Time		10
Total Time Based Time		47
Total Time Based Units		4
Total Units (SB + TB)		52.85

DIAGNOSIS **ICD9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals:

PT said she c/o ↑ pain almost fell and jerked her shoulder.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

started pulley

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: in prog

Plan: _____ Progress/modify current treatment plan Cont.

_____ Total # visits _____ Brief Re-eval/Progress Repon next visit _____ D/C patient

Therapist Signature _____ License # 6078

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	0002009	Butler Doretta	00026	04-25-14 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE	
Patient Bal 210.00			CODE: 00002 001 / DESCRIPTION: PI Pays After Insurance Non-Billable / CERTIFICATE NO.: 0036221 CoPay/Coins	

65

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			
Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	4	X
Therapeutic Procedures (ea. 15 min)	97110	48	
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		
Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		
Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010	1	
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., Rhodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		4:27
Time Out		5:35
Total Treatment Time		68
Total Service Based Time		10
Total Time Based Time		58
Total Time Based Units		5
Total Units (SB + TB)		6

DIAGNOSIS **ICD9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals:

no new c/o

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

AROM abd 150° (was 132°)

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: pt's AROM is progressing normally per protocol

Plan: _____ Progress/modify current treatment plan progress to AAROM / isometrics next week.

Total # visits 8 ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature _____ License # 6789

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Dorella Butler	0002009	Butler Dorella	00026	04-28-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE	
Patient Bal 210.00			CODE / DESCRIPTION / CERTIFICATE NO.	
			00002 001 / Pt Pays After Insurance Non-Billable	0036348 CoPay/Coins

61

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	2	X	Hot/Cold Pack (D)	97010	1		Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min) (10)	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**	**Non-Medicare**	
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., Anodyne, RevitalMed)	97026			Time In		4:47	
Self Care/Home Management	97535			Group Therapy	97150			Time Out		5:36	
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time		47	
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time		10	
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time		37	
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039			Total Time Based Units		3	
Wound-Non Selective	97602			(i.e., Richmar near infrared diode)				Total Units (SB + TB)		4	

DIAGNOSIS **ICD9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE **DATE**

Subjective: Patient's chief complaint and perceived progress toward functional goals:

still in sling most of the day 2° protocol restrictions

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

✓ 152 passive (was 151)

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: ROM progressing to normal. Pt is at normal range for post-op wk 5

Plan: _____ Progress/modify current treatment plan light AAROM next week

___ Total # visits _____ ___ Brief Re-eval/Progress Repon next visit ___ D/C patient

Therapist Signature _____ License # 6757

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	0002009	Buller Doretta	00026	04-30-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal 210.00			00002 001 / PI Pays After Insurance Non-Billable.	0036528 CoPay/Coins

:: 5206301 9/25/13 Leger

To Reorder, Call WB Mason 800.926.2766

56

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Description	CPT	UNITS	59
Therapeutic Activities (ea. 15 min)	97530	2	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Description	CPT	UNITS	59
Hot/Cold Pack 10+10 Tex	97010	1	
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, ReviaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		4:30
Time Out		5:30
Total Treatment Time		57
Total Service Based Time		1
Total Time Based Time		57
Total Time Based Units		4.5
Total Units (SB + TB)		6

DIAGNOSIS **ICD-9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: _____

SEE R

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: _____

Plan: _____ Progress/modify current treatment plan _____

Total # visits _____ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature _____ License # 6781

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	0002009	Butler Doretta	88026	05-02-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE	
Patient Bal 210.00			CODE / DESCRIPTION / CERTIFICATE NO.	
			00002 / Pt Pays After Insurance 0036718	
			001 Non-Billable CoPay/Coins	

6300391 9/25/13 Laser

To Reorder, Call WB Mason 800.926.2768

May. 3. 2014 8:15AM

RECEIVED
MAY 05 2014
BY: TC

No. 8288 P. 2/2

DRAYER Physical Therapy Institute
Leading the way to Good Health

RE-EVALUATION

☐ Please Refer to Attached Document for Additional Re-Evaluation and Plan of Care Information

Patient Name: Dorotha Ruffler
Date of Birth: ____ Sex: ☐ Male ☒ Female
Diagnosis: R RTC / B ____
Referring Physician: Dr. Chris Mayou
Date: 5.2.14 Date of Eval: 4.4.14
Total # Visits: 10 # Cx: 0 # NS: 0
Additional Diagnosis: ____
Re-Cert Period Effective Date: 5.3.14 Through: 6.1.14

Subjective/Functional Status:
Dorotha cannot reach OH, BB or lift and carry 2° protocol. She is not ☑ to ADLs at this point.

Comorbidity(ies) that May Impact Rate of Recovery: ☑
Rehabilitation Potential: ☒ Excellent ☐ Good ☐ Fair ☐ Other: ____

Objective Measurements / Functional Limitations	Current Measurements	Goals Met Yes	Goals Met No	Current/Updated Goals	Wks
Pain:	Worst: /10 Best: /10			Worst: /10 Best: /10	
AROM					
✓	plus 170°		✓	175 active	10
Abd	plus 160°		✓	170 active	↓
ER	@90° 70°		✓	TG Full	↓
IR	@90° 60°		✓	TG Full	✓
Strength					
✓	2/5			5/5	10
Abd	2/5			↓	↓
IR	2+/5				
ER	2+/5				✓
Functional Tool: QUICKDASH	Score: 64 ☐ % Disability ☐ % Function		✓	Score: 43.2 ☐ % Disability ☐ % Function	10
Functional Tool: ____	Score: ____ ☐ % Disability ☐ % Function			Score: ____ ☐ % Disability ☐ % Function	
OH reach	Unable		✓	20# OH to top shelf	10
BB reach	Unable		✓	With mid-back	↓
Lift	Unable		✓	50# floor to table	↓
Dress	min (A)		✓	(I)	↓
Bathe	min (A)		✓	(I)	✓

Therapist Assessment and Plan Recommendations:
Dorotha is 4 weeks s/p RTC repair. She still may not use her arm actively 2° protocol restrictions. She is progressing very well ↑ ROM and continues to demonstrate good compliance ↑ restrictions and HEP. She will require OPT for progress to a strength program and AROM. ✓

- ☑ Functional Activities
- ☑ Strengthening
- ☑ AA/AA/PROM
- ☐ Endurance Training
- ☑ Posture
- ☑ Flexibility
- ☐ Neuromuscular Reeducation
- ☐ Assistive Device Fitting/Training
- ☐ Referral for Assistive Device
- ☐ Gait Training
- ☐ Orthotic Fitting/Training
- ☑ Follow-Up with Physician per Reporting Patient's Pain
- ☑ Functional Objective/Functional Testing per Physician Protocol and/or Therapist Discretion
- ☐ Manual Therapy
- ☐ Spine Stabilization
- ☐ McKenzie Assessment
- ☐ Wound Care
- ☐ Aquatic Therapy
- ☐ Electrical Stimulation
- ☐ Vasopneumatic
- ☐ Iontophoresis
- ☐ Whirlpool/Phototherapy
- ☑ Ultrasound/Phonophoresis
- ☑ Patient Education / Home Exercise Program
- ☐ Other: ____
- ☑ Hot/Cold Pack
- ☐ Paraffin
- ☐ Infrared
- ☑ Taping
- ☐ Mechanical Traction
- ☐ Biofeedback

Treatment Frequency of 3 times per week
Treatment Duration of 10 weeks

I have reviewed the above findings, examination, treatment plan, and expected outcomes with the patient. He/she is aware of the diagnosis and prognosis and voluntarily agrees to continue participation in physical/occupational therapy services.

Therapist's Signature: ____
Printed Therapist's Name: Gary Volp - D License #: 6789 Date: 5/2/14

Additional therapy duration, frequency, and/or treatment goals are based on the above findings and the patient's ability to understand and participate in the treatment plan. Patient agrees to the above noted frequency and duration as well as the above noted goals. Treatment of the patient's problems is expected to be effective for the above noted and marked duration of treatment as listed in the Plan of Care.

Physician's Comments: ____
Physician's Signature: ____
Printed Physician's Name: Dr Chris Mayou Date: 5/5/14

16

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	2	
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010	1	
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		10:38
Time Out		11:25
Total Treatment Time		47
Total Service Based Time		10
Total Time Based Time		37
Total Time Based Units		3
Total Units (SB + TB)		4

DIAGNOSIS — **ICD9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals:

Pt reports she has difficulty sleeping @ night 2° discomfort in shldr.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

GHJ mobility 3/6.

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt demonstrating ↑ AROM in supine. Lacks enough abd depth to elevate arm against gravity

Plan: _____ Progress/modify current treatment plan Emphasize scapular stability

___Total # visits _____ ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature Barbara Ann ... License # 7291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	0002009	Butler Doretta	00028	05-05-14 10:00a
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE	
Patient Bal 210.00			CODE / DESCRIPTION / CERTIFICATE NO.	
			00002 / Pt Pays After Insurance 0038839	
			001 Non-Billable CoPay/Coins	

5200391 9/25/13 Laser

To Reorder, Call WB Mason 800.926.2766

P2071

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750							Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	2	X	Hot/Cold Pack 10	97010	1		Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min) 13	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**		**Non-Medicare**
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, RevitaMed)	97026			Time In			9:40
Self Care/Home Management	97535			Group Therapy	97150			Time Out			10:20
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time			40
Wound Care				Biofeedback Pelvic Floor	90911			Total Service-Based Time			10
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time			30
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality (i.e., Richmar near infrared diode)	97039			Total Time Based Units			3
Wound-Non Selective	97602							Total Units (SB + TB)			4

ICD-9 DIAGNOSIS — **ICD-9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals:

Pt mod (I) c call dressing, requires occasional assistance c hygl skills c sutures

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

ER @ 90° - 80° (was 74°)

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt would benefit from ↑ TJS mobility to help improve scapular position & stability c ↓ discomfort

Plan: _____ Progress/modify current treatment plan Cont c LT Facilitation, TJS mobility, Add isometrics

_____ Total # visits _____ ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature [signature] License # 3291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	0002009	Butler Doretta	88826	05 07 14 10:00a
Columbia SC 29210	DATE OF BIRTH	TELEPHONE NO	INSURANCE	
Patient Bal 210.00			CODE: 00002 / 001 — DESCRIPTION: Pt Pays After Insurance / Non-Billable — CERTIFICATE NO.: 00370415 CoPay/Coins	

19

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Initial Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	4	X	Hot/Cold Pack 10 Tex	97010	1		Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min) 12	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**		**Non-Medicare**
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, ReviveMed)	97026			Time In			10:35
Self Care/Home Management	97535			Group Therapy	97150			Time Out			11:35
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time			60
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time			
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time			60
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039			Total Time Based Units			5
Wound-Non Selective	97602			(i.e., Richmar near infrared diode)				Total Units (SB + TB)			6

DIAGNOSIS — **ICD9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals:

pt has no new c/o.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

add isometrics.

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: pt able to add new exercises 5 ↑ pain

Plan: _ _____ Progress/modify current treatment plan cont to progress per protocol

_____ Total # visits 13 _____ Brief Re-eval/Progress Repon next visit _____ D/C patient

Therapist Signature _____ License # 6784

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	0002009	Butler Doretta	00026	05-09-14 10:30a
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE	
Patient Bal 385.00			CODE / DESCRIPTION / CERTIFICATE NO.	
			00002 / Pt Pays After Insurance / 0037194	
			001 Non-Billable / CoPay/Coins	

SI-5700391 9/25/13 Laser

To Reorder, Call WB Mason 888.926.2766

DRAYER
Physical Therapy Institute
Leading the Way to Good Health

PATIENT STATUS REPORT

Patient Name: Doretta Bittles
Date of Birth: _____ Sex: ☐ Male ☐ Female
Diagnosis: R/L/B: _____
Referring Physician: Dr Chris Mazave

Date: 5-12-14
Date of Eval: _____
Date of Onset: _____
Date of Surgery: _____
Surgical Procedure: _____
Total # Visits: _____ # Cx: _____ # NS: _____

Objective Findings: Passive ROM
abd - 116
flex - 154
ER @ 90° - 80°
Just started AROM. Doing great!
GO

Impairments That Require Skilled Therapy:
- ☑ Pain
- ☑ Decreased ROM
- ☑ Decreased Strength
- ☐ Gait Dysfunction
- ☐ Balance Dysfunction
- ☑ Decreased Function
- ☐ Other: _____
- ☐ Other: _____

Treatment Provided:
- ☑ MH/Ice
- ☑ Electrical Stimulation
- ☑ Neuromuscular Reeducation
- ☑ Therapeutic Exercise
- ☑ Therapeutic Activities
- ☑ Manual
- ☑ Home Exercise Program
- ☐ Other: _____

Therapist Plan Recommendations:
- ☑ Continue with current plan of care, progressing as tolerated
- ☑ Continue per protocol
- ☐ Continue current plan of care with the following revision(s): _____
- ☐ Discharge to HEP

Therapist: SkoRt SuzyKole Date: 5/12/14

Thanks Dr Mazave!

Physician Comments: _____

59 59

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	2	X	Hot/Cold Pack 10	97010	1		Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min) 15	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**	**Non-Medicare**	
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, RevitaMed)	97026			Time In		4:37	
Self Care/Home Management	97535			Group Therapy	97150			Time Out		5:30	
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time		53	
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time		10	
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time		43	
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039			Total Time Based Units		3	
Wound-Non Selective	97602			(i.e., Richmar near infrared diode)				Total Units (SB + TB)		4	

DIAGNOSIS **ICD CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: _____

See progress note

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: _____

Plan: _____ Progress/modify current treatment plan _____

_____ Total # visits _____ _____ Brief Re-eval/Progress Report next visit _____ D/C patient

Therapist Signature _____ License # 6789

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	0002009	Butler Doretta	00026	05-12-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION	CERTIFICATE NO.
Patient Bal 385.00			00002 001 / Pt Pays After Insurance Non-Billable	0037308 CoPay/Coins

5200391 9/25/13 Laser

To Reorder, Call WB Mason 888.926.2788

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	69
Initial Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750							Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drtis-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				Service Based Procedures/Modalities - Direct Contact Not Required				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	4	X	Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			Tracking	Medicare	Non-Medicare	
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, RevitaMed)	97026			Time In		4:15	
Self Care/Home Management	97535			Group Therapy	97150			Time Out		5:20	
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time		65	
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time			
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time		65	
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality (i.e., Richmar near infrared diode)	97039			Total Units (TB)		5	
Wound-Non Selective	97602							Total Units (SB + TB)		5	

DIAGNOSIS — **ICD9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals:

pt is back from MD c instructions to D/C brace. "I can't drive yet bc I don't have power steering." pt complains that she can't write >

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

start AROM/ strength/ AAROM

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: pt had no problems c new exercises

Plan: _____ Progress/modify current treatment plan cont. add prone rows

____ Total # visits _____ ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature _____ License # 6789

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	0002009	Butler Doretta	00026	05-14-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal 0.00			00002 / PI Pays After Insurance / 0037501 001 / Non-Billable / CoPay/Coins	

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Initial Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drils-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	4	X	Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**		**Non-Medicare**
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., Enodyne, RevitaMed)	97026			Time In			4:50
Self Care/Home Management	97535			Group Therapy	97150			Time Out			5:50
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time			60
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time			0
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time			60
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039			Total Time Based Units			5
Wound-Non Selective	97602			(i.e., Richmar near infrared diode)				Total Units (SB + TB)			5

DIAGNOSIS — ICD9 CODE

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals:

Pt reports unable to sleep comfortably on her back

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Mod scapular dyskinesis. Flexibility restriction

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt challenged c proper scapular muscle activation in prone. Noticeable compensation c deltoid c upper trap during ROM. Required demonstration c verbal cues for proper technique.

Plan: _____ Progress/modify current treatment plan Emphasize scapular positioning c therapeutic exercises

___ Total # visits _____ ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature Izaline License # 7291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	0002009	Butler Doretta	00026	05-16-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal 0.00			00002 001 / Pt Pays After Insurance Non-Billable / 0037667 CoPay/Coins	

Evaluation			
Description	CPT	UNITS	59
Evaluation-PT	97001		
Evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			
Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	4	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		
Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		
Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, ReviaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		4:08
Time Out		5:14
Total Treatment Time		66
Total Service Based Time		
Total Time Based Time		66
Total Time Based Units		5
Total Units (SB + TB)		5

DIAGNOSIS **ICD9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals:

pt cannot drive yet as her car has no power steering. "I drove my daughter's car"

Objective: Please refer to this patient's flow sheet for details-specific to the procedures/modalities and specific exercises utilized during today's treatment.

grip strength 55# (R) 60# (L)

Patient Education: cues to keep T-spine down & ER

Function:

Assessment: Patient's progress towards functional STG/LTG: new goal 70# grip on (R)

Plan: _____ Progress/modify current treatment plan will push up.

_____ Total # visits _____ Brief Re-eval/Progress Report next visit _____ D/C patient

Therapist Signature _____ License # 6789

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Buller	0002009	Buller Doretta	00026	05-19-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal 0.00			00002 / Pt Pays After Insurance 0037789 001 / Non-Billable / CoPay/Coins	

54

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
luation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
itial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				Service Based Procedures/Modalities - Direct Contact Not Required				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	2	X	Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min) W	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			Tracking	Medicare	Non-Medicare	
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., Analgesine, ReviaMed)	97026			Time In		3:27	
Self Care/Home Management	97535			Group Therapy	97150			Time Out		4:00	
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time		33	
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time		-	
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time		33	
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039			Total Time Based Units		3	
Wound-Non Selective	97602			(i.e., Richmar near infrared diode)				Total Units (SB + TB)		3	

DIAGNOSIS **ICD9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pt c no new c/o. She reports walking 1 dose @ 5pts. more comfortably

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment. Shoulder AROM 154° standing

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt continues to lack full strength as needed to achieve AROM = PROM

Plan: _____ Progress/modify current treatment plan Continue tolerated & emphasize on strengths to ↑ PROM

___Total # visits _____ ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature _____ License # 7791

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	0002009	Butler Doretta	00026	05-21-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal 0.00			00002 / PI Pays After Insurance 0037967 001 Non-Billable CoPay/Coins	

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Dmts-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	3	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min) 15	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Description	CPT	UNITS	59
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		4:50
Time Out		5:50
Total Treatment Time		60
Total Service Based Time		—
Total Time Based Time		60
Total Time Based Units		4
Total Units (SB + TB)		4

DIAGNOSIS — **ICD9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals:

pt still unable to don/doff bra

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

IR Ext: L3

Manual: STM to infraspinatus/latissimus, C/R Stretch in IR

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: IR L3/1 not allow f/l reach B5

Plan: _____ Progress/modify current treatment plan cont. add band IR B5

Total # visits 19 ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature _____ License # 60789

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	0002009	Butler Doretta	00028	05-23-14 04-30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal 0.00			00002 001 / Pt Pays After Insurance Non-Billable	0038160 CoPay/Coins

5200391 9/25/13 Laser

To Reorder, Call 1-800 Mason 888 920.2768

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Initial Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	3	X	Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**	**Non-Medicare**	
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, Revitalite)	97026			Time In		4:33	
Self Care/Home Management	97535			Group Therapy	97150			Time Out		5:30	
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time		57	
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time			
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time		57	
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039			Total Time Based Units		4	
Wound-Non Selective	97602			(i.e., Richmar near infrared diode)				Total Units (SB + TB)		4	

DIAGNOSIS **ICD9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pt c no new complaints

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education: Scaption: ↓ UT compensation c active elevation

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt continues to require cueing + education on proper technique to prevent compensation c upper trap.

Plan: _____ Progress/modify current treatment plan ↑ resistance c IR/ER + rows

Total # visits 20 ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature [signature] License # 16789

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	0002009	Butler Doretta	00026	05-28-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal 0.00			00002 / PI Pays After Insurance / 0038287 001 / Non-Billable / CoPay/Coins	

st 5200391 9/25/13 Laser

To Reorder, Call WG Mason 800.020.2766

received
5-29-14

DRAYER Physical Therapy Institute
Leading the Way in Good Health

RE-EVALUATION

☐ Please Refer to Attached Document for Additional Re-Evaluation and Plan of Care Information

Patient Name: Dorothy Butler
Date of Birth: ____ Sex: ☐ Male ☒ Female
Diagnosis: (R) L / B rotator
Referring Physician: Dr. Chris Mazolla
Date: 5/28/14 Date of Eval: 4/4/14
Total # Visits: ____ # Cx: 0 # NS: 0
Additional Diagnosis: B
Re-Cert Period Effective Date: June 1st Through: June 30 2014

Subjective/Functional Status: Ms Butler states that she can reach further behind her, but she still cannot reach to wash her back she also still needs assistance for some dressing, reaching overhead, and functional activities

Comorbidity(ies) that May Impact Rate of Recovery: ____
Rehabilitation Potential: ☒ Excellent ☐ Good ☐ Fair ☐ Other: ____

Objective Measurements Functional Limitations	Current Measurements	Goals Met Yes	Goals Met No	Current/Updated Goals	Wks
Pain:	Worst: 9/10 Best: 7/10			Worst: /10 Best: /10	
ROM: Shldr flex	Act. 140° pas 171°		✓	175° act.	10
Shldr abd	act. 125° pass 176°		✓	180° act.	↓
shldr ER	@ 90° 82°		✓	"To tol"	↓
shldr IR	@ 90 70°		✓	"To tol"	↓
Strength: Shldr flex	4+/5		✓	5/5	10
Shldr abd	4+/5		✓	↓	↓
Shldr IR	3/5		✓	↓	↓
shldr ER	3/5		✓	↓	↓
Functional Tool: Quick DASH	Score: 55 ☐ % Disability ☐ % Function		✓	Score: 670 ☐ % Disability ☐ % Function	10
Functional Tool: ____	Score: ____ ☐ % Disability ☐ % Function			Score: ____ ☐ % Disability ☐ % Function	1
OH reach	Unable		✓	20# OH to top shelf	10
BB reach	reach to L PSIS		✓	wash mid back	↓
lifting	unable		✓	50# from table	↓
dressing	requires assistance / modified min A		✓	①	↓
bathing			✓	①	↓

Therapist Assessment and Plan Recommendations: Joyce has begun to initiate strengthening activities per protocol & good progress while maintaining pain she exhibits difficulty & functional deficits including overhead and behind the back tasks she will benefit from continued strength & ROM program to return to independent lifestyle

☐ Functional Activities	☐ Neuromuscular Reeducation	☐ Manual Therapy	☐ Electrical Stimulation	☐ Hot/Cold Pack
☐ Strengthening	☐ Assistive Device Fitting/Training	☐ Spine Stabilization	☐ Vasopneumatic	☐ Paraffin
☐ AAM/PROM	☐ Refer for Assistive Device	☐ Mekenzie Assessment	☐ Iontophoresis	☐ Infrared
☐ Endurance Training	☐ Gait Training	☐ Wound Care	☐ Whirlpool/Fluidotherapy	☐ Taping
☐ Posture	☐ Orthotic Fitting/Training	☐ Aquatic Therapy	☐ Ultrasound/Phonophoresis	☐ Mechanical Traction
☐ Flexibility	☐ Follow-up with Physician p/n Regarding Patient's Pain		☐ Patient Education / Home Exercise Program	☐ Biofeedback
☐ Further Objective/Functional Testing per Physician Protocol and/or Therapist Discretion			☐ Other: ____	

Treatment Frequency of: 3 times per week
Treatment Duration of: 10 weeks

I have discussed the above findings, continued, updated treatment plan, and expected outcomes with the patient. He/she is aware of the diagnosis and prognosis and voluntarily agrees to continue participation in physical/occupational therapy services.

Therapist's Signature: Donna Vella, PT License #: 7374 Date: 5/28/14
Printed Therapist's Name: Donna Vella PT

☐ Physician: I certify the information above is correct and necessary for the above mentioned patient. I also understand that my signature signifies agreement with the listed goals/objectives and duration of care, including the anticipated frequency and duration, of services provided by the Drayer Physical Therapy Institute. I understand that this plan of care becomes effective on the date noted and remains effective for the duration of treatment unless it is changed by me.

Physician's Comments: ____
Physician's Signature: ____ Date: 5/29/14
Printed Physician's Name: Dr. Chris Mazolla

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Initial Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750							Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	4		Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**		**Non-Medicare**
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, Revitamed)	97026			Time In			4:35
Self Care/Home Management	97535			Group Therapy	97150			Time Out			5:43
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time			68
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time			/
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time			108
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality (i.e., Richmar near infrared diode)	97039			Total Time Based Units			5
Wound-Non Selective	97602							Total Units (SB + TB)			5

DIAGNOSIS — **ICD9 CODE**

727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: _____

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

See Re-eval

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: _____

Plan: _____ Progress/modify current treatment plan _____

___Total # visits _____ ___Brief Re-eval/Progress Report next visit ___D/C patient

Therapist Signature Laura Klup, DPT License # 7374

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	0002009	Butler Doretta	00026	05-28-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE	
Patient Bal 420.00			CODE / DESCRIPTION / CERTIFICATE NO.	
			00002 / Pt Pays After Insurance / 0038453	
			001 Non-Billable / CoPay/Coins	

sl 5200361 9/25/13 Laser

To Reorder, Call WB Mason 888.626.2760

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530		
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140		
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		
Time Out		
Total Treatment Time		
Total Service Based Time		
Total Time Based Time		
Total Time Based Units		
Total Units (SB + TB)		

DIAGNOSIS	ICD9 CODE
727.61 NONTRAUMACOMPLETE RUPT ROTATOR CUFF	

Cx _____ NS X R/S Date _____

Reason: LM 5:24, 5:47

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: _____

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: _____

Plan: _____ Progress/modify current treatment plan _____

___Total # visits _____ ___ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature _____ License # _____

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Dorella Butler	0002009	Butler Dorella	00026	05-30-14 05:00p
Columbia SC				
Patient Bal 685.00				

DATE OF BIRTH	TELEPHONE NO.	INSURANCE		
		CODE	DESCRIPTION	CERTIFICATE NO.
		00002 001	/ Pt Pays After Insurance Non-Billable	0038666 CoPay/Coins

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	1	X	Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**	**Non-Medicare**	
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, RevitaMed)	97026			Time In		5:01	
Self Care/Home Management	97535			Group Therapy	97150			Time Out		6:30	
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time		29	
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time		0	
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time		29	
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039			Total Time Based Units		2	
Wound-Non Selective	97602			(i.e., Richmar near infrared diode)				Total Units (SB + TB)		2	

DIAGNOSIS — **ICD-9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals:

Pt c no c/o ↑ pain c ↑ activity s/p rec'd PT.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

GHS mobility, intense grade II

Pt did not complete all therapeutic exercises 2° hurry family emergency @ home

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt. i pain activity restrictions & limited joint dysfunction impaired c intense GHS mobilization, unable to achieve normal intense grade 5 assistance manually

Plan: _____ Progress/modify current treatment plan Cont c GHS mobilizations intense + gradient

_____ Total # visits _____ Brief Re-eval/Progress Report next visit _____ D/C patient

Therapist Signature _____ License # 7241

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta	10026	06-02-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION	CERTIFICATE NO.
Patient Bal 0.00			0000 Doretta Butler 0000 Self Pay 001 Self Pay	CoPay/Coins

F 70 C

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Initial Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	3	X	Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)) 3	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**	**Non-Medicare**	
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, RevitalMed)	97026			Time In		5:00	
Self Care/Home Management	97535			Group Therapy	97150			Time Out		5:58	
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time		58	
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time		0	
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time		58	
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039			Total Time Based Units		4	
Wound-Non Selective	97602			(i.e., Richmar near infrared diode)				Total Units (SB + TB)		4	

DIAGNOSIS | **ICD9 CODE**

727.61 Rotator cuff-rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pt reports she is able to pick up pots & RUE however does not carry it on right shoulder.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment. AROM shoulder ✓ 154° Manual: PROM, GHJ mobilization increased/pain grade III/IV Rx: ER Tz.

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: AROM improving however continues to be challenged & full PROM 2° pain & tightness of bicipital head & clavicle

Plan: _____ Progress/modify current treatment plan IP & Stop

___Total # visits _____ ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature _____ License # 7291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021292	Butler Doretta	10026	06-04-14 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal 0.00			0000 Doretta Butler 0000 Self Pay 001 Self Pay	CoPay/Coins

65

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Initial Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	3	X	Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min) 1/2	97140	2		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**		**Non-Medicare**
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., enodyne, RevitaMed)	97026			Time In			3:15
Self Care/Home Management	97535			Group Therapy	97150			Time Out			4:05
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time			50
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time			0
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time			50
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039			Total Time Based Units			5
Wound-Non Selective	97602			(i.e., Richmar near infrared diode)				Total Units (SB + TB)			5

DIAGNOSIS **ICD-9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals:

Pt reports pain when reaching out to side.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Manual: scapular elevation & posterior tilt in S/L. Pect minor PIR in supine. Mobility IR in standing.

Pectoralis minor flexibility: R) 5 fingers L) 3.5 fingers

Patient Education:

Function:

Assessment: Patient's progress towards functional STG/LTG: Pt lacks of pectoralis flexibility influences proper scapular tilting, especially posterior, to allow elevation of scapula & shoulder elevation

Plan: _____ Progress/modify current treatment plan Cont & scapular PNF

____Total # visits _____ ____Brief Re-eval/Progress Report next visit ____D/C patient

Therapist Signature _____ License # 7791

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta	10295	08-06-14 05:06p
Columbia SC.	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal 0.00			00001 Doretta Butler 00001 Self Pay 001 Self Pay	CoPay/Coins

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Initial Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750							Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	3	X	Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea.15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140	2		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**		**Non-Medicare**
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, Revitalstim)	97026			Time In			4:30
Self Care/Home Management	97535			Group Therapy	97150			Time Out			5:28
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time			58
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time			—
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time			58
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality (i.e., Richmar near infrared diode)	97039			Total Time Based Units			5
Wound-Non Selective	97602							Total Units (SB + TB)			5

DIAGNOSIS — **ICD9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pt reports actively trying to be more mindful to perform HEP's

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Standing posture: ↑ IR + Anterior tilt (R) scapula.

Shoulder AROM Standing 131° // P manual Scapular PNF T 139°

Patient Education: _____

Function: Manual: Pect release, Scapular PNF, continue to focus techniques during GHJ mobs.

Assessment: Patient's progress towards functional STG/LTG: Pt continues to be limited in AROM which increases instability in performing ADL activity + fatigue/tightness 2° limited mobs

Plan: _____ Progress/modify current treatment plan Emphasize ROM

___Total # visits _____ ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature _____ License # 729

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Dorella Butler	SC0021232	Butler Dorella	10295	06-09-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	INSURANCE DESCRIPTION	CERTIFICATE NO.
Patient Bal 0.00			0000 Dorella Butler 0000 Self Pay 001 Self Pay	CoPay/Coins

6200391 9/25/13 Laser

To Reorder, Call WB Mason 800.926.2766

169

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Initial Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750							Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	3	X	Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min) LS	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**	**Non-Medicare**	
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, RevitaMed)	97026			Time In		5:33	
Self Care/Home Management	97535			Group Therapy	97150			Time Out		6:30	
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time		57	
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time		-	
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time		57	
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality (i.e., Richmar near infrared diode)	97039			Total Time Based Units		4	
Wound-Non Selective	97602							Total Units (SB + TB)		4	

DIAGNOSIS **ICD CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals:

Pt reports much less stiffness when reaching OH.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Shoulder IR stretch 15" // 140° ↑ manual

Added SCS bed Pulley.

Nuro re: Scapular PNF Dx posterior tilt + clavicular, PROM ↑ AAROM, GHJ Mobs

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt continues to have small ↑ in ROM that she is able to maintain while using Scion PT. Pt continues to benefit from manual therapy to progress shoulder ROM.

Plan: _____ Progress/modify current treatment plan Cont c POC

___ Total # visits _____ ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature _____ License # 3791

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Dorella Butler	SC0021232	Butler Dorella	10295	06-11-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION	CERTIFICATE NO.
Patient Bal 0.00			00001 Dorella Butler 00001 Self Pay 001 Self Pay	CoPay/Coins

54

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	4	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Description	CPT	UNITS	59
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, Revitalmed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In	H	4:52
Time Out		5:53
Total Treatment Time		61
Total Service Based Time		
Total Time Based Time		61
Total Time Based Units		5
Total Units (SB + TB)		5

DIAGNOSIS **ICD9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pt. reports ↓ symptoms + discomfort ↓ movements compared to earlier this week.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Prom: ER = 159°
ABD = 167°

Manual: scapular PNF ↓ emphasis for scap. depression, PROM ↓ post. inf. mobs

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt. demonstrates guarding ↓ GHJ ROM, however she is making functional gains including reaching behind back + on top of head to brush hair.

Plan: _____ Progress/modify current treatment plan Add LT set on IWR for scapular stability

_____ Total # visits _____ Brief Re-eval/Progress Report next visit _____ D/C patient

Therapist Signature Laurie Klop, PT License # 7374

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Dorella Butler	SC0021232	Butler Dorella	10295	06-13-14 04:36p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal 0.00			00001 Dorella Butler 00001 Self Pay 001 Self Pay CoPay/Coins	

6-7

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Initial Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750							Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	3	X	Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**	**Non-Medicare**	
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., snodyne, RevitaMed)	97026			Time In		4:40	
Self Care/Home Management	97535			Group Therapy	97150			Time Out		5:35	
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time		55	
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time			
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time		55	
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality (i.e., Richmar near infrared diode)	97039			Total Time Based Units		4	
Wound-Non Selective	97602							Total Units (SB + TB)		4	

DIAGNOSIS — **ICD9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pt reports to having discomfort when sleeping

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment. Manual: Scapular PNF & shoulder exercise, posterior tilt

LT Numb: 1/5

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt challenged & LT strength which will be progressed accordingly

Plan: _____ Progress/modify current treatment plan Add pause 1, 3, 4

____ Total # visits _____ ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature _____ License # 7291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Buller Doretta	10026	06-16-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal 0.00			11036 Doretta Buller 00002 /Pt pays after insurance 020 Commercial CoPay/Coins 0	

-1 5200391 9/25/13 Laser

To Reorder, Call WB Mason 888.926.2766

05

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			
Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	4	✓
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min) 12	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		
Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		
Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., enodyne, Revitalited)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		4:50
Time Out		5:53
Total Treatment Time		63
Total Service Based Time		0
Total Time Based Time		63
Total Time Based Units		5
Total Units (SB + TB)		5

DIAGNOSIS — **ICD9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pt. reports that she still has difficulty reaching behind back to put on belt.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment. Ex/I IR: Thumb @ PSIS Manual: Scapular PNF prom, post. GHJ mobs, capsular tightness & post GHJ

Patient Education: Verbal + tactile cueing for LT + mr activation & V's, T's & I's.

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt continues to be limited; BB activities secondary to capsular tightness restricting functional IR.

Plan: _____ Progress/modify current treatment plan Cont. to improve Ant IR

___ Total # visits _____ ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature: Jessica Klup, DPT License # 7374

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Dorella Butler Columbia SC Patient Bal 0.00	SC0021282	Butler Dorella	10286	06-18-14 04:38p

DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	INSURANCE DESCRIPTION	CERTIFICATE NO.
		11038 00002 020	Dorella Butler /Pt pays after insurance Commercial	CoPay/Coins 0

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Initial Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750							Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	4	✓	Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**	**Non-Medicare**	
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., angodyne, RevitaMed)	97026			Time In		4:27	
Self Care/Home Management	97535			Group Therapy	97150			Time Out		5:26	
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time		59	
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time		0	
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time		59	
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality (i.e., Richmar near infrared diode)	97039			Total Time Based Units		5	
Wound-Non Selective	97602							Total Units (SB.+ TB)		5	

DIAGNOSIS / ICD9 CODE

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Ø report of pain throughout day & functional activities. Experienced discomfort ↑ resistance exercises.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.
manual: pec stretch, prom, scap. mobs

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt showing progression & management of symptoms during limited light activity but she requires cont PT to progress & unlisted exercises for OH reach

Plan: _____ Progress/modify current treatment plan Add IR & stick next visit

____Total # visits _____ ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature Jessica Kirkup, PT License # 7374

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME		DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler	Doretta	10295	06-20-14 04:36p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.		
Patient Bal 0.00			11038 00002 020 Doretta Butler /Pt pays after insurance Commercial	CoPay/Coins. 0	

XI 5200391 9/25/13 Lasor To Reorder, Call WB Mason 888.926.2766

56

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Eval Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750							Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	3	X	Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea.15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min) 10	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**		**Non-Medicare**
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, Revitastim)	97026			Time In			5:40
Self Care/Home Management	97535			Group Therapy	97150			Time Out			6:35
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time			55
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time			0
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time			55
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality (i.e., Richmar near infrared diode)	97039			Total Time Based Units			4
Wound-Non Selective	97602							Total Units (SB + TB)			4

DIAGNOSIS **ICD-9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: _____

no new C/O

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

PROM
Flex 160°
Abd 160°

Manual Subscap release

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: _____ T ROM ✓

Plan: _____ Progress/modify current treatment plan: _____ per MD

___Total # visits _____ ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature _____ License # _____

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta	10026	06-24-14 05:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	INSURANCE DESCRIPTION / CERTIFICATE NO.
Patient Bal 0.00			11039 00002 020	Doretta Butler /Pt pays after insurance Commercial CoPay/Coins 0

I 5200391 5/25/13 Laser

To Reorder, Call WB Mason 888.926.2766

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750							Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Data-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	3		Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140			Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**		**Non-Medicare**
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., Anodyne, RevitaMed)	97026			Time In			5:13
Self Care/Home Management	97535			Group Therapy	97150			Time Out			5:55
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time			42
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time			0
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time			42
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality (i.e., Richmar near infrared diode)	97039			Total Time Based Units			3
Wound-Non Selective	97602							Total Units (SB + TB)			3

DIAGNOSIS — **ICD9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pt reports "shoulder feels stronger"

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment. Pt left PT prior to receiving manual therapy.

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt continues to demonstrate upper trap discomfort & pain. New exercises however were challenged c weight bearing.

Plan: _____ Progress/modify current treatment plan Add Q-sed next visit

Total # visits _____ Brief Re-eval/Progress Report next visit D/C patient

Therapist Signature _____ License # 7291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta	10295	06-25-14 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	INSURANCE DESCRIPTION / CERTIFICATE NO.
Patient Bal 0.00			11036 00002 020	Doretta Butler /Pt pays after insurance Commercial CoPay/Coins 0

61

Evaluation			
Description	CPT	UNITS	59
Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			
Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	4	✓
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		
Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		
Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, Revitalite)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		4:59
Time Out		6:01
Total Treatment Time		62
Total Service Based Time		0
Total Time Based Time		62
Total Time Based Units		5
Total Units (SB + TB)		5

DIAGNOSIS | **ICD9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: _____

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

See RE

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: _____

Plan: _____ Progress/modify current treatment plan _____

___Total # visits _____ ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature Teresa Kelly, PT License # 7374

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta	10295	06-27-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	INSURANCE DESCRIPTION / CERTIFICATE NO.
Patient Bal 0.00			11038 00002 020	Doretta Butler /Pt pays after insurance Commercial CoPay/Coins 0

DRAYER Physical Therapy Institute

RE-EVALUATION

RECEIVED 10-16-15

☐ Please Refer to Attached Document for Additional Re-Evaluation and Plan of Care Information

Patient Name: Doretta Butler Date: 6.11.14 Date of Eval: 4.7.14
Date of Birth: ____ Sex: ☐ Male ☒ Female Total # Visits: 33 # Cx: ____ # NS: 1
Diagnosis: (R) L / B Additional Diagnosis: ____
Referring Physician: Dr. Chris Mazoue Re-Cert. Period Effective Date: 5.29.14 Through: 9.29.14

Subjective/Functional Status: Pt reports that she become much more independent in functional activities including bathing, dressing and reaching for objects OH in in cupboards. However, she still has difficulty lifting + carrying objects OH > 5# + to waist level > 25#.

Comorbidity(ies) that May Impact Rate of Recovery: ____
Rehabilitation Potential: ☒ Excellent ☐ Good ☐ Fair ☐ Other: ____

Objective Measurements Functional Limitations	Current Measurements	Goals Met Yes	Goals Met No	Current/Updated Goals	Wks
Pain:	Worst: /10 Best: /10			Worst: /10 Best: /10	
ROM: Shldr Flex	150°		✓	175° act	4
ABD	146		✓	180° act	4
ER	T2		✓	T6 Fxnl	4
IR	T7		✓	T6 Fxnl	4
Strength: Shldr Flex	3-/5		✓	5/5	
ABD	3-/5		✓	✓	
IR	4-		✓	✓	
ER	3+		✓		
Functional Tool: LEFS	Score: 47 ☒ % Disability ☐ % Function			Score: 570 ☒ % Disability ☐ % Function	
Functional Tool: ____	Score: ____ ☐ % Disability ☐ % Function			Score: ____ ☐ % Disability ☐ % Function	
OH Reach	4.5# OH to top shelf			20# OH to top shelf	
BB Reach	diff. waiting back			1/1L MUback	
Lifting	75# floor to table			50# floor ⇒ Table	
Dressing	①	✓		①	
Bathing	①	✓		①	

Therapist Assessment and Plan Recommendations: Pt. is demonstrating significant progress in both ROM + strength at R shoulder. She continues to experience stiffness + pain associated w/ reaching OH. However her scapular mechanics is improving to decrease frequency of symptoms. Pt. will benefit from cont. skilled PT in order to address deficits + full return to PLOF.

☒ Functional Activities ☒ Neuromuscular Reeducation ☒ Manual Therapy ☒ Electrical Stimulation ☒ Hot/Cold Pack
☒ Strengthening ☐ Assistive Device Rules/Training ☐ Spine Stabilization ☐ Vasopneumatic ☐ Paraffin
☒ AA/AA/PROM ☐ Refer for Assistive Device ☐ McKenzie Assessment ☐ Iontophoresis ☐ Ultrasound
☒ Endurance Training ☐ Gait Training ☐ Wound Care ☐ Whirlpool/Fluidotherapy ☒ Taping
☒ Posture ☐ Orthotic Fitting/Training ☐ Aquatic Therapy ☒ Ultrasound/Phonophoresis ☐ Mechanical Traction
☒ Flexibility ☒ Follow-up with physician on Regarding Patient's Pain ☒ Patient Education / Home Exercise Program ☐ Biofeedback
☒ Further Objective/Functional Testing per Physician Protocol and/or Therapist Discretion ☐ Other: ____

Treatment Frequency of: 3 times per week Treatment Duration of: 4 weeks

I have discussed the above findings, assessment, revised treatment plan, and specific outcome goals with patient. Helpful benefits of the therapeutic and procedures and voluntarily agree to continue participation in physical/occupational therapy services.

Therapist's Signature: Jenna Kurp, PT License #: 7274 Date: 6/28/14
Printed Therapist's Name: Jenna Kurp, PT

I certify that I have personally reviewed the information and data documented in this Re-Evaluation and Updated Plan of Care, including the estimated frequency and duration of services provided by the licensed therapist. I understand that this Plan of Care is subject to my approval and that I am responsible for the cost of services rendered as listed in the Plan of Care.

Physician's Comments: ____ Date: 7/11/14
Physician's Signature: ____
Printed Physician's Name: Dr. Chris Mazoue

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530		
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	2	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack 10 + 10'	97010	1	
Mechanical Traction	97012		
E-Stim Unattended 10	97014	1	
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		4:39
Time Out		5:25
Total Treatment Time		46
Total Service Based Time		20
Total Time Based Time		26
Total Time Based Units		2
Total Units (SB + TB)		4

PT/OT DIAGNOSIS — **ICD9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pt. notes ↑'d pain when waking up this morning that has not subsided throughout day. Inc. start of abnormal or increased activity throughout weekend to mitigate symptoms.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Pt. unable to perform 2° high irritability of shoulder pain i all movements inducing stretches

Manual: Grade I-II STJ mobs, STM UE, shoulder + UT to (tone) muscle guarding

Patient Education: Pain management @ home

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt demonstrating high irritability + severity of symptoms resulting in inability to complete exercises today.

Plan: _____ Progress/modify current treatment plan Cont. i POC once pt. has ↓'d symptoms

_____ Total # visits _____ Brief Re-eval/Progress Repon next visit _____ D/C patient

Therapist Signature Laura Klup, PT License # 7374

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta	10295	08-30-14 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal -180.00			11038 00002 020 — Doretta Butler /Pt pays after insurance Commercial — CoPay/Coins 0	

11 5200391 9/25/13 Laser

To Reorder, Call WB Mason 800.926.2788

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			
Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530		
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140		
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		
Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		
Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		
Time Out		
Total Treatment Time		
Total Service Based Time		
Total Time Based Time		
Total Time Based Units		
Total Units (SB + TB)		

DIAGNOSIS — **ICD9 CODE**

727.61 Rotator cuff rupture

Cx ✓ NS ____ R/S Date ____

Reason: family emergency

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: spoke to Laura K

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education: ____

Function: ____

Assessment: Patient's progress towards functional STG/LTG: ____

Plan: ____ Progress/modify current treatment plan ____

____ Total # visits ____ ____ Brief Re-eval/Progress Repon next visit ____ D/C patient

Therapist Signature ____ License # ____

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler Columbia SC Patient Bal -180.00	SC0021282	Butler Doretta	10295	07-02-14 05:00p

DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	DESCRIPTION	CERTIFICATE NO.
		11038 00002 020	Doretta Butler /Pt pays after insurance Commercial	CoPay/Coins 0

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			
Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530		
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140		
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		
Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		
Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., enodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		
Time Out		
Total Treatment Time		
Total Service Based Time		
Total Time Based Time		
Total Time Based Units		
Total Units (SB + TB)		

DIAGNOSIS — ICD9 CODE

727.61 Rotator cuff rupture

Cx _____ NS X R/S Date _____

Reason: Called twice (JW)

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: _____

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: _____

Plan: _____ Progress/modify current treatment plan _____

____Total # visits _____ ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature _____ License # _____

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta	10285	07-07-14 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	INSURANCE DESCRIPTION
Patient Bal -180.00			11038 00002 020	Doretta Butler /Pt pays after insurance Commercial

CERTIFICATE NO.: CoPay/Coins 0

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	SB	Description	CPT	UNITS	SB	Description	CPT	UNITS	SB
Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
luation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
ial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
e-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761		
hysical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545		
C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
herapeutic Activities (ea. 15 min)	97530			Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
herapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
euromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
anual Therapy (ea. 15 min)	97140			Vasopneumatic	97016						
ait Training (ea. 15 min)	97116			Paraffin Bath	97018						
assage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**	**Non-Medicare**	
quatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, RevitaMed)	97026			Time In			
elf Care/Home Management	97535			Group Therapy	97150			Time Out			
ommunity/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time			
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time			
ound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time			
ound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039			Total Time Based Units			
ound-Non Selective	97602			(i.e., Richmar near infrared diode)				Total Units (SB + TB)			

DIAGNOSIS | **ICD9 CODE**

727.61 Rotator cuff rupture

Cx K NS ____ R/S Date ____

Reason: funeral to attend

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: today - spoke to Laura (SW)

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education: ____

Function: ____

Assessment: Patient's progress towards functional STG/LTG: ____

Plan: ____ Progress/modify current treatment plan ____

____ Total # visits ____ ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature ____ License # ____

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta	10295	07-09-14 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal -180.00.			11038 00002 020 Doretta Butler /Pt pays after insurance Commercial CoPay/Coins 0	

1 5200391 9/25/13 Laser

To Reorder, Call WB Mason 888.926.2766

67

Evaluation			
Description	CPT	UNITS	59
Evaluation-PT	97001		
Evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	5	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min) 15	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Description	CPT	UNITS	59
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, Revitalast)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		5:25
Time Out		10:44
Total Treatment Time		79
Total Service Based Time		0
Total Time Based Time		79
Total Time Based Units		6
Total Units (SB + TB)		6

DIAGNOSIS — **ICD9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals:

no new c/o.

Objective: Please refer to this patient's flowsheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Shoulder ✓ 165 (was 150)
ABD 140°

manual: S/L scapular stability. ROM

Patient Education:

Function:

Assessment: Patient's progress towards functional STG/LTG: ↑ ROM, but not @ goal 165°

ROM still limited for OH reaching & dressing.

Plan: _____ Progress/modify current treatment plan (7) 99 Bottles

Total # visits 35 ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature _____ License # 6089

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Dorette	10026	07-11-14 ~~05:00p~~
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	DESCRIPTION / CERTIFICATE NO.
Patient Bal -180.00			11038 00002 020	Doretta Butler /Pt pays after insurance Commercial CoPay/Coins 0

To Reorder, Call VB Liason 866.926.2766

cl 5200391 9/25/13 Laser

51

Evaluation			
Description	CPT	UNITS	59
Re-Evaluation-PT	97001		
Evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	4	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, Revitalist)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		4:35
Time Out		5:47
Total Treatment Time		72
Total Service Based Time		0
Total Time Based Time		72
Total Time Based Units		3
Total Units (SB + TB)		3

DIAGNOSIS — **ICD-9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pt reports shoulder is able to tolerate ↑ activity however she cannot reach across door to get out of car.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment. Noted: PROM, GHJ mobilization

ER @ 90° : 10°

IR @ 90 : 35°

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt ROM ER @ LTG. Pt continues to require ↑ IR ROM to allow for improved functional activity.

Plan: _____ Progress/modify current treatment plan Add Turner's Cross

___Total # visits _____ ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature _____ License # 7291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Dorena Buller	SC0021232	Butler Dorella	10295	07-15-14 04:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	DESCRIPTION / CERTIFICATE NO.
Patient Bal -180.00			11038 00002 020	Dorella Buller /Pt pays after insurance. Commercial CoPay/Coins 0

T 5200381 9/25/13 Legal

To Reorder, Call WB Mason 800.926.2766

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530		
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140		
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		
Time Out		
Total Treatment Time		
Total Service Based Time		
Total Time Based Time		
Total Time Based Units		
Total Units (SB + TB)		

DIAGNOSIS — ICD9 CODE

727.61 Rotator cuff rupture

Cx _____ NS ✓ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: _____

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: _____

Plan: _____ Progress/modify current treatment plan _____

____Total # visits _____ ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature _____ License # _____

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta	10295	07-16-14 04:00p
Columbia SC				
Patient Bal -180.00				

DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	INSURANCE DESCRIPTION	CERTIFICATE NO.
		11038 00002 020	Dorena Butler /Pt pays after insurance Commercial	CoPay/Coins 0

AI 5200391 9/25/13 Laser

To Reorder, Call WB Mason 888.926.2766

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	7	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Description	CPT	UNITS	59
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., enodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		4:15
Time Out		6:05
Total Treatment Time		110
Total Service Based Time		0
Total Time Based Time		110
Total Time Based Units		8
Total Units (SB + TB)		8

DIAGNOSIS — **ICD9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Patient reports she is still unable to reach behind her back or carry things.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment. Added Farmers Carry ~ 2lb weights.

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Discomfort with end range IR & PROM.

Plan: _____ Progress/modify current treatment plan Continue current POC. Only able to maintain proper form ~ farmers carry therex for 1 minute this date.

___ Total # visits 37 ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature [signature] License # 7791

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta	10295	07-18-14 04:30p
Columbia St:	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	DESCRIPTION
Patient Bal -180.00			00002 020	Doretta Butler /Pt pays after Insurance Commercial

CERTIFICATE NO.: CoPay/Coins 0

1 5200301 9/25/13 Leser

To Reorder Call WB Mason 800.926.2766

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Initial Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750							Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	4	✓	Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**	**Non-Medicare**	
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, ReviveMed)	97026			Time In		4:10	
Self Care/Home Management	97535			Group Therapy	97150			Time Out		5:09	
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time		59	
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time		0	
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time		59	
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality (i.e., Richmar near infrared diode)	97039			Total Time Based Units		5	
Wound-Non Selective	97602							Total Units (SB + TB)		5	

DIAGNOSIS — **ICD9 CODE**

727.61 - Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pt reports she is unable to fold entire load of laundry 2° Rt shoulder pain

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment. Manual: PROM, Scapular DNF in S/L

Rad ER T2
Lt T10

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt challenged 2° bodyblade + repetitive activity 2° lack of endurance which limits her ability to perform a full day of ADL's (R)

Plan: _____ Progress/modify current treatment plan Emphasize endurance

____ Total # visits _____ ____ Brief Re-eval/Progress Repon next visit ____ D/C patient

Therapist Signature _____ License # 7291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Buller	SC0021232	Buller Doretta	10295	~~07-21-14~~ 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	DESCRIPTION
Patient Bal -160.00			00002 020	Buller, Doretta /Pt pays after insurance Commercial
				CERTIFICATE NO. CoPay/Coins 0

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Initial Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750							Work Conditioning (1st 2 hours)	97545		
FCE, Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea 15 min)	97530	4		Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022						
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., enodyne, RevitaMed)	97026						
Self Care/Home Management	97535			Group Therapy	97150						
Community/Work Reintegration	97537			Biofeedback	90901						
Wound Care				Biofeedback Pelvic Floor	90911						
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992						
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality (i.e., Richmar near infrared diode)	97039						
Wound-Non Selective	97602										

Tracking	Medicare	Non-Medicare
Time In		5:08
Time Out		6:08
Total Treatment Time		60
Total Service Based Time		0
Total Time Based Time		60
Total Time Based Units		5
Total Units (SB + TB)		5

DIAGNOSIS — **ICD9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pt. reports that she occasionally still has diff. donning/doffing shirt, sometimes receiving assistance.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Farmer's Carry @ 5lbs: 4# Final IR: TB
ER: TJ

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt. demonstrating slow progress toward PROM goals however still limited due to poor scapulo-thoracic rhythm + capsular tightness resulting in diff. c don/doffing clothes.

Plan: _____ Progress/modify current treatment plan Emphasize scapular mechanics & UE dissociation.

____Total # visits _____ ____ Brief Re-eval/Progress Repon next visit ____ D/C patient

Therapist Signature Laura Kelly, PTA License # 7374

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler Columbia SC Patient Bal -180.00	SC0021282	Butler Doretta	10295	07-23-14 05:00p

DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	INSURANCE DESCRIPTION	CERTIFICATE NO.
		11038 00002 020	Doretta Butler /Pt pays after insurance Commercial	CoPay/Coins 0

FAXED 7/29/14

DRAYER Physical Therapy Institute

RE-EVALUATION

□ Please Refer to Attached Document for Additional Re-Evaluation and Plan of Care Information

Patient Name: Doretta Buttley Date: 7.25.14 Date of Eval: 4.4.14
Date of Birth: ____ Sex: □ Male X Female Total # Visits: ____ # cc: 2 # NS: 3
Diagnosis: R DL/B etc knee Additional Diagnosis: ____
Referring Physician: Dr. Chris Mazoue Re-Cert Period Effective Date: 4.29.14 Through: 8.29.14

Subjective/Functional Status: Still trouble holding anything overhead. Difficulty reaching into back pocket. Able to wash low back with R arm. Still not using Right arm to lift anything i.e. groceries.

Comorbidity(ies) that May Impact Rate of Recovery: ____
Rehabilitation Potential: X Excellent □ Good □ Fair □ Other: ____

Objective Measurements Functional Limitations	Current Measurements	Goals Met Yes	Goals Met No	Current/Updated Goals	Wks
Pain:	Worst: /10 Best: /10			Worst: /10 Best: /10	
Rom: Shld Flex	163		✓	175 ect	4
Abd	166		✓	180 ect	
ER	88		✓	T6 FNL	
IR	72		✓	T6 FNL	
Strength: Shld ✓	4/5		✓	5/5	
ABD	4/5		✓		
IR	4/5		✓		
ER	4/5		✓		
Functional Tool: QUICK	Score: 54 % Disability □ % Function		✓	Score: 40 % Disability □ % Function	4
Functional Tool: ____	Score: ____ □ % Disability □ % Function			Score: ____ □ % Disability □ % Function	
OH Reach	4# OH to top shelf		✓	20# OH to top shelf	4
BB Reach	wash low back		✓	Wash mid back	
Lifting	20# floor to chair		✓	50# floor → Table	

Therapist Assessment and Plan Recommendations: Ms. Doretta has made excellent progress towards PTs Dx pain + strength which has helped her increase her functional abilities. However she continues to demonstrate poor motor control + compensatory patterns which PTs hereat do ↑ risk Dx re-injury + would benefit from continued skilled PT to improve motor activation

X Functional Activities	X Neuromuscular Re-Education	X Manual Therapy	X Electrical Stimulation	X Hot/Cold Pack
X Strengthening	□ Assistive Device Fitting/Training	□ Spine Stabilization	X Vasopneumatic	□ Paraffin
X AA/AROM/PROM	□ Refer for Assistive Device	□ McKenzie Assessment	□ Ionto Therapy	□ Infrared
X Endurance Training	□ Gait Training	□ Wound Care	□ Whirlpool/Hydrotherapy	X Taping
X Posture	□ Orthotic Fitting/Training	□ Aquatic Therapy	X Ultrasound/Phonophoresis	□ Mechanical Traction
X Flexibility	X Follow-Up with Physician per Reporting Patient's Pain		X Patient Education / Home Exercise Program	Biofeedback
Other/Objective Functional Testing per Physician Protocol and/or Therapist Discretion			□ Other: ____	

Treatment Frequency of: 3 times per week Treatment Duration of: 4 weeks

I have observed the above findings, treatment, revised treatment plan, and discussed contents with the patient. He/she is aware of the diagnosis and prognosis and expresses to continue participation in current/non-patient therapy services.

Therapist's Signature: ____ License #: 7251 Date: 7-25-14
Printed Therapist's Name: Tanya Zack MPT

Certification: I hereby certify that I am the treating physician of the above-named patient and that the services listed on this plan of care were performed while under my care. I have reviewed the above plan of care, including the estimated frequency and duration, and certify that it is medically necessary for the patient to receive the above services on an outpatient basis and that this plan of care is reasonable and medically effective for the duration of treatment outlined in the Plan of Care.

Physician's Comments: ____
Physician's Signature: ____ Date: 7/29/14
Printed Physician's Name: Dr. Chris Mazoue

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	4	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality	97039		
(i.e., Richmar near infrared diode)			

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		4:28
Time Out		5:35
Total Treatment Time		67
Total Service Based Time		0
Total Time Based Time		67
Total Time Based Units		5
Total Units (SB + TB)		5

DIAGNOSIS — ICD-9 CODE

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: _____

see re-eval

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: _____

Plan: _____ Progress/modify current treatment plan _____

Total # visits 40 _____ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature [signature] PT 3139 License # 3139

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta	10295	07-25-14 04:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal -180.00			11038 00002 020 Doretta Butler /Pt pays after insurance Commercial CoPay/Coins: 0	

1 5200391 9/25/13 Laser

To Reorder, Call WB Mason 888 926.2766

Evaluation			
Description	CPT	UNITS	59
Evaluation-PT	97001		
Evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	3	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., enodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		4:40
Time Out		5:38
Total Treatment Time		58
Total Service Based Time		0
Total Time Based Time		58
Total Time Based Units		4
Total Units (SB + TB)		4

DIAGNOSIS — **ICD CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Patient reports pain is 6/10. shoulder aching & pains, but does not have to take any pain medicine

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

ER @ 90 : 100°
IR @ 90 : 60°

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt would benefit from continued PT strengthening to help improve her ability to perform ADL's & restrictions

Plan: _____ Progress/modify current treatment plan Continue per POC, Return to MD August 13th
1 resistance on CC

Total # visits 41 ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature _____ License # 7291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler Columbia SC Patient Bal -180.00	SC0021282	Butler, Doretta	10295	07-28-14 05:08p

DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	INSURANCE DESCRIPTION	CERTIFICATE NO.
		11038 00002 020	Doretta Butler /Pt pays after insurance Commercial	CoPay/Coins 0

63

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	4	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Description	CPT	UNITS	59
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		5:22
Time Out		6:16
Total Treatment Time		54
Total Service Based Time		0
Total Time Based Time		54
Total Time Based Units		5
Total Units (SB + TB)		5

DIAGNOSIS — **ICD CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pt and sister really trying to use the right arm more but it's hard because has used to left for so long. Sister has been using the right side to open soda bottles.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.
Decreased resistance with ball up wall exercises.

AROM (R) shld: Flex = 172°, Abd = 168°

Patient Education: Continue pec stretches @ home.

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Difficulty performing ball up wall with 4lb medicine ball. Is able to appropriately perform with 2 lb. Excellent gains in AROM.

Plan: _____ Progress/modify current treatment plan Continue c current POC.

Total # visits 42 ___ Brief Re-eval/Progress Report next visit. ___ D/C patient

Therapist Signature [signature] License # 3791

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta	10295	07-30-14 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	INSURANCE DESCRIPTION / CERTIFICATE NO.
Patient Bal -180.00			11038 00002 020	Doretta Butler /Pt pays after insurance Commercial CoPay/Coins 0

61

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			
Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	4	✓
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		
Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		
Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., enodyne, Rewitalred)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		4:45
Time Out		5:57
Total Treatment Time		67
Total Service Based Time		—
Total Time Based Time		67
Total Time Based Units		5
Total Units (SB + TB)		5

DIAGNOSIS — **ICD9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pt. states she can now reach into back pocket i discomfort but still has diff drying back in shower

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

manual: PROM; GHJ post mobs into IR

ex in IR: TJo

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Com. to prevent c post. capsule tightness resulting in ↓'d ex in IR

Plan: _____ Progress/modify current treatment plan sleeper (S)

Total # visits 43 ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature PT3139 / Laura Kemp, PT License # 7374

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021282	Butler, Doretta	10295	08-01-14 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal -180.00			11038 00002 020 Doretta Butler /Pt pays after insurance Commercial — CoPay/Coins 0	

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			
Time Based Procedures - Direct Contact Required			
Therapeutic Exercises (ea. 15 min)	97530	4	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		
Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		
Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., Enodyne, Revitalite)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min).	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		4:49
Time Out		5:45
Total Treatment Time		56
Total Service Based Time		0
Total Time Based Time		56
Total Time Based Units		5
Total Units (SB + TB)		5

DIAGNOSIS — **ICD-9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Stefes using arm more around the house. Stefes shoulder was sore today so had heat on it. Stefes shoulder is always sore in the morning if it doesn't matter how she sleeps.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

	Strength
Abdom	4+/5
ER: 162	4+/5
Abd: 165	4+/5
ER: 85	4+/5

Added overhead R.S. + Sleeper Stretch

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Strength gains noted. ↑ ladderway ROM strength ↑ needed to all planes of motion & progressive strengthening to achieve goals & functional use

Plan: _____ Progress/modify current treatment plan Continue per POC, Add Biopolis

Total # visits 44

___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature _____ License # 7291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler Columbia SC Patient Bal -180.00	SC0021232	Butler Doretta	10296	08-04-14 05:09p

DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	DESCRIPTION	CERTIFICATE NO.
		11036 00002 020	Doretta Butler /Pt pays after insurance Commercial	CoPay/Coins 0

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			
Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	4	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		
Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		
Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., enodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		5:03
Time Out		6:02
Total Treatment Time		59
Total Service Based Time		0
Total Time Based Time		59
Total Time Based Units		5
Total Units (SB + TB)		5

DIAGNOSIS **ICD CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: No c/os.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.
Manual includes PROM + GH mobs + PNF patterns
Progressed to OH farmers carry.

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Tolerating treatment progressions well. Pt. activity improved however endurance continues to limit her ability to perform prolonged ADL's

Plan: _____ Progress/modify current treatment plan Continue progressing as tolerated.

Total # visits 45 ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature [signature] License # 7291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021282	Butler Doretta	20300	08-06-14 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal -180.00			11036 / Doretta Butler / Pt pays after insurance / 00002 / Commercial / 020 / CoPay/Coins 0	

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	4	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		
Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Description	CPT	UNITS	59
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., enodyne, Revitalast)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		4:15
Time Out		5:16
Total Treatment Time		61
Total Service Based Time		0
Total Time Based Time		61
Total Time Based Units		5
Total Units (SB + TB)		5

DIAGNOSIS — **ICD9 CODE**

727.61 Rotator cuff rupture

Cx ____ NS ____ R/S Date ____

Reason: ____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Patient reports shoulder is fine today. Just the normal pain.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

ER AT 90: 104°

IR AT 90: 64°

Patient Education: ____

Function: ____

Assessment: Patient's progress towards functional STG/LTG: ↑ IR & ER @ 90. Pt tolerating ↑ demands on shoulder & ↓ pain which allows her to ↑ exercises & improve strength.

Plan: ____ Progress/modify current treatment plan Continue strengthening ther ex for R shoulder to restore function & endurance.

Total # visits 6/6 ____ Brief Re-eval/Progress Repon next visit ____ D/C patient

Therapist Signature [signature] PT 7159 License # ____

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta	20300	08-09-14 05:05p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal -180.00			11036 00002 020 Doretta Butler /Pt pays after insurance Commercial CoPay/Coins 0	

1 5200391 9/25/13 Laser

To Reorder, Call WB Liason 800.926.2766

Evaluation			
Description	CPT	UNITS	59
Evaluation-PT	97001		
Evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	3	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min) 3	97033	1	
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min)	97039		
(i.e., Richmar near infrared handheld)			

Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality	97039		
(i.e., Richmar near infrared diode)			

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556	1	
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		5:35
Time Out		6:25
Total Treatment Time		50
Total Service Based Time		0
Total Time Based Time		50
Total Time Based Units		5
Total Units (SB + TB)		6

DIAGNOSIS **ICD9 CODE**

727.81 Rotator cuff rupture

Cx ____ NS ____ R/S Date ____

Reason: ____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pt/pt reports shoulder has been hurting yesterday + today. States may have slept on it wrong. 8/10 pain.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Algm ✓ 170
cbd 168
ER 85
IR 65

Today's Treatment consists of: pain control & select therex. Ionto application to bicep insertion.

Patient Education: VICS for posture. Symptoms & per subjective & sc.p retraction. Try icing @ home + avoid irritating motions @ this time.

Function: ____

Assessment: Patient's progress towards functional STG/LTG: High pain level this date. ER slightly more limited; all other measurements improved compared to pt reassessed.

Plan: ____ Progress/modify current treatment plan re-assess Pain next visit.

Total # visits 47 ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature [signature] License # 7749

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta	20300	08-11-14 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	INSURANCE DESCRIPTION / CERTIFICATE NO.
Patient Bal -180.00			11030 00002 020	Doretta Butler /Pt pays after insurance Commercial CoPay/Coins 0

To Reorder Call: Dillon 888.926.2768

rl 5200381 9/25/13 Laser

DRAYER
Physical Therapy Institute
Leading the Way to Good Health

PATIENT STATUS REPORT

Patient Name: Dorcas Butler
Date of Birth: _____ Sex: ☐ Male ☐ Female
Diagnosis: (R)L/B RTC Repair, BT, DCE, SAD
Referring Physician: Dr Morris

Date: 8.13.14
Date of Eval: 4.4.14
Date of Onset: _____
Date of Surgery: _____
Surgical Procedure: _____
Total # Visits: 48 # Cx: 2 # NS: 3

Objective Findings: AROM:

Flex: 170°
ABD: 168°
ER: 85°
IR: 65°
Final ER: T3 (R) T5 (L)
Final IR: T10 (R) T6 (L)

Impairments That Require Skilled Therapy:
- ☒ Pain
- ☒ Decreased ROM
- ☒ Decreased Strength
- ☐ Gait Dysfunction
- ☐ Balance Dysfunction
- ☐ Decreased Function
- ☐ Other: _____
- ☐ Other: _____

Treatment Provided:
- ☒ MH/Ice
- ☒ Electrical Stimulation
- ☒ Neuromuscular Reeducation
- ☒ Therapeutic Exercise
- ☒ Therapeutic Activities
- ☒ Manual
- ☒ Home Exercise Program
- ☒ Other: Iontophoresis

Therapist Plan Recommendations:
- ☐ Continue with current plan of care, progressing as tolerated
- ☐ Continue per protocol
- ☒ Continue current plan of care with the following revision(s): Pt has had recent ↑ in pain along biceps tendon over last 2 visits (8/10 pain) which has limited her ability to use arm during ADL's
- ☐ Discharge to HEP

Therapist: _____ Date: 8.13.14

Physician Comments: Rtc 1 week off any changes to POC?

40

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	8	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min) 3	97033	1	
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, Revitalmed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556	1	
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		12:08
Time Out		12:52
Total Treatment Time		44
Total Service Based Time		0
Total Time Based Time		44
Total Time Based Units		4
Total Units (SB + TB)		5

DIAGNOSIS **ICD-9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pt reports slight ↓ in pain in biceps today, however it continues to limit her ability to use her arm at home

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment. AJ

Manual: PROM, STM to biceps + Post neck, Post shoulder AAROM

Patient Education: Pt c home continued teaching 2° MD appt, unable to complete full HEP.

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt would continue to benefit from manual therapy + modalities to help ↓ pain.

Plan: ____ Progress/modify current treatment plan Pt to see MD 2 today. [illegible]

____Total # visits _____ ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature: _____ License # 2251

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler Columbia SC Patient Bal -180.00	SC0021232	Butler Doretta	20300	08-13-14 05:00p

DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	DESCRIPTION	CERTIFICATE NO.
		11036 00002 020	Doretta Butler /Pt pays after insurance Commercial	CoPay/Coins 0

To Reorder, Call WB Lipson 800.626.2760

SI 5200381 9/25/13 Laser

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Initial Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530			Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140			Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**		**Non-Medicare**
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, RevitaMed)	97026			Time In			
Self Care/Home Management	97535			Group Therapy	97150			Time Out			
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time			
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time			
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time			
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039			Total Time Based Units			
Wound-Non Selective	97602			(i.e., Richmar near infrared diode)				Total Units (SB + TB)			

DIAGNOSIS — **ICD9 CODE**

727.61 Rotator cuff rupture

Cx ( ) NS _____ R/S Date _____

Reason: Dr Pt on Hold

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: _____

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: _____

Plan: _____ Progress/modify current treatment plan _____

____Total # visits _____ ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature _____ License # _____

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021282	Butler Doretta	20300	08-15-14 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal -180.00			11038 00002 020 Doretta Butler /Pt pays after insurance Commercial CoPay/Coins 0	

FAXED 8/28

DRAYER Physical Therapy Institute
Leading the Way to Good Health

RE-EVALUATION

☐ Please Refer to Attached Document for Additional Re-Evaluation and Plan of Care Information

RECEIVED 9.15.14

Patient Name: Doretta Ruffin Date: 8/27/14 Date of Eval: 4/4/14
Date of Birth: Sex: ☐ Male ☐ Female Total # Visits: 49 # Cx: 4 # NS: 3
Diagnosis: R / L RTC repair Additional Diagnosis:
Referring Physician: Dr. Chris Magaw Re-Cert Period Effective Date: 5.27.14 Through: 9.25.14

Subjective/Functional Status: Sides pain is constant. Pain only gets better with heat once. Able to reach into cabinets & behind back but has pain.

Comorbidity(ies) that May Impact Rate of Recovery:
Rehabilitation Potential: ☒ Excellent ☐ Good ☐ Fair ☐ Other:

Objective Measurements Functional Limitations	Current Measurements	Goals Met Yes	Goals Met No	Current/Updated Goals	Wks
Pain:	Worst: /10 Best: 8/10			Worst: /10 Best: /10	
ROM: Shldr ✓	170		✓	175 Act	3
ABD	165		✓	180 Act	
ER	70° T6 Fxn		✓	T6 Fxn	
IR	65° T7 Fxn		✓	T6 Fxn	
Strength: Shldr ✓	4+ *		✓	5/5	
ABD	4+ *		✓		
IR	5/5 D side	✓			
ER	5/5 D side	✓			
Functional Tool: QuickDASH	Score: 50 % Disability ☐ % Function		✓	Score: 250 X% Disability ☐ % Function	3
Functional Tool:	Score: ☐ % Disability ☐ % Function			Score: ☐ % Disability ☐ % Function	
OH Reach	Unable to put 20# OH		✓	20# OH to top shelf	3
BB Reach	Limit low back		✓	Wash mid back	
Lifting	light groceries		✓	50# floor → Table	

Therapist Assessment and Plan Recommendations: Dr recommends to progress skilled PT to 2 POC's. Strength to order to be able to accomplish household objects + groceries & functional activities. Pt has had weak rot back 2° severe T in neck on biceps tendon.

☒ Functional Activities ☒ Neuromuscular Reeducation ☒ Manual Therapy ☒ Electrical Stimulation ☐ Hot/Cold Pack
☒ Strengthening ☐ Modality Device Fitting/Training ☐ Spine Stabilization ☐ Pneumatic ☐ Paraffin
☒ A/AA/PROM ☐ Refer for Assistive Device ☐ McKenzie Assessment ☐ Phonophoresis ☐ Infrared
☒ Endurance Training ☐ Gait Training ☐ Wound Care ☐ Whirlpool/Fluidotherapy ☐ Taping
☒ Posture ☐ Orthotic Fitting/Training ☐ Aquatic Therapy ☒ Iontophoresis/Phonophoresis ☐ Mechanical Traction
☒ Flexibility ☒ Follow-Up with Physician per Regarding Patient's Pain ☒ Patient Education / Home Exercise Program ☐ Biofeedback
☒ Further Objective/Functional Testing per Physician Protocol and/or Therapist Discretion. ☐ Other:

Treatment Frequency of: 3 times per week Treatment Duration of: 3 weeks

I have discussed the above findings, assessment/revised treatment plan, and expected outcomes with the patient. He/She is aware of the diagnosis and prognosis and voluntarily agrees to continue participation in physical/occupational therapy services.

Therapist's Signature: License #: 7291 Date: 8.28.14
Printed Therapist's Name: Tonya Tadlock

Certification: I hereby certify that I am qualified, experienced, and duly licensed in the state where treatment will be rendered. I also understand that no physician services are provided with the initial plan of care, updated plan of care, or during the entire period of time that I am certifying the services listed on this plan of care. I have reviewed and approved the plan of care and I understand that the plan of care will be effective on the date noted and remain effective for the entire period of time that I am certifying the services listed on this plan of care.

Physician's Comments:
Physician's Signature: Date: 8/29/14
Printed Physician's Name: Dr. Chris Magaw

Evaluation			
Description	CPT	UNITS	59
Re-Evaluation-PT	97001		
Evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drls-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530		
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140		
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., Anodyne, Revitamed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		
Time Out		
Total Treatment Time		
Total Service Based Time		
Total Time Based Time		
Total Time Based Units		
Total Units (SB + TB)		

DIAGNOSIS **ICD9 CODE**

727.61 Rotator cuff rupture

Cx X NS ____ R/S Date ____

Reason: ____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: ____

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education: ____

Function: ____

Assessment: Patient's progress towards functional STG/LTG: ____

Plan: ____ Progress/modify current treatment plan ____

____ Total # visits ____ ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature ____ License # ____

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta	10654	08-25-14 06:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	INSURANCE DESCRIPTION / CERTIFICATE NO.
Patient Bal 777.00			11038 00002 020	Doretta Butler /Pt pays after insurance Commercial CoPay/Coins 0

To Reorder, Call WG Mason 888.926.2766

1 5200391 9/25/13 Laser

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	9	X	Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**		**Non-Medicare**
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, Revitalized)	97026			Time In			5:37
Self Care/Home Management	97535			Group Therapy	97150			Time Out			6:38
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time			61
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time			0
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time			61
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039			Total Time Based Units			5
Wound-Non Selective	97602			(i.e., Richmar near infrared diode)				Total Units (SB + TB)			5

DIAGNOSIS **ICD9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: _____

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

See Re-Eval

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: _____

Plan: _____ Progress/modify current treatment plan _____

____Total # visits _____ ____Brief Re-eval/Progress Report next visit ____D/C patient

Therapist Signature [signature] License # 7291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021282	Butler Doretta	10654	08-27-14 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal 777.00			11038 00002 020 Doretta Butler /Pt pays after insurance Commercial CoPay/Coins 0	

5200391 9/25/13 Laser

To Reorder, Call WB Mason 800 926.2766

Evaluation			
Description	CPT	UNITS	59
Evaluation-PT	97001		
alvation-PT	97002		
ilial Evaluation-OT	97003		
e-evaluation-OT	97004		
hysical Performance Test/Meas	97750		
C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
herapeutic Activities (ea. 15 min)	97530		
herapeutic Procedures (ea. 15 min)	97110		
euromuscular Re-ed (ea. 15 min)	97112		
anual Therapy (ea. 15 min)	97140		
ait Training (ea. 15 min)	97116		
assage (ea. 15 min)	97124		
quatic Therapy (ea. 15 min)	97113		
elf Care/Home Management	97535		
ommunity/Work Reintegration	97537		

Wound Care			
ound-Selective (1st 20 sq.cm)	97597		
ound-Selective (ea. add. 20 sq.cm)	97598		
ound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		
Time Out		
Total Treatment Time		
Total Service Based Time		
Total Time Based Time		
Total Time Based Units		
Total Units (SB + TB)		

DIAGNOSIS **ICD9 CODE**

727.61 Rotator cuff rupture

Cx X NS ____ R/S Date ____

Reason: not feeling well (W)

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: ____

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

atient Education: ____

nction: ____

ssessment: Patient's progress towards functional STG/LTG: ____

lan: ____ Progress/modify current treatment plan ____

___ Total # visits ____ ___ Brief Re-eval/Progress Repon next visit ___ D/C patient

erapist Signature ____ License # ____

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Dorella Butler	SC0021282	Butler Dorella	20300	08-28-14 11:09a
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	INSURANCE DESCRIPTION / CERTIFICATE NO.
Patient Bal 777.00			11038 00002 020	Dorella Butler /Pt pays after insurance Commercial CoPay/Coins 0

200391 9/25/13 Laser

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530	3	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min) 10	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min) 3	97033	1	
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., Enodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	~~A4556~~	1	
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		5:14
Time Out		6:08
Total Treatment Time		54
Total Service Based Time		0
Total Time Based Time		54
Total Time Based Units		5
Total Units (SB + TB)		6

DIAGNOSIS **ICD-9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Pain 8/10.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.
18 cm difference in functional IR

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: ITP III anterior shift. Pt responds to decreased anterior translation however shows guarding for pain for IR impingement c IR + 4 units hx stability to achieve ROM IR.

Plan: _____ Progress/modify current treatment plan Continue working on restoring internal rotation & decreasing pain.

Total # visits 50

____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature _____ License # 3291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021282	Butler Doretta	20300	09-02-14 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal 777.00			11038 / Doretta Butler / 00002 / PI pays after Insurance / 020 / Commercial / CoPay/Coins 0	

200391 8/25/13 Lzeer

To Reorder, Call WB Mason 888.926.2766

68

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Initial Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min) 3	97033	1		Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	2	X	Hot/Cold Pack	97010			Electrodes (per pair)	~~A4556~~	1	
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min) 12	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022						
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, RevitaMed)	97026						
Self Care/Home Management	97535			Group Therapy	97150						
Community/Work Reintegration	97537			Biofeedback	90901						
Wound Care				Biofeedback Pelvic Floor	90911						
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992						
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039						
Wound-Non Selective	97602			(i.e., Richmar near infrared diode)							

Tracking	Medicare	Non-Medicare
Time In		5:10
Time Out		5:55
Total Treatment Time		45
Total Service Based Time		
Total Time Based Time		45
Total Time Based Units		4
Total Units (SB + TB)		5

DIAGNOSIS **ICD-9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: felt felt good but still hurts. Out of pain

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment. Manual: Post Cap (G) & IR PROM, Scapular AAF

(P) Strengthening until pain ↓

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt c continued pain & end range IR. Full PROM V + ABD ~~pain free~~ pain free

Plan: _____ Progress/modify current treatment plan Cont c aggressive strengthening.

___Total # visits _____ ___ Brief Re-eval/Progress Report next visit ___ D/C patient

Therapist Signature _____ License # 7291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta r	20300	08-03-14 05:30p

DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	DESCRIPTION	CERTIFICATE NO.
		11038 00002 020	Doretta Butler /Pt pays after insurance Commercial	CoPay/Coins 0

Columbia SC

Patient Bal 777.00

5200321 9/25/13 Laser

To Reorder, Call WB Mason 800.926.2766

80

Evaluation			
Description	CPT	UNITS	59
Initial Evaluation-PT	97001		
Evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Description	CPT	UNITS	59
Therapeutic Activities (ea. 15 min)	97530	2	X
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min) 14	97140	1	X
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min) 3	97033	1	
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Description	CPT	UNITS	59
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, Revitalite)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	~~A4556~~	1	
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		5:32
Time Out		6:15
Total Treatment Time		43
Total Service Based Time		0
Total Time Based Time		43
Total Time Based Units		4
Total Units (SB + TB)		5

DIAGNOSIS / ICD9 CODE

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals:

Pt reports continued pain c radiating behind back however feels as though she can reach a little bit further

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

IR @ 90°; 70°

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Slight increase in active internal rotation but continues to be painful

Plan: _____ Progress/modify current treatment plan Cont c (3)

Total # visits _____ Brief Re-eval/Progress Report next visit _____ D/C patient

Therapist Signature _____ License # 7721

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021282	Butler Doretta	20300	09-05-14
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE	05:30p
Patient Bal 3291.00			CODE: 11038 00002 020 — DESCRIPTION: Doretta Butler /Pt pays after insurance Commercial — CERTIFICATE NO.	CoPay/Coins 0

Evaluation			
Description	CPT	UNITS	59
Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea, 15 min)			

Time Based Procedures - Direct Contact Required			
Description	CPT	UNITS	59
Therapeutic Activities (ea. 15 min)	97530		
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140		
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Description	CPT	UNITS	59
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., Anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		
Time Out		
Total Treatment Time		
Total Service Based Time		
Total Time Based Time		
Total Time Based Units		
Total Units (SB + TB)		

DIAGNOSIS **ICD9 CODE**

727.81 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: _____

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: _____

Plan: _____ Progress/modify current treatment plan _____

_____ Total # visits _____ _____ Brief Re-eval/Progress Report next visit _____ D/C patient

Therapist Signature _____ License # _____

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021202	Butler Doretta	20300	09-08-14
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE	05:30p
Patient Bal 3291.00			CODE: 11038 00002 020	DESCRIPTION: Doretta Butler /Pt pays after insurance Commercial
			CERTIFICATE NO.	CoPay/Coins 0

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min) 3	97033	1		Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	12	X	Hot/Cold Pack	97010			Electrodes (per pair)	~~A4556~~	1	
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min) 10	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**		**Non-Medicare**
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., enodyne, RevitaMed)	97026			Time In			5:33
Self Care/Home Management	97535			Group Therapy	97150			Time Out			6:07
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time			34
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time			0
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time			34
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039			Total Time Based Units			3
Wound-Non Selective	97602			(i.e., Richmar near infrared diode)				Total Units (SB + TB)			5

DIAGNOSIS **ICD-9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Patient reports shoulder is still very sore. 8/10 pain.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment. E-11 PROM.

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Relief while wearing ice to pitch. Patient is maintaining ROM but continues to experience very high pain levels.

Plan: _____ Progress/modify current treatment plan Continue current POC.

Total # visits 53 _____ Brief Re-eval/Progress Report next visit _____ D/C patient

Therapist Signature [signature] License # 3291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Buller	SC0021202	Buller Doretta	20300	09-10-14
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE	05:30p
Patient Bal 3291.00		(	CODE: 11038 00002 020	DESCRIPTION: Doretta Buller /Pt pays after insurance Commercial
			CERTIFICATE NO.	CoPay/Coins 0

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	2	X	Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**		**Non-Medicare**
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., enodyne, RevitaMed)	97026			Time In			455
Self Care/Home Management	97535			Group Therapy	97150			Time Out			530
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time			35
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time			0
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time			35
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039			Total Time Based Units			3
Wound-Non Selective	97602			(i.e., Richmar near infrared diode)				Total Units (SB + TB)			3

DIAGNOSIS **ICD-9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Patient reports shoulder still hurts. No change.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

AROM
ABD 173
ER 84
IR 68

Applied KT tape for scapular retraction facilitation.

Patient Education: Avoid guarding RUE. Use arm when walking for normal swing vs. holding across abdomen.

Function: Error in billing - Iontophoresis not billed 93.14

Assessment: Patient's progress towards functional STG/LTG: Patient continues to guard RUE. No change in patient report. Maintaining AROM.

Plan: _____ Progress/modify current treatment plan Assess response to KT tape application.

Total # visits 54 ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature [signature] PT 3139 License # PT4

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021202	Butler Doretta	20300	09-12-14 05:30p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal 3291.00			11038 Doretta Butler 00000 /PI pays after insurance 020 Commercial CoPay/Coins 0	

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Re-evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033	1		Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750			(i.e., Richmar near infrared handheld)				Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	2	X	Hot/Cold Pack	97010			Electrodes (per pair)	(A4556)	1	
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140	2		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**		**Non-Medicare**
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, Revitalfed)	97026			Time In			4:55
Self Care/Home Management	97535			Group Therapy	97150			Time Out			5:45
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time			50
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time			0
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time			50
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality	97039			Total Time Based Units			5
Wound-Non Selective	97602			(i.e., Richmar near infrared diode)				Total Units (SB + TB)			6

DIAGNOSIS **ICD9 CODE**

727.81 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Reports constant pain, no Δ throughout day. Knee brace provided reminder to allow easy to release at 60° Must Know Speak day

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

ITP Pectoralis Major insertion grade III 1/p DIP grade II

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pt continues to be limited due to tight pectoralis Muscle Tenderness ↓ p Manual indicating ↑ ben

Plan: _____ Progress/modify current treatment plan Cont i Rest (D).

_____ Total # visits _____ Brief Re-eval/Progress Repon next visit _____ D/C patient

Therapist Signature _____ License # 7291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Doretta	20300	09-15-14 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal 3291.00			11038 Doretta Butler 00002 /Pt pays afte insurance 020 Commercial CoPay/Coins 0	

Evaluation			
Description	CPT	UNITS	59
Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			

Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530		
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140		
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		

Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near Infrared handheld)	97039		

Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		
Time Out		
Total Treatment Time		
Total Service Based Time		
Total Time Based Time		
Total Time Based Units		
Total Units (SB + TB)		

DIAGNOSIS — **ICD-9 CODE**

727.61 Rotator cuff rupture

Cx V NS R/S Date

Reason: husband unable to bring

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Rev to appt

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education:

Function:

Assessment: Patient's progress towards functional STG/LTG:

Plan: Progress/modify current treatment plan

Total # visits ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature License #

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021232	Butler Dorella	20300	08-17-14 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal -180.00			11766 Doretta Butler 00002 /Pt pays after Insurance 020 Commercial CoPay/Coins 0	

Evaluation			
Description	CPT	UNITS	59
Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			
Time Based Procedures - Direct Contact Required			
Therapeutic Modalities (ea. 15 min)	97530	1	X
Therapeutic Procedure (ea. 15 min)	97110	1	
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140	1	
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		
Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035	1	
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		
Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		5:00
Time Out		5:40
Total Treatment Time		40
Total Service Based Time		8
Total Time Based Time		48
Total Time Based Units		4
Total Units (SB + TB)		4

DIAGNOSIS — **ICD9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: Patient reports she is still having pain but was able to reach more while stretching today.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment. Fx IR (L) 3 inches < R

Patient Education: Encouraged pt to avoid propping arm on pillow @ night which encourages shortening of pec.

Function: _____

Assessment: Patient's progress towards functional STG/LTG: Pain ↓ (L) SL.

Plan: _____ Progress/modify current treatment plan Trial phono vs Ionto to Pec muscle

Total # visits 56 ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature [signature] PT 3139 [signature] License # [illegible]

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler Columbia SC Patient Bal -180.00	SC0021232	Butler Doretta	20300	09-19-14 05:00p

DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	INSURANCE DESCRIPTION	CERTIFICATE NO.
		1T/56 00002 020	Doretta Butler /Pt pays after insurance Commercial	CoPay/Coins 0

Evaluation			
Description	CPT	UNITS	59
Evaluation-PT	97001		
Re-evaluation-PT	97002		
Initial Evaluation-OT	97003		
Re-evaluation-OT	97004		
Physical Performance Test/Meas	97750		
F.C.E. Functional Drills-ea. 15 min)			
Time Based Procedures - Direct Contact Required			
Therapeutic Activities (ea. 15 min)	97530		
Therapeutic Procedures (ea. 15 min)	97110		
Neuromuscular Re-ed (ea. 15 min)	97112		
Manual Therapy (ea. 15 min)	97140		
Gait Training (ea. 15 min)	97116		
Massage (ea. 15 min)	97124		
Aquatic Therapy (ea. 15 min)	97113		
Self Care/Home Management	97535		
Community/Work Reintegration	97537		
Wound Care			
Wound-Selective (1st 20 sq.cm)	97597		
Wound-Selective (ea. add. 20 sq.cm)	97598		
Wound-Non Selective	97602		

Time Based Modalities - Direct Contact Required			
Description	CPT	UNITS	59
Ultrasound (ea. 15 min)	97035		
Iontophoresis (ea. 15 min)	97033		
E-Stim Attended (ea. 15 min)	97032		
Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039		
Service Based Procedures/Modalities - Direct Contact Not Required			
Hot/Cold Pack	97010		
Mechanical Traction	97012		
E-Stim Unattended	97014		
Vasopneumatic	97016		
Paraffin Bath	97018		
Whirlpool/Fluidotherapy	97022		
Infrared (i.e., anodyne, RevitaMed)	97026		
Group Therapy	97150		
Biofeedback	90901		
Biofeedback Pelvic Floor	90911		
Canalith Repositioning	95992		
Unlisted Modality (i.e., Richmar near infrared diode)	97039		

Other Procedures/Supplies			
Description	CPT	UNITS	59
TENS Instruction	64550		
Orthotic Mgmt Training (ea.15 min)	97760		
Orthotic Checkout (ea.15 min)	97762		
Prosthetic Training (ea.15 min)	97761		
Work Conditioning (1st 2 hours)	97545		
Work Conditioning (each add. hr.)	97546		
Wheelchair Management (ea. 15 min)	97542		
Electrodes (per pair)	A4556		
Orthotic:			
Supplies:			

Tracking	Medicare	Non-Medicare
Time In		
Time Out		
Total Treatment Time		
Total Service Based Time		
Total Time Based Time		
Total Time Based Units		
Total Units (SB.+ TB)		

DIAGNOSIS **ICD9 CODE**

727.61 Rotator cuff rupture

Cx ____ NS ____ R/S Date ____

Reason: ____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: ____

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education: ____

Function: ____

Assessment: Patient's progress towards functional STG/LTG: ____

Plan: ____ Progress/modify current treatment plan ____

____ Total # visits ____ ____ Brief Re-eval/Progress Report next visit ____ D/C patient

Therapist Signature ____ License # ____

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC00212[illegible]2	Butler Doretta	20300	09-22-14
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE	DESCRIPTION	CERTIFICATE NO.
Patient Bal -180.00			11766 .00002 020	Doretta Butler /Pl pays after insurance Commercial	

04:00p

46

Evaluation				Time Based Modalities - Direct Contact Required				Other Procedures/Supplies			
Description	CPT	UNITS	59	Description	CPT	UNITS	59	Description	CPT	UNITS	59
Evaluation-PT	97001			Ultrasound (ea. 15 min)	97035			TENS Instruction	64550		
Evaluation-PT	97002			Iontophoresis (ea. 15 min)	97033			Orthotic Mgmt Training (ea.15 min)	97760		
Initial Evaluation-OT	97003			E-Stim Attended (ea. 15 min)	97032			Orthotic Checkout (ea.15 min)	97762		
Re-evaluation-OT	97004			Unlisted Modality (ea. 15 min) (i.e., Richmar near infrared handheld)	97039			Prosthetic Training (ea.15 min)	97761		
Physical Performance Test/Meas	97750							Work Conditioning (1st 2 hours)	97545		
F.C.E. Functional Drills-ea. 15 min)								Work Conditioning (each add. hr.)	97546		
Time Based Procedures - Direct Contact Required				**Service Based Procedures/Modalities - Direct Contact Not Required**				Wheelchair Management (ea. 15 min)	97542		
Therapeutic Activities (ea. 15 min)	97530	1	X	Hot/Cold Pack	97010			Electrodes (per pair)	A4556		
Therapeutic Procedures (ea. 15 min)	97110			Mechanical Traction	97012			Orthotic:			
Neuromuscular Re-ed (ea. 15 min)	97112			E-Stim Unattended	97014			Supplies:			
Manual Therapy (ea. 15 min)	97140	1		Vasopneumatic	97016						
Gait Training (ea. 15 min)	97116			Paraffin Bath	97018						
Massage (ea. 15 min)	97124			Whirlpool/Fluidotherapy	97022			**Tracking**	**Medicare**	**Non-Medicare**	
Aquatic Therapy (ea. 15 min)	97113			Infrared (i.e., anodyne, RevitaMed)	97026			Time In		5:20	
Self Care/Home Management	97535			Group Therapy	97150			Time Out		5:47	
Community/Work Reintegration	97537			Biofeedback	90901			Total Treatment Time		17	
Wound Care				Biofeedback Pelvic Floor	90911			Total Service Based Time		0	
Wound-Selective (1st 20 sq.cm)	97597			Canalith Repositioning	95992			Total Time Based Time		17	
Wound-Selective (ea. add. 20 sq.cm)	97598			Unlisted Modality (i.e., Richmar near infrared diode)	97039			Total Time Based Units		2	
Wound-Non Selective	97602							Total Units (SB + TB)		2	

DIAGNOSIS **ICD9 CODE**

727.61 Rotator cuff rupture

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Subjective: Patient's chief complaint and perceived progress toward functional goals: _____

See RE

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education: _____

Function: _____

Assessment: Patient's progress towards functional STG/LTG: _____

Plan: _____ Progress/modify current treatment plan _____

_____ Total # visits _____ _____ Brief Re-eval/Progress Report next visit _____ D/C patient

Therapist Signature _____ _____ License # 7291

GUARANTOR NAME AND ADDRESS	PATIENT NO.	PATIENT NAME	DOCTOR NO.	DATE
Doretta Butler	SC0021282	Butler Doretta	20300	09-24-14 05:00p
Columbia SC	DATE OF BIRTH	TELEPHONE NO.	INSURANCE CODE / DESCRIPTION / CERTIFICATE NO.	
Patient Bal -180.00			11760 Doretta Butler 00002 /Pt pays after insurance 020 Commercial CoPay/Coins 0	

6200381 9/25/13 Laser

To Recreate Call V/B Mason 800 626.2766

DRAYER Physical Therapy Institute
Leading the Way to Good Health

DISCHARGE SUMMARY
Objective/Functional Status and Goals

Patient Name: Doretha Butler Butler
Date of Birth: _____
Diagnosis: R/C/B R RTC Repair
Referring Physician: Dr. Chris Mazzone
Date of Discharge: 9-24-14
Date of Eval: 4-4-14

Objective Measurements Functional Status	Current Measurements	Long Term Goals	Goals Met Yes	Goals Met No
Pain:	Worst: /10 Best: /10	Worst: /10 Best: /10		
ROM: shld ✓	160	175		✓
abd	170	180		✓
ER	T4	T6		✓
IR	T8	T6		✓
Strength: shld ✓	5-	5		✓
abd	5	5	✓	
IR	5	5	✓	
ER	5	5	✓	
Functional Tool: QDASH	Score: 43 % Disability ☐ % Function	Score: 21 % Disability ☐ % Function		✓
Functional Tool: _____	Score: _____ ☐ % Disability ☐ % Function	Score: _____ ☐ % Disability ☐ % Function		
OH Reach	10# OH	20# OH to top shelf		✓
BB Reach	Wrist Back	Wrist Mid Back	✓	
Lifting	35# from floor to table	50# floor → table		✓
Dressing	Able to Dress (I)	(I)	✓	
Bathing	Able to Bath (I)	(I)	✓	

Long Term Treatment Goals Were:
☐ All met ☒ Partially Met: _____ % Met ☐ Not Met
Explanation of why goals not met: _____

Discharge Rationale:
☐ Patient returned to premorbid functional status
☒ Treatment discontinued by the physician
☐ Patient choice; MD contacted ☐ Yes ☐ No _____
☐ Patient noncompliance; MD contacted ☐ Yes ☐ No _____
☐ Patient achieved maximal benefit from therapy
☐ Other: _____

Discharge Instructions:
☒ HEP: _____ ☐ Participation in Wellness program
☒ Follow up with Therapist if questions arise or patient experiences increased/unexpected symptoms
☒ Other: F/U c MD

Therapist's Signature: _____ License #: _____ Date: 9-25-14
Printed Therapist's Name: Charessss Kessinger

DRAYER
Physical Therapy Institute
Leading the Way to Good Health

RE-EVALUATION

Request for Additional Re-Evaluation and Plan of Care Information

Patient Name: Loretta Ritter
Date of Birth: ____ Sex: Male / Female
Diagnosis: R DL / B rsc Decr
Referring Physician: Dr Carl Wallace

Date: 9.24.14 Date of Eval: 4.4.14
Total # Visits: 57 # Cx: 6 # NS: 5
Additional Diagnosis: ____
Re-Cert Period Effective Date: 9.25.14 Through: 10.24.14

Subjective/Functional Status: Patient reports change in pain symptoms to Strength + mm

Comorbidity(ies) that May Impact Rehab: ____
Rehabilitation Potential: ☐ Excellent

Objective Measurements Functional Limitations	Initial Evaluation Findings	Goals Met Yes	Goals Met No	Current/Updated Goals	Wks
Pain:	Worst: /10 Best: /10			Worst: /10 Best: /10	
ROM: Shldr ✓			—	175 Act	
ADD			—	180 Pas	
ER			—	T6 Eval	
IR			—	T6 Eval	
Strength: Shldr ✓			✓	5	
ADD			✓	5	
Functional Tool: QUICK	Score: 41.3		✓	Score: 41.3 ☐ % Disability ☐ % Function	
Functional Tool: ____	Score: ____			Score: ____ ☐ % Disability ☐ % Function	
OH Reach			—	20# OH to top shelf	
BB Reach			—	Wash mid back	
Lifting			✓	50# floor → Table	

Therapist Assessment and Plan for Improvement: Pt to PT 2° pain. Will D/C
pt at this time 2° Stable. Instructed pt to call or
contact PT if needed

☐ Functional Activities ☐ Stretching ☐ A/AA/PROM ☐ Endurance Training ☐ Posture ☐ Flexibility ☐ Further Objective/Functional Testing per Physician
☐ Electrical Stimulation ☐ Ultrasound ☐ Iontophoresis ☐ Whirlpool/Fluidotherapy ☐ Ultrasound/Phonophoresis ☐ Patient Education / Home Exercise Program ☐ Other: ____
☐ Hot/Cold Pack ☐ Paraffin ☐ Infrared ☐ Taping ☐ Mechanical Traction ☐ Biofeedback

Treatment Frequency of: ____ x/week
Treatment Duration of: ____ weeks

I have discussed the above plan of treatment with the patient and/or caregiver. I have reviewed the diagnosis and prognosis and voluntarily agree to continue participation in this therapy program.

Therapist's Signature: ____ License #: 7291 Date: ____
Printed Therapist's Name: ____

I certify that I have reviewed this re-evaluation and plan of care and that therapy services are required and reasonable and necessary for the duration of treatment and that the patient will receive therapy services in accordance with the frequency and duration of services indicated in this plan of care.

Physician's Comments: ____
Physician's Signature: ____ Date: 9/24/14
Printed Physician's Name: Dr. Wallace

FAXED Faxed 10-7-14

Physical Therapy Institute
Training the Way to Total Health

RE-EVALUATION

☐ Please Refer to Attached Document for Additional Re-Evaluation and Plan of Care Information

Patient Name: Dorotha Butler Date: 9.24.14 Date of Eval: 4.4.14
Date of Birth: _____ Sex: ☐ Male ☒ Female Total # Visits: 57 # Cx: 6 # NS: 5
Diagnosis: R/T/S VST - Fever Additional Diagnosis: _____
Referring Physician: Dr. Chris Matzuk Re-Cert Period Effective Date: 9.25.14 Through: 10.24.14

Subjective/Functional Status: Dorotha reports no change in pain symptoms to Shoulder + neck as well as HA's

Comorbidity(ies) that May Impact Rate of Recovery: _____

Rehabilitation Potential: ☐ Excellent ☒ Good ☐ Fair ☐ Other: _____

Objective Measurements Functional Limitations	Current Measurements	Goals Met Yes	Goals Met No	Current/Updated Goals	Wks
Pain:	Worst: /10 Best: /10			Worst: /10 Best: /10	
ROM: Shldr ✓	160°		✓	175 Act	
ABD	170		✓	180 Act	
ER	14		✓	T6 Exal	
IR	T8		✓	T6 Exal	
Strength: Shldr ✓	5-		✓	5	
ABD	5	✓		5	
Functional Tool: QDASH	Score: 45 ☒% Disability ☐% Function		✓	Score: 2 ☐% Disability ☐% Function	
Functional Tool: _____	Score: _____ ☐% Disability ☐% Function			Score: _____ ☐% Disability ☐% Function	
OH Reach	to T OH		✓	20# OH to top shelf	
BIB Reach	Can wash back	—		Wash mid back	
Lifting	35# from floor to table		✓	60# floor ⇒ Table	

Therapist Assessment and Plan Recommendations: Recommend hold on PT 2° pain will D/C pt as has had 2° plateau & symptoms + POI. To re-eval PT to call or contact PT if any changes in symptoms occur

☐ Functional Activities ☐ Neuromuscular Reeducation ☐ Manual Therapy ☐ Electrical Stimulation ☐ Hot/Cold Pack
☐ Strengthening ☐ Assistive Device Fitting/Training ☐ Spine Stabilization ☐ Vasopneumatic ☐ Paraffin
☐ A/AA/PROM ☐ Refer for Assistive Device ☐ McKenzie Assessment ☐ Iontophoresis ☐ Infrared
☐ Endurance Training ☐ Gait Training ☐ Wound Care ☐ Whirlpool/Fluidotherapy ☐ Taping
☐ Posture ☐ Orthotic Fitting/Training ☐ Aquatic Therapy ☐ Ultrasound/Phonophoresis ☐ Mechanical Traction
☐ Flexibility ☐ Follow-Up with Physician pm Regarding Patient's Pain ☐ Patient Education / Home Exercise Program ☐ Biofeedback
☐ Further Objective/Functional Testing per Physician Protocol and/or Therapist Discretion ☐ Other: _____

received 10-07-14

Treatment Frequency of: _____ times per week Treatment Duration of: _____ weeks

I have discussed the above findings, assessment, revised treatment plan, and expected outcomes with the patient. He/she is aware of the diagnosis and prognosis and voluntarily agrees to positive participation in physical/occupational therapy services.

Therapist's Signature: _____ License #: 7291 Date: _____
Printed Therapist's Name: _____

Certification: I hereby certify that the above listed services are medically required for the above mentioned patient and that said services are in accordance with the Initial and/or Updated Plan of Care, including the estimated frequency and duration, as established by me and my staff. I understand that this Plan of Care should reflect my best clinical estimate on the services and duration of care for the duration of treatment outlined in my Plan of Care.

Physician's Comments: _____ Date: 10-7-14
Physician's Signature: _____
Printed Physician's Name: Dr. Chris Matzuk

CLAIMANT'S EXHIBIT A

Job Description - Laminator

BAL
An ITW Company

Job Description

Job Code: Laminator	Department: Screen Print Department
Reports To: Screen Print Supervisor	FLSA Status: Non-Exempt
Approved by: _____	HR Approval: _____
Approved Date: _____	Approved Date: _____

Job Summary

Under general supervision responsible for operating and set-up of seal laminator for over-laminating, encapsulating, or mounting of screen printed products. Sets feed speed, and pressure for optimum production rates, trim pieces, and maintains quality by performing a number of duties.

Essential Functions

These are functions a qualified incumbent or applicant must be able to perform with or without reasonable accommodation.

- Review work order instruction folder to ensure conformity to written and verbal instructions.
- Inspects layout of adhesive application.
- Perform finishing operations such as laminating, encapsulating, and/or mounting of printed pieces.
- Thread laminating material into machine, set pressure, and side guides for proper feeding of material.
- Run proof sheet and secure approval for production from supervisor.
- Operate the laminator maintaining proper fit and settings, and feed material into laminator.
- Depending on the job instructions may have to hand apply adhesive.
- Perform routine machine maintenance and minor repairs when necessary.
- Trim production prints to size specified by work instructions, when necessary.
- Requisition laminating material and supplies, as needed.
- Maintain equipment and keep work area clean.
- Perform in-process inspection according to specific requirements and frequency determined by supervisor.
- Keep accurate production and daily activity records.
- Follow all department work instructions.
- Ensure compliance with company safety rules and policies.

DRAFT

Other (Non-Essential) Functions

Includes functions which are normally performed by persons holding this title. However, these functions may be assigned to other employees as part of a "Reasonable Accommodation" under the ADA.

- Performs other duties as assigned.

Job Requirements

- High School diploma or general education degree (GED); or one to three years related experience and/or training; or equivalent combination of education and experience.
- Ability to read and comprehend simple instructions, short correspondence, and memos. Ability to write simple correspondence. Ability to effectively present information to one-on-one and small group situations to customers and other employees of the organization.
- Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.
- Ability to apply common sense understanding to carry out detailed but uninvolved written, or oral instructions. Ability to deal with problems involving a few concrete variables in standardized situations.

Physical Requirements & Environmental Conditions

- The physical demands required while performing the duties of this job include: requires regularly to sit, talk and hear. The employee is frequently required to stand; will use hands to finger, handle or feel; reach with hands and arms. The employee must sometimes lift and / or move up to 10 pounds and occasionally lift and / or move 50 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, and ability to adjust focus.
- The employee occasionally is exposed to fumes, toxic chemicals and heat. The noise level in the work environment is usually moderate

Employer's Rights

This job description does not list all the duties of the job. You may be asked by your supervisor or managers to perform other duties. You will be evaluated in part based upon your performance of the tasks listed in this job description.

Bay Area Labels (BAL), *an ITW Company*, has the right to revise this job description at any time. The job description is not a contract for employment and either you or Bay Area Labels may terminate employment at any time, with or without cause and with or without notice.

Employee Signature _____ Date _____

CLAIMANT'S EXHIBIT B

Payroll Records

1/20/12

EMPLOYEE FIT	1,371.06						
TOTAL DEPOSIT	3,590.52						
FUTA	STANDARD RATE	16,670.15	7000	16,670.15	7.65 %		1,276.6(
SUI	SC-SOUTH CAROLINA	16,670.15	12000	-16,670.15	.60 %		100.0!
TOTAL		16,670.15			6.42 %		1,070.2:
							1,070.2:

********** STATE/LOCAL TAXES WITHHELD **********

		TAXABLE WAGES	LIMIT	WAGES TO LIMIT	RATE	AMOUN
SIT	SC-SOUTH CAROLINA	15,862.82				810.6'
TOTAL		15,862.82				810.6'

EMPLOYEE CENSUS	ACTIVE EMPS	12	NET PAY ANALYSIS	# DEP ADV 12	EFTS TOTAL 11,405.9!
	TOTAL EMPS	12		# EMPS PAID 12	TOTAL NET 11,405.9!
					TOTAL TAXES 5,571.4(
					16,977.4:

****

DIVISION - 01JN -
DIST 1 - 652 -

EMPLOYEE ID
EMPLOYEE NAME
01JN-191541
BUTLER, DORETTA

SS-NO		FRQ	B	STAT	A
BASE	10.6300	M/S	S	SEX	F
FILE#	191541	ST1	SC		
HIRE	08/01/08	F#EX	04	S#EX	04
PTO-C	YY				
CK-SQ	USP				
OT EX	N				
RETR	Y				
DIST	652				
MISC	4299				

PC	DESCRIPTION	HOURS	AMOUNT	DESCR	AMOUNT	CODES
1	REGULAR	80.00	850.40	401K %	5.00-	8F4
	---------- PRE-TAX ITEMS ----------				42.52-	E
	401K		42.52-	NQERN		0MD
	PTDNT		3.36-		850.40	*
	PTMED		45.83-	TERM3%		8F4
	---------- Q-TO-D ----------			401BC		0ND
1	REGULAR	136.00	1445.68		34.02	*
92	PRIOR YR HOL	24.00	255.12	401M		0ND
	---------- Y-TO-D ----------				34.02	*
1	REGULAR	136.00	1445.68	401KE		0MD
92	PRIOR YR HOL	24.00	255.12		850.40	*
	---------- F-TO-D 1 ----------			PTMED	45.83-070E	
1		136.00	1445.68	PTDNT	3.36-070E	
92		24.00	255.12	SIPLB	15.39 000*	
				UNTD	2.00 000*	

Y-TO-D	TYPE	CURRENT
1700.80	GRCOMP	850.40
1517.38	GRPAY	758.69
67.30	SSEC	33.65
23.24	MDCR	11.62
18.28	FIT	9.14
24.10	ST1 SC	12.05
34.78	TOTDED	17.39
1349.68	NET	674.84
	EFT A	674.84
	CUR SSEC WAGES	801.21
	CUR MDCR WAGES	801.21
--WAGES--	Q-TO-D	--TAXES--
1602.42	SSEC	67.30
1602.42	MDCR	23.24
1517.38	FIT	18.28

P278

EMPLOYEE NAME
01JN-191541
BUTLER, DORETTA
***** CONTINUED *****

EFT-ACCOUNT# ID BK TP TRANSIT-NO
7709237 A UP S 2532-7969-1
#PDA PRINT DEPOSIT ADVICE

UNITED WAY
HR STATUS A
401K GRPCDE
401K ROLLOV Y
FT/PT INDIC 1
HIRE

BIRTH DT
ECRIP FL
REG/TEMP R
401K ELG 03/20/00
UNION CD

PC	DESCRIPTION	HOURS	AMOUNT
HCARE		172.39	0M0*
EFTA8			

------ Q-TO-D -------

401K	85.04-
NQERN	1700.80
401BC	68.04
401M	68.04
401KE	1700.80
PTMED	91.66-
PTDNT	6.72-
SIPLB	30.78
UNTD	4.00
HCARE	344.78

------ Y-TO-D -------

401K	85.04-
NQERN	1700.80
401BC	68.04
401M	68.04
401KE	1700.80
PTMED	91.66-
PTDNT	6.72-
SIPLB	30.78
UNTD	4.00
HCARE	344.78

----- F-TO-D 1 ------

401K	85.04-
NQERN	1700.80
401BC	68.04
401M	68.04
401KE	1700.80
PTMED	91.66-
PTDNT	6.72-
SIPLB	30.78
UNTD	4.00
HCARE	344.78

DESCR	AMOUNT	CODES	Y-TO-D	TYPE	CURRENT	CHECK#
			--WAGES--	Q-TO-D	--TAXES--	
			1602.42	FUTA		
			1517.38	ST SC	24.10	
			1602.42	SUI SC		
			--WAGES--	Y-TO-D	--TAXES--	
			1602.42	SSEC	67.30	
			1602.42	MDCR	23.24	
			1517.38	FIT	18.28	
			1602.42	FUTA		
			1517.38	ST SC	24.10	
			1602.42	SUI SC		
			--WAGES--	F-TO-D 1	--TAXES--	
			1602.42	SSEC	67.30	
			1602.42	MDCR	23.24	
			1517.38	FIT	18.28	
			1602.42	FUTA		
			1517.38	ST SC	24.10	
			1602.42	SUI SC		

P2794

2/3/12

	SUI	SC-SOUTH CAROLINA	16,002.89	12000	16,002.89	6.42 %	1,027.42	
	TOTAL		16,002.89				1,027.42	
			********** STATE/LOCAL TAXES WITHHELD **********					
			TAXABLE WAGES	LIMIT	WAGES TO LIMIT	RATE	AMOUNT	
	SIT	SC-SOUTH CAROLINA	15,220.43				765.71	
	TOTAL		15,220.43				765.71	

EMPLOYEE CENSUS — ACTIVE EMPS 12 — TOTAL EMPS 12

NET PAY ANALYSIS — # DEP ADV 12 — # EMPS PAID 12 — EFTS TOTAL 10,908.84 — TOTAL NET 10,908.84 * — TOTAL TAXES 5,334.57 ** — 16,243.41 ***

DIVISION - 01JN -
DIST 1 - 652 -

EMPLOYER ID
EMPLOYER NAME
01JN-191541
BUTLER, DORETTA

SS-NO		FRQ	B	STAT	A
BASE	10.6300	M/S	S	SEX	F
FILE#	191541	ST1	SC		
HIRE	08/01/08	F#EX	04	S#EX	04
PTO-C	YY				
CK-SQ	USP				
OT EX	N				
RETR	Y				
DIST	652				
MISC	4299				

..... HOURS AND EARNINGS			.... DED AND ADJ		..... GROSS TO NET			
PC DESCRIPTION	HOURS	AMOUNT	DESCR	AMOUNT	CODES	Y-TO-D	TYPE	CURRENT	CHECK#
1 REGULAR	72.50	770.68	401K %	5.00-	8F4	2514.00	GRCOMP	813.20	
3 VACATION	4.00	42.52		40.66-	E	2240.73	GRPAY	723.35	
---------- PRE-TAX ITEMS ----------			NQERN		0MD	99.39	SSEC	32.09	
401K		40.66-		813.20	*	34.31	MDCR	11.07	
PTDNT		3.36-	TERM3%		8F4	23.88	FIT	5.60	
PTMED		45.83-	401BC		0ND	34.34	ST1 SC	10.24	
---------- Q-TO-D ----------				32.53	*	52.17	TOTDED	17.39	
1 REGULAR	208.50	2216.36	401M		0ND	1996.64	NET	646.96	A295062
3 VACATION	4.00	42.52		32.53	*		EFT A	646.96	
92 PRIOR YR HOL	24.00	255.12	401KR		0MD	CUR SSEC WAGES		764.01	
---------- Y-TO-D ----------				813.20	*	CUR MDCR WAGES		764.01	
1 REGULAR	208.50	2216.36	PTMED	45.83-	070E	--WAGES--	Q-TO-D	--TAXES--	
3 VACATION	4.00	42.52	PTDNT	3.36-	070E	2366.43	SSEC	99.39	
92 PRIOR YR HOL	24.00	255.12	SIPLB	15.39	000*	2366.43	MDCR	34.31	
---------- F-TO-D 1 ----------			UNTD	2.00	000*	2240.73	FIT	23.88	
1	72.50	770.68	HCARE	172.39	0M0*	2366.43	FUTA		

P280

EMPLOYEE NAME
01JN-191541
BUTLER, DORETTA
***** CONTINUED *****

EFT-ACCOUNT#	ID	BK TP	TRANSIT-NO	3							
7709237		A UP S	2532-7969-1								

#PDA PRINT DEPOSIT ADVICE

UNITED WAY		BIRTH DT	
HR STATUS	A	RCRIP FL	
401K GRPCDE		REG/TEMP	R
401K ROLLOV	Y	401K ELG	03/20/00
FT/PT INDIC	1	UNION CD	
HIRE			

PC	DESCRIPTION	HOURS	AMOUNT
	F-TO-D 1		
		4.00	42.52

DESCR	AMOUNT
EFTA8	
Q-TO-D	
401K	125.70-
NQERN	2514.00
401BC	100.57
401M	100.57
401KE	2514.00
PTMED	137.49-
PTDNT	10.08-
SIPLB	46.17
UNTD	6.00
HCARE	517.17
Y-TO-D	
401K	125.70-
NQERN	2514.00
401BC	100.57
401M	100.57
401KE	2514.00
PTMED	137.49-
PTDNT	10.08-
SIPLB	46.17
UNTD	6.00
HCARE	517.17
F-TO-D 1	
401K	40.66-
NQERN	813.20
401BC	32.53
401M	32.53
401KE	813.20
PTMED	45.83-
PTDNT	3.36-
SIPLB	15.39
UNTD	2.00
HCARE	172.39

CODES	Y-TO-D	TYPE	CURRENT	CHECK#
	--WAGES--	Q-TO-D	--TAXES--	
	2240.73	ST SC	34.34	
	2366.43	SUI SC		
	--WAGES--	Y-TO-D	--TAXES--	
	2366.43	SSEC	99.39	
	2366.43	MDCR	34.31	
	2240.73	FIT	23.88	
	2366.43	FUTA		
	2240.73	ST SC	34.34	
	--WAGES--	F-TO-D 1	--TAXES--	
	764.01	SSEC	32.09	
	764.01	MDCR	11.07	
	723.35	FIT	5.60	
	764.01	FUTA		
	723.35	ST SC	10.24	
	764.01	SUI SC		

P2816

2/17/12

	SUI TOTAL	SC-SOUTH CAROLINA	RETRO		857.50-
			15,136.69		153.97-
			********** STATE/LOCAL TAXES WITHHELD **********		
	SIT TOTAL	SC-SOUTH CAROLINA	TAXABLE WAGES	LIMIT WAGES TO LIMIT RATE	AMOUNT
			14,371.19		717.80
			14,371.19		717.80
EMPLOYEE CENSUS	ACTIVE EMPS 12		NET PAY ANALYSIS	# DEP ADV 11	EFTS TOTAL 10,277.09
	TOTAL EMPS 12			# EMPS PAID 11	TOTAL NET 10,277.09 *
					TOTAL TAXES 3,939.66 **
					14,216.75 ***

DIVISION - 01JN -
DIST 1 - 652 -

EMPLOYEE ID
EMPLOYEE NAME
01JN-191541
BUTLER, DORETTA

SS-NO		FRQ	B	STAT	A
BASE	10.6300	M/S	S	SEX	F
FILE#	191541	ST1	SC		
HIRE	08/01/08	F#EX	04	S#EX	04
PTO-C	YY				
CK-SQ	USP				
OT EX	N				
RETR	Y				
DIST	652				
MISC	4299				

..... HOURS AND EARNINGS			.... DED AND ADJ			..... GROSS TO NET		
PC DESCRIPTION	HOURS	AMOUNT	DESCR	AMOUNT	CODES	Y-TO-D	TYPE	CURRENT
1 REGULAR	80.00	850.40	401K %	5.00-	8F4	3364.40	GRCOMP	850.40
---------- PRE-TAX ITEMS ----------				42.52-	E	2999.42	GRPAY	758.69
401K		42.52-	NQERN		0MD	133.04	SSEC	33.65
PTDNT		3.36-		850.40	*	45.93	MDCR	11.62
PTMED		45.83-	TERM3%		8F4	33.02	FIT	9.14
---------- Q-TO-D ----------			401BC		0ND	46.39	ST1 SC	12.05
1 REGULAR	288.50	3066.76		34.02	*	69.56	TOTDED	17.39
3 VACATION	4.00	42.52	401M		0ND	2671.48	NET	674.84 A299882
92 PRIOR YR HOL	24.00	255.12		34.02	*		EFT A	674.84
---------- Y-TO-D ----------			401KE		0MD	CUR SSEC	WAGES	801.21
1 REGULAR	288.50	3066.76		850.40	*	CUR MDCR	WAGES	801.21
3 VACATION	4.00	42.52	PTMED	45.83-	070E	--WAGES--	Q-TO-D	--TAXES--
92 PRIOR YR HOL	24.00	255.12	PTDNT	3.36-	070E	3167.64	SSEC	133.04
---------- P-TO-D 1 ----------			SIPLB	15.39	000*	3167.64	MDCR	45.93
1	152.50	1621.08	UNTD	2.00	000*	2999.42	FIT	33.02
3	4.00	42.52	HCARE	172.39	0M0*	3167.64	FUTA	

P282

01UN-191541
BUTLER, DORETTA
***** CONTINUED *****

RFT-ACCOUNT#	ID	BK TP	TRANSIT-NO
7709237	A	UP S	2532-7969-1

#PDA PRINT DEPOSIT ADVICE

UNITED WAY		BIRTH DT	
HR STATUS	A	ECRIP FL	
401K GRPCDE		REG/TEMP	R
401K ROLLOV	Y	401K ELG	03/20/00
FT/PT INDIC	1	UNION CD	
HIRE			

EFTAS	
------ Q-TO-D -------	
401K	168.22-
NQERN	3364.40
401BC	134.59
401M	134.59
401KE	3364.40
PTMED	183.32-
PTDNT	13.44-
SIPLB	61.56
UNTD	8.00
HCARE	689.56
------ Y-TO-D -------	
401K	168.22-
NQERN	3364.40
401BC	134.59
401M	134.59
401KE	3364.40
PTMED	183.32-
PTDNT	13.44-
SIPLB	61.56
UNTD	8.00
HCARE	689.56
----- F-TO-D 1 ------	
401K	83.18-
NQERN	1663.60
401BC	66.55
401M	66.55
401KE	1663.60
PTMED	91.66-
PTDNT	6.72-
SIPLB	30.78
UNTD	4.00
HCARE	344.78

--WAGES-- Q-TO-D	--TAXES--
2999.42 ST SC	46.39
3167.64 SUI SC	
--WAGES-- Y-TO-D	--TAXES--
3167.64 SSEC	133.04
3167.64 MDCR	45.93
2999.42 FIT	33.02
3167.64 FUTA	
2999.42 ST SC	46.39
3167.64 SUI SC	
--WAGES-- F-TO-D 1	--TAXES--
1565.22 SSEC	65.74
1565.22 MDCR	22.69
1482.04 FIT	14.74
1565.22 FUTA	
1482.04 ST SC	22.29
1565.22 SUI SC	

P283

3/2/12

DIVISION - 01JN -
DIST 1 - 652 -

EMPLOYEE ID
EMPLOYEE NAME
01JN-191541
BUTLER, DORETTA

SS-NO		FRQ	B	STAT	A
BASE	10.6300	M/S	S	SEX	F
FILE#	191541	ST1	SC		
HIRE	08/01/08	F#EX	04	S#EX	04
PTO-C	YY				
CK-SQ	USP				
OT EX	N				
RETR	Y				
DIST	652				
MISC	4299				

EFT-ACCOUNT#	ID	BK TP	TRANSIT-NO
7709237	A	UP S	2532-7969-1

#PDA PRINT DEPOSIT ADVICE

UNITED WAY
HR STATUS A
401K GRPCDE
401K ROLLOV Y
FT/PT INDIC 1
HIRE

BIRTH DT
ECRIP FL
REG/TEMP R
401K ELG 03/20/00
UNION CD

PC	DESCRIPTION	HOURS	AMOUNT
1	REGULAR	61.50	653.74
3	VACATION	8.00	85.04
5	OVERTIME	.50	2.66

PRE-TAX ITEMS

401K	37.07-
PTDNT	3.36-
PTMED	45.83-

Q-TO-D

PC	DESCRIPTION	HOURS	AMOUNT
1	REGULAR	350.00	3720.50
3	VACATION	12.00	127.56
5	OVERTIME	.50	2.66
92	PRIOR YR HOL	24.00	255.12

Y-TO-D

PC	DESCRIPTION	HOURS	AMOUNT
1	REGULAR	350.00	3720.50
3	VACATION	12.00	127.56
5	OVERTIME	.50	2.66
92	PRIOR YR HOL	24.00	255.12

F-TO-D 1

PC	DESCRIPTION	HOURS	AMOUNT
1		61.50	653.74
3		8.00	85.04
5		.50	2.66

DED AND ADJ

DESCR	AMOUNT	CODES
401K %	5.00-	8F4
	37.07-	E
NQERN		0MD
	741.44	*
		8F4
401BC		0ND
	29.66	*
401M		0ND
	29.66	*
401KE		0MD
	741.44	*
PTMED	45.83-	070E
PTDNT	3.36-	070E
SIPLB	15.39-	000*
UNTD	2.00-	000*
HCARE	172.39-	0M0*
HFTA8		

Q-TO-D

DESCR	AMOUNT
401K	205.29-
NQERN	4105.84
401BC	164.25
401M	164.25
401KE	4105.84
PTMED	229.15-
PTDNT	16.80-
SIPLB	76.95
UNTD	10.00

GROSS TO NET

Y-TO-D	TYPE	CURRENT	CHECK#
4105.84	GRCOMP	741.44	
3654.60	GRPAY	655.18	
162.12	SSEC	29.08	
55.97	MDCR	10.04	
33.02	FIT	.00	
53.57	ST1 SC	7.18	
86.95	TOTDED	17.39	
3262.97	NET	591.49	A304626
	EFT A	591.49	
CUR SSEC	WAGES	692.25	
CUR MDCR	WAGES	692.25	

--WAGES-- Q-TO-D --TAXES--

3859.89	SSEC	162.12
3859.89	MDCR	55.97
3654.60	FIT	33.02
3859.89	FUTA	
3654.60	ST SC	53.57
3859.89	SUI SC	

--WAGES-- Y-TO-D --TAXES--

3859.89	SSEC	162.12
3859.89	MDCR	55.97
3654.60	FIT	33.02
3859.89	FUTA	
3654.60	ST SC	53.57
3859.89	SUI SC	

--WAGES-- F-TO-D 1 --TAXES--

692.25	SSEC 29.08

P2849

D2X DIVISION REGISTER 087

GG6 ILLINOIS TOOL WORKS INC
EMPLOYEE ID
EMPLOYEE NAME
01JN-191541
BUTLER, DORETTA
***** CONTINUED *****

02/26/12 B-03/02/12 05 7674

..... HOURS AND EARNINGS			.... DED AND ADJ			.....GROSS TO NET			
PC	DESCRIPTION	HOURS	AMOUNT	DESCR	AMOUNT	CODES	Y-TO-D	TYPE	CURRENT	CHECK#
				------ Q-TO-D ---------			WAGES-- F-TO-D 1	--TAXES--		
				HCARE	861.95		692.25	MDCR	10.04	
				------ Y-TO-D -------			655.18	FIT		
				401K	205.29-		692.25	FUTA		
				NQERN	4105.84		655.18	ST SC	7.18	
				401BC	164.25		692.25	SUI SC		
				401M	164.25					
				401KE	4105.84					
				PTMED	229.15-					
				PTDNT	16.80-					
				SIPLB	76.95					
				UNTD	10.00					
				HCARE	861.95					
				----- F-TO-D 1 ------						
				401K	37.07-					
				NQERN	741.44					
				401BC	29.66					
				401M	29.66					
				401KE	741.44					
				PTMED	45.83-					
				PTDNT	3.36-					
				SIPLB	15.39					
				UNTD	2.00					
				HCARE	172.39					

P285

D2X DIVISION REGISTER 087

GG6 ILLINOIS TOOL WORKS INC
DIVISION - 01JN -
DIST 1 - 602 -

03/11/12 B-03/16/12 06 - 7734

		TYPE TOTAL	JURISDICTION	TAXABLE WAGES	LIMIT	WAGES TO LIMIT	RATE	AMOUNT
EMPLOYEE CHNGUS	ACTIVE EMPS	12		15,644.15				797.73
	TOTAL EMPS	12	NET PAY ANALYSIS	# DEP ADV	12	SFTS TOTAL		11,195.89
				# EMPS PAID	12	TOTAL NET		11,195.89 *
						TOTAL TAXES		5,178.80 **
								16,374.69 ***

DIVISION - 01JN -
DIST 1 - 652 -

EMPLOYEE ID
EMPLOYEE NAME
01JN-191541
BUTLER, DORETTA

SS-NO FRQ B STAT A
BASE 10.6300 M/S S SEX F
FILE# 191541 ST1 SC
HIRE 08/01/08 F#EX 04 S#EX 04
PTO-C YY
CK-SQ USP
OT EX N
RETR Y
DIST 652
MISC 4299

EFT-ACCOUNT# ID BK TP TRANSIT-NO
7709237 A UP S 2532-7969-1
#PDA PRINT DEPOSIT ADVICE

UNITED WAY BIRTH DT
HR STATUS A RCRIP FL
401K GRPCDE REG/TEMP R
401K ROLLOV Y 401K ELG 03/20/00
FT/PT INDIC 1 UNION CD
HIRE

PC	DESCRIPTION	HOURS	AMOUNT
	..... HOURS AND EARNINGS		
1	REGULAR	72.00	765.36
3	VACATION	8.00	85.04
	---------- PRE-TAX ITEMS ----------		
	401K		51.02-
	PTDNT		3.36-
	PTMED		45.83-
	------------ Q-TO-D ------------		
1	REGULAR	422.00	4485.86
3	VACATION	20.00	212.60
5	OVERTIME	.50	2.66
92	PRIOR YR HOL	24.00	255.12
	------------ Y-TO-D ------------		
1	REGULAR	422.00	4485.86
3	VACATION	20.00	212.60
5	OVERTIME	.50	2.66
92	PRIOR YR HOL	24.00	255.12
	---------- F-TO-D 1 ----------		
1		133.50	1419.10
3		16.00	170.08
5		.50	2.66

DESCR	AMOUNT	CODES
.... DED AND ADJ		
401K %	6.00-	8P4
	51.02-	E
NQERN		OMD
	850.40	*
		8P4
		OND
	34.02	*
401M		OND
	38.27	*
401KE		OMD
	850.40	*
PTMED	45.83-	070E
PTDNT	3.36-	070E
SIPLB	15.39	000*
UNTD	2.00	000*
HCARE	172.39	OM0*
EFTAS		
------ Q-TO-D ------		
401K	256.31-	
NQERN	4956.24	
401BC	198.27	
401M	202.52	
401KE	4956.24	
PTMED	274.98-	
PTDNT	20.16-	
SIPLB	92.34	
UNTD	12.00	
HCARE	1034.34	
------ Y-TO-D ------		
401K	256.31-	
NQERN	4956.24	
401BC	198.27	
401M	202.52	
401KE	4956.24	
PTMED	274.98-	
PTDNT	20.16-	
SIPLB	92.34	
UNTD	12.00	

..... GROSS TO NET			
Y-TO-D	TYPE	CURRENT	CHECK#
4956.24	GRCOMP	850.40	
4404.79	GRPAY	750.19	
195.77	SSEC	33.65	
67.59	MDCR	11.62	
41.31	FIT	8.29	
65.16	ST1 SC	11.59	
104.34	TOTDED	17.39	
3930.62	NET	667.65	A309361
	EFT A	667.65	
CUR SSEC	WAGES	801.21	
CUR MDCR	WAGES	801.21	
--WAGES--	Q-TO-D	--TAXES--	
4661.10	SSEC	195.77	
4661.10	MDCR	67.59	
4404.79	FIT	41.31	
4661.10	FUTA		
4404.79	ST SC	65.16	
4661.10	SUI SC		
--WAGES--	Y-TO-D	--TAXES--	
4661.10	SSEC	195.77	
4661.10	MDCR	67.59	
4404.79	FIT	41.31	
4661.10	FUTA		
4404.79	ST SC	65.16	
4661.10	SUI SC		
--WAGES--	F-TO-D 1	--TAXES--	
1493.46	SSEC	62.73	
1493.46	MDCR	21.66	
1405.37	FIT	8.29	
1493.46	FUTA		
1405.37	ST SC	18.77	
1493.46	SUI SC		

P286

EMPLOYEE NAME
01JN-191541
BUTLER, DORETTA

SS-NO		FRQ	B	STAT	A
BASE	10.6300	M/S	S	SEX	F
FILE#	191541	ST1	SC		
HIRE	08/01/08	F#EX	04	S#EX	04
PTO-C	YY				
CK-SQ	USP				
OT EX	N				
RETR	Y				
DIST	652				
MISC	4299				

EFT-ACCOUNT#	ID	BK TP	TRANSIT-NO
7709237	A	UP S	2532-7969-1

#PDA PRINT DEPOSIT ADVICE

UNITED WAY		BIRTH DT	
HR STATUS	A	ECRIP FL	
401K GRPCDE		REG/TEMP	R
401K ROLLOV	Y	401K ELG	03/20/00
FT/PT INDIC	1	UNION CD	
HIRE			

PC	DESCRIPTION	HOURS	AMOUNT
1	REGULAR	66.25	704.24
3	VACATION	8.00	85.04
4	SICK/POLICY	8.00	85.04
5	OVERTIME	.75	3.98
	---------- PRE-TAX ITEMS ----------		
	401K		52.70-
	PTDNT		3.36-
	PTMED		45.83-
	---------- Q-TO-D ----------		
1	REGULAR	488.25	5190.10
3	VACATION	28.00	297.64
4	SICK/POLICY	8.00	85.04
5	OVERTIME	1.25	6.64
92	PRIOR YR HOL	24.00	255.12
	---------- Y-TO-D ----------		
1	REGULAR	488.25	5190.10
3	VACATION	28.00	297.64
4	SICK/POLICY	8.00	85.04
5	OVERTIME	1.25	6.64
92	PRIOR YR HOL	24.00	255.12
	---------- F-TO-D 1 ----------		
1		199.75	2123.34
3		24.00	255.12
4		8.00	85.04
5		1.25	6.64

DESCR	AMOUNT	CODES
401K %	6.00-	8F4
	52.70-	E
NQERN		0MD
	878.30	*
TERM3%		8F4
401BC		0ND
	35.13	*
401M		0ND
	39.52	*
401KE		0MD
	878.30	*
PTMED	45.83-	070E
PTDNT	3.36-	070E
SIPLB	15.39	000*
UNTD	2.00	000*
HCARE	172.39	0M0*
EFTA8		
------ Q-TO-D -------		
401K	309.01-	
NQERN	5834.54	
401BC	233.40	
401M	242.04	
401KE	5834.54	
PTMED	320.81-	
PTDNT	23.52-	
SIPLB	107.73	
UNTD	14.00	
HCARE	1206.73	
------ Y-TO-D -------		
401K	309.01-	
NQERN	5834.54	
401BC	233.40	
401M	242.04	
401KE	5834.54	

Y-TO-D	TYPE	CURRENT	CHECK#
5834.54	GRCOMP	878.30	
5181.20	GRPAY	776.41	
230.59	SSEC	34.82	
79.61	MDCR	12.02	
52.22	FIT	10.91	
78.16	ST1 SC	13.00	
121.73	TOTDED	17.39	
4618.89	NET	688.27	A314065
	EFT A	688.27	
CUR SSEC WAGES		829.11	
CUR MDCR WAGES		829.11	
--WAGES-- Q-TO-D		--TAXES--	
5490.21	SSEC	230.59	
5490.21	MDCR	79.61	
5181.20	FIT	52.22	
5490.21	FUTA		
5181.20	ST SC	78.16	
5490.21	SUI SC		
--WAGES-- Y-TO-D		--TAXES--	
5490.21	SSEC	230.59	
5490.21	MDCR	79.61	
5181.20	FIT	52.22	
5490.21	FUTA		
5181.20	ST SC	78.16	
5490.21	SUI SC		
--WAGES-- F-TO-D 1		--TAXES--	
2322.57	SSEC	97.55	
2322.57	MDCR	33.68	
2181.78	FIT	19.20	
2322.57	FUTA		
2181.78	ST SC	31.77	
2322.57	SUI SC		

P287

D2X DIVISION REGISTER 087

GG6 ILLINOIS TOOL WORKS INC
DIVISION - 01JN -
DIST 1 - 602 -

03/25/12 B-03/30/12 07 7772

		TYPE TOTAL	JURISDICTION	********** LIABILITIES ********** TAXABLE WAGES	LIMIT	WAGES TO LIMIT	RATE	AMOUNT
				16,396.10				660.44
				********** STATE/LOCAL TAXES WITHHELD ********** TAXABLE WAGES	LIMIT	WAGES TO LIMIT	RATE	AMOUNT
		SIT	SC-SOUTH CAROLINA	15,690.70				823.37
		TOTAL		15,690.70				823.37
EMPLOYER CENSUS	ACTIVE EMPS	12	NET PAY ANALYSIS	# DEP ADV	11	EFTS TOTAL		11,045.53
	TOTAL EMPS	12		# EMPS PAID	11	TOTAL NET		11,045.53 *
						TOTAL TAXES		5,110.15 **
								16,155.68 ***

DIVISION - 01JN -
DIST 1 - 652 -

EMPLOYEE ID
EMPLOYEE NAME
01JN-191541
BUTLER, DORETTA
A

SS-NO FRQ B STAT A
BASE 10.6300 M/S S SEX F
FILE# 191541 ST1 SC
HIRE 08/01/08 F#EX 04 S#EX 04
PTO-C YY
CK-SQ USF
OT EX N
RETR Y
DIST 652
MISC 4299

EFT-ACCOUNT# ID BK TP TRANSIT-NO
7709237 A UP S 2532-7969-1
#PDA PRINT DEPOSIT ADVICE

UNITED WAY BIRTH DT
HR STATUS A ECRIP FL
401K GRPCDE REG/TEMP R
401K ROLLOV Y 401K ELG 03/20/00
FT/PT INDIC 1 UNION CD
HIRE

PC	DESCRIPTION	HOURS	AMOUNT
1	REGULAR	66.25	704.24
3	VACATION	8.00	85.04
4	SICK/POLICY	8.00	85.04
5	OVERTIME	.75	3.98
	PRE-TAX ITEMS		
	401K		52.70-
	PTDNT		3.36-
	PTMED		45.83-
	Q-TO-D		
1	REGULAR	488.25	5190.10
3	VACATION	28.00	297.64
4	SICK/POLICY	8.00	85.04
5	OVERTIME	1.25	6.64
92	PRIOR YR HOL	24.00	255.12
	Y-TO-D		
1	REGULAR	488.25	5190.10
3	VACATION	28.00	297.64
4	SICK/POLICY	8.00	85.04
5	OVERTIME	1.25	6.64
92	PRIOR YR HOL	24.00	255.12
	F-TO-D 1		
1		199.75	2123.34
3		24.00	255.12
4		8.00	85.04
5		1.25	6.64

DESCR	AMOUNT	CODES
401K %	6.00	8F4
	52.70-	R
NQERN		0MD
	878.30	*
TERM3%		8F4
401BC		0ND
	35.13	*
401M		0ND
	39.52	*
401KE		0MD
	878.30	*
PTMED	45.83	070E
PTDNT	3.36	070E
SIPLB	15.39	000*
UNTD	2.00	000*
HCARE	172.39	0M0*
RFTAS		
401K	309.01-	
NQERN	5834.54	
401BC	233.40	
401M	242.04	
401KE	5834.54	
PTMED	320.81-	
PTDNT	23.52-	
SIPLB	107.73	
UNTD	14.00	
HCARE	1206.73	
401K	309.01-	
NQERN	5834.54	
401BC	233.40	
401M	242.04	
401KE	5834.54	

TYPE	CURRENT	CHECK#
GRCOMP	878.30	
GREAY	776.41	
SSEC	34.82	
MDCR	12.02	
FIT	10.91	
ST1 SC	13.00	
TOTDED	17.39	
NET	688.27	A314065
EFT A	688.27	
CUR SSEC WAGES	829.11	
CUR MDCR WAGES	829.11	
--WAGES-- Q-TO-D	--TAXES--	
5490.21 SSEC	230.59	
5490.21 MDCR	79.61	
5490.21 FIT	52.22	
5490.21 FUTA		
5181.20 ST SC	78.16	
5490.21 SUI SC		
--WAGES-- Y-TO-D	--TAXES--	
5490.21 SSEC	230.59	
5490.21 MDCR	79.61	
5181.20 FIT	52.22	
5490.21 FUTA		
5181.20 ST SC	78.16	
5490.21 SUI SC		
--WAGES-- F-TO-D 1	--TAXES--	
2322.57 SSEC	97.55	
2322.57 MDCR	33.68	
2181.78 FIT	19.20	
2322.57 FUTA		
2181.78 ST SC	31.77	
2322.57 SUI SC		

P.288

4/13/12

FORM 8109 FEDERAL DEPOSIT	
EMPLOYEE SSEC	695.77
EMPLOYER MDCR	240.19
EMPLOYER SSEC	1,027.10
EMPLOYER MDCR	240.23
EMPLOYEE FIT	1,473.50
TOTAL DEPOSIT	3,676.79

EMPLOYEE CENSUS	ACTIVE EMPS	12
	TOTAL EMPS	12

TYPE	JURISDICTION	LIABILITIES TAXABLE WAGES	LIMIT	WAGES TO LIMIT	RATE	AMOUNT
		16,566.08	110100	16,566.08	6.20 %	1,027.1(
		16,566.08	UNLIM	16,566.08	1.45 %	240.2:
					7.65 %	1,267.3:
FUTA	STANDARD RATE	16,551.67	7000	1,411.03	.60 %	8.4(
SUI	SC-SOUTH CAROLINA	16,551.67	12000	12,611.43	4.648%	586.1(
TOTAL		16,551.67				586.1(

		STATE/LOCAL TAXES WITHHELD TAXABLE WAGES	LIMIT	WAGES TO LIMIT	RATE	AMOUNT
SIT	SC-SOUTH CAROLINA	15,866.60				835.6(
TOTAL		15,866.60				835.6(

NET PAY ANALYSIS	# DEP ADV	11	EFTS TOTAL	11,261.0(
	# EMPS PAID	11	TOTAL NET	11,261.0(
			TOTAL TAXES	5,107.0(
				16,368.1(

P2891

DIVISION - 01JN -
DIST 1 - 652 -

EMPLOYEE ID
EMPLOYEE NAME
01JN-191541
BUTLER, DORETTA

SS-NO	--	FRQ	B	STAT	A
BASE	10.6300	M/S	S	SEX	F
FILE#	191541	ST1	SC		
HIRE	08/01/08	F#EX	04	S#EX	04

PC	DESCRIPTION	HOURS	AMOUNT	DESCR	AMOUNT	CODES
1	REGULAR	75.50	802.57	401K %	6.00	-8F4
2	HOLIDAY	8.00	85.04		54.37	- E
5	OVERTIME	3.50	18.60	NQERN		0MD
	PRE-TAX ITEMS				906.21	*
	401K		54.37	-TERM3%		8F4
	PTDNT		3.36	-401BC		0ND
	PTMED		45.83	-	36.25	*
	Q-TO-D			-401M		0ND
1	REGULAR	75.50	802.57		40.78	*

Y-TO-D	TYPE	CURRENT
6740.75	GRCOMP	906.21
5983.85	GRPAY	802.65
266.58	SSEC	35.99
92.03	MDCR	12.42
65.75	FIT	13.53
92.58	ST1 SC	14.42
139.12	TOTDED	17.39
5327.79	NET	708.90
	EFT A	708.90

U10N-191541
BUTLER, DORETTA
***** CONTINUED *****

PTO-C YY
CK-SQ USP
OT EX N
RETR Y
DIST 652
MISC 4299

EFT-ACCOUNT# ID BK TP TRANSIT-NO
7709237 A UP S 2532-7969-1
#PDA PRINT DEPOSIT ADVICE

UNITED WAY BIRTH DT
HR STATUS A ECRIP FL
401K GRPCDE REG/TEMP R
401K ROLLOV Y 401K ELG 03/20/00
FT/PT INDIC 1 UNION CD
HIRE

		Q-TO-D	
2	HOLIDAY	8.00	85.04
5	OVERTIME	3.50	18.60
		Y-TO-D	
1	REGULAR	563.75	5992.67
2	HOLIDAY	8.00	85.04
3	VACATION	28.00	297.64
4	SICK/POLICY	8.00	85.04
5	OVERTIME	4.75	25.24
92	PRIOR YR HOL	24.00	255.12
		F-TO-D 1	
1		75.50	802.57
2		8.00	85.04
5		3.50	18.60

401KE	0MD
	906.21 *
PTMED	45.83÷070E
PTDNT	3.36÷070E
SIPLB	15.39÷000*
UNTD	2.00÷000*
HCARE	172.39÷0M0*
EFTA8	
------ Q-TO-D -------	
401K	54.37-
NQERN	906.21
401BC	36.25
401M	40.78
401KE	906.21
PTMED	45.83-
PTDNT	3.36-
SIPLB	15.39
UNTD	2.00
HCARE	172.39
------ Y-TO-D -------	
401K	363.38-
NQERN	6740.75
401BC	269.65
401M	282.82
401KE	6740.75
PTMED	366.64-
PTDNT	26.88-
SIPLB	123.12
UNTD	16.00
HCARE	1379.12
----- F-TO-D 1 ------	
401K	54.37-
NQERN	906.21
401BC	36.25
401M	40.78

CUR SSEC WAGES	857.02	
CUR MDCR WAGES	857.02	
--WAGES--	Q-TO-D	--TAXES--
857.02	SSEC	35.99
857.02	MDCR	12.42
802.65	FIT	13.53
857.02	FUTA	
802.65	ST SC	14.42
857.02	SUI SC	
--WAGES--	Y-TO-D	--TAXES--
6347.23	SSEC	266.58
6347.23	MDCR	92.03
5983.85	FIT	65.75
6347.23	FUTA	
5983.85	ST SC	92.58
6347.23	SUI SC	
--WAGES--	F-TO-D 1	--TAXES--
857.02	SSEC	35.99
857.02	MDCR	12.42
802.65	FIT	13.53
857.02	FUTA	
802.65	ST SC	14.42
857.02	SUI SC	

P290

CLAIMANT'S EXHIBIT C-1

Performance Appraisal of Claimant

Central Label Products
an ITW Company

PERFORMANCE APPRAISAL
Non-Exempt Employees

IDENTIFICATION

EMPLOYEE:	Doretta Butler	FOR PERIOD ENDING:	December 31, 2011
TITLE:	Lamination Operator II	REPORTING TO:	Stacey Price
BUS. UNIT:	Central Label Products	LOCATION:	Chapin

DEFINITIONS OF PERFORMANCE LEVELS

EXCELLENT:	Outstanding. Reserved for those few employees whose achievements are substantially in excess of planned objectives/ job requirements.
EXCEEDS REQUIREMENTS:	Objectives/job requirements surpass in all areas. Requires minimal direction. Assumes added responsibilities. Quality of results is consistently excellent.
MEETS REQUIREMENTS:	Fully satisfactory—commendable. All objectives achieved, surpassed in some areas. Performance consistently meets requirements. Requires occasional direction. Competent in all areas of the job.
BELOW REQUIREMENTS:	Completes majority of objectives/job requirements on time. Quality of work is usually acceptable. Performance meets minimum requirements but improvement is required. May need substantial direction. May be developing in position.
UNSATISFACTORY:	Objectives/job requirements not achieved. Performance fails to meet minimum requirements. Requires substantial or continuous direction. Overall performance is unacceptable.

PERFORMANCE APPRAISAL

	QUANTITY OF WORK	Actual volume of work produced.
	Excellent	Doretta has proven to be the most valuable Laminator in the company. She can get out the most product in the shortest amount of time.
X	Exceeds Requirements	
	Meets Requirements	
	Below Requirements	
	Unsatisfactory	

QUALITY OF WORK		Thoroughness and accuracy through attention to detail and verification of facts. Appearance of work product, if appropriate to task.
	Excellent	Doretta understands the importance of supplying quality product to our customers. Sometimes quality issues occur in her area, but she is willing to make certain changes to help eliminate some of these issues. The Lamination Department was #3 overall for 2011 for dollars lost as INCR. I expect Doretta to work hard to improve this in 2012.
	Exceeds Requirements	
X	Meets Requirements	
	Below Requirements	
	Unsatisfactory	

JOB KNOWLEDGE		Understands and applies concepts and has mastered skills necessary for this position.
	Excellent	Doretta understands the Lamination Department better than anyone else in the company. She can perform any job function required for that area.
X	Exceeds Requirements	
	Meets Requirements	
	Below Requirements	
	Unsatisfactory	

INDEPENDENT ACTION		Initiative in starting and following through without close supervision on assigned work. Readiness to take on new projects as others are completed.
	Excellent	Doretta needs little supervision. She is a leader in her department. Doretta has volunteered to be on many different committees throughout 2011. It is apparent that she is on board to make our company more successful.
	Exceeds Requirements	
X	Meets Requirements	
	Below Requirements	
	Unsatisfactory	

WORK HABITS and METHODS		Efficient organization of time and use of resources in completing projects. Meets established deadlines. Dependable.
	Excellent	Doretta is a dependable employee. She understands the importance of getting jobs through the department as fast as possible while still paying attention to quality.
	Exceeds Requirements	
X	Meets Requirements	
	Below Requirements	
	Unsatisfactory	

INTERPERSONAL EFFECTIVENESS		Effective communication and interaction with others (e.g., peers and supervisors) regarding assignments or in solving problems within or outside the department.
	Excellent	Doretta works well with her peers, supervisors and other management. She is eager to help solve problems within and outside the Lamination Department.
	Exceeds Requirements	
X	Meets Requirements	
	Below Requirements	
	Unsatisfactory	

	INNOVATION	Originates new ideas or methods to improve the work process and/or results of the position responsibilities.
	Excellent	Doretta will let us know if there is something that she needs in order to do her job better. She will suggest things that Maintenance could do in order to make the area more efficient.
	Exceeds Requirements	
X	Meets Requirements	I expect Doretta to work with Stanley in 2012 to make the area more neat and organized. This would help the Lamination area become even more efficient.
	Below Requirements	
	Unsatisfactory	

	ADAPTABILITY	Accepts change and displays willingness to pick up the challenge of increased and/or new position responsibilities.
	Excellent	Doretta is willing to help in any area she is needed. She is the kind of employee that will ask if you need her help in other areas if her department is caught up. I rarely have to worry that she is not making good use of her time while on the clock.
X	Exceeds Requirements	
	Meets Requirements	
	Below Requirements	
	Unsatisfactory	

	SAFETY	Emphasizes safety as our first priority. Promotes safe work environment. Supports safety rules.
	Excellent	Doretta attends all monthly safety training meetings and adheres to company safety policies.
X	Exceeds Requirements	
	Meets Requirements	She turned in all of her safety suggestions for 2011. She also served on the Safety Committee in 2011.
	Below Requirements	
	Unsatisfactory	I expect Doretta to continue her safe practices in 2012. She is on the Safety Committee for the first 6 months.

	ATTENDANCE and PUNCTUALITY	Does the employee's pattern of attendance and/or punctuality cause a negative impact on work results? If yes, identify steps that have been or will be taken at this time to correct the problem.
X	Yes	Doretta was given an oral warning for tardiness in the fourth quarter of 2011. Since then, there have been no issues.
	No	

ADDITIONAL COMMENTS:

EVALUATION SUMMARY

	Excellent	Overall Rating: 3.44
X	Exceeds Requirements	
X	Meets Requirements	
	Below Requirements	
	Unsatisfactory	

APPROVAL

Immediate Supervisor: Stacey R. Rice **Date:** 4-2-12

Supervisor's Manager: _____ **Date:** _____

Human Resources: _____ **Date:** 4/11/12

General Manager: Kathleen Castro **Date:** 4-11-12

ACKNOWLEDGEMENT

Employee: Don [illegible] Date: 4-2-12

EMPLOYEE'S RESPONSE

EMPLOYEE'S CAREER OBJECTIVES

Near Term Goals (1-2 Years):	
Recommended improvements, suggestions, etc. for the supervisor (including any additional training, skills and knowledge needed for the position.):	

CLAIMANT'S EXHIBIT D

Work Excuses

PALMETTO HEALTH
RICHLAND

TO WHOM IT MAY CONCERN:

This is to certify that Doretta Butler was seen in this department at 9 a.m. (p.m.) on 4/17/12 and is excused from school/work from 4/17/12 through ~~4/19/12~~ 4/20/12 BPan

Remarks: arm pain

Dr. Tanner, M.D.
Physician in Charge

80809 1/90 R5/05

Brant Personnel

PALMETTO HEALTH
RICHLAND

TO WHOM IT MAY CONCERN:

This is to certify that Doretta Butler was seen in this department at 10 pm a.m./p.m. on April 23rd and is excused from school/work from April 24th through April 24th

Remarks: /////////

D. Mullis/Mary Snow, M.D.
Physician in Charge

60809 1/90 R5/05

FMC Work/School Excuse

Patient: BUTLER, DORETTA MRN: 6819156 FIN: 5711
Age: 39 years Sex: Female DOB:
Associated Diagnoses: None
Author: Jones, Katherine

CERTIFICATE TO RETURN TO SCHOOL OR WORK

Date: 4/27/12

Patient name: Doretta Butler

Doretta Butler has been under the care of Dr. Stacy from 4/27/12 to 5/2/12 and is able to return to school/work on 5/3/12.

Limitations/Remarks: none

Authorized by: Katherine Jones LPN
Katherine Jones LPN

Palmetto Health Richland

Family Medicine Center

3209 Colonial Drive

Columbia, South Carolina 29203

Phone: (803)-434-6113

Work or School Excuse *

Patient: **BUTLER, DORETTA** MRN: 6819156 FIN: 6264
Age: 39 years Sex: Female DOB:
Associated Diagnoses: None
Author: Tanksley MD, Simon

Today's data: 5/2/2012 2:56:00 PM .

To whom it may concern:

This patient is currently under my care, Was seen in my office on 5/2/2012 2:56:00 PM. and and has had arm pain and difficulty moving for the past 3 weeks.. Please excuse him/ her from work, for the next 1 weeks. He/ she may return to work, in 7 days, with the following restrictions: no driving, no hazardous work or equipment use, no lifting. The patient will need follow-up care in 1 weeks. Please contact me if you have any questions or concerns.

Sincerely,

Charted Date: May 02, 2012 2:56 PM EDT
Subject / Title: Work or School Excuse *
Performed By: Tanksley MD, Simon on May 02, 2012 2:57 PM EDT
Electronically Signed By: Tanksley MD, Simon on May 02, 2012 2:57 PM EDT
Visit Information: 6264, Family Medicine Center, Outpatient, 5/2/2012 -

Printed by: Tanksley MD, Simon
Printed on: 5/2/2012 2:58 PM EDT

FMC Work/School Excuse

Patient: BUTLER, DORETTA MRN: 6819156 FIN: 6882
Age: 39 years Sex: Female DOB:
Associated Diagnoses: None
Author: Rodgers, Misty

CERTIFICATE TO RETURN TO SCHOOL OR WORK

Date: 5/11/12

Doretta Butler has been under the care of Dr. Simon Tanksley from 5/9/12 to 5/11/12 and is able to return to school/work on 5/14/11.

Limitations/Remarks:

Authorized by: Misty Rodgers LPN

Misty Rodgers LPN

PALMETTO HEALTH

Palmetto Health Richland

Family Medicine Center

3209 Colonial Drive

Columbia, South Carolina 29203

Phone: (803)-434-6113

CLAIMANT'S EXHIBIT I

Short Term Disability Claim Form

Aetna

EMPLOYEE REQUEST FOR INFORMATION

Mail this completed form to:
Aetna Life Insurance Company
PO Box 14580
Lexington, KY 40512-4560
Phone: 866-326-1380
Fax: 866-667-1987

This notice should be **completed by Employer and Employee,** using BLUE or BLACK ink, and faxed/mailed to Aetna Life Insurance Company in order to initiate a disability claim. Neither the furnishing of this form, nor its acceptance by the company, shall be construed as an admission of liability or a waiver of any of the provisions of the plan document.

EMPLOYER INFORMATION *(To be completed by the Employer.)*

Employer's Name: Central Label Products an ITW Company						EIN Number: 36-1258310	
Employer's Address: Street: 300 E Boundary St.			City: Chapin			State: SC	Zip: 29036
Work Location (if different from the above)			Supervisor's name and telephone number: Stacey Price 803-345-7932				
Does member have both Aetna Disability and Health Insurance? ☐ Yes ☒ No	Aetna Disability Control Number: 660419	Disability Suffix: 10	Disability Account: 806	STD: X	LTD:	Disability Plan: C	
Complete all applicable information.	Aetna Health Plan Control Number		Health Plan Suffix	Health Plan Account		Health Plan Summary Code	

Employee's Name *(Last, First, Middle Initial)*: Butler Doretta			Employee Gender: ☐ Male ☒ Female	
Date of Hire *(MM/DD/YYYY)*: 08/01/2005	STD Coverage Effective Date *(MM/DD/YYYY)*	LTD Coverage Effective Date *(MM/DD/YYYY)*	Date Last Worked *(MM/DD/YYYY)*	Was more than a half day completed? ☐ Yes ☐ No
Employee's Occupation: General Finisher	Occupation is: ☐ Sedentary ☐ Light ☒ Moderate ☐ Heavy		Date Salary continuation was paid through *(MM/DD/YYYY)*	Reason employee ceased work
Employee's earnings are: $ 10.63 ☐ Annually ☐ Monthly ☐ Weekly ☒ Hourly				Number of hours per week: 40

The portion of the cost of coverage that is paid by the employee with post-tax dollars is non-taxable. What percentage of the cost of coverage is paid by the employee in this manner? STD 0 % LTD ____ %

If premium deductions are to be withheld please list the amounts (weekly)

	Medical	Life	Dental	AD&D	Vision	FSA – Health	FSA – Dependent	LTD	Other
Amount	$ PLEASE		$	$	$	$	$	$	$
Pre-tax $	SEE	%	%	%	%	%	%	%	%
Post-tax $	ATTACHED	%	%	%	%	%	%	%	%

The following is applicable only if the employee also has group life insurance with Aetna:

Basic Life Control Number	Control Suffix	Claim Account	Plan	Amount of Basic Insurance in Force on Date Last Worked: $
Supplemental Life Control Number	Control Suffix	Claim Account	Plan	Amount of Supplemental Insurance in Force on Date Last Worked: $

Type of Provision *(check one)*: ☐ Premium Waiver ☐ Lump Sum ☐ PTD/ Installment ☐ DBO-AID ☐ Group Universal Life	Date Insurance Took Effect	Effective Date Insurance Discontinued if Not In Force
Was Claimant Required to Submit Evidence of Insurability? ☐ No ☐ Yes, give date submitted	**Supplemental Insurance Required Information: Enrollment forms and/or Screen Prints for current year as of date last worked and 2 years prior.**	
Last Contribution Covered Period Ending *(complete only if claimant contributed part of premium)*	**If Retired, Provide Retirement Date and Copy of Pension Acceptance.**	

Name and phone number of person providing the above information: Dolores Brown 803 345-7912 — Date (MM/DD YYYY): 04/27/2012

EMPLOYEE INFORMATION *(To be completed by the Employee. Misrepresentation section on back page MUST be signed.)*

	City: Columbia	State: SC	
Telephone number	May we leave messages on your answering machine? ☒ Yes ☐ No	Date of birth *(MM/DD/YYYY)*: 05/21/1972	
Date first missed work due to disability *(MM/DD/YYYY)*: 04/16/2012	Date returned/will return to work *(MM/DD/YYYY)*		
What is the nature of your disability (diagnosis and/or ICD/CPT Code)?	Were you hospitalized due to this condition? ☐ Yes ☒ No If Yes, what date were you hospitalized on?		
Is this condition work related? ☐ Yes ☒ No	Is this condition the result of an accident? ☐ Yes ☒ No	Is this condition the result of a motor vehicle accident? ☐ Yes ☒ No	
What is your occupation? general finisher	Briefly describe your job duties: lamination		
What is your doctor's name? Simon Tanksley MD	What is your doctor's address and phone number? 3209 Colonial Dr. Colas. S.C. 29203		
Has your doctor recommended that you stay out of work because you cannot perform your job at this time? ☒ Yes ☐ No If Yes, how long do they expect you to remain out of work?		Briefly describe how your condition prevents you from working: unable to use right arm	
Have you been disabled as a result of this condition before? ☐ Yes ☒ No If Yes, when and how long?	Are you receiving any other form of income? ☐ Yes ☒ No If Yes, please describe:		

CF DT 21-023 WKAB-ME
GC-1502-9 (3-10) A

Complete back →
R-POD

Employee's Name (Last, First, Middle Initial) REQUIRED
Butler, Doretha

Misrepresentation

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Arkansas, Louisiana, Rhode Island and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention California Residents: For your protection, California law requires notice of the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Attention Maryland Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Attention North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

Attention Ohio and Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Attention Oregon Residents: Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Attention Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

Attention Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Employee's Signature: Doretha Butler

Date (MM/DD/YYYY): 5/11/12

CF DT 21-023 WKAB-ME
GC-1502-9 (3-10) A

Aetna

Attending Physician Statement

Complete and sign the form using BLUE or BLACK ink.

Aetna Life Insurance Company
P.O. Box 14560
Lexington, KY 40512-4560

1. Patient Instructions – The Physician will complete Sections 2 through 7.
The Patient will complete Sections 1 and 8.
The Patient should also fill in their name at the top of Pages 2 and 3.

The ***Patient*** is responsible for completing this section and for **ensuring that their Attending Physician completes the remainder of this statement.** The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. **If you have any questions, please call (866) 326-1380.**

(a) Control Number _____

(b) Butler, Doretta _____ / _____ / _____ / _____ / _____
Patient Name (Last, First, Middle Initial) | Social Security Number | Birth Date (MM/DD/YYYY) | Height | Weight (lbs)

(c) Patient Gender ☐ Male ☒ Female

(d) _____ Columbia SC _____
Patient Home Address – Required (Current No., Street, Town, State, ZIP – no PO boxes) ☐ Check if New

(e) Mailing Address, if different from Home Address _____

(f) Patient Employer Name/City/State Central Label Products Chapin SC

(g) Patient Telephone Number _____ ☐ Check if New

(h) Job Title/Occupation _____

(i) Type of Claim: ☒ Short Term Disability ☐ Long Term Disability ☐ Waiver of Premium
☐ Long Term / Permanent Total Disability

2. Physician Instructions

The ***Attending Physician*** should **complete the items below,** based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call **(866) 326-1380.**

Please complete form in its entirety and fax to (866) 667-1987. Pages 2 and 3 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) **For medical reasons, the patient will need to be absent from work due to a disability beginning** on 04/11/2012 (MM/DD/YYYY) **and ending on** Unknown (MM/DD/YYYY).

(b) Primary Diagnosis Cervical Radiculopathy Primary ICD Code _____
Secondary Diagnosis _____ Secondary ICD Code _____
Other Diagnoses _____ Other ICD Codes _____

(c) Height _____ Weight _____ Date Measured (MM/DD/YYYY) _____

(d) If Pregnancy related, delivery or expected due date Month _____ Day _____ Year _____
Delivery Type: ☐ Vaginal ☐ Cesarean

(e) Surgery Date ..... Month _____ Day _____ Year _____
Primary Procedure _____ Primary CPT Code _____
Secondary Procedure _____ Secondary CPT Code _____
Other Procedures _____ Other CPT Codes _____

(f) Medication(s)/Dose/Frequency Prednisone 50mg PO daily 5 days

Impairment from medication effects _____

(g) Is patient still under your care for this condition? ☒ Yes ☐ No Date service terminated _____ (MM/DD/YYYY)

(h) Treatment Summary Steroid burst

(i) Office Visit Dates: First 5/2/12 (MM/DD/YYYY) Last 5/11/12 (MM/DD/YYYY) Next 6/1/12 (MM/DD/YYYY) Frequency of appointments Monthly

(j) Was patient recently hospitalized? ☒ No ☐ Yes Date hospitalized: Admit _____ (MM/DD/YYYY) Discharge _____ (MM/DD/YYYY)

(k) Hospital Name/City/State Want to Providence and Richland ER

Patient Name *(Last, First, Middle Initial)* **Required**
Butler, Doretha

4. History

(a) Symptoms: Arm pain and numbness

(b) Date symptoms first appeared or accident happened Month April Day 11 Year 2012

(c) Has patient ever had same or similar condition? ☒ No ☐ Yes State when and describe.

(e) Is condition due to injury or sickness arising out of patient's employment? ☐ No ☐ Yes ☒ Unknown

(f) Other Treating Physicians
Name Dr. Sweet Specialty Neurosurgery City Columbia State SC
Name _____ Specialty _____ City _____ State _____

5. Abilities/Limitations

(a) **Patient is: Place remarks in item (d) below, if applicable.**
- Competent to endorse checks and direct the use of proceeds thereof .... ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to work with others ..... ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to give supervision ..... ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to work cooperatively with others in group setting ..... ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to do? **Select one: Place remarks in item (d) below, if applicable.**
  - ☐ **Heavy work activity.** No limitations of functional capacity.
  - ☐ **Medium work activity.** Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly.
  - ☐ **Light work activity.** Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently.
  - ☒ **Sedentary work activity.** Moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. (Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time.)
  - ☐ **No ability to work.** Severe limitation of functional capacity; incapable of minimal activity.
  - ☐ **Other.** Place remarks in item (d) below.

(b) **What medical restrictions/limitations are you placing on patient?** ***(Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.)*** No lifting with Right arm

- Number of Hours patient is capable of working in a day: ☐ 12 ☐ 10 ☒ 8 ☐ 6 ☐ 4 ☐ 2 ☐ 1 Hour/Day
- Number of Days per week patient is able to work: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐ 6 ☐ 7 Days/Week
- Date you prescribed restriction on work activities: Month 5 Day 11 Year 2012
- How long are these restrictions/limitations in effect? Unknown (Days / Weeks / Months) ☐ No Longer
- Estimated return to work date? Unknown (MM/DD/YYYY) Modified Duty _____ (MM/DD/YYYY) Full Duty

(c) **Objective findings that substantiate impairment** *(current laboratory, physical and/or mental status examination and other testing)* MRI of neck shows disk radiculopathy

(d) Other/Comments _____

6. Current Status

(a) Patient has ☐ Improved ☒ Stabilized ☐ Regressed ☐ Not Applicable

(b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?
☒ No ☐ Yes, please explain _____

(c) In your opinion, is your patient motivated to return to work? yes

7. Physician Information

Attending Physician's Name *(Print)*	Degree	Specialty
Simon Tawfik	MD	Family Medicine
Address *(No. Street, City, State, ZIP Code)*	**Telephone Number**	**Fax Number**
3209 Colonial Dr	434-6113	
Signature		**Date** *(MM/DD/YYYY)*
		5/11/12

AP DT 01-001 WKAB-ME
GC-1486-7 (4-10) D

Patient Name *(Last, First, Middle Initial)* **Required**
Butler, Doretta

8. Regulation Notice

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Arkansas, Louisiana, Rhode Island and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention California Residents: For your protection, California law requires notice of the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Attention Maryland Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Attention North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

Attention Ohio and Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Attention Oregon Residents: Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Attention Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

Attention Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Employee's Signature	Date *(MM/DD/YYYY)*
[signature]	5-11-12

AP DT 01-001 WKAB-ME
GC-1488-7 (4-10) D

CLAIMANT'S EXHIBIT J

Email from Aetna Life Insurance

aetna™

Secured Message

Reply

From: Whittaker, Heather <WhittakerH@aetna.com>

To: 'Dolores Brown'

Date: July 23, 2012 3:02:50 PM EDT

Subject: Please confirm

Dolores,

We finally received updated clinical from Doretta Butler's (claim #5640380) physician and the information indicates she could return to work light duty 08/01/12 with restrictions of no heavy lifting/pushing or pulling with right arm through 09/11/12. Could her unit accommodate these restrictions?

Thanks!

Heather Whittaker, DBM
Aetna Life Insurance Company
Disability and Absence Management
Phone: 1-888-382-3862 ext. 7750977
Fax: 1-877-444-9788
WhittakerH@Aetna.com

Reply

© 2000-2011 Cisco Systems, Inc. All rights reserved.

CLAIMANT'S EXHIBIT K

Notice of Termination

Central Label Products
An ITW Company

FB Johnston Graphics
an ITW company

August 2, 2012

Doretta Butler

Columbia, SC

Dear Doretta:

We have been unable to reach you by telephone to inform you of some changes and explain how those changes affect your benefit eligibility. Therefore, the purpose of this letter is to communicate those changes to you.

Central Label Products/FB Johnston Graphics has completed an overall review of its business strategy. And, to address the issue of excess capacity within each of its facilities, reduce the overall operating costs, and further simplify our operating structure, we plan to close the Chapin, SC by the end of the year. As a result, your position is being eliminated.

Under the ITW Separation Pay Plan (see attached), you will be eligible for the offer for separation benefits provided you are released to return to work no later than 4/16/2013. Please understand that if you are medically unable to return to work by this date, you would no longer be eligible for the ITW Separation Pay Plan. However, you will be eligible to continue to collect disability for as long as you meet the eligibility requirements.

Please note that your payments under the short-term disability plan will automatically end six months following the effective date of your claim. In the event of your continued disability, you may be eligible to apply for benefits under the ITW Long-Term Disability Plan.

Based upon your service date of 3/20/2000 and assuming you are released to return to work by 4/16/2013, in exchange for releasing ITW of any claims you may have against the Company, your offer for separation benefits will include:

- Thirteen weeks of separation pay.
- Outplacement assistance which consists of career transition workshops that will help you get ready for a career search, prepare a resume, understand the use of job search technology, and prepare for interviews.
- Four months COBRA subsidy, providing that you are otherwise eligible for COBRA. The provisions of COBRA are explained online via www.itwemployee.com.

Enclosed you will also find a required notification of the closing and your expected separation date if you were released to return to work prior to that time. If you have any questions, please feel free to contact me. I can be reached at (913) 856-2546 x 120 (office) or 785-331-9774 (cell). Thank you for your service to Central Label Products/FB Johnston Graphics.

Sincerely,

Jerri Howe
Human Resources Manager

CLAIMANT'S EXHIBIT L

Long Term Disability Claim Form

UNUM

DISABILITY CLAIM FORM
The Benefits Center
P.O. Box 100158, Columbia, SC 29202-3158
Pacific Time Zone Toll-free: 1-877-851-7637 Fax: 1-877-851-7624
All Other Time Zones Toll-free: 1-800-858-6843 Fax: 1-800-447-2498
Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

EMPLOYER STATEMENT - To be completed by the Employer (PLEASE PRINT)

A. Information About the Employer

Employer Name: Central Label Products
Employer's Phone Number: 913 856 2546
Employer Address: 1417 W Cherokee
City: Garner
State: KS
Zip: 66030-
Prior LTD Carrier Name | Prior LTD Carrier Employee Effective Date | Prior LTD Carrier Policy Termination Date

B. Information About the Employee

Employee's Name (Last Name, Suffix, First Name, MI): Butler Doretta
Employee's Address:
City: Columbia
State: SC
Zip:
Employee Telephone Number:
Social Security Number:
Date of Hire (mm/dd/yy): 03 20 00

Please check all types of coverage this employee has with Unum and indicate the effective date of his/her coverage.
☐ Short Term Disability _____ ☒ Long Term Disability _____ ☐ Individual Disability _____
☐ Life Insurance _____ Premium paid thru date _____ ☐ Voluntary Benefits Disability _____
☐ Voluntary Benefits Cancer/Critical Illness _____ ☐ Voluntary Benefits MedSupport _____

Short Term Disability Policy Number	Division Number	Class Number	Division Description / Class Description

Long Term Disability Policy Number	Division Number/Class Number	Division Description / Class Description
319174	001 (008 for FEG or Wilsonart)	

Individual Disability Policy Number	Division Number	Class Number	Division Description / Class Description

Life Insurance Policy Number	Division Number	Class Number	Division Description / Class Description	Basic Life Amount	Supplemental Life Amount

Date Last Worked (mm/dd/yy): 04/15/12
Number of hours worked on date last worked: Approx 8 Days/Week 5 Hours/Day 8
Regular Work Schedule Hours/Week 40
Check off regular work days: ☐ Sunday ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday
If this is a Section 125/Cafeteria plan, indicate which option of coverage this employee has chosen.
Previous Plan Year Current Plan Year
Date of Open Enrollment (mm/dd/yy) _____ Option _____ Date of Open Enrollment (mm/dd/yy) _____ Option _____

C. Information About the Employee's Occupation

Occupation Title (please include a copy of the employee's job description): Laminator operator
Primary duties of the employee's occupation on date last worked:
Setup and operate lamination equipment
Employee's Pre-disability Work Status: ☒ Full-time ☐ Part-time ☐ Exempt ☐ Non-exempt ☐ Bargaining ☐ Non-bargaining
Did the employee's occupational duties and/or hours change due to disability or medical condition prior to his/her last day worked? ☐ Yes ☒ No
If yes, please explain:

Has employee returned to work? ☐ Yes ☒ No | If yes, date (mm/dd/yy): | ☐ Full Time ☐ Part Time | Hours Per Week
Has the employee's employment been terminated? ☐ Yes ☒ No | If yes, termination date (mm/dd/yy):

UNUM

DISABILITY CLAIM FORM
The Benefits Center
P.O. Box 100158, Columbia, SC 29202-3158
Pacific Time Zone Toll-free: 1-877-851-7637 Fax: 1-877-851-7624
All Other Time Zones Toll-free: 1-800-858-6843 Fax: 1-800-447-2498
Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

EMPLOYER STATEMENT (Continued)

Employee's Name (Last Name, Suffix, First Name, MI): Butler Doretha

Date of Birth (mm/dd/yy):

D. Information About the Employee's Salary

How was the employee paid prior to date last worked? Please check all that apply and indicate the amount paid.

- ☒ Hourly $ 10.65
- ☐ Weekly $
- ☐ Bi-Weekly $
- ☐ Semi-Monthly $
- ☐ Bonuses $
- ☐ Commissions $

Date paid through for (mm/dd/yy):
- ☐ Salary Continuation
- ☐ Vacation Pay
- ☐ Accrued Sick pay
- ☐ Other

Paid Time Off balance as of last day worked: 0

Sick Leave balance as of last day worked: 8 hrs

Other than payments under this policy, will the employee be receiving any other income from you, such as K-1 earnings, bonuses, commissions, salary continuation, PTO? ☐ Yes ☒ No

Financial Documentation: We are requesting this information so we can accurately calculate your employee's benefit. Please refer to the definition of earnings in your policy and provide us with the appropriate payroll information.

If your earnings definition is:	Then we need:
Salary Only/Current Earnings	Payroll records or paystubs for the 3 months just prior to disability
Bonus/Commissions Included	Payroll records for either 12 or 24 months (per your definition of earnings) just prior to disability
Other	Payroll documentation referenced in your definition of earnings (e.g. W-2, K-1, Schedule C, teacher contract, etc.)

E. Information Needed for Calculation of FICA

What percent of the Long Term Disability benefit is taxable? 100 %

[See IRS Publication *15-A Employer's Supplemental Tax Guide, Section 6, Sick Pay Reporting* and/or *IRS Revenue Ruling 2004-55* for more information on calculating the taxable percent.]

Note: We will assume the benefit is 100% taxable if this information is not provided.

What percent of the Individual Disability benefit is taxable? _____ %

[See IRS Publication *15-A Employer's Supplemental Tax Guide, Section 6, Sick Pay Reporting* and/or *IRS Revenue Ruling 2004-55* for more information on calculating the taxable percent.]

Note: We will assume the benefit is 100% taxable if this information is not provided.

F. Information About Other Disability Income

Is employee eligible for:	Yes	No	If yes, weekly or monthly amount	Weekly	Monthly	Date benefits begin	Date benefits end
Salary Continuation	☐	☒	$	☐	☐		
Short Term Disability	☐	☒	$	☐	☐		
State Disability	☐	☒	$	☐	☐		
Other Disability Benefits	☐	☒	$	☐	☐		
Social Security Disability Insurance	☐	☒	$	☐	☐		
Public Employee Retirement System	☐	☒	$	☐	☐		
State Teachers Retirement System	☐	☒	$	☐	☐		
Workers' Compensation	☐	☒	$	☐	☐		

unum

DISABILITY CLAIM FORM
The Benefits Center
P.O. Box 100158, Columbia, SC 29202-3158
Pacific Time Zone Toll-free: 1-877-851-7637 Fax: 1-877-851-7624
All Other Time Zones Toll-free: 1-800-858-6843 Fax: 1-800-447-2498
Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

EMPLOYER STATEMENT (Continued)

Employee's Name (Last Name, Suffix, First Name, MI): Butler Doretha

Date of Birth (mm/dd/yy):

Is the claim the result of a work related injury or illness? ☐ Yes ☐ No | If yes, has a Workers' Compensation claim been filed? ☐ Yes ☐ No

If yes, name of Workers' Compensation carrier | Telephone Number

Address of Carrier | Fax Number

City | State | Zip

If a Workers' Compensation claim has been denied, please submit a copy of denial with this claim.

G. Information About Your Pension Plan: This information is necessary to ensure the benefit is calculated accurately. (Do not complete for a maternity claim.)

Do you have a pension plan? ☐ Yes ☒ No

If yes, what type? ☐ Defined benefit ☐ Defined contribution ☐ 401(k)/403(b) ☐ Profit Sharing ☐ Other: (specify)

Is the employee eligible for your pension plan? ☐ Yes ☐ No | What percentage does the employee contribute? _____ %

If eligible, does the employee participate? ☐ Yes ☐ No

If yes, when is the employee eligible to withdraw from the plan?

H. Information About Your Rehire or Return-to-Work Program

If the employee is released to return to work in restricted duty, are you willing to discuss accommodations? ☐ Yes ☒ No

If yes, whom should we contact to discuss a return-to-work plan?

Name

Title | Telephone Number

FRAUD NOTICE: Any person who knowingly files a statement of claim containing false or misleading information is subject to criminal and civil penalties. This includes the Employer portion of the claim form.

I. Signature of Benefit Administrator (Please Print)

The above statements are true and complete to the best of my knowledge and belief.

Name of Person Completing Form: Jeri Howe

Title of Person Completing Form: HR Manager

Telephone Number: 913-856-2546 x120 | Fax Number: 913-856-8820 | Employer Tax ID Number: 36-

E-mail Address: jhowe@itwlabels.com

Signature X [signature] | Date: 12/13/2012

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1221499

Claimant's Name: Doretta Butler SSN:
Address:
Home Phone: Work Phone:
Preparer's Name: Jason W. Lockhart

Employer's Name: ITW Labels
Address: 147 Cherokee Drive Gardner, Kansas 66030
Carrier: American Zurich Insurance Company/Zurich North America c/o Broadspire
Preparer's Phone #: (803) 227-2283

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

☒ Injury ☐ Illness ☒ Repetitive Trauma

1. Comp. Rate: $ 286.59 2. AWW: $ 429.86 **Date of Injury:** 04/13/12
3. Type of injury and body part(s): Claimant allegedly sustained compensable injuries to the right shoulder, right arm, right hand and neck.
4. Facts in controversy: Whether Claimant can satisfy her burden of proving that she sustained compensable injuries to the neck, right hand, right shoulder and/or right upper extremity as a result of an alleged 04/13/12 work-related accident; Whether Claimant is entitled to any benefits under the Act.
5. Legal issues involved: S. C. Code Ann. Section 42-1-160; Section 42-1-172; Section 42-9-35; Section 42-9-260; Section 42-15-20; Section 42-15-60 and other applicable case law and statutory regulations.
6. Unusual aspects: The Employer/Carrier maintain that Claimant cannot satisfy her burden of proving a compensable injury to the neck, right hand, right shoulder and/or right upper extremity pursuant to Section 42-1-160, Section 42-1-172 and/or Section 42-9-35 of the Act. In addition, the Employer/Carrier maintain that Claimant's claim for benefits, if any, may be barred pursuant to the equitable defense of laches. Defendants reserve the right to move to either postpone or adjourn the scheduled Hearing to appropriately exercise due process rights afforded by law to cross-examine, respond to and otherwise oppose the evidence presented by Claimant. Specifically, Defendants submitted a Motion to Postpone the Hearing on 06/02/16. Defendants' Motion to Postpone was predicated upon receipt of Claimant's APA Submissions, which contains a medical questionnaire completed by Dr. Mazoue on 01/26/15. Importantly, this medical questionnaire was not provided to Defendants by Dr. Mazoue's office despite the Defendants' issuance of two Form 27 subpoenas to Dr. Mazoue's office after 01/26/15. The parties have now agreed to allow Defendants to take the deposition of Dr. Mazoue, which is scheduled for August 29, 2016, disposing of the need to hear the issues presented in the Motion to Postpone. However, Defendants reserve the right to submit Dr. Mazoue's deposition testimony into evidence upon receipt.
7. Witnesses (designate if expert):* Claimant's former direct supervisor; Stacey Price; Shannon Rudolph. Defendants reserve the right to call an Employer representative to testify following Claimant's Hearing testimony if necessary.
8. Exhibits: Claimant's Disability Application (dated 5/11/12)(consisting of 5 pages); Deposition of the Claimant (dated 11/24/14); Deposition of the Claimant (dated 4/13/16); Deposition of Dr. Mazoue (upon receipt); Portions of Claimant's personnel file and/or wage information may be submitted at the Hearing in response to Claimant's testimony.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):

   Providence Hospital (dated 05/26/15)(consisting of 6 pages). Otherwise, Defendants intend to rely on *certain* medical evidence submitted through Claimant's 05/27/16 APA Submissions. Also, Defendants have not yet received Claimant's updated APA submissions, if any, and accordingly, reserve the right to submit, amend, or supplement medical evidence if necessary.
10. Name, address, and specialty, if any, of the treating physician: Not applicable.
11. Impairment rating(s); body part(s); physician and date of opinion: Not applicable.
12. I am amending my Form 50/51 in the following manner: Not applicable.

☐ **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 Stephen B. Samuels, Esquire, Samuels Law Firm
address 1320 Richland Street Columbia, South Carolina 29201 **on the** 19th **day of** August **20** 16.
by ☒ **first class postage** ☐ **certified mail** ☐ **personal service.**

Signature:
Email: jlockhart@mgclaw.com
Date of Hearing: August 30, 2016
Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211, 67-211, and Regulations 67-601 through 67-615; as well as Reg. 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. *Commissioners reserve the right to admit expert witnesses at hearings.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675 www.wcc.sc.gov

WCC File #: 1221499
Carrier File #: 186548843
Carrier Code #:
Employer FEIN #:

Claimant's Name: Doretta Butler-Long SSN: :
Address:
City: West Columbia State: SC Zip:
Home Phone: ( ) - Work Phone: ( ) -
Preparer's Name: Stephen B. Samuels Law Firm: Samuels Law Firm

Employer's Name: FB Johnston Graphics, Inc. and ITW Company
Address: 300 E. Boundary Street
City: Chapin State: SC Zip: 29036
Insurance Carrier: American Zurich Insurance Co.
Preparer's Phone #: (803) 779-4000

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 04/13/2012

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).

Please see Attachment to Form 30.

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ **Mediation**

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

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 Jason W. Lockhart, Esquire, McAngus Goudelock & Courie, LLC, PO Box 12519, Columbia SC 29211 on the 23rd day of January 2017, by ☐ first class postage ☐ certified mail ☐ personal service.

Preparer's Signature | Attorney for Claimant (Title) | Stephen@samuelslawfirm.net (Email) | January 23, 2017 (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.

ATTACHMENT TO FORM 30

Doretta Butler-Long v. ITW Labels and American Zurich Ins. Co.
WCC File No. 1221499

Grounds of Appeal:

1. Whether the Single Commissioner erred as a matter of fact and law in finding various medical records did not reflect a report of a work-related injury?

2. Whether the Single Commissioner erred as a matter of fact and law in finding Claimant did not sustain a compensable injury under either 42-1-160 or 42-1-172?

3. Whether the Single Commissioner erred as a matter of fact and law in disregarding the opinions of Dr. Tanksley that Claimant's injury happened in connection with her work?

4. Whether the Single Commissioner erred as a matter of fact and law in giving normal weight to Dr. Mazoue's opinion in the questionnaire and deposition because "his conclusion as to that work nexus does not come while he is actively treating her," when Dr. Mazoue gave these opinions less than a month after his examination of the Claimant at a time when he would have continued treating her, had she been able to afford treatment or had the claim been accepted?

5. Whether the Single Commissioner erred as a matter of fact and law in finding only Dr. Mazoue opined the injury was work-related when Dr. Tanksley also opined the injury occurred in connection with work?

6. Whether the Single Commissioner erred as a matter of fact and law in finding "there are several indications throughout the record that her injury is not job-related?"

7. Whether the Single Commissioner erred as a matter of fact and law in failing to apply Schlumberger for the proposition that a misdiagnosis is not evidence that an injury is not connected to work?

8. Whether the Single Commissioner erred as a matter of fact and law in denying the claim for benefits due to injuries to the right shoulder, right arm, right hand and/or neck?

9. Whether the Single Commissioner erred as a matter of fact and law in finding Claimant failed to sustain her burden of proof when the uncontradicted lay and medical evidence confirmed she had suffered a work-related injury?

The State of South Carolina

WORKERS' COMPENSATION COMMISSION

DORETTA BUTLER, Employee VS. ILLINOIS TOOL WORKS, Employer and AMERICAN ZURICH INSURANCE COMPANY C/O BROADSPIRE, Carrier	WCC FILE NO. 1221499

DEPOSITION OF

DORETTA BUTLER,

A witness called by Counsel on behalf of the Employer/Carrier, pursuant to Section 42-3-160 of the South Carolina Code of Laws, 1976, taken before Claudia Hutchison, CCR, and Notary Public in and for the State of South Carolina, on Monday, November 24, 2014, at the Law Office of Stephen B. Samuels, Esq., 1320 Richmond Street, Columbia, South Carolina, commencing at the hour of 1:08 p.m.

APPEARANCES

REPRESENTING THE EMPLOYEE:

Stephen B. Samuels, Esq.
Samuels Law Firm
1320 Richmond Street
Columbia, SC 29201
stephen@samuelslawfirm.net
803-779-4000

REPRESENTING THE EMPLOYER/CARRIER:

Jason W. Lockhart, Esq.
McAngus, Goudelock & Courie
1320 Main Street, 10th Floor
Columbia, SC 29211-2519
Jlockhart@mgclaw.com
803-227-2283

INDEX

WITNESS	PAGE
DORETTA BUTLER	
DIRECT EXAMINATION BY MR. LOCKHART	6
REPORTER CERTIFICATE	63

EXHIBITS

NUMBER	DESCRIPTION	PAGE

[None entered]

LEGEND OF THE TRANSCRIPT

dasnes [--]	Intentional or purposeful interruption.
Ellipsis [...]	Unfinished thought. Speech halted.
Uh-huh	Used to indicate affirmation, agreement, or gratification.
Uh-uh	Used to say no or to emphasize a negative answer to a question, request, or offer.

(Words transcribed as spoken.)

Q. And when you began working for ITW in March of 2000, what was your job? What were you hired to do?

A. To be a laminator. Basically, a finisher.

Q. A laminator, also known as a finisher?

A. Yes, sir.

Q. Tell me what your job duties and responsibilities were as a laminator or finisher.

A. As a laminator -- okay. Between the two, laminator and finisher, you also inspect stuff and you also -- the particular job I did, I ran machines. I got my material, I ran the machines, I did -- I mean, ran my decals and things like that, but if I had to go on the other side, just inspected things, I looked at them.

Q. And when you say ran the machine, if I had been with you watching you do your job as a laminator or a finisher, what would I see you doing physically?

A. Well, the first thing I would do, I will pick up my job jacket to see what I need to do the job, what I need to do to the job. It depends on what the job jacket say I need to do to the job. I go get that type of material, whatever material it needs. Once I get the material, if it's a printed job, I pull the sheets from off the shelf and put it on there,

on the -- on my table, and once I get to my table, if it's a roll I need to pick up, I put the roll on the machine, but if it's not -- it depends on what kind of material it needs is what type roll I need to put up or if I need to put up one at all, and then I just run the material.

Q. Were you working as a finisher or a laminator when you last worked at ITW in April of 2012?

A. Yes, sir.

Q. You mentioned rolls a few moments ago.

A. Yes, sir.

Q. Can you describe those for me? What did those look like, these rolls that you would use or move around while at work?

A. They're sheets of material. Some of them come in boxes where they're 24 by 48 long sheets. Some come in rolls, which is like 540 feet and all that, big old rolls of material. And then I have a run -- I could run any machine that was in there. So I had a big old machine where you put 48 inch rolls -- 48 -- it can hold up to a 48 inch roll, and I used to put those on the machine, too.

Q. These 48 inch rolls, how heavy were these?

A. They're all heavy. I can't really say how heavy they were at the time, but I know some of them have

-- most of them have at least anywhere from 300 to 500 and something feet on them.

Q. Would you lift those by hand or would you use a forklift or some piece of equipment to lift the rolls?

A. It depends on what -- the big machines, we mostly lifted them by hand, but they eventually got a lift, but we lift most of them by hand.

Q. Back in April of 2012, were you lifting these rolls by hand or were you using a machine at that point?

A. I was lift -- I can run any machine. Any given day I have to run either one of those machines. The bigger machine, I get up on -- I stand up on top of the machine and put the roll on there. The smaller machine, if it's too heavy for me standing up to put them on, I sit on a table and put it on there.

Q. What were some of the other physical requirements of your job as a laminator or finisher? You told me about picking up rolls, retrieving materials, you said inspecting the machine.

What are some other things that you would do in your regular day-to-day job?

A. All I mostly did was run my machine. I did some, what they would call, hand lamination, where I would do it by hand, where I would line stuff up

and do it by eye and do it. There was also a machine for that one, too, but basically I used the machines to do my work.

Q. Back in April of 2012 when you last worked for ITW, do you remember what your rate of pay was?

A. Yes, sir, I believe it was 10.32.

Q. And that's per hour?

A. Yes, sir.

Q. And how many hours a week were you working?

A. Forty.

Q. And is that a five day a week job?

A. Yes, sir.

Q. And back around the time you last worked for ITW, who was your supervisor?

A. Stacy Price.

Q. Is that a man or a woman?

A. It's a lady.

Q. Did she have any type of job title, like plant manager or department head, or?

A. She was -- she was supervisor over lamination, over finishing. The lamination and finishing was really together.

Q. Did you have any other supervisors at all besides Ms. Price?

A. I had many since I've been there.

Q. When you last worked there, besides Ms. Price, did you have any supervisors at all?

A. She was my direct supervisor. I mean, there was other supervisors there.

Q. How long had Ms. Price been your direct supervisor?

A. She hadn't been my supervisor for that long, I believe. I would say, at the most, a year or two with her. I believe Donny Wise was before her.

Q. At the time that you last worked for ITW, other than Ms. Price, were there any other supervisors that you would interact with on a day-to-day basis or a regular basis?

A. Yes, sir.

Q. Who are some of the other supervisors that you would have interacted with?

A. Stanley. His name was Stanley. I can't remember what his last name is.

Q. Was he a white guy or Africa-American?

A. He's white.

Q. Anyone else besides Stanley?

A. Stanley, Stacy, and -- Donny Wise was my -- but he wasn't on -- he wasn't there at that time. I believe they had to let him go. So I'd just say Stacy and -- and Stanley was, too.

Q. On a normal day back in April of 2012, how often

saying that you would be receiving a severance?

A. I believe I did, but I don't have that paperwork with me.

Q. Do you have it anymore at all or you just don't have it with you here today?

A. If I do have it, it might be in my storage, but I don't know where it's at, no, sir.

Q. Ms. Butler, let's talk a little bit about your work accident for just a moment and then we're going to move on and talk about the medical care you've received for the injuries you sustained.

How were you injured at work?

A. As a result from lifting the heavy rolls.

Q. How did your injury occur? Was there a particular time or day that you recall it taking place?

A. No, sir. My arm started hurting on the 15th -- I mean, on the 10th of April, and then it continued to hurt. And at first, I just -- I just -- I mean, I dealt with it. When that Friday came, which was the 13th, my fingers started going numb. So when I got off from work, I went to the emergency room then.

Q. You said your arm began bothering you on April 10th, is that correct?

A. Yes, sir.

Q. Which arm was that?
A. The right arm.
Q. What were you doing in particular? And try to remember as best as you can for me.

What were you doing specifically at work on or about April 10th when you began having problems with your arm?

A. I was working the bigger machine.
Q. What were you having to do with your arm on that day, if you can recall?
A. I know I was lifting material and I was running sheets of material.
Q. And do you recall the size of this material that you were having to lift?
A. I want to say that it was running BlockBuster, they're always running BlockBuster. It's a 24 by 48 inch sheet.
Q. And you say that you were lifting this material. Give me an idea of, when you say lifting, were you lifting one sheet that was 24 by 48 inches or were you lifting a collection of sheets, or what were you doing?
A. Lifting a collection of sheets to put them on the table. Once we get them on the table, we run them, run them through the machine.

A. She was the HR lady when I was working there.
Q. Do you remember what her last name was?
A. Brown.
Q. Do you know if Ms. Brown is still employed with ITW?
A. No, sir, she's not.
Q. When you began having these problems with your right arm on April 10th, did these problems occur at the beginning of your shift, at the end of your shift, or at some point in between?
A. It occurred at some point in between because, I mean, I just started hurting.
Q. And where were your pain and problems located?
A. It was on my right side.
Q. Did you finish your workday? Did you work a full day on April 10th?
A. Yes, sir, I worked -- I worked full days all the way up to the 13th to when I felt something that was -- had to be wrong with my arm because my hand started tingling on the 13th.
Q. So what happened on 4/13, on April 13?
A. I was doing my normal work. It just felt -- it just felt different. My hand started going numb, my fingers started hurting.
Q. And which fingers were these?

A. My right hand and fingers.
Q. So you worked on April 10th?
A. Yes, sir.
Q. That's when your problems began, correct?
A. Yes, sir.
Q. Do you recall if you worked on the 11th?
A. Yes, sir, I worked -- I worked -- April 10th was a Wednesday. I worked to that Friday.
Q. So that would have been April 10th, 11th, and 12th you would have worked?
A. Yes, sir.
Q. Do you think April 12th was your last day of work?
A. It might have been. I know -- it started on the Wednesday and that Friday I went to the doctor.
Q. At any point in time did you speak with Ms. Price about the problems that you were having?
A. I spoke with her on that following Monday when I called in and told her I was not coming.
Q. What did you tell Ms. Price?
A. I told her I had been to the emergency room and that -- I told her my right side was hurting, I was not coming.
Q. Did you inform Ms. Price that you had been injured at work?
A. I believe I did on that particular day, yes, sir.

I told her I was hurt.

Q. Did you tell her that you had hurt yourself at work?

A. I told her I wasn't coming in to work because I was hurting, yes, sir.

Q. I understand what you're saying. I understand that you're telling me you told her why you weren't coming in. My question, though, is did you tell Ms. Price that you had injured yourself on the job?

A. At that time, I didn't know that it was because of my job because I was really not diagnosed with my right rotator cuff until August. At first they were just saying it was a pinched nerve.

Q. How many conversations, if any, have you had with Ms. Price wherein you told her that you had been injured on the job?

A. I didn't know my diagnosis until -- until August, so she -- I mean, she didn't know -- all they knew was that my nerves were pinched.

Q. Have you ever sat down with Mr. Price and said --

A. No, sir, I never sat down with her. And all the phone calls I made to her was either text or I told her I wasn't coming.

Q. So in any of your communications with Ms. Price, have you ever informed her that you injured

Providence.

Q. Providence downtown or --

A. Yes, sir.

Q. -- Providence --

A. Yeah, Providence downtown.

Q. When you went to Providence Hospital, what type of problems did you tell the physicians there you were having?

A. I told them my right side was hurting and I had tingling in my hand, because they asked me why did I come. I told them I had tingling and my hands felt like they was going numb.

Q. This is your right hand?

A. Yes, sir.

Q. Did you inform your physicians at Providence Hospital that you had been injured at work?

A. At that particular time, I didn't know what was wrong with me. I didn't know -- all I just know, I was hurting.

Q. What type of medical treatment did you receive at Providence Hospital?

A. They gave me some pain pills and that was it, and then they gave me a followup appointment.

Q. How many times do you think you've been seen at Providence Hospital for the problems that you were

experiencing on your right side?

A. When I went to the emergency room that one particular time, and then I got -- and then they gave me a number to follow up with a physician and I went to see that physician.

Q. Who was that physician?

A. Goodness gracious, I can't remember what his name was.

Q. I have some medical records from a group called Family Medicine Center.

A. That's where I was going for the longest -- that's the -- that's where he referred me to.

Q. Providence referred you to Family Medicine Center?

A. Yes, sir.

Q. The first record I have from Family Medicine Center is dated April 27th of 2012. Does that sound about right to you?

A. Yes, sir.

Q. When you went there for the first time, Family Medicine Center, what type of problems did you tell the physicians there that you were having?

A. That my right side was hurting.

Q. Did you inform your physicians there that you had been injured on the job?

A. At that time, I still didn't have no diagnosis.

All I just know, is my right side was hurting.

Q. Did you provide your physicians at Family Medicine Center during this initial visit with any description at all of your job duties and responsibilities?

A. They asked me what I was doing. I don't know whether they asked on the first day or not, but I know he eventually asked me what I was doing, because when I -- when he told me about the slipped disc, I told him what I was doing, and he said, well, that might be the reason why.

Q. The last record that I have from Family Medicine Center is dated August 27, 2012. It looks like at that time they referred you to an orthopeadic doctor for additional care.

A. Yes, sir.

Q. Have you been back to see Family Medicine Center at all since August 27th of 2012?

A. No, sir.

Q. While you were under the care of Family Medicine Center, what type of treatment were they providing to you for your right sided problems?

A. They -- I was taking -- I was given medicine, and I don't know whether I was going -- I know eventually I went to -- to therapy, but I'm not for sure

whether I was going during that time or not, but I -- they was giving me medicine, prescription pain pills.

Q. Where was the next medical provider, physician, that you would have seen? So you started out at Providence, you then went to Family Medicine Center for a period of about four months, where did you go next?

A. I went to -- I still stayed within the medical center. I just went over to Dr. McGown's office, and I think it's the Carolina Medical Center, I think that's what it's called. It might be Medical Part IV or III, somewhere around there, and I went -- that's where they referred me to.

Q. The next doctor I have records from is Dr. Mazoue.

A. Yes, that's before Dr. Mazoue I was going to Dr. McGown, and after Dr. McGown, he referred me to Dr. Mazoue.

Q. So you said Dr. McGown?

A. Yes, sir.

Q. And that physician, was he part or she part of --

A. He's the same thing as --

Q. Family Medicine Center?

A. No, sir, as Dr. Mazoue.

Q. Dr. Mazoue.

A. Yes, sir.
Q. The first record or group of records that I have from Dr. Mazoue or from his practice are from September of 2012. Do you think that sounds about right? Do you think that would have been your first visit there?
A. Yes, sir.
Q. When you went to see Dr. Mazoue or his group for the first time, what type of problems did you tell him you were having?
A. I believe at that time they had diagnosed me. They knew that it was the rotator cuff.
Q. Where were you having pain or difficulty during this initial visit?
A. It was still on my right side. My right side never stopped hurting.
Q. Were you having any pain or problems with your neck during your initial examination with Dr. Mazoue?
A. No, sir.
Q. Did you inform Dr. Mazoue that you had been injured on the job?
A. Yes, sir.
Q. What exactly did you tell him?
A. I told him that it come from -- when I found out it was my rotator cuff, I told him it come from me

lifting boxes at work.

Q. So you informed him that you had injured yourself by lifting boxes?

A. Yes, sir, and running machines.

Q. So you told him also that you were injured at running machines?

A. Yes, sir, and lifting boxes on the job.

Q. Now, did he initially recommend that you have surgery or did he do other things for you before, ultimately, doing surgery on you?

A. Yes, sir, he did other things for me before, ultimately, doing surgery.

Q. What were some of the things he did for you first?

A. Of course, I was still on pain pills. I had done injections in my shoulders, and I had done -- I even took therapy and all that, too, before I actually went and had surgery, but Dr. Mazoue's not the one who sent me to -- originally to therapy, Dr. McGown is the one who originally sent me to therapy.

Q. Is this Dr. McGowan that you're talking about, M-c-G-o-w-a-n, or you say his name different?

A. Okay, wait a minute. How do you spell that one?

Q. I hear you saying Dr. McGown, but is it Dr. McGowan, M-c-G-o-w-a-n?

A. I went to see him this -- today at 9:45.
Q. What type of complaints did you provide to him during your examination today?
A. That my arm is still hurting, because he gave me an injection in it and -- on October the 13th.
Q. Where exactly are you having pain or problems with your arm?
A. Right here (indicating).
Q. You're pointing to the front part of your arm near the top of your shoulder?
A. Yes, sir, right where I had surgery at, right here (indicating).
Q. So the ball area of what we call your shoulder joint?
A. Yes, sir.
Q. As far as this numbness or tingling that you were having in your hands before surgery, has that resolved? Is it gone?
A. No, sir, I still have it.
Q. You still have that, okay. Did you provide Dr. Mazoue with any complaints about numbness or tingling in your hands today?
A. Yes, sir.
Q. And what type of treatment did he provide to you today?

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.:1221499

Doretta Butler, Claimant, vs. ITW Labels, Employer, American Zurich Insurance Company/Zurich North America c/o Broadspire, Carrier.	Deposition of Christopher Mazoue, M.D.

Deposition of Christopher Mazoue, M.D., pursuant to the Rules of the South Carolina Workers' Compensation Commission, commencing at 4:00 p.m., Monday, August 29th, 2016, at the office of USC Sports Medicine Center, 2 Medical Park, Columbia, South Carolina.

Reported by:

Cheri B. Williams, CVR-M

Appearances

For the Claimant:

Stephen B. Samuels, Esquire
Andrew J. Brown, Esquire
Samuels Law Firm
1320 Richland Street
Columbia, SC 29201

For the Employer/
Carrier:

Jason W. Lockhart, Esquire
McAngus, Goudelock & Courie, LLC
1320 Main Street, 10th Floor
Post Office Box 12519
Columbia, SC 29211

Index

Stipulations 3
Examination by Mr. Lockhart 3
Cross-examination by Mr. Samuels 29
Re-examination by Mr. Lockhart 43
Cross-examination by Mr. Samuels 47
Re-examination by Mr. Lockhart 49
Certificate 50

Exhibits

Defendants' Exhibit No. 1, Medical Records; 17 pages.

Defendants' Exhibit No. 2, Medical Records; 12 pages.

Court Reporter's Note: This transcript may contain quoted material. Such material is reproduced as read or quoted by the speaker. Double hyphens (--) denote interruption of speech, incomplete sentence/phrase, or trailing off. [ph] denotes phonetically written. [sic] denotes written as spoken.

Stipulations

The reading and signing of this deposition is waived by the deponent and counsel for the respective parties.

Whereupon,

Christopher Mazoue, M.D., being duly sworn and cautioned to speak the truth, the whole truth, and nothing but the truth, testified as follows:

Direct Examination

By Mr. Lockhart:

Q Dr. Mazoue, good afternoon. My name is Jason Lockhart. I'm an attorney here in Columbia. I represent a company called ITW and their workers' compensation insurance company in a workers' comp claim filed by one of your patients named Doretta Butler. I'm here this afternoon to take your deposition to ask you some questions about your treatment of Ms. Butler. Present here with me, of course, is Ms. Butler's lawyer, Mr. Samuels. We have a hearing coming up in Ms. Butler's case tomorrow, which is primarily why we're taking your deposition here this afternoon. Just a couple things I ask you to keep in mind. Of course, you've done this many, many times, I know. At the

conclusion of the deposition, just let us know if you want to read and sign your transcript before it becomes an official part of the record. Also, since I'm a layperson, if I ask you a question and it's confusing because I use a term that's incorrect, just don't hesitate to interrupt me and let me know so I can make sure that I'm very clear on what I'm asking you so that your answers back to me are clear. I have a collection of medical records I'm going to be showing you. They came out of submissions that Mr. Samuels is going to be offering up to the court tomorrow, and I'm going to hand them to you so you don't have to worry about finding them in your chart necessarily. They have page numbers at the bottom that correspond to numbering that Mr. Samuels' office has made so I'll be asking you to look at them based on those page numbers, okay?

A Yes, sir.

Q And then, of course, finally, your answers this afternoon to these questions would need to be in your expert opinion and to a reasonable degree of medical certainty. At the conclusion of the deposition, I'm sure one or both of us will reaffirm that you have given those answers in your

expert opinion and to a reasonable degree of medical certainty.

Mr. Lockhart: Stephen, I would assume we have no issue stipulating to Dr. Mazoue being an expert in the area of orthopaedic medicine?

Mr. Samuels: Correct. So stipulated.

Mr. Lockhart: Okay.

Q All right. Dr. Mazoue, let me just sort of get right to sort of where we need to go and try to expedite this as quickly as I can. I'm going to hand you a collection of records that I have taken out of something called a prehearing brief filed by Mr. Samuels. These are records of Ms. Butler, some of which are from your clinic. I want to just kind of start by asking you to look with me at the first record. This is a record from the USC School of Medicine University Specialty Clinics dated May 31 of 2012 where Ms. Butler was examined by a gentleman named Dr. Raymond Sweet. Do you know Dr. Sweet?

A He was a neurosurgeon.

Q Okay. Did he practice at University Specialty Clinics?

A I believe he was with that group, yes, sir.

Q Okay. Is he still a part of the group, to your

knowledge?

A I believe he's retired.

Q Okay. All right. This examination of Ms. Butler took place on May 31 of 2012, and I will tell you it took place before you actually saw her. In examining Ms. Butler on that day, it appears that Dr. Sweat -- Dr. Sweet, rather, took a collection of information from her. In that report -- and if you could just scan and look at it for me, if you would, for just a moment. Let me know when you've reviewed it. I just want to ask you a couple of questions about it.

A Okay. Okay.

Q And in that report, do you see any mention at all of Ms. Butler providing a history of a work-related accident or a work-related injury?

A Do not.

Q Okay. Turn with me, if you would, to page 68. If you look at the bottom of those pages, those are the page numbers I'm referring to.

A Okay.

Q This appears to be a June 11, 2102 diagnostic report from a physician named Dr. Andrew McGown. Do you know Dr. McGown?

A I do, yes, sir.

Q Am I pronouncing Dr. McGown's name --

A You are.

Q -- correctly?

A Perfect.

Q Okay. Who is Dr. McGown?

A Dr. McGown is a primary care physician who works in our office who has a fellowship in sports medicine.

Q Okay.

A Primary care sports medicine.

Q Does he work to some extent in concert with you? In other words, do y'all typically see -- or sometimes see the same patients?

A Yes, sir.

Q Okay. All right. And is he still a part of the University Specialty Clinics group?

A Yes, sir.

Q Okay. All right. Have you found historically his diagnostic reports to be accurate?

A Yes, sir.

Q Okay. And have you found him to be a -- someone who takes accurate histories from patients when he examines them?

A Yes, sir.

Q Okay. Have you ever seen this note from Dr. McGown before of June 11, 2012?

A I imagine I looked at it, you know, when we first saw Ms. Butler.

Q Okay. If you could just take a look at it again for me and let me know when you reviewed it. I just have a few questions I want to ask you about it.

A Okay. You can go ahead.

Q Does this report make any mention of a work-related accident or a work-related injury?

A It does not.

Q In looking at Dr. McGown's report, would you agree with me that at least a portion of it he notes she has no specific injury, but she started with chest pain and then had some cervical spine issues?

A Yes, sir.

Q Okay. Turn with me, if you would, to the next page, page 69. This appears to also be a note from Dr. McGown, is that correct?

A Yes, sir.

Q Okay. And would you agree with me that that note also makes no mention of a work-related accident or work-related injury?

A Correct.

Q All right. Turn with me, if you would, to page 70. Again, looking at the bottom. Does this appear to

be a diagnostic report from your office?

A Yes, sir.

Q Okay. And it appears the date of service was 9/14/2012?

A Correct. Yes, sir.

Q To the best of your recollection, was that the first time that you examined Ms. Butler?

A Yes, sir.

Q Okay. All right. Now, when you receive a new patient, when you examine someone for the first time, you take a patient history from them, correct?

A Yes, sir.

Q Okay. And the information that is in the history of present illness portion of your reports, is that based on information provided to you by the patient themselves?

A Yes, sir.

Q Okay. And they provide that information to you, I presume, verbally?

A Yes, sir.

Q And in the form of a patient registration form or some other written document where they list their symptoms and their biographical information, et cetera?

A Yes, sir.
Q Okay. All right. Based on your review of your diagnostic report of September 14, 2012, does Ms. Butler mention or provide to you a history of a work-related accident?
A We have in the note a quote. It says, "she, I believe, works laminating furniture, but cannot recall that her work actually caused this injury."
Q Okay. And would that information have been provided to you by her in response to inquiries, I assume, you made of her at the time of the examination?
A Yes, sir.
Q Okay. Going back to page 70 for a moment. Under the History of Present Illness section, does your report also reflect that Ms. Butler does not remember a specific event?
A Yes, sir.
Q Okay. All right.
A Can I elaborate on this --
Q Sure. Of course.
A -- for the record?
Q Yeah. Of course.
A This is a time when we were converting from standard records to an electronic medical record.

That's why I want it noted that there are two separate documents on September 14, 2012.

Q Okay. Okay. Do they both memorialize the same visit even though they have somewhat different information in them?

A Yes, sir.

Q Okay. All right. So as of the September 14, 2012 examination, the initial one of Ms. Butler that you conducted, you would agree with me that she, at least according to your notes, did not make mention of a work accident or a work injury?

A So I stated that I cannot recall that her work actually caused this injury. And so I don't honestly know if that was something that -- I believe probably what it was is that I realized that this was a workers' comp injury and that we didn't necessarily specifically address that issue and that's why I stated cannot recall that her work actually caused this injury. So I can't tell you based on that -- again, this is September 2012 -- whether or not we did or did not confirm that this was a -- there was an association with her work.

Q Okay. And these reports don't, at least, indicate there was, correct?

A Correct.

Q All right. Now, the next report I have is page -- the bottom -- if you look at page 73 and 74 at the bottom. This appears to be a note of 9/26/12.

A Yes, sir.

Q And at that time, what were Ms. Butler's primary complaints to you?

A At that point on September 26, 2012, she was here for a follow up of her -- an MRI of her right shoulder that we had ordered on the previous appointment. She complained of pain around the superior -- I'm guessing that should be shoulder, around the AC joint, and pain around the trapezius.

Q And she also denied neck pain at that visit, correct?

A Yes, sir.

Q All right. Now, by the time you saw her on September 26th, she had had an MRI -- or MR arthrogram of her right shoulder, is that correct?

A Yes, sir.

Q And your notes reflect that you had reviewed and provided, I guess, your opinion as to what pathology was present, is that correct?

A Yes, sir.

Q All right. And you did confirm, at least at that time, that her rotator cuff was intact?

A So there was rotator cuff tendinosis.
Q Okay.
A So correctly the rotator cuff is intact, but there was an abnormality of the rotator cuff, yes, sir.
Q Okay. Fair enough. In the plan portion of your report, you talk about -- or you say the following. "She's exhibiting pain and depression that are certainly out of proportion from what we see on exam or the MRI." Can you help kind of educate me or explain to me what that means and why that would be in a report, what significance that has?
A I'm sorry. Can you repeat the first part?
Q Yes, sir. I'm just reading from the report itself in which you say she is exhibiting pain and depression that are certainly out of proportion from what we see on exam or the MRI. And what I'm just curious about is the significance of that and why that would be in the report? What relevance, in your opinion, as a physician that has to your diagnosis and treatment of her?
A Yeah. Again, this goes a little bit to the art of medicine and getting an understanding for your -- the patient, the patient's overall well-being and in this particular case as it relates to the shoulder and the shoulder pain because, obviously,

clearly my job is to help get her shoulder better, but that is in the full context of the overall patient's well-being. And so, you know, when I saw Ms. Butler this day and I stated in the note that she appeared depressed, depression can certainly aggravate or accentuate symptoms. And so it just appeared that her -- again, as I stated, her pain was -- was more than I would have expected based on what I saw on the -- on the MRI and the findings of the MRI. She seemed to hurt more than what we would expect.

Q Okay. All right. Now, I will tell you I don't have all of your records in this exhibit, just to let you know.

A Yes, sir.

Q But from looking at those records, it appears that you continued to treat her throughout 2012 and up into 2013. So I want to fast forward with you and talk to you about the next note that's in the exhibit. So look, if you would, with me at page 81. This appears to be a report from your office dated 8/16 of 2013. Does that appear to be correct?

A Yes, sir.

Q Okay. All right. And according to that note, you

indicate Ms. Butler was not interested in surgery due to financial reasons, is that correct?

A Yes, sir.

Q Turn with me, if you would, to, I think it's page -- pardon me for just a moment. Page 83.

A Okay. Yes, sir.

Q This is the third page of your 8/16/13 report, and according to that page, you gave her an injection on that day?

A Yes, sir.

Q Okay. And you noted that she was not interested in surgical intervention at that point?

A Yes, sir.

Q And you instructed her to follow up as needed, is that correct?

A Yes, sir.

Q All right. Did you release her from your care as of the date of this examination based on your recommendation that she follow up as needed?

A So I'm not very good at following up based on strictly workers' comp issues.

Q Okay.

A And so -- so, you know, in general for workers' comp issues you need some type of a definitive end game or end plan.

Q Sure.

A I'm not sure I was necessarily thinking of this as a workers' comp more so than I felt that I could -- I provided Ms. Butler about what I could from a medical standpoint and that there was not much more I could provide unless she wished to proceed with surgical intervention.

Q Okay. All right. Okay. Based on her, at least, decision as of August 16 of 2013, as of the date of this visit, has she reached maximum medical improvement?

A I would have to look at my notes, my last note.

Q Well, I'm going to have to ask you about that in a moment because you eventually did surgery on her. But --

A As of this date?

Q Yes.

A No. We had not -- I apologize.

Q That's okay.

A I misunderstood the question.

Q No. That's okay. No worries.

A As of August 16, 2013, we had not established maximum medical improvement.

Q Okay.

A Correct.

Q Now, you eventually performed surgery on her. The records reflect that you actually performed surgery on her in April of 2014. I'll just -- I'll just tell you that from reviewing those records. And after surgery, it looks like you also had her undergo physical therapy as part of your post-operative treatment plan?

A Yes, sir.

Q When was the last time you had an occasion to examine her?

A I believe my last note is from December 29, 2014.

Q Okay.

A That's what I have.

Q Okay.

A That doesn't always reflect the last date, but ...

Q Okay. What type of complaints, if any, did she provide to you during this most recent examination, if indeed it was December 20 -- I believe you said 29, 2014?

A 2014, yes, sir. So she had had complaints of pain to the anterior aspect of her right shoulder and she stated that she had no change in her symptoms. And so the assumption is that she was still having pain to the anterior aspect of her right shoulder.

Q Okay. What type of treatment, if any, did you

provide her during your most recent examination?
A At that point, we had asked her to see Dr. Matthew Pollack. Dr. Pollack is another primary care doctor, physician, in our office for an intraarticular corticosteroid injection.
Q Okay.
A And she was asked to follow up with me in three months.
Q Okay. Do you know or do your -- does your chart reflect if she did follow up with you, and if she did not as to why she did not?
A Again, this is the last record I have so I don't have a reason why she wouldn't have followed up.
Q Okay. As of -- if she has not followed up with you as of this date, are you in a position to state as to whether or not she's reached maximum medical improvement with regards to the right shoulder?
A So if she were to see me today with the same complaints, we would likely establish that she's at maximum medical improvement.
Q Okay. All right. Given the symptoms that she has complained to you of, the procedure that you performed on her and the other modalities as far as treatment that you've provided to her, what -- what impairment, if any, would she possess to the right

shoulder?

A I can't answer that for you.

Q Okay. Is that because -- why can't you answer that?

A Oh, I would have to see her. We would have to do a formal history, physical exam, radiographic studies.

Q Okay. All right. Okay. All right. So let me kind of talk to you really kind of what I'm more here to talk to you about today.

A Yes, sir.

Q So I've shown you records from both Dr. Sweet, from Dr. McGown and from your practice, and I think up to this point you have agreed with me that those records don't make any mention of a work accident or a work injury, correct?

A Yes, sir.

Q Okay. All right. Let me ask you then about a document. This is page 111. It's the last page of the exhibits -- or the exhibit that I handed over to you. This was a document that I received from Mr. Samuels. Does this appear to be your signature on this particular document?

A Yes, sir.

Q Okay. Can you tell me the -- I guess the genesis

of this document, how it came to be? Was it -- was it provided to you by Mr. Samuels for your completion?

A I don't know if this was -- I believe we did meet at one point, and I don't -- I'm guessing that this was generated after our meeting.

Q Okay. Do you recall when you met with Mr. Samuels?

A Can't give you a date, no, sir.

Q Okay. Would it have been contemporaneous to the date on this document of 1/26/15?

A It -- it may have been that date or I certainly would assume it would have been around that date.

Q Okay. You would have met with him in person?

A I believe we met in person.

Q Okay. And this document would have been presented to you at that time?

A I don't know if it was presented to me at that time or at a subsequent date.

Q Okay. All right. Do you recall if any other information was provided to you by him other than the document that I'm asking you about right now?

A So it says in handwriting, my handwriting, in number four of the following opinions, "and review of records with regards to onset of pain and dysfunction and subsequent medical care." So I am

guessing that we looked at some documents that are associated with this case.

Q Do you know documents you would have reviewed?

A Not right now, no, sir.

Q Okay. All right. Would you have received some form of payment to complete this questionnaire?

A That's a good question. I don't know if I get paid for these questionnaires.

Q Okay.

A And that sounds really ridiculous, but I don't know. I know -- I know that we get payments for meeting with attorneys, but specifically for filling out this document, I don't know if that's something that we bill for.

Q Okay. Fair enough. Other than your meeting with Ms. Butler's lawyer to fill out this particular document, have you had any other meetings with him that you recall?

A I cannot recall.

Q Okay. All right. Now, you mentioned a few moments ago that you reviewed some records and met with her lawyer in -- as part of completing this document, is that -- did I understand that correctly?

A I believe that is correct.

Q Okay. And you don't know what records you

reviewed. Let me ask you this. Was any -- were any of your answers to the questions presented to you in this document based on information provided directly to you by Ms. Butler? Not by her lawyer, but by her?

A Repeat that again.

Q Yes, sir. We talked about the genesis of this document and you indicated you reviewed records before answering these questions and you met with her lawyer.

A Uh-huh.

Q My question is did Ms. Butler provide you herself directly with any information at all that was a prerequisite to your answering these questions?

A I cannot recall that Ms. Butler gave me any, meaning that I don't believe she did.

Q Okay. All right. So just to make sure I'm clear. If that's the case, then your answers to these questions are based exclusively upon information provided by her lawyer in your meeting with him to complete this questionnaire?

A I wouldn't say exclusively, but I'm sure it was a significant portion of it, yes.

Q Okay. All right. At this point, you probably understand, I guess, my quandary is how can you

conclude that her problems mostly likely related to work when the medical records that I've shown you, at least so far, don't say anything at all about her being injured on the job?

A Uh-huh.

Q Help me understand what appears to be the disconnect between this questionnaire and the records I've shown you so far?

A Can I ask to review those documents that we --

Q Yeah.

A That I mention in these -- in here?

Q You mean the ones you reviewed as a prerequisite to answering these questions?

A The one where I state we reviewed records with regards to onset of pain and dysfunction and subsequent medical care.

Q Yes, sir. I'd be real curious as to see those because I don't know what you reviewed in answering that question.

A Yeah. Yeah.

Q So do you have a record of those or are they in your file somewhere?

A Maybe. I don't know. I would have to go look it up.

Q Okay. All right. Okay. So tell me again. Again,

just for purposes of the record. Your handwriting on question number four says -- could you just read that to me? My handwriting is bad so I know I can't read it. Yours is better than mine.

A "And review of records with regards to onset of pain and dysfunction and subsequent medical care."

Q Okay. All right.

A So I can give you an overall gist of what I think is going on.

Q Sure. Of course.

A So I think that I reviewed some records that suggested that her onset of shoulder pain, there was some association with work or a work-related injury. And, again, because there wasn't a specific event does not mean that her shoulder pain cannot be originated by work. And this is the incredible quandary that we are put in as physicians sometimes when trying to establish a work-related cause. So you can be doing a job whereby you get an overuse injury where an individual can't state that there was a specific event that caused the pain, but that pain was associated with work.

Q Okay. Okay. If that's the case, then, would you agree with me that the records that I've shown you

so far, including those from your practice, don't indicate that Ms. Butler associated her pain to the performance of her job duties and responsibilities?

A There was nothing directly associated, correct.

Q Okay. And, again, just -- just so I make sure I understand your question -- your answer correctly. The records you reviewed, you don't know what records those were? You don't know if they were from your practice or from someone else's practice?

A Oh, I don't believe they were from my practice, no, sir.

Q Okay. All right. Okay.

Mr. Lockhart: Let me mark this as Defendants' Two.

Defendants' Exhibit No. 2, Medical Records; 12 pages.

Q Doctor, I'm going to show you a collection of some additional records that I've taken out of the brief filed by Mr. Samuels. I want you to -- if you wouldn't mind just looking through those for a moment, and let me know if any of those look familiar to you at all.

A This isn't -- I -- not directly familiar. Doesn't mean I haven't looked at it, but I can't recall.

Q Okay. All right. Pages 15, 16, and 17 of Exhibit

Two are medical records from a local emergency room here in the Columbia area.

A Okay.

Q In reviewing that note, page 15, you would agree, at least, Ms. Butler presented on that day with right arm pain, correct?

A Yes, sir.

Q All right. And you would also agree with me that, at least, at the bottom of the paragraph History of Present Illness she denies any trauma to her arm, correct?

A Correct. Yes, sir.

Q That's what the note says?

A It does.

Q Do you see anything in that note at all wherein she relates her arm problems to her job or performing her job duties with my client?

A Let me just read the end here.

Q Sure.

A No, sir.

Q Okay. Let's look, if we can, for a moment at page 30 through 32. This appears to be a document from a physician named Mark Shaffer who also examined Ms. Butler. She presents with complaints of upper extremity pain to him. And, again, if you would

look at his History of Present Illness. Does his report indicate that she recalls no injury?

A Yes.

Q Okay. This note is from April 27 or 28 of 2012?

A Yes, sir.

Q Turn with me, if you would, to page 40. Pages 40 through 45 are another note, this one from a Dr. Tanksley, wherein Ms. Butler is seen on May 11, 2012 presenting with upper extremity pain, which is what she presented when she saw you, correct?

A Correct. Yes, sir.

Q All right. And would you agree with me that, at least, in his section of the report labeled History of Present Illness he notes the context of the pain occurred not following a fall, not during sports, and not in association with work, correct?

A Yes, sir.

Q Okay. All right. And these records that I've shown you as far as any relationship between Ms. Butler's employment or her job and her problems, there is none, correct, at least related by her according to these notes?

A Correct.

Q And that's consistent with the history given by her to you when you saw her the first couple of times,

correct?

A I don't know that we talked about a direct relationship with work and her shoulder injury.

Q Okay.

A I said that I couldn't recall whether or not we spoke about it.

Q Okay.

A In one of the notes. You'd have to look through the other ones.

Q Well, let me just ask the question a different way. Your notes don't document a relationship between her problem and her employment, correct?

A Correct.

Q All right. So ultimately when going back to this questionnaire, and then I will be done and then Mr. Samuels will have some questions. I'm sure I'll have some after he asks some of you.

A Uh-huh.

Q At the end of the day, is it -- is it fair to say that this questionnaire and your diagnostic reports are a bit inconsistent?

A Not necessarily.

Q Okay. Well, how are they consistent?

A So her -- her job as a laminator where she's, you know, asked to do repetitive movements and lifting

up heavy objects can over time result in shoulder pain.

Q Okay. But in her case, how can you come to that conclusion if she didn't tell you during your initial examinations that that was the cause of her problems?

A I'm assuming at some point we talked about it, and I just didn't document in the record appropriately.

Q Okay. And none of the other physicians who examined her documented it either?

A That's correct.

Q Okay. All right.

Mr. Lockhart: All right. I don't have any further questions, at least as of right now. Thank you.

Cross-examination

By Mr. Samuels:

Q Dr. Mazoue, I'm Stephen Samuels. I represent your patient, Doretta Butler. And I will verify that, in case there is any question, we did meet and you signed the questionnaire. I'm not trying to make myself a witness in the case, but your recollection is accurate. And, quite frankly, I can't tell you whether you signed it at the meeting or we sent it afterwards. I wanted to follow up with you and

show you some other documents.

A Yes, sir.

Q First off, I wanted to show you Ms. Butler's deposition testimony. I'm going to show you her deposition at page 27, and I will ask you -- you don't have to read aloud. Just take a look at it, and I'm going to ask you some questions. Starting at line eight and just really read down to the bottom of the page.

A Okay. Okay.

Q Would you agree in her deposition she's describing the type of work injury that you were describing?

A Yes, sir.

Q Did she give a date as to when that would have occurred?

A She says -- she says, "My arm starting hurting on the 15th. I mean, on the 10th of April, and then it continued to hurt."

Q Let me show you the -- a medical record Mr. Lockhart did not show you. This is at page one of what we call our APA Submissions. Take a minute, if you would, and review that report.

A Okay.

Q And would you agree that's a report from the emergency department at Providence Hospital?

A Yes, sir.
Q And what's the date on that report?
A April 14, 2012.
Q And what does it describe in terms of a date of onset of her problems?
A It says, "Patient presents today with complaint of right-sided shoulder and forearm pain times three days."
Q Would you agree that's consistent with what she described in her deposition?
A Yes, sir.
Q And is this kind of report helpful to you in reaching the conclusion you reached in the questionnaire?
A It's helpful. It's all part of it, yes, sir.
Q One of the things, you know, that we see -- and I would show you page 51, which is a report from Dr. Tanksley of June 15, 2012, and I note it says the context of the pain occurred not following a fall. I guess what I'm asking about is when your patients think of trauma or reporting that there was no trauma, what is that they generally seem to be saying to you?
A That there wasn't one specific incident that resulted in their pain.

Q Like a fall or a sudden lifting incident?
A Could be. Yeah, it could be lifting. It could be a fall. Could be a car accident. It could be any number of different things.
Q Would there be anything unusual in a patient with an insidious onset of pain recognizing what was going on in terms of what the pathology was?
A Can you repeat that, please?
Q Would there be anything unusual that a patient with an insidious onset of pain not recognizing what the actual pathology was that was causing the pain?
A Correct. Yes.
Q And the reason I ask that is as we go through these records and if we look at the Providence -- excuse me. Palmetto Health Richland report from April 7, 2012.

Mr. Lockhart: 17th.

Mr. Samuels: 17th. Thank you.

Q April 17, 2012, Mr. Lockhart had showed you, at page 15 and she's got a complaint of where she describes she was seen at Providence and had a kind of pain in her right chest and progressed down her right arm. What various conditions could that indicate?
A Well, whenever someone has chest pain, you know,

you get worried about other non-musculoskeletal causes. You know, cardiac issues, things like that. In this particular case, though, I think most of those things were ruled out and, you know, you get worried about cervical spine issues with regards to musculoskeletal conditions. You get worried about cervical spine pathology. Get worried about brachial plexus pathology. And then obviously, you know, shoulder pathology, shoulder and/or scapular pathology or shoulder girdle pathology, which could cause pain in the chest.

Q Do all of those things have to be worked out with diagnostics and physical exams and differential diagnosis to reach an ultimate diagnosis?

A Yes, sir.

Q Did you also note the statement she's developed this right arm pain that has been going on for a week?

A Yes, sir.

Q And given that this is April 17, 2012, being a week ago would also relate back to April 10th?

A Yes, sir.

Q I'll also show you the April 27th reports, which are pages 30 through 32. Mr. Lockhart went over these with you as well. And under the History of

Present Illness, what do we -- what's the history given there?

A "Right upper extremity pain. Pain started three weeks ago in the right side of her chest. This hurt for two days. Then migrated to her right clavicle and then up her right arm. She presented when she developed tingling pain down her whole arm to her fingers. She definitely feels weak in the right hand like she cannot hold onto things. Both range of motion, pain and weakness is all very sensitive and painful."

Q On April 27th being a referral back to three weeks ago, does that take us approximately also back to April 10, 2012?

A Yes, sir.

Q And is this kind of symptom and this description going to be a relatively complex diagnosis for the physician?

A Yes, sir.

Q And at this point, it appears they're talking about probably brachial neuropathic pain?

A That's one possible cause, etiology, yes, sir.

Q From the records from May 31st she sees Dr. Sweet.

A Yes, sir.

Q What's Dr. Sweet's specialty?

A Neurosurgery.
Q Would that specifically be to the spine?
A The brain and the spine, yes, sir.
Q And did she, in fact, see Dr. Sweet specifically for diagnosis and possible treatment of what was believed to be cervical radiculopathy?
A Cervical radiculopathy or cervical spine pathology, yes, sir.
Q And Dr. Sweet ultimately, after reviewing her scenario, what was his impression?
A So his -- "My impression is asymptomatic cervical disk C5-6 and probably has shoulder pathology on the right of some sort. We will make an appointment to see an orthopaedic specialist over here. I will not need to see her back since I do not feel that she has a neurosurgical problem. No evidence of myelopathy or radiculopathy."
Q At that point, then, that's essentially how she gets to you?
A Yes, sir.
Q I'm going to show you this note. I think she went to Dr. McGown for her shoulder before she actually saw you directly, is that correct?
A Yes, sir.
Q And when she came to see you, did she fill out or

would she have likely filled out a written patient questionnaire?

A Yes, sir.

Q I'm going to show you a document at page 67, which is a document we received from your office and I believe Mr. Lockhart showed you. Have you ever seen this particular form before?

A I've seen the form, yes, sir.

Q Is this a form used in your practice?

A Yes, sir.

Q Is it a form that's filled out by the patient or by a nurse or who fills it out?

A The patient, typically.

Q And under the date, this would have been June 11, 2012?

A Yes, sir.

Q And what's the listed cause of pain?

A Started with chest pain and generated to shoulder and fingers.

Q And where is the current location?

A Right shoulder.

Q What's the duration?

A Three months.

Q With this being June 11, 2012, would three months take us back to --

A Be about that time.
Q -- about that time? Let me go back to Ms. Butler's deposition testimony. I'm going to show you her deposition page 31, and I'm going to ask you to read line seven onto the first line on the next page.
A Okay. Yes, sir. Yes, sir.
Q Is that testimony given by Ms. Butler in her deposition consistent with the medical records we've gone through?
A Yes, sir.
Q Does reviewing her deposition testimony, the records that Mr. Lockhart showed you, and the additional records that I showed you refresh your memory as to the records that you reviewed when you filled out and signed the questionnaire?
A Helpful, yes, sir.
Q When you filled out the questionnaire January 26, 2015, you specifically added the additional handwritten part about reviewing of records with reports to onset of pain and dysfunction and subsequent medical care?
A Yes, sir.
Q And why did you add that additional handwritten comment?

A Because I think it's difficult to make a determination on the previous three questions, and I think that that additional documentation helped me to understand that there was a likely correlation between her work and her onset of her right upper extremity symptoms.

Q Is the opinion you stated in the questionnaire still your opinion?

A Yes, sir.

Q All right. Are the opinions you have stated throughout your deposition to a reasonable degree of medical certainty?

A Yes, sir.

Q Is the treatment that you provided Ms. Butler reasonable and necessary?

A Yes, sir.

Q I'm going to ask you specifically about the surgery. What surgery did you do on Ms. Butler?

A We did a -- on April 1, 2014 a right shoulder diagnostic arthroscopy, a arthroscopic subacromial decompression with acromioplasty and bursectomy, an arthroscopic distal clavicle excision, an arthroscopic debridement of partial thickness articular-sided of the rotator cuff tear of the supraspinatus tendon and an open proximal biceps

tenodesis.

Q That does not sound like a simple rotator cuff repair. It sounds like it's complicated.

A I would say that this is not an uncommon scenario when we do shoulder surgery.

Q The distal clavicle resection, is that also known as a Mumford Procedure?

A Yes, sir.

Q And what does that involve?

A That just involves removing a portion, a centimeter, of the distal clavicle. The primary reason we do that is typically patients will have some degenerative joint disease of their acromioclavicular joint, and by removing the end of the clavicle, the collar bone, we hopefully alleviate the pain associated with the degenerative joint disease.

Q What about the subacromial decompression? What is that?

A So typically these patients will have a lot of bursitis in their shoulder. You know, inflamed tissue that sits between the rotator cuff and the acromion, which is a bone on the outer part of the shoulder. And so this involves removing all of that inflamed tissue. And then a lot of times

individuals, patients, will have spurs on that bone, the acromion, that could result in this bursitis and so we will remove those bone spurs.

Q How was the rotator cuff itself?

A At that point, we had diagnosed her with a -- we refer to it as a partial thickness or articular-sided rotator cuff tear. So the rotator cuff is four muscles and -- four muscle and tendon units that surround the shoulder. The supraspinatus is the one that is on -- directly on the top of the shoulder. And so the under surface of that tendon -- that tendon is about a centimeter to 1.2 centimeters thick, and so the inferior or the bottom 20 to 30 percent of that. So about three to four millimeters or so there was a tear.

Q Was all of this what you'd expected to find before you went in based on the MRI and physical exam?

A I wasn't surprised by any of this, no, sir.

Q You also did the biceps tenodesis?

A Yes, sir.

Q The biceps, that is the muscle in the upper arm?

A Yes, sir.

Q And did that also require repair?

A That was -- she had had some tenderness to her biceps tendon. So the biceps is a muscle that is

two tendons that attach in the shoulder. So one is called the long head of the biceps tendon, and she had had some persistent tenderness there and so we felt that that may have been a source of her pain. And so a tenodesis is a relatively common procedure done to hopefully alleviate that pain. So we cut the tendon inside the shoulder and then we reattach it to the front of the shoulder.

Q From the records I have, it appears you had her on a five pound lifting restriction. Is that, at least as of last time you saw her, still her restriction?

A I would have to see her again to tell you if that's her current restriction.

Q Are you willing to see her back?

A Yes, sir.

Q And make decisions as to whether she's at MMI, needs more treatment, whether any of her restrictions are permanent and so forth?

A Yes, sir.

Q You had also noted in your report -- actually, several places -- that she seemed depressed and tearful?

A Yes, sir.

Q Do you have any explanation for why she might be

depressed and tearful?

A That's a difficult question. There are certainly instances where an individual can have pain that can result in depression, and so -- so it's possible that the degree of pain she was in resulted in some level of depression. You know, patients can't sleep. When they can't sleep, that accentuates their depression. Can't do daily activities. That can result in depression. It can be the opposite, though. It certainly can be that an individual has some underlying reason for depression and that accentuates their musculoskeletal pain. So it can go either way. I cannot give you an opinion on which of those reasons was the cause for her apparent depression.

Q Do you believe she was depressed?

A I believe when she saw me she was depressed or certainly appeared to be depressed to me in that, you know, 15, 20 minutes.

Q In your -- does it seem more likely than not that either her depression made her pain worse or her pain made her depression worse?

A Again, it can go either way.

Q But it was one way or the other?

Mr. Lockhart: I object to the form. I

think he's already asked and answered that question.

A Yeah. I don't know that I can tell you either way.

Q Would you recommend she be evaluated and possibly treated by a psychiatrist or psychologist for depression?

A I would -- certainly if she has -- if she's depressed, that's an appropriate thing to do. Again, I haven't seen her in quite a long period of time so it's hard for me to answer that right now.

Q When you do see her back, would that be the best time then to determine whether she needs continued orthopaedic follow up or whether she needs pain management, possibly a psychiatrist, psychologist or nothing?

A Yes, sir.

Q And that would be an opinion you could give us the next time you see her?

A Yes, sir.

Mr. Samuels: Thank you, Dr. Mazoue. I have no further questions.

Re-examination

By Mr. Lockhart:

Q Doctor, I have a few.

A Yes, sir.

Q Mr. Samuels provided you with the opportunity to review three pages of Ms. Butler's deposition wherein she gave a description to me while under oath of her -- her work injury or the onset of her problems. Prior to being provided with that deposition today, have you ever been given that information by Ms. Butler? The information she gave to me, has she ever said --

A There's nothing in the record that supports that, correct.

Q Okay. All right. And the information she gave to me in her deposition, that information is documented nowhere in your diagnostic reports?

A Correct.

Q Okay. All right.

Mr. Lockhart: Stephen, could you show -- you asked him about APA page 51. Would you mind showing that to him again?

Mr. Samuels: Sure. Be happy to.

Q Dr. Mazoue, Mr. Samuels asked you about the following diagnostic report from Dr. Tanksley dated June 15, 2012 at APA page 51. Does this -- does this note make any mention at all of Ms. Butler's occupation, her work duties, or any relationship between her problems and her employment, this page

51?

A No, sir.

Q Okay. Mr. Samuels also provided you for your review a document out of your office, page 67 of the APAs. You indicated that this appeared to be -- or it looked to you like a patient intake form or registration form?

A Yes, sir.

Q Okay. And in reviewing that document, does it make any mention at all of Ms. Butler having been involved in a work injury or having a work accident?

A No, sir.

Q Does it make any mention at all of Ms. Butler's job duties or responsibilities with ITW?

A It says in occupation: finisher for a printing company.

Q Outside of that, does it make any mention at all about her job duties and responsibilities?

A No, sir.

Q Does it make any mention of a occupational onset of her problems or other words that her problems began while at work?

A No, sir.

Q Okay. You mentioned that you would be willing to

see her again to address, I guess, her future needs. Has she been compliant with treatment given that she hasn't seen you since December of 2014?

A There's a lot of different reasons that people don't come back. I can't -- I guess compliance in the fact that has she come back? No.

Q Yes, sir.

A So in that sense, she hasn't been compliant. But as far as a reason ...

Q And you don't know exactly why?

A No, sir.

Q Other than you evaluated her in December of '14. You recommended she return and she hasn't come back?

A Yes, sir.

Q Okay. Fair enough. And then, finally, just want to make sure I'm clear. Mr. Samuels asked you about the handwritten portion, the handwritten note, you added to the questionnaire that you completed at his request. And, again, you mentioned you reviewed records and that those were helpful to you. But, again, as we established earlier, you're not entirely sure what records you reviewed?

A I cannot tell you at this point what those records

are, no, sir.

Mr. Lockhart: I think I'm done. Give me just a brief moment. I don't have any further questions.

Cross-examination

By Mr. Samuels:

Q Dr. Mazoue, I want to show you one other record from Tanksley. This is at page 55. And ask you to read the sentence starting with the pain occurred and then ending under movement. About two, three sentences.

A Okay. "The pain occurred three months. The context of the pain occurred with movement in association with work. Not following a fall. Not associated with cold weather. Not associated with damp weather and not during sports. Exacerbating factors consist of movement."

Q Would you agree that that's another piece of the puzzle that confirms your opinion that it's ultimately a work-related injury?

A That certainly suggests there's a connection, yes, sir.

Q I'll show you page 85, which is your report from February 28th of 2014. What were the reasons that Ms. Butler was not able to have the surgery at that

point in time?

A "However, due to insurance and financial reasons she was not able to have the surgery."

Q I realize there was a question in terms of compliance. In terms of Ms. Butler, there was a period of gap in treatment where she could not have surgery because of insurance and financial reasons, is that correct?

A That was stated in the note, yes, sir.

Q And at some point she was able to apparently get insurance and come back and see you?

A Yes, sir.

Q And then she had the surgery?

A Yes, sir.

Q And in terms of your instructions and recommendations for treatment, did she appear to be compliant with your instructions?

A For the most part, yes, sir. Yeah. I can't tell you that there was anything specifically that she did that was against my directions.

Q Do you have any reason to believe that any noncompliance or any failure to return to you after December of 2014 was due to anything other than financial or insurance reasons?

A No, sir.

Mr. Samuels: Thank you, Doctor. I have no further questions.

Re-examination

By Mr. Lockhart:

Q But you're not sure why she did not come back to see you? You really don't know why she hasn't been back since December of '14, correct?

A Oh, since her last visit?

Q Yes, sir.

A No, sir.

Q You don't have any idea?

A No, sir.

Mr. Lockhart: Okay. All right. I don't have any further questions.

Mr. Samuels: We're all done.

(Whereupon the deposition was concluded at 5:05 p.m.)

State of South Carolina)
) Certificate
County of Lexington)

Be it known that the foregoing deposition of Christopher Mazoue, M.D. was taken before me;

That I was then and there a notary public in and for the State of South Carolina-at-large;

That by virtue thereof I was duly authorized to administer an oath;

That the witness was by me first duly sworn to testify the truth, the whole truth, and nothing but the truth, concerning the matter in controversy aforesaid;

The foregoing transcript of 49 typewritten pages represents a true, accurate and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

That I am not related to nor an employee of any of the parties hereto, nor a relative or employee of any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action.

Signed this 30th day of August, 2016.

_____
Cheri B. Williams, CVR-M

Notary public for South Carolina
My commission expires May 13, 2025.

This transcript may contain quoted material. Such material is reproduced as read or quoted by the speaker.

BEFORE THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1221499

Doreta Butler Long, Claimant, vs. Illinois Tool Works (FB Johnston Graphics, Inc.), Employer, and American Zurich Insurance Company, Carrier, Defendants.	TRANSCRIPT OF PROCEEDINGS August 30, 2016

This hearing was held before Commissioner Gene McCaskill, reported by Kimberly T. Power, Court Reporter and Notary Public in and for the State of South Carolina; said proceedings were held at the South Carolina Workers' Compensation Commission, 1333 Main Street, Columbia, South Carolina, on Tuesday, August 30, 2016, commencing at the hour of 12:30 p.m.

APPEARANCES

ATTORNEYS FOR THE CLAIMANT

SAMUELS LAW FIRM, LLC
BY: STEPHEN B. SAMUELS, ESQUIRE
ANDREW BROWN, ESQUIRE
1320 Richland Street
Columbia, SC 29201

ATTORNEYS FOR THE DEFENDANTS

MCANGUS, GOUDELOCK & COURIE, LLC
BY: JASON W. LOCKHART, ESQUIRE
1320 Main Street, 10th Floor
Columbia, SC 29201

CONTENTS

	PAGE
WITNESS: DORETA BUTLER LONG	
Direct Examination by Mr. Samuels	18
Cross-Examination by Mr. Lockhart	38
Redirect Examination by Mr. Samuels	62
Recross-Examination by Mr. Lockhart	69
Certificate of Reporter	72

12:04:10 1 THE COURT: Today's date is August
12:04:10 2 30, 2016. This is Workers' Compensation Commission
12:04:11 3 File Number 1221499. This is the case of Doreta
12:04:26 4 Butler vs. Illinois Tool Works (FB Johnston Graphics,
12:04:32 5 Inc.) The carrier is American Zurich Insurance
12:04:37 6 Company. The claimant is represented today by
12:04:39 7 Stephen B. Samuels and the employer/carrier are
12:04:42 8 represented today by Jason W. Lockhart. The claimant
12:05:04 9 is also represented by Andrew Brown.
12:05:07 10 The date of the accident is April 13,
12:05:10 11 2012. The claimant has an average weekly wage, and
12:05:15 12 this was on top so I will read from it, of $453.71
12:05:23 13 with a corresponding compensation rate of $302.49.
12:05:26 14 Mr. Lockhart, I'm reading from Mr. Samuels'
12:05:30 15 pre-hearing brief. Will you stipulate that's
12:05:32 16 correct?
12:05:32 17 MR. LOCKHART: Your Honor, we have a
12:05:32 18 Form 20 that was filed in 2014 reflecting an average
12:05:35 19 weekly wage of $429.86 with a comp rate of $286.59.
12:05:49 20 THE COURT: Mr. Samuels?
12:05:49 21 MR. SAMUELS: Your Honor, we based it
12:05:50 22 on the payroll records. I, in all candor, had not
12:05:50 23 noticed that there was a dispute over this issue and
12:06:01 24 would either say we need to --
12:06:05 25 THE COURT: Let's do this, just in

12:06:05 1 the interest of moving the ball down the field, I'll
12:06:06 2 hold the record open for five days for y'all to look
12:06:10 3 at that. If you can come to an agreement on that,
12:06:13 4 fine. If not, just let Kellie know that it's in
12:06:16 5 dispute and give me your positions concisely in an
12:06:21 6 e-mail, I don't need a brief or anything like that,
12:06:23 7 and we'll enter that into the record if that's
12:06:26 8 acceptable to y'all and I'll then rule on it in my
12:06:29 9 order. Does that work for you, Mr. Samuels?
12:06:32 10 MR. SAMUELS: Yes, Your Honor.
12:06:32 11 THE COURT: How about you,
12:06:32 12 Mr. Lockhart?
12:06:33 13 MR. LOCKHART: Of course, Your Honor.
12:06:34 14 THE COURT: All right. Very good.
12:06:36 15 Are there any objections to jurisdiction, venue, APA
12:06:37 16 submissions or any other item?
12:06:41 17 MR. SAMUELS: None from the claimant,
12:06:42 18 Your Honor.
12:06:43 19 MR. LOCKHART: None from defendants.
12:06:44 20 THE COURT: All right. Without
12:06:44 21 objection the Commission file becomes a part of the
12:06:44 22 record with the exception of self-serving
12:06:44 23 declarations and unstipulated medical reports.
12:06:51 24 We're here today, Mr. Samuels,
12:06:52 25 pursuant to a Form 50 that your firm filed on behalf

12:07:01 of the claimant. If you would, please, sir, place
12:07:01 your client's position on the record.
12:07:02 MR. SAMUELS: Thank you, Your Honor.
12:07:03 May it please the Commission, much of our case is set
12:07:07 forth in the attachment to the pre-hearing brief and
12:07:09 we would refer to that. But essentially, Your Honor,
12:07:14 we contend this is a compensable case. Legally it
12:07:20 could come under Section 42-11-60 or 42-11-72. We
12:07:25 plead both in the alternative. We do believe it is
12:07:28 better characterized as an injury by accident, as the
12:07:35 evidence will show that this is not a repetitive type
12:07:38 of job and, therefore, would be compensable under
12:07:41 42-11-60.
12:07:43 That being said, if Your Honor should
12:07:44 find it is repetitive, we believe the record will
12:07:47 show that we have met our burden of proof under
12:07:50 42-11-72. In particular we would rely on
12:07:54 Dr. Mazoue's deposition and Dr. Mazoue's opinion.
12:08:01 There is a questionnaire at Page 111 of the APA
12:08:08 submissions filled out by Dr. Mazoue and would even
12:08:11 point out that Dr. Mazoue has made handwritten notes
12:08:16 on the questionnaire to make sure that it does
12:08:20 accurately reflect his opinion. He was also
12:08:25 extensively cross-examined regarding his opinion and
12:08:29 he maintained his opinion that this is a work-related

injury.

As we had indicated in pre-trial, one of the difficulties with this case is that it took a while for the doctors to diagnose exactly what was wrong with Ms. Butler. It was really only when she received the diagnosis that she had an injury to her shoulder and arm that she recognized what her injury was. Up until that time, she knew she was hurting, she knew she couldn't work, she knew it happened at work, but she didn't know what it was.

The doctors up until that time had been misdiagnosing it, addressing it as cervical radiculopathy. It's not really until Dr. Suite saw her on May 31, 2012 and referred her onto the shoulder people at University Orthopedics, including Dr. Mazoue, which was on June 11, 2012.

I would also point out that the medical records consistently pinpoint the date of her injury as April 10 or 11, 2012. I would also particularly point out Page 67 of the APA submissions, which is the handwritten form she filled out for --

THE COURT: Let's back up to date of accident. The Commission file shows that it's April 13th. Is that not right?

MR. SAMUELS: April 13, 2012 would be the last injurious exposure in that she suffered the initial injury either April 10 or April 11, 2012. She says a Wednesday and April 11th was actually the Wednesday. So April 13th was a Friday. That was the last day that she worked and her problem continued to worsen through that Wednesday, Thursday and Friday. Until about Friday, she was actually having numbness down her arm. So she was out of work after that except for going back to work for approximately an hour and a half on May 10, 2012.

Upon learning of her diagnosis, she reported her accident and the work connection to her employer. Her claim continued to be denied. That's understood. She did, at one point, fill out an application for short-term disability where she indicated there was no accident or was not the result of an accident. It was not the result of work. That, Your Honor, she will testify to. But the explanation, of course, is she didn't know what was wrong with her, didn't find out until later.

In that case we are relying on two cases. We're relying on McGuffin vs. Schlumberger, 414 Southeast 2nd 162, a South Carolina Supreme Court case from 1992. The holding of that case is that a

claimant's own misdiagnosis of a medical condition is not substantial evidence that there was no work injury.

We're also relying on the case of Mauldin vs. Dyna-Color/Jack Rabbit. The Mauldin case applied the discovery rule that was essentially a case where the claimant was misdiagnosed by her doctors. They did not recognize the seriousness of her injury. Once she got the true diagnosis, the statute of limitations had passed. The Supreme Court held that the statute of limitations is tolled until the claimant learns of the compensable injury. That is Ms. Butler's case and, of course, that is the rule in repetitive trauma cases such as King vs. Internal Saw.

What we are seeking, Your Honor, is we are seeking causally-related medical treatment and payment for her past medicals and additional treatment with Dr. Mazoue as the authorized treating physician. There is a suggestion of psychological overlay which we are simply asking to be held in abeyance. It's not ready to be decided by Your Honor today as that requires further medical development.

Dr. Mazoue last saw Ms. Butler December 29, 2014. We believe she's at least

12:13:38 entitled to temporary total through December 29,
12:13:41 2014. From that date forward when she returns to
12:13:46 Dr. Mazoue, if he determines she is not at MMI or
12:13:50 determines she would have been under the same
12:13:53 restrictions, during that period of time then she
12:13:55 should continue to receive temporary total. We're
12:13:59 willing to have that issue determined upon the return
12:14:02 to Dr. Mazoue if Your Honor thinks it's inappropriate
12:14:05 to put her on a running award at this point in time.
12:14:08 We do ask that Dr. Mazoue be
12:14:10 designated the authorized treating physician noting
12:14:13 that defendants have denied the case and not
12:14:19 designated any attending physician and it would make
12:14:23 sense, since Dr. Mazoue has already performed the
12:14:25 bulk of the treatment, for him to continue as the
12:14:28 treating physician. She is not at MMI and that is an
12:14:33 opinion that Dr. Mazoue indicated in his deposition
12:14:36 and he would make upon her return visit.
12:14:42 That's our position, Your Honor.
12:14:43 THE COURT: Thank you. Mr. Lockhart.
12:14:45 MR. LOCKHART: Your Honor, just in
12:14:46 the interest of time, we did have a lengthy
12:14:48 pre-hearing conference regarding this case. But as
12:14:50 far as the defendants are concerned, we maintain that
12:14:51 the claimant cannot satisfy her burden of proof under

either Section 42-11-60 or Section 42-11-72. In asserting that position, Your Honor, we rely upon the following medical records and I'm just going to give you citations to the APAs. I'll go into the records on cross-examination.

Claimant's APA Page 1, 13, 15, 30, 68, 70, 72, 85, and 254, among others, support our contention that when Ms. Butler sought and received medical treatment from a variety of medical providers, many of which within 60 to 90 days of the date of her alleged accident. She did not inform any of her physicians that her physical problems were related to her employment with my client. We think that the totality of the medical evidence supports our position in this case.

Let me address briefly the questionnaire of Dr. Mazoue because I think it requires some discussion. Dr. Mazoue, in his deposition, indicated that Ms. Butler personally never provided him directly with information about her employment or relationship between her shoulder problem and the performance of her job duties and responsibilities with my client. He also indicated at Pages 20 through 25 of his deposition that information regarding the relationship between her

12:16:20 1 physical problems and her work injury were provided
12:16:22 2 to him by her lawyer during a conference that took
12:16:25 3 place involving the two of them that resulted in the
12:16:27 4 production of the questionnaire that's been offered
12:16:29 5 up to you today as evidence.
12:16:32 6 Dr. Mazoue, in his questionnaire,
12:16:35 7 provided a handwritten note stating that he had
12:16:38 8 reviewed additional information in records in
12:16:40 9 reaching his opinion on the issue of causation. But
12:16:43 10 in his deposition when asked what records he
12:16:45 11 reviewed, he could not recall specifically what
12:16:48 12 records those were. And so I think his testimony,
12:16:53 13 like any other evidence in any case, has to be
12:16:56 14 afforded a certain amount of weight. And as our
12:17:00 15 courts have said, expert testimony is not binding
12:17:04 16 upon the fact-finding body if there is competent
12:17:06 17 substantial evidence to the contrary in matters of
12:17:08 18 such kind which are not of common knowledge.
12:17:11 19 And so we think that when you look at
12:17:13 20 the entirety of the medical records in this case,
12:17:15 21 you're going to see one report, one page out of 210
12:17:19 22 pages of records, that relate Ms. Butler's problems
12:17:22 23 to her employment with my client.
12:17:24 24 I would agree with Mr. Samuels that
12:17:26 25 she has not reached maximum medical improvement. I

would also, in a strange turn of events, agree with him about the temporary total issue. Our take on that is a bit different in the sense that I think it would require speculation and conjecture to award her temporary total after December 29, 2014 given that she hasn't been examined by a physician since that time. So any determination as to whether or not she remains temporary totally disabled without appropriate medical evidence, I think would be, again, outside the purview of this Court's authority under the Act. She is not at MMI and, therefore, any determination of permanency would be premature.

With regards to the two cases that Mr. Samuels handed up, I have had a chance to review those, Your Honor, during the break. I would just point out that the Mauldin case dealt with a specific issue, and in that case the Court said the issue on appeal is whether the two year statute of limitation period provided in Section 42-15-40 runs from the date of accident, the date the petitioner discovered the compensable injury. The statute of limitations is not at issue in this case. We're not asserting this claim is barred by the statute and, as a result, we would maintain that this case can be essentially set aside. We're not arguing that this case should

12:18:39 1 be barred by the statute.
12:18:40 2 In the McGuffin case the Court said
12:18:43 3 the sole issue before it is whether the Order of the
12:18:45 4 Full Commission denying benefits is supported by
12:18:47 5 substantial evidence. It was a substantial evidence
12:18:50 6 case. Again, I'm not sure what applicability the
12:18:52 7 holding in McGuffin has to this case when the issue
12:18:52 8 in McGuffin was whether or not there was substantial
12:18:58 9 evidence to support the Commission's decision.
12:19:01 10 Thank you, Your Honor.
12:19:03 11 THE COURT: Mr. Samuels?
12:19:11 12 MR. SAMUELS: Your Honor, we would
12:19:13 13 certainly ask that you read, as I know you will,
12:19:13 14 Dr. Mazoue's deposition. I believe he addresses all
12:19:17 15 of the issues raised by Mr. Lockhart. He also --
12:19:27 16 THE COURT: You both can be assured I
12:19:27 17 will read Dr. Mazoue's deposition in its entirety at
12:19:28 18 least once.
12:19:29 19 MR. SAMUELS: In there, there are
12:19:31 20 references, I think, to all of the relevant medical
12:19:34 21 records, including the additional medical records,
12:19:35 22 that confirm Dr. Mazoue's opinion, including at Page
12:19:42 23 55, for example, a note that the pain arises out of
12:19:47 24 the employment which was by Dr. Tanksley.
12:19:56 25 On the McGuffin case, it was a

substantial evidence case. But what happened is that the Circuit Court and then the Supreme Court reversed the Commission's finding of fact that it was not a compensable injury because the Court held that a claimant's own misdiagnosis was not evidence that an injury did not occur. And, essentially, while we don't really have a diagnosis by Ms. Butler other than not really knowing what had happened or what was wrong with her, we have the other doctors going down rabbit hole of cervical radiculopathy when it turned out it was actually pretty significant shoulder pathology. All of that, again, is cleared up by Dr. Mazoue's deposition.

THE COURT: Mr. Lockhart?

MR. LOCKHART: Nothing further at this time, Your Honor.

THE COURT: As a matter of housekeeping, to keep the uploading of the records straight, Mr. Samuels, you have handed up an electronic copy or Dr. Mazoue's depo and you're going to upload that as an exhibit; is that correct?

MR. SAMUELS: Correct, Your Honor.

THE COURT: And, Mr. Lockhart, you hand up the official sealed copies of both the depositions of the claimant which you may refer to

12:21:24 1 today on cross. And if you do, we'll have to open
12:21:27 2 and mark those at that time.
12:21:28 3 MR. LOCKHART: That's correct, Your
12:21:29 4 Honor.
12:21:30 5 THE COURT: Very well. I just wanted
12:21:31 6 to make sure that we got that straight.
12:21:38 7 MR. SAMUELS: I have no objection to
12:21:38 8 both of those depositions coming in.
12:21:41 9 THE COURT: That is my question: Do
12:21:41 10 either of you have any objection to any of these
12:21:42 11 three depositions coming into the record?
12:21:45 12 MR. SAMUELS: I do not, Your Honor.
12:21:45 13 MR. LOCKHART: I do not, Your Honor.
12:21:47 14 THE COURT: All right. I think we
12:21:47 15 are to the point, Ms. Butler, that we are ready to
12:21:47 16 hear from you, ma'am. I need you to relax. This is
12:21:47 17 not going to be a stressful event. We want you to be
12:21:47 18 as comfortable as you can because I want you to have
12:21:47 19 good recall and be able to answer all the questions
12:21:47 20 that both your attorneys and Mr. Lockhart ask you.
12:22:43 21 I have two requests for you, though.
12:22:43 22 The first is, as you can see, there is no cord on
12:22:44 23 that microphone. So it doesn't work. So I need you
12:22:48 24 to speak up. The lawyers need to hear you, this
12:22:51 25 young lady making the record needs to hear you, and I

need to hear you.

The second request is, if you are asked a yes or no question, please answer with a verbal yes or a verbal no. If you shake or nod your head, which I do all the time, she actually has to put that in the record and that's going to slow her down. And a yes or no is just clearer for us here today and would be clear for anyone reading the record in the future. Okay?

THE WITNESS: Okay.

(DORETA BUTLER LONG, being first duly sworn to tell the truth, testified as follows:)

THE COURT: Please state your full name for the record.

THE WITNESS: My name is Doreta Butler Long.

THE COURT: The caption reads just Butler. Have you gotten married?

THE WITNESS: Yes, sir.

THE COURT: Long, L-O-N-G?

THE WITNESS: Yes, sir.

THE COURT: Okay. And, ma'am, I need you to dial it up just a bit.

THE WITNESS: Yes, sir.

THE COURT: All right. Mr. Samuels,

your witness.

MR. SAMUELS: Thank you, Your Honor.

DIRECT EXAMINATION

BY MR. SAMUELS:

Q. Doreta, how old are you?

A. I'm 44 years old.

Q. How far did you go in school?

A. Graduated from high school and I went two years of college.

Q. Two years of college --

A. At Midlands Tech.

Q. Midlands Tech?

A. Yes, sir.

Q. Okay. Did you complete anything at Midlands Tech?

A. No, sir, I didn't complete Midlands Tech.

Q. You testified earlier you got married. You married Levi Long?

A. Yes, sir.

Q. How long have you and Levi been married?

A. We got married on -- we've been married for two years on January 7th, but we have been married for a little over a year.

Q. I want to kind of run through your work history quickly. You worked at McDonald's for about

two years?
A. Yes, sir.
Q. And you worked at Baptist Hospital in food service for about two years?
A. Yes, sir.
Q. And you worked for the Department of Mental Health in food service for about three years?
A. Yes, sir.
Q. When did you start with ITW?
A. I started with ITW -- I first came to ITW through Jerman Personnel and I started on October -- no, September 11, 1999 and I got hired at the company itself on March 21, 2000.
Q. What does ITW do?
A. It's a printing company. We print signs and labels.
Q. What kind of signs and labels?
A. The signs for McDonald's, we print the Coca-Cola signs, we print -- we print stuff that goes inside cell phones. We make components for cell phones. We -- we print a lot of things. We do anything you want to print. If you want it printed, we print it or they will print it.
Q. Some things could be small, some things could be large?

12:25:46 1 A. Yes, sir. We done printed like last --
12:25:48 2 when I was last there printing, at that time they had
12:25:52 3 the new machines like the Redbox, but it wasn't
12:25:55 4 Redbox. It was the other. It was Blockbusters.
12:25:57 5 That was the big thing when I was leaving there or
12:25:59 6 when I went out, that was the big thing we was doing
12:26:03 7 then.
12:26:06 8 Q. What was your specific job?
12:26:07 9 A. I was -- my title was laminator inspector.
12:26:14 10 I mostly laminated and inspected my material all day
12:26:16 11 long.
12:26:20 12 Q. Assume that we've never been in the plant
12:26:22 13 or worked in the plant, so we don't have any idea how
12:26:24 14 it works.
12:26:25 15 A. I run -- I run a -- well, it's four
12:26:30 16 different types of laminating machines. One is a big
12:26:34 17 machine, it holds 60-inch rolls, which is rolls of
12:26:39 18 material which is big rolls of material that you put
12:26:40 19 up on the machine. Then there's a small 30-inch
12:26:46 20 laminator, there's two of those. And then there's
12:26:47 21 another one that's a left-hand material that you
12:26:51 22 stand up and run that one. I ran them all. I knew
12:26:53 23 how to run them all.
12:26:53 24 I knew how to run my whole department.
12:26:56 25 Everybody didn't know how. But the only reason I

12:26:58 1 knew how is because I had been there so long and
12:27:00 2 every time they needed someone to go somewhere and
12:27:02 3 train, they would send me there to train if the
12:27:05 4 department was coming to our company. But I knew my
12:27:10 5 position and every position that was in my
12:27:14 6 department.
12:27:19 7 Q. What are some of the physical things that
12:27:21 8 you would have to do in that job?
12:27:23 9 A. We have to -- we had to pick up our own
12:27:24 10 material. We had to go to the warehouse and pick our
12:27:26 11 material. We had some days we did our inventory
12:27:32 12 where we had to count our rolls, we had to pick our
12:27:34 13 rolls up, we had to do hand lamination. It's
12:27:43 14 basically a lot of lifting materials and running
12:27:45 15 materials all day long. They gave us a work list of
12:27:49 16 what we needed to do and we go pull those jobs and
12:27:51 17 those materials for those jobs and we set those
12:27:55 18 materials and those jobs along next to each other,
12:27:57 19 pull out how much we need and start running them.
12:28:00 20 Q. Did you do the same thing over and over
12:28:02 21 again or were you doing different things?
12:28:07 22 A. That one we do basically, unless we had
12:28:10 23 something special -- like the Blockbuster, that's
12:28:13 24 special. That goes on the bigger laminator and that
12:28:14 25 was like a 60-inch roll. We only did that when they

had orders for it or when it was time for it or we done messed up something and we had to go back and do it again. Other than that, it's each job jacket tells us what material we need and what we needed for that job. So whatever that job jacket told me I needed, that's what I did.

Q. In terms of the rolls, is it paper or what is it?

A. No, sir, it's adhesive. Some is paper -- some is paper, some is adhesive, and some is -- it's like a plastic. I also ran like a thermal dye press too. I used mylar and all that there. We used all type stuff. Like for the hand lamination, we had -- we had -- it's just all different kind of materials we got from 3M. I know it was adhesive, it was plastics, and it was papers.

Q. How much or how big were the rolls that you would actually have to lift?

A. It all depends on which machine that I had to run. If I had to run the big machine, that machine holds up to a 60-inch roll.

Q. How much does a 60-inch roll weigh?

A. Some of the rolls weigh about 300 pounds. Before -- before they broke down to that one laminator, we had two laminators. They had to make a

12:29:45 lift after a while for one of the laminators. Before
12:29:48 we all just lifted on there. They still lift on
12:29:51 there, but they just recently made the lift. I say
12:29:56 probably like -- I say probably maybe about --
12:29:58 because I had done came back from -- I say at the
12:30:03 most about five, six years ago, at the most. I've
12:30:06 been working there for the longest.
12:30:09 Q. Did you also have to deal with sheets of
12:30:11 material?
12:30:12 A. Yes, sheets of paper and all that. We
12:30:15 deal with sheets. We ran like the locals for, say,
12:30:18 the ATM, we ran the banners. We did all that stuff.
12:30:22 We ran sheets. Like the Blockbuster stuff was in
12:30:26 big, old sheets.
12:30:29 Q. Quick question: Are you left-handed or
12:30:32 right-handed?
12:30:32 A. I'm right-handed.
12:30:38 Q. How did you come to hurt yourself?
12:30:40 A. From lifting the rolls and from the
12:30:43 repetitive of just sending it through the machine
12:30:46 from the rolls. A lot of the rolls are heavy, but I
12:30:51 had to get my job done. They didn't look to see
12:30:54 whether it was heavy or not. I had to get it done.
12:30:56 At the end of the day, it's what I got done.
12:31:02 Q. In the plant, when did you first start

noticing that you were having some pain?

A. I didn't notice until that Wednesday or on the 11th or the 10th, whichever day the Wednesday before the 13th. That's when I noticed it started -- it was hurting. It started hurting that particular day and then it's just progressed just the way my arm was like numb and it started just tingling. It was hurting. So I just went onto the emergency room then on that Friday.

Q. So let's talk about you said it started hurting. Were you at work or were you at home or were you somewhere else?

A. I was at work.

Q. What were you doing when it started hurting?

A. I was doing what I normally do, my regular routine working. I was -- at that time I had been doing Blockbuster because that's the best -- that was the thing that was going the most. It was only two of us doing Blockbusters at the particular time. They would send other people to help us, but it was only two of us in charge of it and that was me and another co-worker.

Q. So you're feeling this pain. What did it feel like?

12:32:02 A. At first it was just hurting. Just
12:32:05 hurting. After a while it was just from -- this
12:32:07 whole right side just start throbbing, throbbing like
12:32:11 a toothache. Just throbbing, throbbing. Sometime it
12:32:13 just feel like something sitting on my shoulder and
12:32:16 just sits there.
12:32:17 When I lay at night, I can't sleep because
12:32:18 the whole right side hurt. I can't sleep on my right
12:32:22 side. I got to sleep on left side. I can't sleep on
12:32:23 my left side too long because my left side starts to
12:32:25 hurt. I can't sleep on my back because my back
12:32:26 hurts.
12:32:27 I got to sleep propped up on pillows and
12:32:30 stuff and I still don't sleep. I haven't slept eight
12:32:33 hours in I don't know how long and many years -- I
12:32:36 mean, years. So, I mean, I don't sleep. I hurt all
12:32:39 the time.
12:32:44 Q. So going back to kind of where you worked
12:32:47 because we're kind of getting ahead of things. Just
12:32:49 at that point in time, did you keep on working even
12:32:52 though you were hurting?
12:32:53 A. Yes, sir, I kept on working. I kept on
12:32:56 working because when I go to work, I go to work to
12:33:00 work. I go there to get my job done because I can't
12:33:02 -- I'm single. At that time I was a single mom. I

had to do what I to do to take care of my children. So I made sure when I went to work, I did my work and I got it done and I did my job good. I did my job well. I didn't think that it came from the job. I just thought I was hurting those days until I find out the right diagnosis. I was hurting.

Q. So at some point you said you went to the emergency room?

A. Yes, sir.

Q. We have a medical record from April 14th.

MR. SAMUELS: Your Honor, that's APA Page 1.

BY MR. SAMUELS:

Q. You went to the emergency room. What happened in the emergency room?

A. They told -- when I went to the Providence, they told me I had --

MR. LOCKHART: I object to anything that the doctor said as hearsay.

THE COURT: You can't tell me what somebody told you. You can tell me what your understanding was, but you cannot tell me what somebody told you. The reason why is if you say, "The doctor said," well, that doctor is not here for Mr. Lockhart to cross-examine. But you can tell me

what your understanding was. So, Mr. Samuels, if you will help her, that might be helpful.

MR. SAMUELS: Sure.

BY MR. SAMUELS:

Q. Doreta, did they give you a sling?

A. Yes, sir, my arm was in a sling. My arm was in a sling for April till I believe the end of June, beginning of July.

Q. So at that point, we're talking April 14th, you had been in the emergency room. That Monday were you scheduled to work?

A. Yes, sir.

Q. Did you call in?

A. Yes, sir.

Q. Who did you talk to?

A. I talked to Stacie -- Stacie Dash.

Q. And who is Stacie Dash?

A. Well, her name is not Dash no more. It's something else. She done got married since then, but she was my supervisor.

Q. What did you tell Stacie?

A. I told Stacie I was not coming in because I went to the doctor and I was hurting -- I was hurting. Well, I was told that -- from my understanding, I had a slipped disc in my neck and

I'm in a lot of pain and I can't -- I can't do anything. I'm hurting. I'm in pain. I can't come to work. She told me okay.

Q. Did you tell her that you had a work injury and you needed her to send you to the doctor?

A. No, sir. At that time, I didn't know it was a work injury.

Q. Did you know what was going on or why you were hurting?

A. Well, to my understanding I had a slipped disc.

Q. From that point on, you went to some other doctors?

A. Yes, sir.

Q. At some point did you go back to work?

A. I went back on May, I believe it was 10th or 15th, somewhere around there, for an hour and a half and I was sent back home.

Q. Tell us what happened when you went back to work.

A. When I went back to work, I couldn't -- I couldn't do it. I couldn't push the sheets. I sit there and as soon as I sat down, like I said, I be in pain. So all the pain started hitting me. I couldn't push the sheets through the machine. I

12:36:16 1 couldn't pick the sheets up. So I was told I can go
12:36:21 2 home.
12:36:22 3 Q. Did they also talk to you about short-term
12:36:25 4 disability?
12:36:28 5 MR. SAMUELS: Your Honor, I have to
12:36:29 6 object to the leading form of the question.
12:36:34 7 THE COURT: Rephrase.
12:36:35 8 THE WITNESS: Yes.
12:36:35 9 THE COURT: Hold on. Rephrase the
12:36:35 10 question, please.
12:36:36 11 BY MR. SAMUELS:
12:36:47 12 Q. I'm going to show you a document. It's in
12:36:54 13 the record. Have you seen this record before? I'm
12:37:05 14 looking at Page 261 of the APA submissions.
12:37:07 15 A. Yes, sir. Yes, sir.
12:37:08 16 Q. And I'm also showing you Page 249. Have
12:37:23 17 you seen that document before?
12:37:25 18 A. I believe so. Yes, sir.
12:37:26 19 Q. The first one at Page 249, was all of that
12:37:31 20 filled out, already sent to you?
12:37:36 21 A. No, sir, I don't think so. No, sir.
12:37:37 22 Q. How did you get these documents?
12:37:43 23 A. A co-worker brought them to me. My
12:37:49 24 co-worker brought it to me.
12:37:50 25 Q. What's the name of your co-worker?

12:37:53 A. Shannon Randall.
12:37:56 Q. And when she brought them to you, the top
12:38:00 part of this exhibit, Page 249, was that part already
12:38:03 filled out?
12:38:05 A. Yes, sir. Ms. Loris filled out everything
12:38:08 she need to fill out and then she put sticky notes to
12:38:11 where I needed to sign it.
12:38:12 Q. Did you sign it?
12:38:13 A. The parts that I could sign, yes, sir. I
12:38:13 couldn't write, but I signed where she told me to
12:38:17 sign it.
12:38:18 Q. I apologize. I showed you the wrong
12:38:18 exhibit.
12:38:18 MR. SAMUELS: 254, Your Honor, is the
12:38:44 correct page.
12:38:46 BY MR. LOCKHART:
12:38:46 Q. Doreta, I'm showing you Page 254. There's
12:38:51 some handwriting down here at the bottom of Page 254.
12:38:53 Is that your handwriting?
12:38:54 A. No, sir, it's not my handwriting.
12:38:55 Q. Do you know whose handwriting it is?
12:38:57 A. I believe it's my husband's writing,
12:38:59 Leviticus Long, but it's not mine.
12:39:07 Q. You were present when he filled this form
12:39:08 out?

12:39:09 A. Yes, sir, I had to be present.
12:39:11 Q. And there's a part here where it says, "Is
12:39:13 this condition work-related?" Another part says, "Is
12:39:17 the condition a result of an accident?" And the box
12:39:20 is checked no. Can you explain why the box is
12:39:24 checked no?
12:39:24 A. Because at that time I was under the
12:39:27 impression that I had a slipped disc in my neck and
12:39:30 that's the reason I had --
12:39:30 THE COURT: Ma'am, you're going to
12:39:30 need to speak up. I can hardly hear you.
12:39:34 THE WITNESS: At that time when this
12:39:35 paper was filled out, I was under the impression that
12:39:37 I had a slipped disc in my neck. So I didn't know it
12:39:40 was a work-related injury.
12:39:41 BY MR. SAMUELS:
12:39:43 Q. And I'm also going to ask you to look at
12:39:45 Page 255. This kind of scribbly part down here at
12:39:49 the bottom left, what is that?
12:39:50 A. That's how I sign. That's my name.
12:39:53 Q. How come it's so scribbly?
12:39:54 A. Because I can't write.
12:39:56 Q. Because of?
12:39:57 A. My injuries.
12:40:05 MR. SAMUELS: Your Honor, if I may, I

refer you to Page 257, which is the same short-term disability questionnaire, the doctor's portion. Under 4 in the history the question is asked, "Is the condition due to injury or sickness arising out of patient's employment?" And Dr. Tanksley checked the unknown box at that point.

BY MR. SAMUELS:

Q. You were seeing Dr. Tanksley. Is that your family doctor?

A. That was the first doctor I seen. That's the doctor that the hospital -- when I went to the emergency room, Providence sent me to see Dr. Tanksley.

Q. And Dr. Tanksley --

A. He was my doctor. That's the first doctor. He was the doctor that originally discovered that I had slipped disc in my neck. He's the one that checked it for me.

Q. Did you have an MRI done?

A. Yes, sir. He did an MRI in his office, as well as he sent me to do an MRI outside his office.

Q. And who were you referred to then?

A. I'm not for sure who I was referred to then.

Q. Does it ring a bell that you would have

been referred to Dr. Sweet at University Orthopedics?

A. Yes, sir, I went to Dr. Sweet as well.

Q. Dr. Sweet ultimately referred you to a shoulder specialist?

A. Yes, sir. He referred me to, I believe, Dr. McGown. Then after that, I went to Dr. Mazoue.

Q. I'm going to show you another document. This is at Page 67 of the APA submissions. Have you seen this document before?

A. I don't think. I can't say whether I have or I haven't. I don't recollect it. No, sir.

Q. Do you recognize the handwriting in that document?

A. No, sir.

Q. At some point did you come to an understanding that your problem was not a slipped disc and was something else?

A. Yes, sir. After I seen Dr. Sweet, he told me it was no -- it wasn't --

MR. LOCKHART: Your Honor, again, I'm sorry. I object to anything the doctor said.

THE COURT: You can't tell me what he said, ma'am.

THE WITNESS: After I seen Dr. Sweet, which was a neurological doctor, I was -- I mean,

12:44:00 1 that's when I understand that it was not my slipped
12:44:05 2 disc. It was my rotator cuff.
12:44:09 3 Q. Did at some point you also report -- did
12:44:14 4 you keep in touch with the people at ITW during this
12:44:17 5 time?
12:44:18 6 A. Yes, sir. I kept in touch with them all
12:44:20 7 the way up until I believe it was September, and then
12:44:27 8 I was called by Ms. House I believe in December to
12:44:31 9 tell me that the plant was closing and that -- the
12:44:37 10 plant would be closing as of January 1st and she told
12:44:41 11 me how I could do my insurance and stuff. That's
12:44:44 12 what she called me for.
12:44:45 13 Q. Did at some point you learn that your
12:44:47 14 injury was a work-related shoulder injury?
12:44:50 15 A. Yes, sir. I told her -- she asked me what
12:44:53 16 was wrong with me too and I told her what was wrong
12:44:55 17 with me at that time too.
12:44:57 18 Q. About when was that?
12:44:58 19 A. She called me in December. I told Stacie
12:45:03 20 in the end of July when I found out for sure what was
12:45:07 21 wrong with me. I told Stacie then what was wrong
12:45:10 22 with me.
12:45:20 23 Q. I'm going to run through some of the
12:45:21 24 medical records and treatment quickly, but at some
12:45:25 25 point Dr. Mazoue recommended surgery in March 2013?

12:45:32 A. I had surgery on April 1st.
12:45:34 Q. Of what year?
12:45:35 A. Of 2015 -- '14.
12:45:41 Q. '14?
12:45:41 A. Yes, sir, '14.
12:45:41 Q. Why were you not able to have surgery sooner?
12:45:44 A. Because I had scheduled to have -- I was scheduled to have insurance -- I mean, I was scheduled to have my surgery on March 5, 2013, but the company canceled my insurance on February 15th. So I couldn't get the surgery and I had to wait to get insurance the following year in order to get the surgery on my own.
12:46:19 Q. You ultimately got the surgery as soon as you could?
12:46:22 A. Yes, sir.
12:46:24 Q. From the records we have it appears the last time you saw Dr. Mazoue was December 29, 2014. Have you been back to see Dr. Mazoue after that?
12:46:33 A. Have I been back to see him since then?
12:46:35 Q. Yes.
12:46:36 A. No, sir. The last time I seen him was in December of 2015, I think. Yes, sir, '15.
12:46:44 Q. Are you willing to go back to Dr. Mazoue?

12:46:46 A. Oh, yes, sir.
12:46:48 Q. And why did you not return to Dr. Mazoue
12:46:50 after December 29, 2014?
12:46:53 A. Because I don't have any insurance and I
12:46:55 don't have any money for no insurance.
12:47:01 Q. I'm going to ask you just how you're
12:47:03 doing. First off, did the surgery help you?
12:47:09 A. It helped a little, but not much because I
12:47:11 still -- I'm still in -- I'm still in pain. I still
12:47:15 can't write. A lot of things I still just can't do.
12:47:19 Q. Let's talk about the things that you can
12:47:22 and cannot do. What are some of the things that you
12:47:26 cannot do?
12:47:26 A. I can't write. I don't sleep well. I
12:47:31 can't really do anything strenuous with this arm at
12:47:36 all. I can't pick nothing up. I can't unscrew a
12:47:41 jar. I can't -- I can't really grip nothing. This
12:47:44 hand gives out. So if I pick up something, if I try
12:47:47 to attempt to pick up anything, it will give out. I
12:47:48 drop whatever is in it. So I don't even try to pick
12:47:51 up anything in it. I basically don't try to do as
12:48:00 much as I need to do with my right arm. I do it with
12:48:02 my left hand first.
12:48:06 Q. Would you be able to work the job you did
12:48:08 before?

12:48:13 A. I believe, I mean, after a while, I
12:48:15 probably could. Probably after I get what I need
12:48:19 because I need another injection. If the injection
12:48:22 don't work, I have to do more surgery. So maybe
12:48:24 after all that, then I can be able to go back and do
12:48:28 what I was doing before.
12:48:29 Q. How about where you are today?
12:48:31 A. No, sir. I can -- well, I can do -- I was
12:48:34 inspector as well. And then when I went back on --
12:48:39 when they sent me back -- when I went back for that
12:48:41 one day, I was on light duty. That was part of my
12:48:45 duties, if I was -- well, if I was to go back, they
12:48:48 was to put me on inspection if I couldn't do anything
12:48:51 else. I would have been inspector. That's just
12:48:53 looking at sheets.
12:48:57 Q. Do they still have a plant in South
12:48:58 Carolina?
12:48:59 A. No, sir.
12:49:10 Q. How high -- can you lift your arm over
12:49:13 your head?
12:49:14 A. I can lift it. I just -- I can lift it.
12:49:16 I just don't -- I can't lift it, lift it. But I can
12:49:20 lift it.
12:49:20 Q. Show us how high you can go?
12:49:23 A. (Witness complies.)

12:49:25 Q. How does that feel?
12:49:26 A. It hurts right up in here. (Witness
12:49:28 indicates.)
12:49:28 THE COURT: Describe "right up in
12:49:28 here."
12:49:28 THE WITNESS: It hurts from --
12:49:28 THE COURT: On the underside of your
12:49:29 upper arm?
12:49:31 THE WITNESS: My whole -- from the
12:49:32 top of my shoulder to the mid -- to my --
12:49:35 THE COURT: To your elbow?
12:49:36 THE WITNESS: Yes, sir, it hurts.
12:49:37 MR. SAMUELS: Doreta, that's all the
12:49:41 questions I have. Please answer any questions
12:49:43 Mr. Lockhart has for you.
12:49:44 THE COURT: All right. Mr. Lockhart.

CROSS-EXAMINATION

12:49:46 BY MR. LOCKHART:
12:49:47 Q. Good afternoon, ma'am. You informed your
12:49:48 lawyer -- gave him testimony about the various
12:49:55 doctors you have seen as a result of your injury; is
12:49:58 that correct?
12:49:59 A. Yes, sir.
12:50:00 Q. I want to take you through those
12:50:03 physicians for a moment and talk to you a little bit

about those various examinations. The first medical record in the submissions that have been offered up today is a note from Providence Hospital dated April 14, 2012. Was that the first place you would have gone for treatment following your alleged work injury?

A. Yes, sir.

Q. When you went to Providence Hospital on April 14, 2012, did you inform your physicians there that you had been injured at work?

A. No, sir.

Q. When you went to Providence Hospital in April 14, 2012, did you provide your physicians there with any information at all regarding your job duties and responsibilities with ITW?

A. No, sir.

Q. When you went to Providence Hospital on April 14, 2012 --

THE COURT: When you finish with the 14th, I want to ask something about the 14th before you go to the next date.

BY MR. LOCKHART:

Q. When you went to Providence Hospital on April 14, 2012, did you inform any of your physicians there that you had had a work accident on April 10th

12:51:17 or April 11th of 2012?
12:51:20 A. No, sir.
12:51:25 MR. LOCKHART: All right, Your Honor.
12:51:25 THE COURT: When you go to the ER on
12:51:26 the 14th --
12:51:27 THE WITNESS: Yes, sir.
12:51:27 THE COURT: -- you're in pain?
12:51:30 THE WITNESS: Yes, sir.
12:51:30 THE COURT: What did you think had
12:51:32 happened?
12:51:34 THE WITNESS: I didn't know because,
12:51:35 see, I'm not a sickly person. So I didn't know what
12:51:38 happened. I just knew that I was in pain and this is
12:51:42 some kind of pain I have never felt before. And then
12:51:45 once my hand started going numb, I thought something
12:51:49 might be wrong because of, you know, kind of
12:51:53 physical. Like I might -- I mean, I just thought
12:51:56 something might have been bad, bad wrong. I just
12:51:57 didn't think it was my arm or could have been my neck
12:51:59 or anything. I just thought something other than
12:52:01 that was wrong with me.
12:52:04 THE COURT: You didn't assign it to
12:52:06 anything happening anywhere?
12:52:09 THE WITNESS: No, sir. What
12:52:11 initially made me go is because my arm was going numb

and I was scared that I could -- I could possibly die or something. So I went on to the doctor.

THE COURT: Mr. Lockhart.

BY MR. LOCKHART:

Q. Ms. Butler, the next collection of medical records that we have, at least from a chronological standpoint, are records from Palmetto Health, Palmetto Health Richland, I believe. The emergency room there indicates that you were seen on or about -- pardon me, Your Honor, for just a moment -- on or about looks like April 17 or April 18 of 2012. Does that sound correct to you?

A. Yes, sir.

Q. And when you went to Palmetto Health Richland, did you inform your physicians there that you had been injured at work?

A. No, sir.

Q. Did you inform your physicians at Palmetto Health -- or provide them, rather, with any information at all regarding your job duties and responsibilities with ITW?

A. No, sir.

Q. And when you went to Palmetto Richland on April 17 or 18 of 2012, did you inform your physicians there that you had been involved in a work

12:53:24 accident on either April 10 or April 11, 2012?
12:53:27 A. No, sir.
12:53:38 Q. The next collection, I guess, of records
12:53:41 we have chronologically are records from I believe
12:53:45 it's Dr. Tanksley; is that correct?
12:53:48 A. Yes, sir.
12:53:49 Q. And you came under his care -- I want to
12:53:52 make sure I understood this correctly. Did you come
12:53:54 under his care through a referral from the emergency
12:53:56 room?
12:53:57 A. Yes, sir.
12:53:58 Q. Had you ever treated with Dr. Tanksley
12:53:59 before?
12:54:01 A. No, sir.
12:54:03 Q. And I believe that his practice is called
12:54:07 Palmetto Health Richland Family Medical Center?
12:54:11 A. Yes, sir.
12:54:17 Q. And do you recall seeing a Dr. Shaffer in
12:54:19 that practice on or about April 27, 2012? If we have
12:54:26 a record that says you were seen on that date, would
12:54:28 you have any reason to dispute it?
12:54:30 A. No, sir, I had no reason to dispute it.
12:54:32 Q. When you saw Dr. Shaffer at this
12:54:34 particular practice, did you inform Dr. Shaffer that
12:54:37 you had been injured at work?

12:54:40 A. No, sir.
12:54:42 Q. Would you be surprised if his records
12:54:44 state that you recalled no injury?
12:54:46 A. Sir?
12:54:46 Q. I said would you be surprised if his
12:54:48 records, which are at Page 30 of the APAs, Your
12:54:51 Honor, say that you recalled no injury?
12:54:53 A. Yes, sir, that was in April. I didn't
12:54:54 know I was injured.
12:54:57 Q. Well, you indicate that you didn't know
12:55:01 you were injured in April, but earlier in your
12:55:04 testimony you indicated that you thought that you
12:55:05 injured yourself on April 10 or April 11?
12:55:08 A. I was hurting that particular day. I
12:55:13 didn't know what from. I mean, I thought it was
12:55:15 something serious. I mean, I'm not trying to
12:55:17 diminish my rotator cuff. It's painful. I thought I
12:55:19 was about to die or something because my hand and
12:55:22 stuff was going numb.
12:55:23 Q. When you went to Palmetto Health Richland
12:55:26 Family Medical Center for the first time on April 27,
12:55:28 2012, did you provide them with any information at
12:55:31 all regarding your job duties and responsibilities
12:55:33 with ITW?
12:55:35 A. No, sir.

12:55:35 Q. When you went to Palmetto Health Richland
12:55:37 Family Medical Center on April 27, 2012, did you
12:55:40 inform the physicians there that you had been injured
12:55:42 on either April 10 or April 11 of 2012?
12:55:46 A. No, sir. I might have told them I was
12:55:49 hurting since then. I didn't tell them I was injured
12:55:51 because I didn't know that -- what was wrong with me.
12:55:54 Q. Did you continue to see that practice in
12:55:57 follow-up?
12:55:58 A. Yes, sir.
12:55:59 Q. And you treated with them over a period of
12:56:01 a few months; is that correct?
12:56:03 A. Yes, sir.
12:56:03 MR. LOCKHART: I'm looking at, Your
12:56:05 Honor, just in the interest of time, Pages 40 through
12:56:09 45 of the claimant's APA submissions.
12:56:14 BY MR. LOCKHART:
12:56:22 Q. At any point in time while you were under
12:56:25 the care of Palmetto Health Richland Family Medical
12:56:27 Center, did you inform the physicians there that the
12:56:29 problems you were having were, in your opinion,
12:56:31 related to your employment with ITW?
12:56:34 A. No, sir.
12:56:38 Q. Now, at some point that particular
12:56:40 practice, Palmetto Health Richland Family Medical

Center, gave you a referral and is that who referred you to Dr. Sweet?

A. Yes, sir.

Q. And we've talked about Dr. Sweet a bit so far today. Did you inform Dr. Sweet that the problems for which he was examining you were related to your employment with ITW?

A. No, sir.

Q. After being examined on one occasion by Dr. Sweet, you were then referred, I believe, over to an orthopedist for treatment, correct?

A. Yes, sir.

Q. And you came under the care of Dr. McGown?

A. That's right.

MR. LOCKHART: And according to the records, Your Honor, I'm looking at Page 68 of the claimant's APA submissions.

BY MR. LOCKHART:

Q. You were seen by Dr. McGown on or about June 11 of 2012; is that correct?

A. Yes, sir.

Q. If we have a record said that's when he saw you, does that sound fairly accurate to you?

A. Yes, sir.

Q. And when you saw Dr. McGown for the first

time, did you inform Dr. McGown that you had been injured at work?

A. At that time I knew it was my rotator cuff. By the time I got to Dr. McGown, I knew it was my rotator cuff then because he sent me for -- he sent me to get therapy. He sent me to therapy.

Q. Yes, ma'am. I understand that you actually had therapy. My question to you is: Did you inform Dr. McGown when you saw him for the first time on June 11, 2012, that the problems for which you were seeing him were related to your employment with ITW?

A. Once I found out whichever doctor I was seeing at the particular time knew that it came from my work. Yes, sir.

Q. I understand. I apologize. This is kind of important. I think you think you're answering my question, but I don't know if you are. As far as what the doctor knew or not knew, that's not what I'm asking you. I'm asking what you told Dr. McGown when you saw him for the first time on June 11, 2012. Did you tell him that the problems for which he was examining you were related to your job with ITW?

A. Once I found -- I'm saying I don't -- I told them I didn't know what was wrong with me up

12:58:48 1 until I found out what the right -- I was telling
12:58:52 2 them it was my neck up until I found out it was my
12:58:54 3 rotator cuff. Once I found out it was my rotator
12:58:55 4 cuff, whoever asked me, whichever doctor I went to, I
12:58:58 5 told them it was my rotator cuff and how it could
12:59:02 6 have happened on my job.
12:59:03 7 Q. Would you be surprised if Dr. McGown's
12:59:04 8 medical record of June 11, 2012 makes no mention at
12:59:06 9 all of your work accident?
12:59:06 10 A. Okay. Would I be surprised?
12:59:15 11 Q. Yes, ma'am.
12:59:16 12 A. I mean, I don't know. No, sir.
12:59:22 13 Q. Have you reviewed any of his records
12:59:24 14 before today?
12:59:24 15 A. No, sir.
12:59:28 16 Q. Now, according to Dr. McGown's records, it
12:59:30 17 looks like he saw you on two separate occasions and
12:59:33 18 then referred you over to Dr. Mazoue; is that
12:59:36 19 correct?
12:59:36 20 A. Yes, sir. I thought I seen him more than
12:59:39 21 that, but yes, sir.
12:59:40 22 Q. Ultimately, though, you came under the
12:59:41 23 care of Dr. Mazoue; is that correct?
12:59:43 24 A. Yes, sir.
12:59:44 25 Q. When you saw Dr. Mazoue for the first

time -- and, again, the records, I think, reflect a visit with Dr. Mazoue for the first time took place on September 14 of 2012. Does that sound correct to you?

A. Yes, sir. That's about correct.

Q. When you saw Dr. Mazoue for the first time, did you inform Dr. Mazoue that you had been injured at work?

A. Yes, sir.

Q. What exactly did you tell Dr. Mazoue?

A. He asked me --

Q. You can't testify about what he said to you. I'm asking what you said to him.

MR. SAMUELS: Your Honor, she can testify to a question that he asked her because that's not being offered for the truth of the matter therein. She can say he asked me and I told him X.

THE COURT: I would agree with that. She can -- she can say that. What he asked her, yes, she can tell me that. But I don't think that's your question. I think your question is what did she tell him.

MR. LOCKHART: That's exactly right.

THE COURT: What did you tell Dr. Mazoue?

13:00:48 1 THE WITNESS: I told Dr. Mazoue that
13:00:50 2 my injury was from -- it was a work-related injury
13:00:54 3 and I told him what I did daily on my job because he
13:00:58 4 asked what I done daily on my job.
13:01:01 5 BY MR. LOCKHART:
13:01:01 6 Q. So what exactly did you tell him?
13:01:03 7 A. I told him I lift rolls and I run
13:01:06 8 machines.
13:01:08 9 Q. I'm looking at Page 40 of the claimant's
13:01:13 10 November 24, 2014 deposition. Ms. Butler, your
13:01:28 11 deposition has been taken twice?
13:01:30 12 A. Yes, sir.
13:01:31 13 Q. And in your first deposition you were
13:01:32 14 asked, "Did you inform Dr. Mazoue that you had been
13:01:34 15 injured on the job?" And your answer to that was,
13:01:36 16 "Yes, sir." And then at the bottom of Page 40, I
13:01:41 17 asked you what exactly did you tell him. If you
13:01:44 18 could read your answer at the bottom of Page 40 and
13:01:48 19 at the top of Page 41?
13:01:49 20 A. "I told him that it comes from when I
13:01:53 21 found out it was my rotator cuff. I told him that it
13:01:57 22 came from lifting boxes at work."
13:02:01 23 Q. So is it lifting rolls or is it lifting
13:02:05 24 boxes? What exactly is it?
13:02:06 25 A. The rolls. We have rolls that -- we have

material that come in rolls. We have material that come in boxes as well. When I do inventory, I lift the boxes of rolls. I can lift rolls of material too as well. They either come in sheets, boxes, or rolls.

Q. So is it your testimony here today that you informed Dr. Mazoue that your problems began when you were doing something in particular lifting boxes at work?

A. I told him it might have happened over a period of time because I didn't -- I didn't hurt for ten years or 13 years. I just started hurting on the 10th.

Q. Have you reviewed any of the medical records before the hearing today?

A. No, sir.

Q. Would you be surprised if his September 14, 2012 report notes that you cannot recall that your work accident caused your injury?

A. No, sir. I mean, no, sir. I mean, if it says that, then it says that. But it came from me lifting boxes.

Q. You haven't seen Dr. Mazoue at all since December of 2014?

A. I believe it was the 15th of December. It

13:03:39 was the end of the year, so it might have been '14.
13:03:41 Yes, sir, '14.
13:03:42 Q. Do you have health insurance currently?
13:03:44 A. No, sir.
13:03:46 Q. Have you sought coverage under Medicaid if
13:03:49 you don't have funds with which to purchase
13:03:52 insurance?
13:03:53 A. My husband makes more than enough to pay
13:03:56 for Medicaid. Medicaid won't give us insurance.
13:04:01 Q. Have you sought treatment under the
13:04:02 Affordable Care Act or tried to procure insurance
13:04:04 through --
13:04:05 A. I tried to get insurance, but we cannot
13:04:08 afford it. We can't afford it. I only live off his
13:04:10 income. I don't work.
13:04:13 Q. There was a period of time that you had
13:04:15 income, correct?
13:04:16 A. That's from short-term disability and
13:04:18 long-term disability. That's the only income I had.
13:04:21 Q. So you last worked with ITW, you said
13:04:24 sometime in May of 2012; is that correct? You tried
13:04:27 to go back one day?
13:04:28 A. Yes, sir.
13:04:29 Q. And then after that you filed for
13:04:30 short-term disability benefits; is that correct?

13:04:33 A. Yes, sir.
13:04:34 Q. And those benefits stopped at some point
13:04:37 in October of 2012. Does that sound about right to
13:04:41 you?
13:04:43 A. Yes, sir.
13:04:44 Q. So you had income at some point in 2012.
13:04:46 The short-term disability benefits stopped and then
13:04:50 you applied for long-term disability benefits?
13:04:53 A. Yes, sir.
13:04:53 Q. And then those benefits began at some
13:04:56 point in March of 2013; is that correct?
13:04:58 A. Yes, sir.
13:04:59 Q. So when you were getting short-term, how
13:05:00 much were you receiving?
13:05:02 A. I believe it was $200 every week or
13:05:05 something like that. Somewhere around there.
13:05:06 Q. When you started receiving long-term
13:05:08 disability benefits, how much were you receiving?
13:05:11 A. $1,100 and something, I think.
13:05:15 Q. And that was per month?
13:05:17 A. Yes, sir.
13:05:17 Q. In order to obtain those benefits, you had
13:05:19 to fill out applications or paperwork; is that
13:05:22 correct?
13:05:22 A. Yes, sir.

13:05:23 Q. And Mr. Samuels asked you about some of
13:05:25 that paperwork earlier, the paperwork that you or
13:05:28 your husband may have completed in order to obtain
13:05:32 those benefits, correct?
13:05:34 A. Yes, sir.
13:05:47 Q. And you would agree that some of those
13:05:49 documents asked you if the problems which you were
13:05:50 seeking benefits were related to a work accident or
13:05:53 to your employment, correct?
13:05:56 A. For the long-term disability?
13:05:59 Q. Yes, ma'am. I'm just going to refresh
13:06:00 your memory. This is the same document your lawyer
13:06:02 asked you about earlier. This is Page 254 of the APA
13:06:05 submissions. At the very bottom there were questions
13:06:08 about whether your condition was work-related or the
13:06:12 result of an accident?
13:06:13 A. Yes, sir.
13:06:13 Q. And I believe you testified that you
13:06:15 believed your husband filled out this?
13:06:17 A. That's correct.
13:06:18 Q. And these answers were given in the
13:06:20 negative in the sense that it was noted this was not
13:06:23 work-related and not the result of employment,
13:06:25 correct?
13:06:26 A. Yes, sir.

13:06:27 Q. And this document would have been filled
13:06:28 out in May of 2012; is that correct?
13:06:30 A. Yes, sir.
13:06:38 Q. Have you read -- I hate to use this term,
13:06:42 but have you read the fine print of any of the
13:06:44 documentation that was filled out on your behalf --
13:06:47 A. No, sir.
13:06:47 Q. -- regarding short-term or long-term
13:06:50 disability benefits?
13:06:51 A. No, sir.
13:06:55 MR. LOCKHART: Your Honor, I'm
13:06:56 looking at Page 255 of the claimant's APA
13:07:01 submissions.
13:07:02 BY MR. LOCKHART:
13:07:04 Q. Ms. Butler, I'm looking at the very top of
13:07:05 this document and it says, "Any person who knowingly
13:07:10 and with intent to injure, defraud or deceive any
13:07:13 insurance company or other person files an
13:07:15 application for insurance or statement of claim
13:07:17 containing any materially false information or
13:07:20 conceals for the purpose of misleading information
13:07:23 concerning any fact or material thereto commits a
13:07:25 fraudulent insurance act which is a crime and
13:07:29 subjects such person to criminal and civil
13:07:32 penalties."

13:07:33 1 So are you aware that at least this
13:07:36 2 document indicates that if there is false information
13:07:38 3 regarding the basis for your claim, that there could
13:07:40 4 be consequences associated with that?
13:07:42 5 MR. SAMUELS: Your Honor, I have to
13:07:44 6 object to that question. First off, it's a
13:07:48 7 misstatement. This requires knowingly and with
13:07:56 8 intent to injure or defraud. The witness has already
13:07:58 9 testified as to what her understanding was at the
13:08:01 10 time and explained why. So questioning her about
13:08:04 11 this is not a question that's going to elicit any
13:08:08 12 factual information. It's merely an attempt to
13:08:11 13 intimidate and harass my client. I would object to
13:08:14 14 the question and ask it be struck.
13:08:17 15 MR. LOCKHART: Your Honor, her
13:08:17 16 credibility is at the centerpiece of this claim and
13:08:21 17 she's testifying here today that she was injured on
13:08:24 18 the job. I'm not threatening her. I'm just asking
13:08:26 19 her if she understood that the document that she
13:08:28 20 signed indicated that her problem wasn't work-related
13:08:31 21 could subject her to possible consequences if the
13:08:35 22 information provided in that document wasn't true or
13:08:38 23 fraudulent. It was offered up by the claimant's
13:08:39 24 attorney in his APA submissions, he asked her about
13:08:39 25 it in direct examination. I have every right to

cross her on that document.

MR. SAMUELS: It's not going to elicit a question that goes to facts, Your Honor. You're the judge of her credibility through everything she has testified to and how it matches up with the medical records and everything else. The suggestion by counsel to try to backdoor some suggestion that this is fraudulent or that she has attempted to commit fraud, has the intent to commit fraud, is improper. It does not go to her credibility. It is not a proper question for this hearing.

THE COURT: Anything else, Mr. Lockhart?

MR. LOCKHART: Nothing further, Your Honor.

THE COURT: I'm going to permit it, but let's be kind of careful here.

MR. LOCKHART: Of course. I'm going to move on.

BY THE COURT:

Q. Thank you. Your long-term disability benefits stopped when?

A. In December of 2014.

Q. And do you have any idea why they stopped?

13:09:46 A. She told me that it was finished, that I
13:09:48 couldn't get no more.
13:09:51 Q. Were you required to submit medical
13:09:54 documentation in order to remain eligible for
13:09:59 long-term disability benefits?
13:09:59 A. No, sir. She had medical information for
13:10:03 me, but she told me it was -- she had medical
13:10:08 information from me because I had just went to the
13:10:10 doctor when they had talked to her in I believe it
13:10:14 was November and I had an appointment before I had
13:10:18 talked to her that I was coming up and I told her I
13:10:20 had that appointment, but she had told me that my
13:10:24 benefit was ended in December.
13:10:25 Q. So as of the present time, you maintain
13:10:27 the reason that you haven't been back to see
13:10:29 Dr. Mazoue is because you can't afford to go see him,
13:10:33 correct?
13:10:34 A. Yes, sir.
13:10:34 Q. And you haven't had health insurance since
13:10:37 December of '14?
13:10:38 A. No, sir. When I had health insurance, I
13:10:40 paid for all my doctor visits and everything. But
13:10:43 from the year 2012 is the year when I first started
13:10:50 going, that's what I owed them from. I cannot go
13:10:53 back to Dr. Mazoue until I pay the -- I owe them

13:10:55 1 $600-something from then. But when I got my own
13:10:58 2 insurance and paid for the surgery and all that, I
13:11:01 3 paid for everything that I had needed to pay for at
13:11:03 4 that time.
13:11:04 5 Q. Okay. Now, have you been back to any
13:11:06 6 medical provider for any reason at all since December
13:11:08 7 of 2014?
13:11:09 8 A. No, sir. I had a toothache. But other
13:11:13 9 than that, no, sir.
13:11:14 10 Q. You went to Providence Hospital and sought
13:11:15 11 treatment for that problem?
13:11:18 12 A. Yes, sir.
13:11:19 13 Q. How did you pay for your visit to
13:11:21 14 Providence Hospital?
13:11:22 15 A. I didn't. I still owe it.
13:11:24 16 Q. You still owe it?
13:11:26 17 A. Yes, sir.
13:11:27 18 Q. So you went to providence for a toothache,
13:11:30 19 but can't use your right arm or right shoulder and
13:11:32 20 haven't sought treatment at all since December 2014?
13:11:36 21 A. No, sir, I don't have the money. I cannot
13:11:38 22 go see Dr. Mazoue. They told me they will not see me
13:11:40 23 unless I pay them first.
13:11:41 24 Q. Do you have a physician at the present
13:11:43 25 time that is currently writing you out of work?

13:11:46 A. No, sir.

13:11:48 Q. Let me ask you this: You gave us a little bit of background about your education. You graduated from high school and you studied at Midlands Technical College for two years?

13:11:56 A. Yes.

13:11:57 Q. Why haven't you sought work elsewhere since last working for ITW?

13:12:01 A. Because I be in pain all the time. I be in pain every day. I put patches on my arm day and night. When I leave here, when this run out about eight hours from now -- which it doesn't even last the eight hours. From five to six hours, I've got to put more medicine on my arm. I be in pain all the time.

I mean, I'm not saying I can't work. I'm not saying I don't want to work. I've been working since I been 12 years old. My father was in the military. We used babysit and all. So it's not a problem with me working. I just be in pain all the time.

13:12:30 Q. Are you wearing pain patches at all on your at the hearing today?

13:12:33 A. Yes, sir.

13:12:34 Q. Where are they located?

13:12:36 A. Right here.
13:12:36 Q. Are those over-the-counter pain patches?
13:12:38 A. Yes, sir. I buy them and I wear them
13:12:40 daily.
13:12:41 Q. But you haven't sought work anywhere at
13:12:42 all since last working at ITW?
13:12:46 A. No, sir.
13:12:48 Q. And as far as your current problems are
13:12:50 concerned, where are they located?
13:12:53 A. I don't understand what you're asking me.
13:12:55 Q. As far as your current physical problems,
13:12:56 your discomfort and pain, where is it located?
13:12:59 A. It's in my -- it's still in my right
13:13:01 shoulder on down. When it rains or when the weather
13:13:05 changes, my whole arm aches like a toothache. From
13:13:10 the time I get up in the morning -- sometimes I can't
13:13:12 even get up in the morning because it feels like I
13:13:14 have so much weight on my shoulder, I can't lift my
13:13:17 body up.
13:13:19 Q. Are you having pain or discomfort anywhere
13:13:19 else at the present time other than in your right
13:13:19 shoulder?
13:13:23 A. No, sir.
13:13:25 Q. Are you having any problems at the present
13:13:27 time with your neck?

13:13:29 A. No, sir.

13:13:47 MR. LOCKHART: Your Honor, I beg the
13:13:48 Court's indulgence.

13:13:51 THE COURT: Certainly.

13:13:51 BY MR. LOCKHART:

13:14:02 Q. Ms. Butler, in the course of some of your
13:14:05 treatment -- I'm sorry, your testimony earlier in
13:14:08 response to your lawyer, you made an allusion to
13:14:10 needing another injection or needing another surgery
13:14:14 as far as your shoulder is concerned. How do you
13:14:16 know that you're going to need another injection or
13:14:17 another surgery if you haven't seen a doctor since
13:14:19 December of '14?

13:14:21 A. Because when I left Dr. Mazoue, I was
13:14:22 supposed to get a shot that cost $350. It didn't
13:14:26 cover my insurance. And in order for me to get that
13:14:26 shot, I had to pay that $350 up front and I didn't
13:14:31 have the money to get that shot. That's the reason
13:14:35 why I have never went back to Dr. Mazoue. When I go
13:14:38 back, I need an injection inside my shoulder and he
13:14:41 told me -- well, I was told if the injection don't
13:14:44 work, then I may have to have surgery again.

13:15:20 MR. LOCKHART: Your Honor, I don't
13:15:21 have any further questions.

13:15:22 THE COURT: All right. Mr. Samuels.

13:15:24 MR. SAMUELS: Thank you, Your Honor.
13:15:24 I can't say that I will be brief, but I will be
13:15:24 focused.
13:15:24 THE COURT: It is what it is,
13:15:24 Mr. Samuels.
REDIRECT EXAMINATION
13:15:31 BY MR. SAMUELS:
13:15:32 Q. Doreta, I'm going to ask you some
13:15:35 questions about your medical records. So I'm going
13:15:38 to go through these. When you answered
13:15:45 Mr. Lockhart's questions about what you told the
13:15:47 doctors and so forth and what was in your medical
13:15:50 records, did he show you your medical records?
13:15:53 A. No, sir.
13:15:53 Q. I'm going to show you your medical
13:15:55 records. So let's start here at Page 1. This is
13:15:58 April 14, 2012. This is your first emergency room
13:16:01 visit. The record says, "Patient has job in which
13:16:08 she has repetitive arm movements." Would the doctors
13:16:17 have gotten the information about your job if you
13:16:19 hadn't discussed your job activities with them?
13:16:22 MR. LOCKHART: Your Honor, I have to
13:16:23 object to that question. He's asking for what the
13:16:24 doctors would have known or how they would have
13:16:25 incurred that information. He's asking for the

13:16:28 doctor's perspective.
13:16:32 THE COURT: I would tend to agree.
13:16:33 Can we try and rephrase that, Mr. Samuels?
13:16:35 BY MR. SAMUELS:
13:16:37 Q. Does that refresh your memory on whether
13:16:38 you discussed repetitive job activities and arm
13:16:41 movements with the doctor?
13:16:43 A. Yes, sir, it does refresh. They may have
13:16:47 asked about my job, but I didn't tell them that this
13:16:50 was job-related because I didn't know it was
13:16:52 job-related.
13:16:55 Q. Did you discuss that your job involved
13:16:58 repetitive use of your arm?
13:17:01 A. I'm not going to say I haven't, but, yes,
13:17:03 sir, I may have.
13:17:16 Q. I wanted to ask you about the April 17,
13:17:18 2012 emergency room visit. Did you tell them that
13:17:32 you had right arm pain that's been going on for a
13:17:35 week?
13:17:36 A. That sounds about right since my whole
13:17:40 right side was hurting at the beginning. So yes,
13:17:44 sir, because that should have landed around about the
13:17:46 10th because it started on that Wednesday and I went
13:17:49 to the doctor on the 13th, which I didn't really get
13:17:52 to see him until the 14th.

13:17:54 Q. So if you're going to the doctor on
13:17:57 April 17th talking about pain a week ago, that puts
13:18:00 it back to about April 10 or 11?
13:18:03 A. Yes, sir.
13:18:05 Q. I'm going to move to Page 30, which is
13:18:13 Family Medical Health Center. That's where you were
13:18:16 referred to by the emergency room; is that right?
13:18:21 A. Yes, sir.
13:18:22 Q. Okay. And this is a visit from
13:18:30 April 27th. So this says, "Right upper extremity
13:18:37 pain. Pain started three weeks ago on the right side
13:18:39 of her chest. This hurt for two days and migrated to
13:18:41 her right clavicle and right upper arm. She
13:18:44 presented when she developed tingling pain down her
13:18:45 whole arm to her fingers."
13:18:48 My question is: Is that an accurate
13:18:49 description of what you experienced?
13:18:52 A. Yes, sir.
13:18:52 Q. And that pain started at work?
13:18:54 A. Yes, sir, it started at work.
13:18:59 Q. Do you by chance know what a brachial
13:19:01 neuropathic pain is? That was your diagnosis at the
13:19:01 time.
13:19:04 A. No, sir, I don't know what that is.
13:19:13 Q. I'm going to show you a report from Dr.

13:19:15 Tanksley at the same practice and it appears to be
13:19:35 dated July 30, 2012.
13:19:42 MR. LOCKHART: What page number are
13:19:44 you referring to?
13:19:44 MR. SAMUELS: 55.
13:19:44 BY MR. SAMUELS:
13:19:45 Q. Under the history of present illness, did
13:19:58 you have a fall?
13:19:59 A. No, sir.
13:19:59 Q. Did you have a sports injury?
13:20:01 A. No, sir.
13:20:02 Q. Was your pain -- did you have pain that
13:20:07 occurred with movement in association with work?
13:20:11 MR. LOCKHART: I'm going to object to
13:20:11 the leading form of the question.
13:20:15 MR. SAMUELS: I'm reading the record,
13:20:16 Your Honor.
13:20:16 MR. LOCKHART: That's not what it
13:20:17 says, Steve.
13:20:17 BY MR. SAMUELS:
13:20:21 Q. "The context of the pain occurred with
13:20:23 movement in association with work. Not following a
13:20:30 fall, not associated with cold weather. Not
13:20:31 associated with damp weather and not during sports."
13:20:37 Question: If this record says the context of the

13:20:41 pain occurred with movement in association with work,
13:20:43 do you disagree with that or is that accurate?
13:20:45 A. That's accurate. Because when I started
13:20:47 working, I was hurting.
13:20:54 Q. I want to talk about what you told when
13:20:56 you saw Dr. McGown. What this report says -- this is
13:21:08 at Page 68. "This has been going on for about three
13:21:12 months. She has had no specific injury, but she
13:21:14 started with chest pain and had some cervical spine
13:21:17 issues." Does that sound right?
13:21:19 A. At first when that's what they thought it
13:21:22 was, yes, sir.
13:21:27 Q. You've been asked what you told
13:21:29 Dr. Mazoue. What this report says at Page 70, "Pain
13:21:42 started April 10 and has not been to work since then.
13:21:45 Does not remember a specific event. Says that pain
13:21:49 originated in her chest and originated out." Did
13:21:52 your pain start about April 10?
13:22:01 A. Yes, sir.
13:22:02 Q. You continued working a few days. You
13:22:05 went shortly back to work, but essentially have you
13:22:05 been back to work?
13:22:07 A. No, sir. The only time I went back was
13:22:10 that one day in May for that hour and a half.
13:22:14 Q. And there's a question about, "Does not

13:22:16 1 remember specific event." My question on that is:
13:22:19 2 Did you lift something up and feel a sudden sharp
13:22:26 3 pain or did the pain just come on as --
13:22:29 4 MR. LOCKHART: Your Honor, I'm going
13:22:29 5 to have to object to the leading form of the
13:22:31 6 question.
13:22:31 7 BY MR. SAMUELS:
13:22:32 8 Q. How did the pain come on?
13:22:33 9 A. The pain came on gradually. It started
13:22:35 10 hurting that Wednesday. And as it got closer to that
13:22:39 11 Friday, it was hurting worse. Then by Friday, my
13:22:44 12 hand was going numb and my hands and stuff was
13:22:45 13 tingling. So I thought something was medically
13:22:49 14 really wrong with me.
13:22:51 15 Q. I'm going to show you page 72, which is
13:22:58 16 another report from Dr. Mazoue. The history of
13:23:07 17 present illness, read it again. "Ms. Butler is a
13:23:10 18 40-year-old right-hand dominant female. Apparently
13:23:12 19 on approximately April 10, 2012, she had an insidious
13:23:15 20 onset of right shoulder pain. She, I believe, works
13:23:20 21 laminating furniture. I cannot recall that her work
13:23:23 22 actually caused this injury. She had a severe onset
13:23:25 23 of chest pain that radiated outward from the arm."
13:23:28 24 So do you know what an insidious onset of
13:23:33 25 right shoulder pain means?

13:23:35 A. No, sir.
13:23:41 Q. Did your job involve laminating?
13:23:46 MR. LOCKHART: Your Honor, I have to
13:23:46 object --
13:23:46 THE WITNESS: Yes, sir.
13:23:46 MR. LOCKHART: -- to the leading form
13:23:46 of the question and it's been asked and answered
13:23:48 already. She's already told us what her job duties
13:23:50 and responsibilities were.
13:23:53 MR. SAMUELS: To that extent, Your
13:23:54 Honor, I'll rely on the medical record as I believe
13:23:57 it does speak for itself as to the description of her
13:24:01 work with Dr. Mazoue.
13:24:02 BY MR. SAMUELS:
13:24:03 Q. I wanted to ask you one last little bit of
13:24:10 questions and I'll be done. Doreta, you were shown
13:24:14 your deposition. This is your November 24, 2014
13:24:20 deposition and you were asked a question about what
13:24:26 you told Dr. Mazoue. So I'm going to read it a
13:24:31 little bit further because when you were testifying
13:24:35 before, your testimony was cut off.
13:24:37 So I'm going to start at Line 40. I'm
13:24:42 going to read the question. I want you to read your
13:24:44 answer as it was there. Page 40, Line 20. "Did you
13:24:50 inform Dr. Mazoue that you had been injured on the

job?"

A. "Yes, sir."

Q. What exactly did you tell him?

A. "I told him that it come from when I found out it was my rotator cuff, I told him it come from lifting boxes at work."

Q. "Did you inform him -- so you informed him you had injured yourself by lifting boxes?"

A. "Yes, sir, and running machines."

Q. So you told him also that you were injured running machines?

A. Yes, sir, and lifting boxes on the job.

MR. SAMUELS: Thank you. No further questions, Your Honor.

THE COURT: All right. Mr. Lockhart.

RECROSS-EXAMINATION

BY MR. LOCKHART:

Q. Ms. Butler, I'm going to show you Page 72 of the APAs. This is Dr. Mazoue's report from his first visit with you. Does it contain any of the information that you just read into the record with regards to what you told Dr. Mazoue as to how you were injured at work? And I'll give you an opportunity to review the note and tell me if it does or doesn't.

13:26:31 A. I don't understand what you're asking me.
13:26:33 Q. I'm asking you if the description that you just provided to your lawyer of how you were injured at work and what you informed Dr. Mazoue caused your problems is documented in that medical record that I'm showing you right now?
13:26:45 A. No, sir. It does indicate that laminate, but I don't laminate no furniture.
13:26:54 Q. I want to make sure I'm clear on one other thing and then I'm done. When you went to see Dr. Tanksley, did you at any point inform him that the problems for which he was seeing you were related to your job at ITW?
13:27:08 A. No, sir, I didn't know at the time that it was.
13:27:14 Q. So you never informed Dr. Tanksley that your problems were related to your job?
13:27:19 A. No, sir. I was informed that I had a slipped disc in my neck. I didn't know it was my rotator cuff.
13:27:28 Q. Because your lawyer a few minutes ago asked you if you informed Dr. Tanksley that your problems began at work or your pain started at work?
13:27:35 A. The pain did start at work, but I didn't think it came from work.

13:27:40 MR. LOCKHART: No further questions.

13:27:41 THE COURT: Mr. Samuels?

13:27:43 MR. SAMUELS: Nothing further, Your Honor. The claimant rests.

13:27:46 THE COURT: Any other witnesses, Mr. Samuels?

13:27:50 MR. SAMUELS: No, Your Honor.

13:27:51 THE COURT: Any witnesses, Mr. Lockhart?

13:27:52 MR. LOCKHART: No witnesses. We would rely on the medical records.

13:27:55 THE COURT: All right. Then that concludes this proceeding.

(The hearing was concluded at 2:20 p.m.)

CERTIFICATE OF REPORTER

I, Kimberly T. Power, Court Reporter and Notary Public for the State of South Carolina at Large, do hereby certify:

That the foregoing proceeding was taken before me on the date and at the time and location stated on Page 1 of this transcript; that the deponent was duly sworn to testify to the truth, the whole truth, and nothing but the truth; that the testimony and all objections made at the time were recorded stenographically by me and were thereafter transcribed; that the foregoing transcript as typed is a true, accurate, and complete record of the testimony and of all objections made at the time of the examination to the best of my ability.

I further certify that I am neither related to nor counsel for any party to the cause pending or interested in the events thereof.

Witness my hand, I have hereunto affixed by official seal this 24th day of October, 2016, at Lexington County, South Carolina.

_____

Kimberly T. Power, Court Reporter
Notary Public
State of South Carolina at Large
My Commission Expires: 04/24/2025

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1221499

Doretta Butler,	)
	)
Claimant,	)
	)
v.	)
	)
Illinois Tool Works,	)
	)
Employer,	)
	)
and	)
	)
American Zurich,	)
	)
Carrier/Defendants.	)

FULL COMMISSION HEARING

****

Tuesday, April 18, 2017
2:53 p.m. - 3:13 p.m.

COPY

The Full Commission Hearing was heard before Commissioners R. Michael Campbell, Susan S. Barden and Avery B. Wilkerson, Jr., Chair, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 18th day of April, 2016, before Sonia D. Wallace-Sanders, Court Reporter and Notary Public in and for the State of South Carolina.

APPEARANCES

Stephen B. Samuels, Esquire
Samuels Law Firm
1320 Richland Street
Columbia, South Carolina 29201
Attorney for the Claimant

Jason W. Lockhart, Esquire
McAngus, Goudelock & Courie, L.L.C.
1320 Main Street, Meridian, 10th Floor
Columbia, South Carolina 29201
Attorney for the Defendants

INDEX

	PAGE
CALL TO ORDER:	
COURT REPORTER	3
ARGUMENT BY:	
MR. SAMUELS	3
REPLY BY:	
MR. LOCKHART	10
MR. SAMUELS	18
Certificate	21

EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.

CALL TO ORDER:

COURT REPORTER: Today is April 18th, 2017 This is South Carolina Workers' Compensation Case Number 1221499. This is the case of Doretta Butler, claimant, versus Illinois Tool Works, employer and American Zurich, carrier. The appellant is the claimant represented by Stephen Samuels. The respondent is represented by Jason W. Lockhart. Each side is allowed 10 minutes for oral argument and the appellant three minutes in reply. You are requested to argue the grounds of exception and stay within the record.

COMMISSIONER WILKERSON: Please, Mr. Samuels?

ARGUMENT BY MR. SAMUELS:

MR. SAMUELS: Thank you. Good afternoon, Your Honors, and may it please the Commission. I'm Stephen Samuels for the appellant, Doretta Butler-Long. The Longs are in the court room behind me. In this case, this is a denied case, and the single Commissioner held that Ms. Butler did not meet her burden of proof. In so doing, he rejected the unrefuted medical opinion of two doctors who said this accident was work related, Dr. Mazoue and Dr. Tanksley,

both of whom were treating physicians. If you look at this case, the case involves, I think, two legal principles of going to how this kind of case should be decided. The first is the McGuffin case, McGuffin v. Schlumberger. In the holding from that case is that a misdiagnosis by the claimant and her doctors is not substantial evidence from whence the Commissioner could infer that the injury did not result from the accident at work. And what we have here is a case where it took the doctors several months to make the correct diagnosis. And because of that, I mean, it took them so long to figure out what was wrong with her, it also took them a while to figure out that it was work related. The other issue that goes in to how these cases are decided is what must a claimant prove. The claimant, according to the Clave case, must prove a causal relationship between the injury and work. You do not have to identify a specific event when the injury occurred. It's the old rule no slip fall fortuitous event, must be shown to be the cause of the injury. It's the unexpected result or industrial injury itself

that is required. We contend the single Commissioner erred by looking for a specific event. And certainly, this case would be a lot easier if Ms. Butler had picked up a 50 pound pile of laminate, felt an immediate pop, screamed, dropped it and immediately report it. But it didn't happen that way and we got to -- we've got to look at the way this happened. And that's how you decide this case, by looking at what happened. Doretta worked for the same employer for 12 years, no injuries, no accidents, no problems. By the record she was a model employee, reliable, they used her to train other people. On Wednesday, April 11th, 2012, she's at work and the history is kind of -- she started with chest pain, chest pain in the right side of her chest. Gradually got worse over the next two days, migrated to her right clavicle, then upper arm. And finally by Friday, by the end of work she had tingling pain and numbness down to her fingers and that's when she went to the hospital and she didn't know what was going on. And that's important. In fact, the Commissioner asked her, what did you think happened. And she

said, I didn't know what happened. I just knew that I was in pain. This was some kind of pain I never felt before. Then once my hand started going numb I thought something might be wrong because, if, you know, kind of physical, like, I mean, I just thought something might have been bad bad wrong. I didn't think it was my arm, it could have been my neck or anything, I just thought something other than that was wrong with me. What initially made me go was because my arm was going numb and I was scared that I could possibly die or something, so I went to the doctor. And, as Dr. Mazoue pointed out in his deposition, these kind of complaints make the doctors think cardiac. And when she goes to the doctor, for example, there's a confusing patient with unusual exam with marked pain and abnormal findings, at least two pathologies present. Next, banning some neuropathy affecting the right arm, likely brachial plexitis. And for the first several months after this happened, the doctors had diagnosed her with cervical radiculopathy, with brachial plexopathy, with rhabdomyolysis, even a deep vein thrombosis. They simply don't

know. Eventually, she is sent for an MRI, then sent to Dr. Sweet, a neurosurgeon. Dr. Sweet says, I don't think there's anything cervical going on here, I think it's a shoulder problem. Dr. Sweet refers her to Dr. McGown, who then puts her with Dr. Mazoue. And Dr. Mazoue treated her over the course of two years and he opined, to a reasonable degree of medical certainty, that her injury was a right shoulder injury, that was work related. His deposition was taken. Long deposition, we went through tons and tons of medical records. He maintained his opinion, that the injury was work related. The single Commissioner rejected Dr. Mazoue's opinion because it was, he says, not given at a time when she was treating. But actually, it looks like he examined or gave his opinion on January 26, in a questionnaire. He last saw her December 29th, before that. So he'd given his opinion 26, 27 days after he saw her. So, there's no evidence for where one should reject Dr. Mazoue's opinion. This is a non-traditional case because we don't have that sudden accident that makes it easier for us. But, once the doctors figured out what the

diagnosis was -- and they knew the history. If you look in the medical records, you'd see she always takes it back to April 11th. Three weeks ago, back to April 11th. Two months ago, back to April 11th. Always going back to work and there's no question it happened at work. She may have been confused because there was no slip, trip, fall or other fortuitous event. And if you read it, it really sounds like she thought she was having a heart attack when, in fact, it was here should tearing. Her doctors just misdiagnosed her. And, all of this is summed up I think in the McGuffin case, and I will read from that but insert these injuries into what I'm reading. In the McGuffin case, the Supreme Court, rejecting a denial of the claim by the Commission, said, it was not unreasonable for her not to make the connection at the time. This is a especially so, when as her physicians testified her pain was consistent with cervical radiculopathy. This reasonable, however, erroneous self diagnosis does not alter the fact that all treating physicians determine her pain was not related to her cervical spine but was in fact her

shoulder. Doretta Butler-Long proved her case with the medical evidence. Once she got the correct diagnosis from Dr. Mazoue, Dr. Mazoue gave the opinion it was work related. Dr. Tanskley, who was her family doctor who'd been treating her earlier and had made one of the earlier misdiagnoses, changed his records to say that it was work related. She met her burden. We would, therefore, ask that the single Commissioner be reversed and find that this is a compensable case and make an appropriate award of benefits.

COMMISSIONER WILKERSON: Any questions ---

MR. SAMUELS: Are there any questions?

(No audible response is heard.)

COMMISSIONER WILKERSON: Okay. Thank you. You'll have three minutes in reply.

MR. LOCKHART: Three minutes or 10 minutes?

COMMISSIONER BARDEN: He'll have three minutes ---

MR. LOCKHART: Yeah, I know ---

COMMISSIONER WILKERSON: I know y'all never listen. You the second one to say that. I said he will have three minutes in reply.

MR. LOCKART: I'm just ---

COMMISSIONER WILKERSON: I know y'all never listen,

do you?

MR. LOCKHART: I'm just teasing.

REPLY BY MR. LOCKHART:

MR. LOCKHART: Your Honor, may it please the Commission. I am here this afternoon on behalf of defendants in this case, Illinois Tool Works and their workers' compensation insurance carrier, asking this panel to affirm Commissioner McCaskill's decision. I thought that Mr. Samuels said something very interesting. It's one of the few things I would probably maybe agree with him about. You know, he said we must look at the way this happened, I believe was the phrase he used. And I think that's important, but in proving the compensability of an injury, the claimant has a burden to require -- is -- that claimant has a burden of proving their case as it is pled in the pleadings. And I think if you look at this case, if you look at the Form 50 and the pre-hearing brief, the claimant lists April 13th, 2012 as the date of the injury and then goes on to say, in the brief, that she sustained an injury by accident on April 10, 2012, while lifting laminate. Her initial

injury was exacerbated by continuous repetitive use, culminating in an inability to work on April 13th. So, there's a specific allegation that's been pled in this case. And, if the allegation is pled, then the act requires the claimant to satisfy their burden of proving in the allegation as pled. And in this case, there is sufficient evidence, I think more than enough evidence to support Commissioner McCaskill's decision, that the claimant didn't satisfy her burden of proof. And let me start with the medical evidence that's really contemporaneous to the date of the injury. The claimant saw multiple medical providers within a 30 to 60 day period following the date of her alleged accident. Had the opportunity to relate her problems to her employment, to provide a history of a specific accident or injury or a date of injury or her job duties and responsibilities giving rise to her physical condition. And if you read those medical records, you're not going to find her giving a history of being involved in a work accident or her relating the performance of her job duties and responsibilities to her physical

problems. Let me start with Providence Hospital, where she was seen two days following the accident. Claimant's APA, page number 1. She did not have trauma, there's no mention of a work accident. Six days after the accident she's seen at Palmetto Health, no mention of trauma, no mention of an accident. This is Claimant's APA, page 15. 16 days after the date of the accident, she's seen at Family Medical Center. There's no mention of her work accident. This is at page 30 of the Claimant's APA. Dr. McGown, who saw her, who's an orthopedic physician, saw her two months following the accident, approximately. There's no mention of her work accident in his record. This is at page 68 in the Claimant's APA's. The claimant in this case submitted 210 pages of medical records in support of the claim for benefits. There was one page, in those 210 pages, that mentioned a or related her problems to her employment. And that was a questionnaire from Dr. Mazoue that was filled out at the request of the claimant's attorney. And we're going to get into that in just a moment. Because I did depose Dr. Mazoue and I

asked him a lot of questions about how that questionnaire was prepared and what information he relied upon in providing his opinion. And I think you're going to find his answers quite interesting. So while it -- the act doesn't require a claimant to make a diagnosis, I would agree with what McGuffin says. Her failure to relate the onset of her problems to her work or to a specific date of injury as pled, is extremely pertinent to the determination of compensability. And there's a couple of big differences between this case and McGuffin that I think is important that the panel will understand. Number one, McGuffin related her problems to a specific incident at work. And number two, the Court in McGuffin said that the medical evidence at hearing was not disputed, it was not in dispute amongst the parties. There was a major dispute in this case about what the medical records said or didn't say or what some records said and what others didn't say. And I think that's an important distinction between this case and McGuffin. And Commissioner McCaskill in rendering his decision, he didn't rely exclusively upon the

notion that the claimant misdiagnosed her own problem, and the misdiagnosis is what he used to support his denial. He relied upon the totality of the medical evidence, the claimant's testimony and the testimony of Dr. Mazoue in reaching the decision that he reached. I also find it quite interesting that we've got April 13th, listed as the date of injury in the prehearing brief. We've got Mr. Samuels talking about April 10th or 11th, and the Appellant's brief has two different dates of accident. So, if in the arguments we're not even sure when the injury occurred relative to the pleadings, then how indeed can a claimant satisfy their burden of proof as required by either 160 or 172? Commissioner McCaskill considered Dr. Mazoue's testimony and at -- in his role as fact finder and in your role as the ultimate fact finder, you have the right to consider expert testimony. Expert testimony is not binding upon the fact finding body, if there is confident substantial evidence to the contrary, the Herndon case said as much. As so what we have in this case, we do have Dr. Mazoue providing a causation opinion. But we

also have a collection of other expert testimony in the form of records that would appear to contradict his conclusions. And, so you're within your right to weigh the evidence and to determine which evidence you're going to place more weight upon than the others, in making a decision on the issue of compensability. Commissioner McCaskill issued multiple findings of fact that verified his conclusion, the right conclusion, that the medical evidence contradicted Dr. Mazoue's opinion. If you look at the findings of fact 8 through 19 and 24 through 32, you will see where he looked at the medical records, individual records with individual providers and rendered an opinion, as he's entitled to do, on those records and how they compare to Dr. Mazoue's testimony and opinion. So let me, let me point out a couple things about Dr. Mazoue's testimony. Number one, he says in his deposition at page 22, that Ms. Butler, herself, never provided him with a history of a work related injury. I asked him specifically, did Ms. Butler provide you, herself, directly with any information at all

that was a prerequisite to answering these questions -- the questions I'm referring to were those in his questionnaire. His answer, I can not recall Ms. Butler gave me any. Meaning, that I don't believe she did. I went on to ask him, what if information was provided to you or who provided you with information that was the basis for your conclusions regarding the issue of causation. She said, Ms. Butler's lawyer provided her with that information. This was again asked of him at pages 20 through 25 in his deposition. And he, again, reiterated the fact that Ms. Butler had never given him that information that that information came from her lawyer. When I asked him -- this is what I guess was even more concerning, and I think Commissioner McCaskill touches on this to some extent in his findings of fact. When I asked Dr. Mazoue, what records he was provided that were reviewed by him to in turn result in his providing a causation opinion, his answer to me at page 46, I can not tell you at this point what those records are. So, candidly I'm still not entirely sure what he reviewed in rendering the opinion that he

rendered. I know Mr. Samuels is going to tell you that I -- well we presented him with all the records that were in existence. You can read his testimony and draw your own conclusions. And I also think it's important to point out that Dr. Mazoue initially examined Ms. Butler in September of 2012. He provided an opinion regarding the compensability or causal relationship between her employment and her shoulder problem in 2015, years after he had been seeing her. And, again, in response to an inquiry from her lawyer. I don't begrudge Mr. Samuels for seeking out the questionnaire to try to prove his case, but it can not be analyzed in a vacuum, that's not what Commissioner McCaskill did. He looked at the totality of the evidence, he read the testimony, he took that all into consideration in reaching the correct decision. And I'd ask that this panel affirm his decision. Thank you.

COMMISSIONER WILKERSON: Any questions?

COMMISSIONER CAMPBELL: No questions.

MR. LOCKHART: Thank you.

COMMISSIONER WILKERSON: In reply?

REPLY BY MR. SAMUELS:

MR. SAMUELS: Thank you, Your Honor. I would note that there has never been any other explanation for how Ms. Butler hurt her shoulder, other than having it done at work. It's undisputed, that's when her pain started. She's been consistent in explaining the symptoms as they came on and that they happened at work. The defense has not gotten an IME, they've not done anything to challenge this, except depose Dr. Mazoue. When they deposed Dr. Mazoue, they cross-examined him on all of the medical records, the same medical records Dr. Mazoue had already seen. And Dr. Mazoue stuck to his opinion that, yes, looking at these medical records, my own experience with the patient, I can give the opinion that this is causally related. A lot of what they are doing here is trying to take this case down to that specific event. In their brief and oral argument, just now Mr. Lockhart referred to specific things where she denied any trauma to her arm, she had no specific injury and she did not remember a specific event. And what that Graves case stands for is that she doesn't have to prove

any of those things. She doesn't have to identify the instant in time when this happened. She just has to make the connection to work. She's done that with the explanation that everything happened at work and then the missing piece of the puzzle was when it was actually the diagnosis. It's not rhabdomyolysis, it's not a heart attack, it's not cervical strain, it is a discrete shoulder injury. Mr. Lockhart takes issue with the way the case was pled. The case was pled as an injury by accident and in the alternative as repetitive trauma, if that came up. And it's consistently been pled and tried as per the evidence that her pain began April 11th, 2012 and that was a Wednesday. And by that Friday, April 13th, 2012, she was so scared she thought she was having a heart attack. She was having numbness down her arm and chest pain, that's when she went to the doctor. It is very much akin to the McGuffin case, where she makes the confusing presentation to the doctors because she doesn't know what's going on. And the doctors are looking for all these different explanations and they can't find an explanation

because they don't know what even the injury is. But they didn't diagnose it as shoulder pathology for a full three months afer she first hurt herself. They were going down all kinds of rabbit holes with the wrong diagnosis. It's just like McGuffin, she didn't know what had happened, she just knew she hurt and the hurt started at work ---

COMMISSIONER WILKERSON: Go ahead and finish.

MR. SAMUEL: --- and the doctors didn't know until they figured out that it was a torn rotator cuff with shoulder pathology. And that had to have come from work because there was no other explanation and no other evidence. And it was consistent with what she reported and what happened. Therefore, I ask that Your Honors reverse.

COMMISSIONER WILKERSON: Any questions?

COMMISSIONER BARDEN: Thank you.

MR. SAMUELS: Okay.

COMMISSIONER WILKERSON: Thank y'all for being here.

COMMISSIONER CAMPBELL: Thank y'all very much.

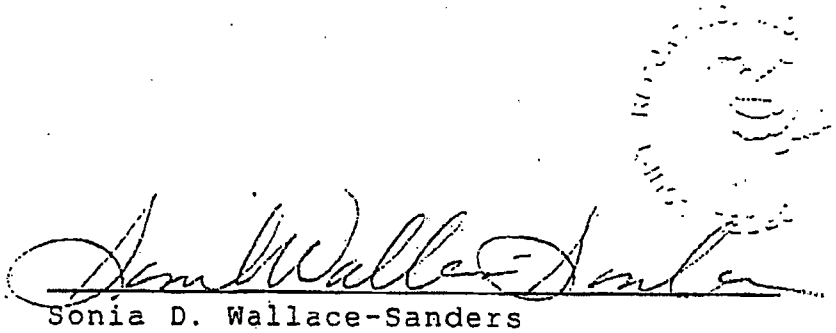
(There being nothing further, the hearing concluded at 3:13 p.m.)

CERTIFICATE

This is to certify that the within hearing consisting of twenty (20) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on August 9, 2017.



Sonia D. Wallace-Sanders
Court Reporter

Notary Public for South Carolina
My Commission Expires: August 18, 2019

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

RECEIVED
JAN 17 2018
SC Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No.: 2017-001535

Doretta Butler-Long, Employee, Claimant,..... Appellant,

v.

ITW Labels, Employer, and American Zurich Insurance Company/Zurich North America c/o Broadspire, Carrier, ... Respondents.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

Stephen B. Samuels
Samuels Law Firm, LLC
1320 Richland Street
Columbia, SC 29250
(803) 779-4000
Stephen@samuelslawfirm.net

Attorney for Appellant

January 17, 2018
Columbia, South Carolina