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THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Melody L. James, Susan S. Barden, T. Scott Beck, Appellate Panel

WCC File No. 0800660

Cindy Ella Dozier, Employee, ..... Appellant,

v.

American Red Cross, Employer, and Sedgwick CMS, Carrier, ..... Respondents.

**RECORD ON APPEAL**  
Volume II

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**ATTORNEY FOR APPELLANT**

**ATTORNEY FOR RESPONDENTS**

**RECEIVED**

AUG 23 2013

**SC Court of Appeals**

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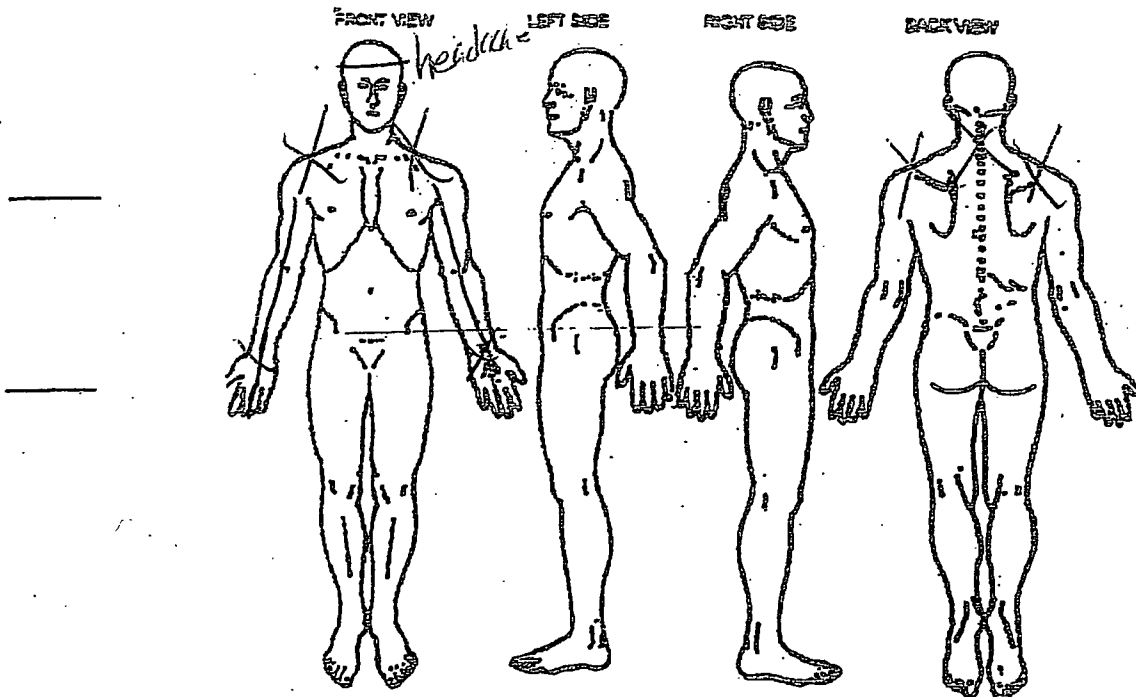


Name: Cindy Dorier

Date: 1-26-10

Instructions: Indicate where your pain is located exactly and what type of pain you feel at the PRESENT TIME. Use the key symbols to indicate the type of pain you feel. Please do not indicate areas of pain not related to your current injury or condition.

Key: Ache >>>>>      Numbness =====      Throbbing vvvvvv  
Burning xxxxxxx      Stabbing /////      Pins & Needles ooooooo



Pain Level: 0 1 2 3 4 5 6 7 8 9 10

(Check the worst & best it's been and circle your pain level)

0	No Pain
1	Mild Pain, you are aware of it, but it doesn't bother you
2	Moderate pain that you can tolerate without medication
3	Moderate pain that requires medication to tolerate
4-5	More severe pain; you begin to feel antisocial
6	Severe pain
<u>7-9</u>	Intensely severe pain
10	Most severe pain, it may make you contemplate suicide

NAME: Cindy Doser DATE: 1-26-10  
AGE: 39

1. Are you  right or left hand dominant? (Please circle one)

2. Date of accident/injury/symptom onset: 1/17/08

3. Is this a:
- work related injury
  - injury related to a motor vehicle accident
  - unrelated to any particular incident
  - sports related
  - other \_\_\_\_\_

\*\*\*If yes to motor vehicle accident then continue with question # 4  
If yes to work related then skip to question # 11  
If yes to any of the other choices skip to question # 14

4. Were you the driver, front seat passenger, rear passenger or pedestrian? (Please circle)
5. Were you wearing a seat belt?  Yes  No
6. Were you hit from the front, rear, driver or passenger side? (Please circle)
7. How fast was your vehicle going? \_\_\_\_\_
8. Did you hit your head?  Yes  No
9. Did you lose consciousness (pass out)?  Yes  No
10. Do you have headaches?  Yes  No
11. What is your occupation? \_\_\_\_\_
12. Describe your job position. \_\_\_\_\_

13. Date last worked: 09/08/08

14. Briefly describe how the injury or symptoms occurred: I was on the deck loading up supplies lifting pulling and lifting them on to the truck and my left hand was hurt and thumb swell up pain was running up the arm in Dec 07 I first treated the right hand and arm with some ~~other~~ thing.

15. Check all of the following activities that change the nature of your pain, if applicable:

	Increases Pain	Decreases Pain
Sitting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rising from sitting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bending forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bending backward	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lying on your back	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lying on your stomach	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driving	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coughing/Sneezing	<input type="checkbox"/>	<input type="checkbox"/>
Twisting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reaching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

16. What medications are you currently using for your pain?

Valium, Flexeril, Tramadol, Lyrica, sometimes Lortab

17. Have you had recent treatment with a:  Physical Therapist (PT)  Chiropractor (DC)

Other \_\_\_\_\_

Name or location of above: Sumter Hanley Jason T

18. Have you had any injections for your pain?  Yes  No

(If yes to question # 18 please list what was done below)

2 injections, a block

19. Have you experienced numbness or tingling in your limbs?  Yes  No

20. Are you having difficulty with sleep?  Yes  No

21. (For women) Is there a relationship between your menstrual cycle and your symptoms?  
 Yes  No

22. Have you ever abused medications in the past (i.e. narcotics/Sleeping Medications, etc.)?  
 Yes  No

23. Have you had any of the following:

Regular x-rays

CT scan (short tube)

MRI (long tube)

EMG (nerve/muscle test)

Myelogram

Discogram

Bone scan

Other \_\_\_\_\_

24. Please list all prescriptions you are currently taking:

Medication	Dose	How often?
<u>Flexeril</u>	<u>10mg</u>	<u>2 a day</u>
<u>Darvocet</u>	<u>650mg</u>	
<u>Loxib</u>	<u>500mg</u>	
<u>Lipice</u>	<u><del>500mg</del> 150</u>	<u>2 times a day</u>

25. Are you allergic to any medications, x-ray dye, fish or shellfish?  Yes  No  
(If Yes, please list:)

Dilaudid, Codeine

26. Please check any of the following problems that you have had:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Dizziness           | <input type="checkbox"/> Asthma                        |
| <input type="checkbox"/> Bronchitis        | <input type="checkbox"/> Emphysema           | <input type="checkbox"/> Heart Disease or heart attack |
| <input type="checkbox"/> Rheumatic Disease | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stomach Ulcers                |
| <input type="checkbox"/> Cancer            | <input type="checkbox"/> Seizure Disorder    | <input type="checkbox"/> Tuberculosis                  |
| <input type="checkbox"/> Hepatitis         | <input type="checkbox"/> Thyroid disease     | <input type="checkbox"/> Kidney Stones                 |
| <input type="checkbox"/> Kidney Infections | <input type="checkbox"/> Prostatic problems  | <input type="checkbox"/> Ulcerative Colitis            |

27. Please list any other medical problems not listed above:

28. Have you have spine surgery in the past?  Yes  No (\*\*If No go to question #32)

29. Did you improve after you most recent surgery?  Yes  No

30. What symptoms improved? \_\_\_\_\_

31. How long did your improvement last, after your last surgery? \_\_\_\_\_

32. List all previous surgeries: (non-spinal)

<u>hysterectomy</u>	Date: <u>1-8-07</u>
<u>hyster</u>	Date: <u>very young</u>
_____	Date: _____
_____	Date: _____

33. Do you smoke?  Yes  No \_\_\_\_\_ packs per day for \_\_\_\_\_ years

34. Do you drink alcoholic beverages?  Yes  No  
How much per week? \_\_\_\_\_

35. Do you drink caffeinated beverages?  Yes  No  
How much per day? \_\_\_\_\_

36. Are you currently (Please circle one): Single Married Divorced Separated Widowed?

37. How many children do you have? 2 Age of oldest-youngest 6

38. Family History: Please list any known medical problems in parents or siblings (such as: cancer, heart disease, nerve problems, back or neck pain, arthritis, osteoporosis):  
\_\_\_\_\_  
\_\_\_\_\_

39. Review of systems: (Please circle if applicable)

HEENT: Vision Changes or Problems Swallowing  
NEURO: Seizures, Stroke, Migraine Headaches  
CV: Chest Pain, Shortness of Breath, Hypertension, Heart Surgery  
GI: Constipation or Diarrhea, Stomach Ulcers  
GU: Recent Changes with Bowel and Bladder  
ONCOLOGIC: Cancer  
PSYCH: Depression  
CONSTITUTIONAL: Recent Unwanted Weight Loss  
Skin: Rashes

40. List all physicians, physical therapists and chiropractors you have consulted for your present condition:

Jason T. Hanky, Chiropractic, Dr. Patel, Dr. Moore  
\_\_\_\_\_  
\_\_\_\_\_

### FOR PHYSICIAN USE ONLY.

Diagnosis:

- 1.
- 2.
- 3.
- 4.

Plan:



ACKNOWLEDGEMENT OF  
RECEIPT OF  
NOTICE OF PRIVACY PRACTICES

I, Cindy Dorian, hereby acknowledge that I received a copy of the  
Palmetto Spine & Sports Medicine Notice of Privacy Practices.

1-26-10  
Date

Cindy Dorian  
Signature of Patient or Patient's Representative

\_\_\_\_\_  
Description of Representative's Authority



**Compound Authorization for Release of Information**

Name of Patient: Cindy Dozier Date of Birth: 11-28-70

Palmetto Spine & Sports Medicine, PA is authorized to release protected health information about the above patient to the entities named below. The purpose is to inform the patient or others in keeping with the patient's instructions.

Entity to Receive Information. Check each person/entity that you approve to Receive information.	Description of information to be release. Check each that can be given to person/entity on the left in the same section.
<input checked="" type="checkbox"/> Voice Mail or Answering Machine (Leave message)	<input type="checkbox"/> Appointment reminder information <input type="checkbox"/> Appointment (missed) absentee information <input type="checkbox"/> Results of lab tests/x-ray <input type="checkbox"/> Designated Pharmacy _____ <input type="checkbox"/> Surgery or Other _____
<input type="checkbox"/> Give information to Employer <input type="checkbox"/> Give information to Nurse Case Manager <input type="checkbox"/> Give information to Work Comp Carrier <input type="checkbox"/> Give information to Attorney <input type="checkbox"/> Give information to School <input type="checkbox"/> Give information to Disability or other insurance carrier <input type="checkbox"/> Physical Therapist or other medical provider (provide name): _____	<input type="checkbox"/> Appointment reminder information <input type="checkbox"/> Appointment (missed) absentee information <input type="checkbox"/> Results of lab test/x-rays <input type="checkbox"/> Surgery or Other _____ <input type="checkbox"/> Work Status <input type="checkbox"/> Demographic Information <input type="checkbox"/> Financial <input type="checkbox"/> Medical as follows: _____
<input type="checkbox"/> Spouse (provide name) <u>Wife Dozier</u> <input type="checkbox"/> Parent (provide name) _____ <input type="checkbox"/> Other (provide name) _____ <input type="checkbox"/> Support Group (provide Name) _____	<input type="checkbox"/> Family (child/parent/spouse) billing information <input type="checkbox"/> Financial <input type="checkbox"/> Medical as follows: _____ <input type="checkbox"/> Demographic Information

**Rights of the Patient**

I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in this document by sending a written notification to Palmetto Spine & Sports Medicine, P.A. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward.

I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing. This authorization shall be in effect until revoked by the patient.

Cindy Dozier Signature of Patient or Personal Representative: 1-26-10 Date

Referral Taken By  
AM

SCIME \$600  Chrg Rqst Sent   
Other than SCIME \$800  Chrg Rqst Sent   
Letter of Protection   
Key Health Letter of Protection

**PATIENT INFORMATION SHEET**

Date of Referral 1-13-10 Spoke to ANGELA @ Gilbert & Schull show up @ 3:0  
Appt Date 01-21-10 @ 3:1  
NAME DOZIER CINDY SS# [REDACTED]  
Last First MI

Address [REDACTED]

M  F  DOB 4/25/70 Marital Status MARRIED

Occupation Pt's Employer

Home Tel. # 803-316-6533 Work Tel. #

Cell/Pager

Emergency Contact  Relationship to pat.

Daytime #  Alternate #

Pain Diagnosis

Referring Physician  Phone #

Address  Fax #

NPI #

**PRIMARY INSURANCE**

Type of Insurance

Name of Insured  DOB  SS#

Claims Address

Phone #  Insured's Employer

Policy #  Group/Acct #

**SECONDARY INSURANCE**

Type of Insurance

Name of Insured  DOB  SS#

Claims Address

Phone #  Insured's Employer

Policy #  Group/Acct #

**WORKER'S COMPENSATION**

State Injury Occurred

Carrier CAMBRIDGE INTEGRATED SERV Phone # 410-847-6395

Adjustor PATRICIA WALSH X Fax #

Claims Address

W/C Claim #  DOI  Injury Type

Nurse Case Manager  Plm/Fx #

Ins. Atty. Name  Phone

Address  Fax

Pat. Atty. Name:  Phone

Address  Fax

P197



Patient Name: Cindy Dozier

Date: 1-26-10

**DIAGNOSIS**

**Cervical Spine**

- 723.1 Pain
- 722.0 Cervical Disc Herniation
- 723.4 Radiculopathy
- 722.81 Post-Lami Synd
- 723.0 Stenosis
- 724.8 Facet Arthropathy

**Lumbar Spine**

- 724.2 Pain
- 722.10 Lumbar Disc Herniation
- 724.4 Radiculopathy
- 722.83 Post-Lami Synd
- 724.8 Facet Arthropathy
- 724.02 Stenosis
- 721.3 Spondylosis
- 733.13 Nontraumatic Fx

**Hip**

- 719.45 Pain
- 716.95 OA
- 726.5 Bursitis

**Thoracic Spine**

- 724.1 Pain
- 722.11 Thoracic Disc Herniation
- 733.13 Nontraumatic Fx
- 722.82 Post-Lami Synd
- 724.8 Facet Arthropathy

**Shoulder**

- 719.41 Pain
- 726.19 Sub-Acromial Bursitis
- 726.10 RTC Tendinitis
- 727.61 RTC Tear NT
- 840.4 RTC Tear Trauma
- 715.11 A-C jt Arthrosis

**Knee**

- 719.46 Pain
- 716.96 OA
- 717.9 Internal Derangement

**Miscellaneous**

- 337.22 RSD/CRPS Lower Limb
- 337.21 RSD/CRPS Upper Limb
- 724.8 Back Spasm
- 719.43 Wrist Pain
- 719.42 Elbow Pain
- 719.47 Ankle Pain

**Sacrum**

- 720.2 Sacroilitis
- 724.79 Coccydynia

**PROCEDURE**

- |                 |                         |           |            |                  |            |
|-----------------|-------------------------|-----------|------------|------------------|------------|
| DFNB            | FJI                     | TFESI     | LESI       | Caudal ESI       | SSNB       |
| SIJ (dx)        | SIJ (bx)                | Discogram | IDEA       | Disc Compression | Deepwave   |
| Perc. Disectomy | RF                      | SCS Trial | Joint Inj. | TPI              | Sportswave |
| Other _____     | Give Patient Info Sheet |           |            |                  |            |

**Region**

- |        |          |          |     |          |      |
|--------|----------|----------|-----|----------|------|
| Lumbar | Cervical | Thoracic | Hip | Shoulder | Knee |
|--------|----------|----------|-----|----------|------|

**Side**

- |  |                            |                                 |
|--|----------------------------|---------------------------------|
| <input checked="" type="radio"/> Right | <input type="radio"/> Left | <input type="radio"/> Bilateral |
|--|----------------------------|---------------------------------|

**Level:**

Stellate Ganglion Block

**Procedure Room:**

- |     |    |
|-----|----|
| YES | NO |
|-----|----|

**Physical Therapy:**

- |     |    |
|-----|----|
| YES | NO |
|-----|----|

**Med Script Given:**

- |     |    |
|-----|----|
| YES | NO |
|-----|----|

**Diagnostic Testing:**

- |                     |                  |                     |                  |                  |
|---------------------|------------------|---------------------|------------------|------------------|
| X-ray               | MRI              | CT                  | Bone Scan        | None             |
| EMG/NCS             | Upper Lower Both | Bilateral Y/N       | Motor Nerve Each | w/o F-Wave _____ |
| or Motor Nerve Each | w/F-Wave _____   | Sensory Nerves Each | _____            | H-Wave _____     |

**Work Restrictions:**

- |     |    |
|-----|----|
| YES | NO |
|-----|----|

**Follow-up Appt.:**

- |                             |                 |              |                            |
|-----------------------------|-----------------|--------------|----------------------------|
| _____ days                  | _____ weeks     | _____ months | _____ days after procedure |
| _____ weeks after procedure | patient to call | d/c prin     |                            |



Timothy M. Zgleszewski, M.D.  
 Board Certified  
 • *Physiatry*  
 • *Pain Medicine*  
 • *Independent Medical Examiner*

*Non-Operative Spine Care • Interventional Pain Medicine • Sports Medicine • Electrodiagnostics • Musculoskeletal Medicine*

**Pre-Procedure Instructions**

You have been scheduled for a Stellate Ganglion Block procedure on 2-4-10 at 9:30 (am/pm).

For your safety, we require that you adhere to the following instructions:

CD NOTIFY THE OFFICE IF YOU DEVELOP A FEVER OR INFECTION (I.E., SINUS, URINARY TRACT, ETC.) OR IF YOU HAVE UNDERGONE ANY RECENT PROCEDURES (I.E., GI, DENTAL, GYNECOLOGIC).

CD Please notify the office at 803-791-3773 of any cancellation at least 24 hours prior to your appointment. Without 24-hour notice of cancellation, there may be a fee assessed.

CD You will need a driver. You will be allowed to drive the day after your injection, unless otherwise instructed.

CD Please wear loose clothing without snaps, buckles, belts, etc. No earrings or necklaces.

CD You are to have nothing to eat or drink for 6 hours prior to the procedure.

CD Do not wear perfume, cologne or scented creams.

CD Please take all of your usual prescribed medications (high blood pressure, heart medication, etc.) with a small amount of water the day of the procedure, unless otherwise instructed as below:

CD No Anti-Inflammatories 7 (seven) days prior to the procedure. These include, but are not limited to, the following: Motrin, Aleve, Ibuprofen, Arthrotec, Naproxen, Advil, etc.

CD No Aspirin or aspirin products such as Goody products or BC for 7 (seven) days prior to procedure.

CD You will need to stop your Coumadin 5 (five) days prior to the injection and will need to arrange for blood work (PT/INR) to be drawn the morning of the procedure.

CD You will need to stop your Plavix (Clopidogrel) 7 (seven) days prior to the procedure.

CD You will need to stop your Ticlid (Ticlopidine) 14 (fourteen) days prior to the procedure.

CD If you are a diabetic and taking Glucophage, you will need to stop it the day prior to the procedure and may resume taking it the day after the procedure. Please be aware, your blood sugar may increase for several days following the procedure.

CD Do not take any of your Pain medications the day of the procedure.

CD You will need to stop your Lovenox 2 days prior to the procedure.

CD Please notify the office of any over the counter or Herbal medication you may be using as they may cause serious side effects with your procedure. The following is an incomplete list of medications to be stopped 7 (seven) days prior to your procedure:

CD Echinacea, Garlic, Valerian Root, Ginseng, Ginger, Chamomile, Saw Palmetto, Multi-Vitamins, Gingko, St. John's Wort, Vitamin E

CD Ephedra or Kava Kava must be stopped 24 hours prior to the procedure

CD Please notify the office if you are allergic to any of the following:

CD Iodine, Contrast Dye, IVP Dye, Seafood/Shellfish, Steroids, Lidocaine, Latex

I have read and understand these instructions.

Cindy Dorian  
 Patient Name

Charles Fredrik  
 Staff Reviewer

Cindy Dorian  
 Patient Signature

1-26-10  
 Date / Time

1-26-10  
 Date / Time



Timothy M. Zgleszewski, M.D.  
Board Certified

- *Physiatry*
- *Pain Medicine*
- *Independent Medical Examiner*

*Non-Operative Spine Care • Interventional Pain Medicine • Electrodiagnostics • Musculoskeletal Medicine*

### PATIENT INFORMATION UPDATE SHEET

To prevent communication errors we are performing our annual updating of records. Please fill out this form and return it to the receptionist. We appreciate your cooperation in this matter.

NAME Dozier Cindy MI DOB 4,28,70  
Last First MI

ADDRESS [REDACTED] *Mailing Address*

HOME PHONE # NA

CELL PHONE # 803-576-6533

WORK PHONE # NA

\*\*\*PLEASE IDENTIFY WHICH PHONE NUMBER IS YOUR PREFERRED NUMBER OF CONTACT\*\*\*\*

PRIMARY CARE PHYSICIAN (FAMILY DOCTOR): Cindy Reese  
Phone #: 803-934-0810

PHARMACY NAME & ADDRESS: CVS  
Phone #: 803-778-0460

ANY CHANGES IN YOUR HEALTH INSURANCE?  YES  NO



Timothy M. Zgleszewski, M.D.  
Board Certified

- Physiatry
- Pain Medicine
- Independent Medical Examiner

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Non-Operative Spine Care • Interventional Pain Medicine • Electrodiagnostics • Musculoskeletal Medicine

### INDEPENDENT MEDICAL EXAMINATION

EXAMINEE: Cindy Dozier  
DATE OF EXAM: September 8, 2009  
DATE OF BIRTH: April 28, 1970  
DATE OF INJURY: January 17, 2008  
REFERRAL ORGANIZATION: Samuels Law Firm, LLC  
REFERRING INDIVIDUAL: Stephen B. Samuels, Esq.  
CLAIM NUMBER: 1167461  
EVALUATING PHYSICIAN: Timothy M. Zgleszewski, M.D.  
LOCATION OF EVALUATION: Columbia, SC

*Ms. Dozier was referred for an Independent Medical Evaluation at the request of the above agent. The IME process was explained to the examinee, and the examinee understands that no patient/treating physician relationship exists and that a report will be sent to the requesting agent. Analysis is based upon the subjective complaints, history given by the examinee, review of medical records, tests provided to me and objective clinical findings on physical examination. History was provided by the examinee. Approximately 30 minutes were spent with the examinee. This included taking a history and performing a detailed physical examination. An additional 65 minutes were spent reviewing medical information and preparation of this report. As routinely performed in my medical practice, today's history was formulated by direct patient interview and, when available, medical records that from time to time are utilized for specific detail and accuracy of events regarding the mechanism of injury and the treatment rendered to the individual being evaluated.*

**HISTORY:** Ms. Dozier is a 39 year old female who states she was involved in a work accident that occurred on or about January 17, 2008, while employed by the American Red Cross, working as a phlebotomist. The examinee states the injury occurred as a result of repetitive lifting as well as pushing and pulling "heavy things."

The examinee states the pain is located in the right and left neck. It radiates into the bilateral arms. The pain extends down into the shoulder. The neck pain is described as a throbbing, achy, stabbing and numbing sensation. The examinee states the pain is deep. Aggravating factors include sitting, driving, standing, lying on her back, lying on her stomach and reaching. There are no alleviating factors reported. The examinee's current neck pain averages around 9/10 in the pain scale.

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The examinee also reports pain that is located in the left and right hand and wrist. It radiates into the bilateral arms. The pain extends from the tips of her fingers into the palmar aspect of her hands. She states the pain radiates from the hands into the forearms stopping just after the elbows. The pain is described as a constant achy and numbing sensation. The examinee states the pain is deep. The examinee reports night time paresthesias, difficulty buttoning and unbuttoning her clothing as well as dropping objects. Aggravating factors include driving, lying on her back, reaching, overhead use as well as repetitive use. Alleviating factors include sitting for short periods of time. The examinee's current hand and wrist pain averages around 8/10 in the pain scale.

The examinee has had interventional spinal procedures in the past with no reported benefit. The examinee has progressed through physical therapy and chiropractic therapy with no reported benefit. The examinee is taking Lyrica, Tramadol, Soma, Lortab, Darvocet and Darvon for the pain with little reduction of her discomfort. The examinee's diagnostic testing includes x-rays, Cervical MRI, EMG/NCS and a bone scan performed to date.

**CURRENT MEDICATIONS:** Lyrica, Tramadol, Soma, Lortab, Darvocet and Darvon

**ALLERGIES:** Codeine, Dilaudid

**PAST MEDICAL HISTORY:** None

**PAST SURGICAL HISTORY:** Hysterectomy (January 8, 2008) and a hernia repair as an "8 year old"

**SOCIAL HISTORY:** The examinee is a non-smoker and a non-drinker. She consumes a minimal amount of caffeinated beverages per day. She is married with two children. The examinee's highest level of education completed is "some college."

**FAMILY HISTORY:** Non-contributory

**WORK HISTORY:** The examinee states that she has not worked since September 8, 2008.

**REVIEW OF SYSTEMS:** Non-contributory

**SKIN TEMPERATURE:** Left hand: 80.6° F; Right hand: 80.5° F

**GENERAL APPEARANCE:** Physical examination reveals a well-developed and well-nourished female in a moderate to severe amount of pain. Grooming, nutrition, and body habitus is otherwise normal for her age. The examinee is alert and oriented to time, place, and person with normal mood and affect.

Gait and station is nonantalgic. The examinee is able to raise up on her heels and toes. Inspection of the upper and lower extremities demonstrates no edema with intact radial and pedal pulses. Inspection of cervical spine demonstrates a normal cervical lordosis. There are no prior surgical incisions at the cervical spine. Range of motion of the cervical spine is painful. Pain is increased with forward bending and extension. Range of motion of the shoulders is normal.

On palpation, there is no generalized tenderness or spasm present in the bilateral cervical paraspinals. There is no generalized tenderness in the cervical facet joints. There is no tenderness over the bilateral greater occipital nerves. There are trigger points located in the bilateral upper trapezius, levator scapulae and teres minor muscles today with a positive twitch muscles today. There is a positive Phalen's in both the right and left wrist. There is a positive Tinel's sign at the wrists bilaterally. There is a negative Tinel's sign at the bilateral elbow. There was a negative Finkelstein's bilaterally. There are negative neural tension signs in both arms in the median, radial and ulnar biases. Bilateral upper extremity motor examination was normal. Bilateral upper extremity sensory examination was normal to soft touch and pinprick. Deep tendon reflexes at the bilateral biceps, triceps and brachioradialis are normal and symmetric today.

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**DIAGNOSTIC TESTING/MEDICAL RECORDS:**

1. Carolina Occupation Health Care
2. Camden Bone and Joint, LLC
3. Midlands Orthopaedics
4. USC Sports Medicine
5. Coastal Orthopaedic Associates
6. Sumter Orthopaedic Associates
7. Tourney Healthcare System
8. Kingstree Surgical Associates
9. First Choice Healthcare, PC
10. Florence Neurosurgery and Spine
11. Dr. Robert W. Moore, M.D.
12. Moore Orthopaedics
13. Carolina Physical Therapy and Sports Medicine

**DIAGNOSES:**

1. Left and right carpal tunnel syndrome
2. Cervical myofascial pain

**DISCUSSION:** After reviewing today's history, physical examination, review of the medical records and provided diagnostic testing, Ms. Dozier has the above diagnoses. It is my medical opinion that the examinee is not currently at Maximal Medical Improvement (MMI). It is my medical opinion that the above diagnoses are causally related to the work accident in question. The mechanism of injury described is consistent with the above diagnoses.

The examinee will require myofascial stretch and release rehabilitation as well as rehabilitation therapy to address the upper crossed muscle imbalances as noted in the physical examination, but will require further diagnostic testing and treatment as outlined below prior to the initiation of rehabilitation therapy. The examinee will require trigger point injections the bilateral upper trapezius, levator scapulae and teres minor muscles.

Ms. Dozier is not currently at Maximal Medical Improvement (MMI). If Ms. Dozier is deemed to be at MMI, then based on the AMA Guides to the Evaluation of Permanent Impairment 5<sup>th</sup> Edition, the examinee is considered to be DRE Cervical Category II 8% impairment to the whole person. This translates to a 23% impairment to the regional cervical spine. Therefore the rating to the back/spine is 16%. Again however, it is my opinion that the examinee is currently not at MMI.

The examinee will require carpal tunnel injections to the bilateral wrists. If no long term benefit is obtained, then they will need to be considered for a Carpal Tunnel Release. She had one injection to the left wrist and it was painful, which makes me wonder if it was done correctly as it should be almost pain free if not pain free.

Ms. Dozier is not currently at Maximal Medical Improvement (MMI). If Ms. Dozier is deemed to be at MMI, then based on the AMA Guides to the Evaluation of Permanent Impairment 5<sup>th</sup> Edition, the examinee has a 5% impairment rating to the right upper extremity and a 5% impairment rating to the left upper extremity.

The examinee may not return to work in my medical opinion until the above additional diagnostic testing and treatment is rendered. Recommendations regarding the examinee's ability to work, or participate in activities of daily living and other opinions provided in this report are given totally independently of the requesting agents. If any new medical records are provided, the above recommendations and opinions may change. These recommendations and opinions are based upon reasonable medical certainty.

At the conclusion of the examination, the examinee was asked whether or not there was any information that was not asked that they wanted to include in this report. The answer to this question was no.

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The above diagnostic and treatment recommendations will most probably tend to lessen the examinee's period of disability and impairment and prevent regression of his condition. The above recommendations and opinions are made with a reasonable degree of medical certainty and are made independent of the requesting agent.

"I certify and affirm that the foregoing report is true to the best of my knowledge under penalty of perjury."

Thank you for allowing me to complete this IME of Cindy Dozier. I believe I have answered all questions asked of me. If there are any further inquiries, please do not hesitate to contact me in writing.

Timothy M. Zgleszewski, M.D.  
Board Certified Physical Medicine Rehabilitation  
Sub Specialty Board Certified, Pain Medicine  
Fellowship Trained Interventional Spine/Pain Medicine

cc: Stephen B. Samuels, Esq.  
Fax#: (803) 779-4004

Electronically signed by Timothy M. Zgleszewski, M.D. on 09/08/2009 at 03:39:52 PM

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# PSYCHOLOGICAL AND TRAINING SERVICES, P.A.

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## ROBERT E. BRABHAM, PH.D.

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CERTIFIED BRAIN INJURY SPECIALIST  
LIFE CARE PLANNER

ROB BRABHAM, MRC, CRC

NORA HEAPE, RN, BA

BETH BURNETT, BA, ED.

### VOCATIONAL EVALUATION

Name: Cindylla Dozier

WCC ID Number: 0800660

Date of Birth: 04-28-1970

Age at Evaluation: 39

Date of Evaluation: 10-13-2009

Date of Report: 10-28-2009

**Referral and Background Information:** Ms. Dozier is a 39 year-old former Phlebotomist, employed by the American Red Cross. She was referred for an independent vocational evaluation to determine vocational implications, and earnings issues, if any, related to limitations resulting from repetitive use on-the-job injuries. As a result of carpal tunnel symptoms, she was unable to continue her work from about January of 2008 through February of 2008. She returned to light duty work, temporarily for about one month, but her symptoms returned. Following another period of recuperation, she again returned to light duty work in May of 2008 and continued through about September of 2008. Her employer, the American Red Cross, indicated that they were unable to provide permanent light duty assignments. The Red Cross terminated her employment as of April 2009. Ms. Dozier has been unable to return to any work since that time.

She has been married for 8 years. She and her husband have 2 daughters, ages 6 and 18. Her husband also has a son, 15, from a previous relationship who continues to live with them. All of their children continue to live in the home with her and her husband. She arrived promptly for this evaluation, and was driven by her older daughter. She must limit her driving to only short distances and brief periods (about 30 minutes), due to pain, primarily in her wrists, but also in her neck when seated in a relatively fixed position such as driving requires.

Her general appearance was good and she was noted to have good social skills. Her hygiene and personal grooming were also good. She is 5 feet and 7 inches in height, and weighs about 158 pounds, a gain of about 10 pounds since her injuries due in part, in her opinion, to some of her medications, but also due to her reduced levels of activity. She was not wearing glasses, had no difficulty hearing and was not using any devices for mobility or stability.

At the time of this evaluation she had no income from any sources. She indicated that she had received disability income for a very short period of time and is now appealing the succession of those benefits. She is applying for Social Security Disability income at this time.

Her husband works as a School Bus Driver. She is receiving Food Stamps in the amount of \$935 per month. With her loss of income, she is experiencing severe financial hardship, she noted.

**Sources of Information:**

Medical Records from:

Palmetto Spine and Sports Medicine  
Carolina Occupational Healthcare  
Camden Bone and Joint  
Midlands Orthopaedics

USC Sports Medicine  
Coastal Orthopaedic Associates  
Sumter Orthopaedic Associates  
Tuomey Healthcare System  
Kingstree Surgical Associates  
First Choice Healthcare  
Florence Neurosurgery and Spine  
Robert W. Moore, MD  
Lexington Orthopaedics  
Moore Orthopaedics  
Carolina Physical Therapy and Sports Medicine

Timothy M. Zgleszewski, MD  
James Wright, MD  
James W. Nichols, MD  
Michael S. Green, MD  
M. David Redmond, MD  
John J. Walsh, IV, MD  
J. Stewart Haskin, Jr., MD  
Kurt T. Stroebel, MD  
Blake H. Moore, MD  
Blake H. Moore, MD  
Lisa W. Mancuso, MD  
Andrew H. Rhea, MD

James C. McIntosh, MD

Psychological Testing Results:

Wechsler Adult Intelligence Scale-III  
Wide Range Achievement Test-Revision Three  
Clinical Interview and Behavioral Observations  
Mental Status Examination

**Activities of Daily Living:** She is living with her husband and their three children in a single-family house. She is able to care for her basic personal needs without assistance, but indicated she must do so carefully and avoiding much use of her hands. However, she needs assistance with snaps and fasteners, and cannot reach behind her back without severe pain. She indicated that she gets up usually at about 6 AM. She attempts to help with light chores around her house, although many of those chores are handled by the older children and her husband. She is unable to sustain any activity which requires the use of her hands. She also described difficulty holding items with her hand and described having dropped and broken many objects due to her marked limitations in the left hand. It is also important to note that she also has significant difficulties with her right hand as evidenced during this evaluation.

She reported that due to her marked limitations as to the use of either hand, she is severely restricted in the activities she can pursue. For example, she is not able to continue any hobbies that require manual dexterity and can only then engage in items and activities such as reading which does not require the use of the hands on any strenuous basis. She indicated she must rest or support her arms and hands when seated, such as on chair arms to avoid increasing pain.

She returns to bed at about 10 PM, but gets only about 4 hours of non-restorative sleep on most nights, interrupted by shoulder, back and hand pain. She indicates that she often takes a prescription muscle relaxant at bedtime, but it still allows her to sleep only about 2 hours before she is awakened by shoulder or arm pains, after which she has difficulty getting back to sleep.

As a direct result of her on-the-job injuries, she now participates in far fewer social or leisure activities than was the case prior to her injuries. For example, she no longer is able to participate in sports with her children, activities she previously enjoyed. She also noted that she is unable to participate in any exercise or other activity which would require the use of either hand.

She indicated that her relationship with friends, family and others has changed as a result of her medical conditions in recent months. For example, since she is not able to participate in most activities due to her marked limitations with both hands, she mostly stays at home since her on-the-job injuries. The overall quality of her life has clearly been greatly diminished by her injuries.

**Educational Background:** She graduated from Sumter High School in 1988. She described herself as an average to above average student. She became a Certified Nursing Assistant shortly after high school and has maintained her certificate since that time. She has never served in the military, and has not received any formal training in recent years.

**Work History:** She has worked as a CNA or as a Collections Technician for most of the past 16 years. In her last job she was employed by the American Red Cross. She worked there from about 2006 until 2009, until her repetitive use injuries ended her ability to continue. Her last date of actual work was 04-29-2009. Her job title was "Collections Technician II" and she earned about \$13.30 per hour. She also worked as much overtime as available, and earned about \$28,000 in the last full year she was able to work.

Her actual **job duties** included: Set up, maintain, calibrate, clean, and test sterility of blood collection equipment; Collect blood or tissue samples from patients, observing principles of asepsis to obtain blood sample; Assess donor history; and Operate VRC vehicles. She also indicated that she was required to lift an 80-pound blood kit on multiple occasions as they traveled for blood donation programs. She did not supervise others.

The Dictionary of Occupational Titles defines such work as being semi-skilled and as heavy/medium in physical demands as actually performed. She was constantly required to lift, bend, stoop, and to perform physical activities such as lifting, balancing, walking, stooping, and handling of materials frequently weighing about 80 pounds as noted above.

Clearly it was the repetitive use on-the-job injuries, over a period of years, which eventually resulted in her inability to work since about September 2008, resulting in her eventual termination of her employment in 2009.

**Medical Problems:** The medical aspects of her injury are documented in other reports, and will not be addressed in great detail here. However, several medical references have vocational significance and are noted accordingly.

Dr. Zgleszewski conducted an independent medical evaluation on 09-08-2009. His diagnosis was "*left and right carpal tunnel syndrome and cervical myofascial pain*". He also indicated that she was not yet at MMI and needed rehabilitation therapy, bilateral injections to both wrists and possible carpal tunnel release surgery. He also stated that *she could not return to work at that time*, until additional diagnostic testing is completed and treatment rendered.

Dr. Wright treated Ms. Dozier between 01-25-2008 and 02-16-2008 for left wrist and left hand pain. He referred her to Dr. Nichols.

Dr. Nichols treated Ms. Dozier between 02-25-2008 and 03-19-2008. She was evaluated for the pain involving the dorsal aspect of her left wrist and forearm. He recommended further radiological studies. A left wrist MRI dated 03-04-2008 provided an impression of extensor tendinitis with no evidence of ganglion cyst or avascular necrosis (Camden Open MRI – Dr. Kuzbary). She was treated with a cast on her left arm, prescribed Naprosyn, continuation of *light duty*, Velcro wrist and forearm splint, and a second opinion recommendation (Dr. Samuels). On 03-19-2008 Dr. Nichols noted that he did not have any other treatments to offer Ms. Dozier.

Dr. Green saw Ms. Dozier on 04-28-2008 for her left wrist pain. His evaluation noted "subjective left wrist and hand pain". He recommended further evaluation and assigned work restrictions. Dr. Redmond (also at Midlands Orthopaedics) did an electromyography study on 08-25-2008 that indicated *bilateral carpal tunnel syndrome*, mild on the right and very mild on the left with no suggestion of generalized polyneuropathy, left/right cervical radiculopathy.

Dr. Walsh treated Ms. Dozier between 04-28-2008 and 11-26-2008. She was treated with an injection in the ulnar bursa. On 11-26-2008 Dr. Walsh noted that Ms. Dozier was nonresponsive to the injection and he did not recommend carpal-tunnel release surgery. She was placed on MMI and released from his care.

Dr. Haskins did an independent medical evaluation on 07-09-2008. His impression was a normal exam, left upper extremity.

Dr. Stroebel saw Ms. Dozier on 10-13-2008 for bilateral wrist pain; however he deferred treatment to a hand physician.

Ms. Dozier was admitted to Tuomey Hospital – Outpatient on 08-15-2008 and 02-04-2009 for tests on her hand/wrist for pain and carpal tunnel syndrome, cervicalgia, brachial neuritis and unspecified disorders of bursae/tendons. A bone scan on 02-03-2009 revealed an impression of very slight increased blood flow activity on the left; slight asymmetric and hyperemic or inflammation; a component of arthritic changes in carpal tunnel and/or radial-carpal regions left greater than right. A cervical MRI (02-04-2009 – Dr. Pannell) revealed posterior paracentral bony osteophytes at C3/4, C4/5, C5/6 and C6/7 with moderate foraminal encroachment.

Dr. Blake Moore treated Ms. Dozier between 08-15-2008 and 02-22-2009 for “*an underlying neuropathy that has gone undiagnosed*”. His diagnosis was *median neuropathy, RSD and CRPS*. He referred her to Dr. Ezra B. Riber, Palmetto Pain Management for evaluation and treatment of Complex Regional Pain Syndrome via ganglion blockade; multilevel cervical disc disease and physical therapy.

Dr. Mancuso treated Ms. Dozier from 01-26-2009 to 04-16-2009 for pain/numbness bilateral hand. *The assessment included carpal tunnel syndrome, cervicalgia, brachial neuritis or radiculitis NOS and unspecified disorders of bursae and tendons in SHO*. The treatment plan included cervical epidural steroid injection, medications, and pain management. Dr. Mancuso indicated that “*the diagnosed medical problems are caused by work injury either directly or by aggravation of a pre-existing condition(s) repetitive trauma or a combination of all three*”.

Dr. Rhea saw Ms. Dozier in April 2009 for her bilateral wrist/arm/neck pain. The impression was vague pain in the wrists and forearms. “She does have some cervical pain as well, but I don’t believe her wrist and arm pain is a manifestation of cervical radiculopathy. She states it is secondary to repetitive injury and this may be some type of a sympathetic mediated pain syndrome”. He did not recommend surgery instead recommended treatment with injections.

Dr. McIntosh did an independent medical examination on 05-19-2009 and his assessment was “*bilateral hand pain*”. The recommendations were that she does not need surgery, and BTE testing was needed to determine grip strength. He did not see any level of impairment because she had full range of motion.

Ms. Dozier received physical therapy services from 01-28-2009 to 07-01-2009. An evaluation on 06-29-2009 indicated an assessment of constant severe pain, poor cervical ROM, shoulder ROM WFL, *maximum lift capacity of 11 pounds* and a minimal deficit in right grip strength compared to left.

She has been assigned an 8% impairment rating to the whole person, 23% to the regional cervical spine and 16% to the back/spine as of 09-08-2009 by Dr. Zgleszewski.

At the time of this evaluation, she was prescribed several medications including: Lyrica; Soma; Tramadol, Darvon and Percocet. She also takes over-the-counter medications for pain.

References to pain, pain medication, and treatment for pain (such as epidural injections and physical therapy) appear in her record. When asked to further describe her pain, she indicated that since her on-the-job injuries she experiences pain at a level 9 on a 10-point scale 7 days each week. She indicated that her pain remains at debilitating levels for hours of the waking day. With nearly any level of activity she will have a re-occurrence of major pain. She insisted that she is never pain free, and that her pain even interferes with her rest and sleep.

When asked to describe her physical limitations, in practical terms, she estimated that the most weight that she could handle on a regular, repetitive basis would be less than 10 pounds, as measured by her inability to handle a gallon of juice or milk. She also stated that when seated her shoulder and neck are very painful and limits her ability to remain seated to no more than 15-30 minutes.

The difference in her functional abilities now as compared to when she was last able to work is striking. She was working in a demanding job, on a full-time basis, and was performing her work in an acceptable manner until she was injured, on the job. She attempted to return to work but was unable to continue to perform the essential duties of her work and has been unable to perform any substantial gainful activity since about April of 2009.

**Psychological Test Results:** She appeared to cooperate and to give optimal effort during this evaluation. Thus these results are believed to be valid indicators of her current levels of functioning.

Results of the Wechsler Adult Intelligence Test-III, verbal portions only due to her pain with use of her hand for holding a pencil or manipulating performance items, indicate that she is functioning in the lower ends of the "Average" range of Verbal intelligence. This is consistent with her high school education and her CNA training in the past.

On the Wide Range Achievement Test- Revision 3, her *Reading Standard Score of 81 is only an 8th grade level score*. Obviously, reading at that level would not be sufficient in any job in which higher reading skills would be essential. Due to her reports of severe pain using her hands, she was unable to complete the written portions of this test, including spelling and arithmetic. (Performing those tests via dictation does not achieve the same results and, therefore, she was able to complete only the reading portion of this test).

As noted earlier, occupations requiring the use of both hands for any type of office or related work would also be impossible for her to sustain. This results in an unfortunate combination of impairments and limitations as will be noted.

**Vocational Opinion and Rationale:** Several factors must be considered in reaching a vocational opinion. They include her age, 39, still defined as a younger worker, and thus a positive factor; she is a high school graduate and had CAN training, also positive factors; she had a positive vocational history, but that is offset by the fact that her previous work was physically strenuous and is no longer within her medical restrictions and limitations; due consideration must be afforded to the pain that she experiences as a result of nearly any movement/activity with (now) either hand.

Taking all of these factors into consideration, *it is my opinion, to a high degree of professional certainty, based on nearly forty-five years of vocational rehabilitation and psychology experience, that she is unable to engage in full-time gainful, competitive employment in her present medical condition.*

The rationale for my opinion is essentially based on the following observations:

**Credibility:** She appeared credible in her description of her limitations and remaining functional capacities. She did not appear to exaggerate symptoms, and attempted to return to work several times actually, but was not able to continue. Her description of daily routines still includes efforts at productive activities, such as minimal light chores around the house. However, in spite of her well-intended efforts, her physical limitations, complicated by repeated episodes of severe pain with even minimal exertion, do not permit her to complete significant tasks or activities on a regular, sustained basis.

It is noted that the information provided during this evaluation was highly consistent with information reported in other reports. This provided additional confirmation that the responses and description of events and circumstances was candid, was not feigned or exaggerated, and does not appear to represent any symptom magnification.

It is not reasonable to conclude that a 39-year-old with three children in her home, ranging in age from 6 to 18, would deliberately give up her income at such a critical point in her family's life. She is experiencing severe financial hardship as a result of her inability to work. It is not reasonable to suggest that she would now, for the first time ever, suddenly feign an inability to work. She appeared highly credible.

**Pain Factors and Attendance Implications:** She experiences severe pain, primarily in her back, shoulders, arms, hands, neck, at such levels of severity as to interfere with her ability to pay attention to job tasks and job duties for hours each week, on average. The inability to maintain concentration and persistence interferes with the ability to meet production expectation for even unskilled jobs.

Limitations on Use of Arms and Hands: Her limitations on nearly any use of her hands are such that even any sedentary work which might otherwise have been suggested is precluded. Vocationally, any work, involves at least minimal capacities for some sustained use of at least one hand for prolonged periods of time without the need to physically cease activity and rest both hands, something she is unable to do in her present condition.

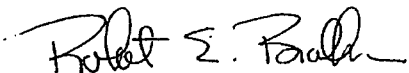
Furthermore, nearly all jobs require that an individual be able to use their hands and arms to use either tools or to operate machinery, while meeting minimal production standards. As evidenced during this evaluation, she is unable to move either arm quickly without causing pain. She would not be able to use her arms on a regular, sustained and repetitive basis for an eight-hour basis, day after day, in her present condition.

Summary and Conclusions: Based on all the evidence as described above, consistent with observations during this evaluation and various reports in her file, she would be unable to effectively perform the essential duties in any gainful work activity.

*It is also clear that the unfortunate combination of factors and characteristics she now faces are directly related to the injuries she sustained while working.* She was, after all, working on a full-time basis, for good wages that she can no longer reasonably expect to earn.

Therefore, in her present condition she is unable to perform any substantial gainful work activity which exists in either the SC or the national economy. Directly as a result of her on-the-job injuries the only services she could perform are so limited in quality, dependability, or quantity that no reasonably stable market for them exists.

If you have any questions, or if I could address additional issues, please do not hesitate to contact me.



Robert E. Brabham, Ph.D.  
Licensed Psychologist  
Master's in Rehabilitation Counseling



**Vocational Assessment**

**Date** October 3, 2011

**Name of referral source** Stephen B. Samuels, Attorney at Law  
**Address** Samuels Law Firm, LLC  
P.O. Box 50349  
Columbia, SC 29250

**Injured Worker:** **Cindy Dozier**  
**Date of Birth:** April 28, 1970  
**Age:** 41  
**SSN:** [REDACTED]

**WCC #:** 0800660

**Employer:** American Red Cross

**Date of Injury:** January 17, 2008  
**Date of Assessment:** August 30, 2011

**Background information**

This vocational assessment was requested by Mrs. Dozier's attorney to determine the vocational impact of her work-related injuries sustained while working for American Red Cross. The assessment was conducted at her attorney's office in Columbia. Prior to beginning the assessment, the following disclosures were provided to Mrs. Dozier: the purpose of the assessment, referral source, scope of services requested and limits of confidentiality. Mrs. Dozier was alert, oriented, pleasant and polite throughout the assessment. She was appropriately dressed and groomed. She demonstrated appropriate affect. During vocational testing, Mrs. Dozier was noted to rub her right thumb and left palm. She reported the onset of right thumb numbness after using the pencil. The assessment was completed in two hours and 30 minutes.

**Medical Information**

The following information was provided by Mrs. Dozier in the vocational interview.

**History of injury.** Mrs. Dozier states that her problems in the right upper extremity began while working for the American Red Cross sometime around December of 2007. She mentioned her symptoms to her supervisor. She developed left wrist pain on January 17, 2008 while unloading supplies at a dock. She experienced swelling in her wrist and thumb. She was lifting and moving supplies for a blood drive at the time. She was sent to the company doctor, stating that her symptoms never improved. Mrs. Dozier worked in a light duty capacity for about 1 – 2 months, and then was sent home. She returned to work some time later in a light duty capacity. She was referred to Dr. Nichols for treatment. Then she was referred to Dr. Haskins in Myrtle Beach for one evaluation. She was referred to Dr. Blake Moore, who recommended light duty. She returned to work and states that she was “harassed” by her supervisor. She was wearing carpal tunnel braces at the time. Eventually her employer sent her home without pay. She received short-term, then long-term disability payments for a time, and then this benefit was stopped. She attended a worker’s compensation hearing in November of 2009. She underwent testing with Dr. Redmond, as recommended by Dr. Moore. She was diagnosed with bilateral carpal tunnel syndrome. She received treatment from First Choice in Florence and had more testing. She had MRI’s and a bone scan. Mrs. Dozier states that she was experiencing neck pain at the time, and that her discs were “messed up”. She received blocks in her neck. She also saw Dr. Patel and received stellate blocks for RSD from him. She also received treatment and injections from Dr. Walsh.

She began seeing Dr. Zgleszewski for treatment. She received 3 steroid injections. She was referred to Dr. Shealy for treatment in December of 2010. She underwent left carpal tunnel release in January of 2011. She underwent right carpal tunnel release on March 3, 2011. She was released by Dr. Shealy in May of 2011. He placed in her on a 5-pound lifting limit. Dr. Zgleszewski ordered an ultrasound and EMG on her wrists in approximately July of 2011. She was informed that the nerves were still “swollen”. She received more injections from Dr. Zgleszewski in June or July. She last saw Dr. Zgleszewski in September. She returns to him monthly for medication management of her symptoms.

On October 3, 2011 Dr. Zgleszewski provided medical opinions relevant to Mrs. Dozier’s current functional status as it related to the work environment. The pertinent opinions are provided in this report in the “Review of Records” section. In consideration of this most recent information, Mrs. Dozier is most accurately classified in a modified “sedentary” work capacity. Dr. Zgleszewski’s recommendation that she “cannot use either upper extremity on a repetitive

basis" eliminates most "sedentary" employment based on the need to use a computer on a repetitive basis.

**Secondary medical issues.** She sees Dr. Cindy Reese for general health issues. She has no other medical problems. She denies any past injuries resulting in permanent functional disability. In the past she received surgeries of hysterectomy and hernia repair. She has experienced bilateral shoulder and neck pain since 2008.

**Current medical status.** Mrs. Dozier took prescribed Lyrica prior to this assessment. She takes three Lyrica per day. She also takes prescribed medications of naproxen and Flexeril. She experiences swelling in her hands. She has numbness in the right thumb and middle finger. She experiences pain radiating up both arms. She also experiences symptoms in her left wrist. The pain is described as an achy, sharp, shooting pain. Her hands become cold. She cannot use her right thumb or middle finger much. She also experiences swelling in her ankles that she believes is possibly from the Lyrica. She states that she experiences pain in both hands rated at 8/10 every day. She has neck pain rated at 9/10. Her hands ache all of the time. She has no relief of her symptoms from any treatment. She drops items from both hands. She also experiences pain at the base of the right thumb.

**Daily activities.** She states that a friend drove her to the appointment today. She drives to pick up her girl and take her to school. She also drives to go to the grocery store. She requires assistance with buttons and her bra strap. In the morning she cannot use the fingers on her right hand. She has to massage the fingers to restore the sensation. She does no cooking, washing of dishes, cleaning or sweeping. Her husband was laid off from Schneider Electric in February of 2011. Prior to his lay-off, she received help from her oldest daughter. She takes someone with her to the grocery store to manage the groceries. She carries light items, but does not carry items such as a gallon of milk.

#### **Education and Training**

Mrs. Dozier states that she graduated from high school in 1988. She attended Central Carolina and received her phlebotomy certification in 2005. She described the course as lasting 8 – 10 weeks. She was state board certified in phlebotomy. She received her certified nursing assistant credential in 1988. She worked as a certified nursing assistant for 18 years.

**Military Experience**

She has no military experience.

**Work History**

1. Collections Technician II, American Red Cross, 2006. She travelled with the mobile units to conduct blood collection activities. She also worked some at the collection center in Columbia. She loaded and unloaded equipment and supplies at the origin and destination. She pushed and rolled the beds into buildings. She set up the equipment. She carried coolers with ice, bottled water, canned drinks, snacks and other collection supplies. She took down the equipment when the collections drive was over. She rolled computers into the buildings and hooked them up. She rotated duties, spending 4 hours collecting donor information and entering it into the computer, then 4 hours on venipuncture and collection activities. The heaviest lifting that she performed was lifting of the ALEX machine, which was designed for collection of platelets and plasma. She described this as a two-person lift. Lifting bulk ice in coolers also involved heavy lifting. She earned "\$13 something" hourly. She worked 4 days per week and earned \$38,000 – 40,000 yearly. She brought home a little more than \$1200 biweekly (net). She last worked for the Red Cross on September 8, 2008 and was terminated on April 29, 2009.

**079.364-022 PHLEBOTOMIST**

SVP: 3

GED: 3 2 3

STRENGTH: L

2. Certified nursing assistant, NHC, Sumter. She also worked for Hopewell, Sterling House and another assisted living facility. She worked for a total of 18 years. She performed usual duties of a certified nursing assistant.

**355.674-014 CERTIFIED NURSE ASSISTANT**

SVP: 4

GED: 3 2 2

STRENGTH: M

3. K-Mart, bar code scanner, shelf labeler, 3 months. She used a bar code scanner and labeled the store shelves.

**Analysis of Worker Traits**

**This information results from the analysis of Mrs. Dozier's work history utilizing information provided in the Dictionary of Occupational Titles.**

Mrs. Dozier's work history indicates an above average (66<sup>th</sup> – 89<sup>th</sup> percentile) aptitude ability in the areas of:

- **Motor Coordination**
- **Finger Dexterity**
- **Manual Dexterity**

Mrs. Dozier's work history indicates an average (34<sup>th</sup> – 65<sup>th</sup> percentile) aptitude ability in the areas of:

- **General Learning Ability**
- **Verbal Ability**
- **Spatial Aptitude**
- **Form Perception**
- **Clerical Perception**

Mrs. Dozier's work history indicates a below average (10<sup>th</sup> – 33<sup>rd</sup> percentile) aptitude ability in the area of:

- **Numerical Perception**
- **Eye/Hand/Foot Coordination**
- **Color Discrimination**

Mrs. Dozier's work history indicates a specific vocational preparation level of 4 (semi-skilled): Over 3 months up to and including 6 months. Specific vocational preparation is the amount of lapsed time required by a typical worker to learn the techniques, acquire the information, and develop the facility needed for average performance in a specific job-worker situation (The Revised Handbook for Analyzing Jobs, U.S. Department of Labor, 1991).

According to the Dictionary of Occupational Titles, the occupations reported by Mrs. Dozier indicate the following GED levels. GED levels are expressed on a scale of 1 – 6, with 1 representing the lowest level of function and 6 representing the highest.

- **Reasoning Development = 3**
- **Mathematical Development = 2**
- **Language Development = 3**

GED embraces those aspects of education (formal and informal) which contribute to the worker's (a) reasoning development and ability to follow instructions, and (b) acquisition of "tool" knowledge such as language and mathematical skills. Ordinarily, such education is obtained in elementary school, high school, or college. However, it may be obtained from experience and self-

study (source: The Revised Handbook for Analyzing Jobs, U.S. Department of Labor, 1991).

Mrs. Dozier's work history is reflective of the following **Job Temperaments**, defined as common situations to which the worker must adapt:

- Making judgments and decisions
- Dealing with people
- Performing a variety of duties
- Performing effectively under stress

Mrs. Dozier's work history is reflective of the following **Work Fields**, defined as categories of technologies that reflect how work gets done and what gets done as a result of the work activities of a job:

**Semi-Skilled**

- HEALTH CARING-MEDICAL

Mrs. Dozier's work history is reflective of the following **Materials, Products, Subject Matter, or Services (MPSMS)**. The Work Performed component of MPSMS includes: 1. Basic **Materials** processed, such as fabric, metal or wood. 2. Final **Products** made, such as automobiles; cultivated, such as field crops; harvested, such as sponges; or captured, such as wild animals. 3. **Subject Matter** or data dealt with or applied, such as astronomy or journalism. 4. **Services** rendered, such as barbering or janitorial:

- HEALTH TECHNOLOGICAL SERVICES
- MEDICAL ASSISTANT, AIDE, & ATTENDANT SERVICES

**Personal Data**

Mrs. Dozier currently lives at [REDACTED] where she has lived with her husband for 11 years. She has been married for 11 years. She was first married for 8 years and was divorced. She has one child who is 19 years of age and who receives financial assistance from Mrs. Dozier. She has one child with her current husband who is 8 years of age. Her husband also has a 17-year-old child who lives in the house. Mrs. Dozier is right-hand dominant. She is from Sumter and has lived in the area all of her life. Her husband is currently unemployed. She does not smoke or use alcohol. She would have no problems passing a background check for employment.

**Basic Skills**

She states that she reads the Bible and watches television. She has written checks in the past and maintained her bank balance. She uses a debit card now. She used

a computer at the Red Cross to look up and maintain the donor information. She is able to use the Internet and E mail. Prior to the onset of her symptoms she described herself as a slow typist.

**Avocational**

She has no hobbies now. She had no hobbies prior to the onset of her symptoms because of her work hours.

**Financial Data**

She currently receives \$421.99 in weekly workers compensation benefits. She applied for SSDI in July of 2009. Last month the judge asked for more paperwork and she is waiting for a decision. She has a disability hearing next month. She last worked for the Red Cross on September 8, 2008 and was terminated on April 29, 2009.

**Work Restrictions**

**Physician's description.**

10-03-11 - Timothy M. Zgleszewski, MD: see pertinent MD opinions provided below in the "Review of Records" section

08-31-11 - Timothy M. Zgleszewski, MD: "The claimant is unable to return to work at his or her current employment."

05-23-11 - Gerald J. Shealy, MD: "... At her request, she is provided with a permanent restriction of 5 pounds..."

**Vocational Plans**

She can think of no work that she is capable of performing.

**Vocational Test Results**

The Wide Range Achievement Test, Revision 4 (WRAT4, green form) was administered to the claimant. Mrs. Dozier was able to complete all subtests administered according to standardized test conditions. During vocational testing, Mrs. Dozier was noted to rub her right thumb and left palm. The results of the test are shown below.

	Raw score	Standard Score	Qualitative Description	Grade Equivalent
<b>Word Reading</b>	43	77	Low	5.5

	Raw score	Standard Score	Qualitative Description	Grade Equivalent
<b>Sentence Comprehension</b>	32	73	Low	6.2
<b>Math Computation</b>	32	78	Low	5.2

**Review of Records**

Carolina Occupational Healthcare notes reviewed

Tuomey notes reviewed

American Red Cross Biomedical Services Job Description: Technician II, Collections:

Essential Functions/Physical Requirements:

"... The duties above indicate the essential functions of the position. Operational flexibility is required to meet sudden and unpredictable needs. Physical requirements may include the ability to lift, push or pull heavy weights up and down ramps and stairs, good manual dexterity, the ability to sit or stand for long periods of time and adapt to long irregular hours and frequent schedule changes is required..."

Blake Moore, MD FACS notes reviewed

Carolina PT notes reviewed

Sumter Physical Therapy notes reviewed

Carolina Hand Therapy notes reviewed

- 02-25-08 James W. Nichols, MD assessment for left upper extremity pain
- 03-10-08 James W. Nichols, MD follow-up
- 03-14-08 James W. Nichols, MD follow-up
- 03-19-08 James W. Nichols, MD follow-up
- 03-19-08 James W. Nichols, MD phone call
- 04-28-08 Michael S. Green, MD assessment for left wrist and hand pain
- 07-09-08 J. Stewart Haskin, MD IME for left hand
- 08-15-08 Blake H. Moore, MD IME

08-25-08 M. David Redmond, MD EMG  
10-13-08 Kurt T. Stroebel, MD follow-up for bilateral wrist pain  
10-29-08 John J. Walsh, IV, MD consult for bilateral wrist symptoms  
11-26-08 John J. Walsh, IV, MD follow-up  
12-05-08 Blake H. Moore, MD letter to Joseph McElveen, Jr., Esq.  
01-22-09 Blake H. Moore, MD letter to Joseph McElveen, Jr., Esq.  
01-26-09 Lisa M. Mancuso, MD consult for hand pain  
02-03-09 Triple phase bone scan  
02-03-09 Bone scan  
02-04-09 MRI cervical  
02-04-09 MRI cervical  
02-10-09 George A. Bitting, MD follow-up  
02-22-09 Blake H. Moore, MD letter to Joseph McElveen, Jr., Esq.: "... A cervical MRI has been obtained revealing multilevel cervical disc disease. A Nuclear Medicine Bone Scan was obtained revealing bilateral wrist uptake. This is consistent with the diagnostic impression of a Complex Regional Pain Syndrome as previously suspected..."  
03-17-09 George A. Bitting, MD follow-up  
04-06-09 George Bitting, MD questionnaire: "In my opinion to a reasonable degree of medical certainty, the problems which I have diagnosed and for which I have been treating Mrs. Dozier were most probably caused by the work injury described by Mrs. Dozier, either directly, by aggravation of a pre-existing condition(s) repetitive trauma, or a combination of all three. Agree"  
04-06-09 Andrew Rhea, MD consult  
04-16-09 George A. Bitting, MD follow-up  
05-14-09 Robert Moore, MD assessment for bilateral upper extremity pain  
05-15-09 Brandy Minor, PA follow-up for bilateral hand  
05-18-09 James C. McIntosh, MD IME

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- 05-22-09 George Bitting, MD electrodiagnostic testing: "... Electrophysiological evidence suggestive of a mild median mononeuropathy consistent with a mild carpal tunnel syndrome affecting both extremities, affecting the sensory component. There is no electrophysiological evidence of a cervical motor radiculopathy based on this study in the nerves and muscles tested. Clinical correlation is advised."
- 05-27-09 George A. Bitting, MD follow-up for bilateral hand problems
- 06-08-09 James C. McIntosh, MD 14B: "recommend BTE testing"
- 07-29-09 George Bitting, MD follow-up
- 07-30-09 Blake H. Moore, MD letter to Mr. Samuels
- 08-10-09 James C. McIntosh, MD 14B: The claimant is able to return to work with the following restrictions: "10 15 limit"
- 08-26-09 George Bitting, MD follow-up
- 09-08-09 Timothy M. Zgleszewski, MD IME
- 10-13-09 Robert E. Brabham, Ph.D. Vocational Evaluation
- 10-29-09 Deposition of Harriet Wilkinson, M.Ed., CRC
- 12-16-09 Shailesh M. Patel, MD consult for bilateral arm pain
- 01-05-10 Shailesh M. Patel, MD operative report for procedure
- 01-14-10 Shailesh M. Patel, MD follow-up
- 01-26-10 Timothy M. Zgleszewski, MD follow-up
- 03-18-10 Timothy M. Zgleszewski, MD procedure note for stellate ganglion block
- 03-30-10 Timothy M. Zgleszewski, MD follow-up
- 04-22-10 Timothy M. Zgleszewski, MD follow-up
- 05-06-10 Timothy M. Zgleszewski, MD procedure note
- 05-18-10 Timothy M. Zgleszewski, MD follow-up
- 06-01-10 Timothy M. Zgleszewski, MD procedure note
- 06-10-10 Timothy M. Zgleszewski, MD follow-up
- 06-15-10 Timothy M. Zgleszewski, MD procedure note

06-22-10 Timothy M. Zgleszewski, MD follow-up and procedure note  
07-06-10 Timothy M. Zgleszewski, MD follow-up  
07-13-10 Timothy M. Zgleszewski, MD procedure note  
07-20-10 Timothy M. Zgleszewski, MD procedure note  
08-03-10 Timothy M. Zgleszewski, MD referral for bilateral carpal tunnel release  
08-03-10 Timothy M. Zgleszewski, MD follow-up  
10-07-10 Timothy M. Zgleszewski, MD follow-up  
11-16-10 Timothy M. Zgleszewski, MD follow-up  
12-02-10 Gerald J. Shealy, MD consult for carpal tunnel with numbness and tingling in both hands  
12-03-10 MRI right wrist  
12-07-10 Timothy M. Zgleszewski, MD follow-up  
12-08-10 J. Robert Alexander, Jr., MD consult and electrodiagnostic testing  
12-16-10 Gerald J. Shealy, MD follow-up  
01-04-11 Timothy M. Zgleszewski, MD follow-up  
01-11-11 Gerald J. Shealy, MD operative report for left carpal tunnel release  
01-24-11 Gerald J. Shealy, MD follow-up  
02-01-11 Timothy M. Zgleszewski, MD follow-up  
02-15-11 Gerald J. Shealy, MD follow-up  
03-01-11 Timothy M. Zgleszewski, MD follow-up  
03-03-11 Gerald J. Shealy, MD operative report for right carpal tunnel release  
03-15-11 Gerald J. Shealy, MD follow-up  
03-29-11 Timothy M. Zgleszewski, MD follow-up  
04-12-11 Gerald J. Shealy, MD follow-up  
04-21-11 Timothy M. Zgleszewski, MD follow-up  
05-23-11 Gerald J. Shealy, MD follow-up: MMI recommended: "... On evaluation today following measurements of her two-point

discrimination, I am noting that she continues to be symptomatic with pain in the median nerve..." He recommended 5 percent impairment to the left hand and 5 percent impairment to the right hand. "... At her request, she is provided with a permanent restriction of 5 pounds..."

05-24-11 Timothy M. Zgleszewski, MD follow-up

06-28-11 Timothy M. Zgleszewski, MD electrodiagnostic testing

Impression:

1. Abnormal electrodiagnostic examination.
2. Moderate bilateral carpal tunnel syndrome.
3. No evidence of cervical radiculopathy, brachial plexopathy, peripheral polyneuropathy or myopathic process.

08-09-11 Timothy M. Zgleszewski, MD follow-up after bilateral carpal tunnel injections:

"... Based on the AMA Guides to the Evaluation of Permanent Impairment 5<sup>th</sup> Edition, the examinee has a 5% impairment rating to the left upper extremity and 5% impairment to the right extremity secondary to her left and right carpal tunnel release surgery and ultrasound guided carpal tunnel injections. Secondary to her CRPS of the bilateral upper extremities, her central nervous system has been affected by the work accident. Based on the AMA Guides to the Evaluation of Permanent Impairment 5<sup>th</sup> Edition, she has a 6% impairment to the whole person for the right arm CRPS and a 6% impairment to the whole person for the left arm CRPS. The combined impairment rating for her CRPS is therefore 12% to the whole person..."

08-16-11 Timothy M. Zgleszewski, MD follow-up:

"... The patient states that the pain is located in the right and left neck. It radiates into the arm(s). The pain extends into the bilateral upper trapezius. The patient describes the pain as achy. There is no change in Ms. Dozier's aggravating and alleviating factors. The patient's current pain averages around 9/10 in the pain scale. The patient states she has pain in her right and left hands. States she has pain in her right and left wrists and she states she also has pain in her right and left neck. The patient has pain in the wrist but it stops before reaching the hand. The pain is described as achy sensation. There is no change in MS. Dozier's aggravating and alleviating

factors. The patient's current pain averages around 9/10 in the pain scale..."

08-31-11 Timothy M. Zgleszewski, MD 14B:

"The claimant is unable to return to work at his or her current employment."

"She requires pain medication management along with appropriate physician follow-up visits with medication compliance testing. She has the option of proceeding with an SCS trial of her medication regimen does not provide adequate pain control."

10-03-11 Timothy M. Zgleszewski, MD chart note:

"... Mrs. Dozier cannot return to work at her current job as a phlebotomist. She has chronic pain secondary to her CRPS and CTS which would preclude her from any job position requiring lifting greater than 5 pounds. Dr. Shealy lists this five pound weight restriction as well. She is unable to use either upper extremity on a repetitive basis secondary to her CRPS and chronic pain from her failed CTS release surgery. Apparently Dr. Shealy stated in his deposition that he 'normally releases with no restrictions.' Since no two patients are alike, and since Carpal Tunnel Release surgery is not 100% successful, one needs to treat each patient as an individual. Categorical statements regarding work restrictions and accommodations are not possible due to the wide range of clinical presentations in individuals with CRPS. Work restrictions and accommodations are based upon the interaction between a person's medical impairment (if any) and the job requirements. Therefore, in my medical opinion from a medical standpoint, Ms. Dozier cannot perform even at a sedentary position if the job requires anything greater than less than occasional use of her arms given the diagnosis she has of CRPS and CTS. She cannot use either upper extremity on a repetitive basis..."

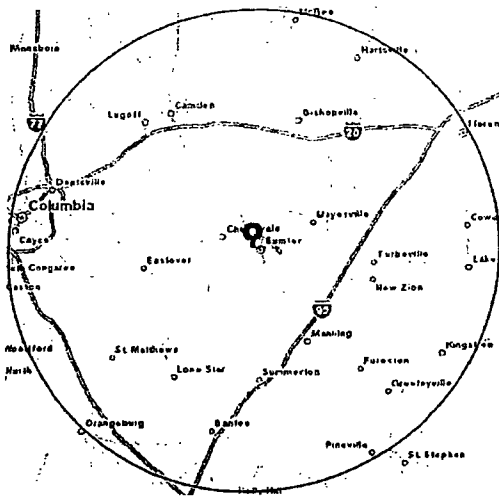
#### **Adjusted vocational profile**

**Transferable Skills Analysis.** A formal transferable skills analysis was conducted using Skilltran. The work statement provided by Dr. Shealy was utilized in this analysis, restricting Mrs. Shealy to a 5 pound lifting capacity. From a force standpoint, Mrs. Dozier is limited to "sedentary" employment, although she does not meet the full definition of "sedentary", which requires lifting, pushing and pulling up to 10 pounds on an occasional basis.

Based on a "sedentary" work capacity, the transferable skills analysis reveals no transferable occupations for which Mrs. Dozier qualifies. Based on this analysis, **Mrs. Dozier has incurred a 100 percent loss of access to transferable occupations.**

#### Labor Market Survey

Based on the vocational profile outlined in this report, a labor market survey was conducted using the South Carolina Employment Security Commission. Jobs were reviewed based on the work restrictions outlined in the medical records. The map below shows the approximate geographical area available to the claimant.



Based on the most recent medical and work status provided by Dr. Zgleszewski on October 3, 2011 (consistent with Dr. Shealy's endorsement of a 5-pound lifting restriction), no jobs were located in her labor market for which she qualifies.

#### Vocational Analysis and Conclusions

Mrs. Dozier is a 41-year-old former phlebotomist who was working for American Red Cross when she developed right upper extremity problems sometime around December of 2007 while performing her duties as a Collections Technician. On January 17, 2008 she developed left wrist pain while performing her usual duties at Red Cross. She received extensive evaluations and treatment as outlined in this report in the "Review of Medical Records". She also received treatment for neck pain. Mrs. Dozier described a pattern of attempting to return to work for periods of time, then going out of work based on the medical

recommendations from her doctors. She states that she last worked on September 8, 2008 and was terminated from employment on April 29, 2009. She was evaluated by Dr. Zgleszewski on September 8, 2009 and entered into active treatment with him on January 26, 2010. Dr. Zgleszewski treated her for ongoing symptoms of bilateral carpal tunnel syndrome and reflex sympathetic dystrophy. He referred her for treatment with Dr. Shealy. She underwent left carpal tunnel release in January of 2011 and right carpal tunnel release in March of 2011. On May 23, 2011, Dr. Shealy released her at MMI and provided permanent impairment ratings of 5 percent to each hand. He provided the following work statement regarding her bilateral carpal tunnel syndrome: "... At her request, she is provided with a permanent restriction of 5 pounds..."

Mrs. Dozier continued to follow-up with Dr. Zgleszewski. On August 9, 2011, Dr. Zgleszewski recommended impairment ratings secondary to bilateral carpal tunnel releases as well as bilateral CRPS. Dr. Zgleszewski completed a 14B on August 31, 2011 and indicated that Mrs. Dozier cannot return to her current employment. He also outlined the following future treatment options: "She requires pain medication management along with appropriate physician follow-up visits with medication compliance testing. She has the option of proceeding with an SCS trial of her medication regimen does not provide adequate pain control."

On October 3, 2011 Dr. Zgleszewski provided medical opinions relevant to Mrs. Dozier's current functional work status. The pertinent opinions are provided in this report in the "Review of Records" section. In consideration of this most recent information, Mrs. Dozier is most accurately classified in a modified "sedentary" work capacity. Dr. Zgleszewski's recommendation that she "cannot use either upper extremity on a repetitive basis" eliminates most "sedentary" employment based on the need to use a computer and perform other clerical functions such as filing, copying, and answering phones on a repetitive basis.

Mrs. Dozier's work as a phlebotomist is classified as "light" in physical demands by the Dictionary of Occupational Titles, although her work at the American Red Cross is more accurately classified as "medium" or greater based on her definitions of work activities as well as her written job description. This work is classified as "semi-skilled". Prior to this work she worked as a certified nursing assistant for 18 years. This work is classified as "medium" in physical demands by the Dictionary of Occupational Titles, although many work settings require lifting that exceeds a "medium" level due to the need to lift and transfer patients. She worked at K-Mart scanning and labeling shelves. Overall, her past relevant

Cindy Dozier  
Vocational Assessment

work history is classified as "medium" or greater in physical demands. Her past relevant work is classified as "semi-skilled".

Positive factors in Mrs. Dozier's vocational profile include her age of 41, indicating the ability to adapt to new work environments and situations; and completion of high school. Negative factors include ongoing complaints of pain and dysfunction in both upper extremities; a narrowly defined work history, having worked in two occupations for her entire relevant work life, limiting transferability of skills to other occupations; the endorsement of a 5 pound lifting restriction by her treating surgeon (Dr. Shealy); and Dr. Zgleszewski's medical opinion rendered on October 3<sup>rd</sup> regarding Mrs. Dozier's current functional abilities and work status.

In order to determine the presence of transferable occupations, a transferable skills analysis was conducted using Skilltran. The results revealed no meaningful transferable occupations for which she qualifies. Mrs. Dozier's residual access to the labor market is defined by any remaining employment classified as "unskilled" and "sedentary" or modified "light" with a 5-pound lifting restriction and no repetitive use of the upper extremities. Based on these parameters, a labor market survey was conducted. Approximately 500 jobs were reviewed in the South Carolina Employment Security Commission database. No jobs were located in Mrs. Dozier's labor market for which she qualifies. Based on this analysis, Mrs. Dozier's access to the competitive labor market has been eliminated. Any remaining employment in her local or national economy is so limited in quantity, quality and dependability that she is considered to be **totally and permanently vocationally disabled** as a result of her bilateral carpal tunnel syndrome and complex regional pain syndrome stemming from her work as a phlebotomist at the American Red Cross.

Thank you for this referral to Adams & Wilkinson.



Glen K. Adams, MRC, CRC, CEES  
Vocational Consultant



**Vocational Assessment – Peer Review**

**Date** October 3, 2011

**Name of referral source** Stephen B. Samuels, Attorney at Law  
**Address** Samuels Law Firm, LLC  
P.O. Box 50349  
Columbia, SC 29250

**Injured Worker:** Cindy Dozier  
**Date of Birth:** April 28, 1970  
**Age:** 41  
**SSN:** [REDACTED]

**WCC #:** 0800660

**Employer:** American Red Cross

**Date of Injury:** January 17, 2008  
**Date of Assessment:** August 30, 2011

**Background information**

This peer review is provided at the request of the claimant's attorney. This report is based on the review of an Initial Vocational Evaluation dated 09-26-11 and Labor Market Survey dated 09-27-11, provided by James R. Myers, MA, QRP, CCM, CRC of CorVel Corporation.

It is noted that Mr. Myers did not have the benefit of reviewing Dr. Zgleszewski's opinion rendered on October 3<sup>rd</sup> prior to conducting his analysis.

It is also noted that Mr. Myers did not conduct any vocational testing in the course of his evaluation.

**Review of Vocational Evaluation report**

On page A-5 of the report, the following information is provided:

Cindy Dozier

Vocational Assessment – Peer Review

“On 09/27/11, a Vocational Diagnosis of Residual Employability (VDARE) was completed on Ms. Dozier within her geographic labor market to determine her transferable skills...”

The VDARE process is a generally-accepted methodology used in the field of vocational rehabilitation. The foundation for VDARE is provided in the Code of Federal Regulations (20 CFR 404.1568(d)). The following information is excerpted from the Code:

(d) Skills that can be used in other work (transferability)—(1) What we mean by transferable skills. We consider you to have skills that can be used in other jobs, when the skilled or semi-skilled work activities you did in past work can be used to meet the requirements of skilled or semi-skilled work activities of other jobs or kinds of work. This depends largely on the similarity of occupationally significant work activities among different jobs.

(2) How we determine skills that can be transferred to other jobs.

Transferability is most probable and meaningful among jobs in which—

(i) The same or a lesser degree of skill is required;

(ii) The same or similar tools and machines are used; and

(iii) The same or similar raw materials, products, processes, or services are involved.

None of the occupations listed on page A-7 meet the definition of transferability as described above.

This generally-accepted process of conducting a transferable skills analysis was replicated using Skilltran. Skilltran is a service which automates the process of conducting a transferable skills analysis as described above. Given a “sedentary” work status, the Skilltran analysis revealed no transferable occupations.

#### **Review of Labor Market Survey report**

Each job listed in the Labor Market Survey was analyzed applying the following questions:

- a. Can the job be verified through Internet search?
- b. Is the assigned DOT code accurate?
- c. If the answer to “b” is “no”, what is the correct DOT code?

- d. Does the job meet the physical demand requirements outlined by the treating physicians?
- e. Does the job meet the definition of transferability as described above?

Attempts to verify the jobs listed were accomplished by using a combination of the listed company web site and the South Carolina Employment Security Commission database.

Each job is listed by job number in the report. The answers to the questions are provided.

**Job # 1**

- a. No. Unable to accurately identify this job using the standard job search resources
- b. Yes, the DOT code is accurate
- c. NA
- d. No. The DOT classifies this occupation as requiring frequent fingering and occasional handling. This job most probably requires the repetitive use of the upper extremities. This job most probably exceeds the limitations provided by her treating physicians.
- e. No. The skill requirement (SVP) exceeds the SVP level as indicated by her work history. The other definitions of transferability are not met.

**Job # 2**

- a. No. Unable to accurately identify this job using the standard job search resources.
- b. No, the DOT code is inaccurate. The code provided in the report refers to MULTI-OPERATION-MACHINE OPERATOR.
- c. The accurate DOT code for this job is 209.687-026, MAIL CLERK.
- d. No. The physical demand classification is "light". This work most probably requires the repetitive use of the upper extremities.
- e. This job is classified as "unskilled". Therefore, transferability is not applicable.

**Job # 3**

- a. No. Unable to accurately identify this job using the standard job search resources.
- b. No, the DOT code is inaccurate. The code provided in the report refers to MULTI-OPERATION-MACHINE OPERATOR.

- c. The accurate DOT code for this job is 221.367-022 INDUSTRIAL-ORDER CLERK.
- d. No. The DOT classifies this occupation as requiring frequent handling and occasional fingering. This job most probably exceeds the limitations provided by her treating physicians.
- e. No, the definitions of transferability are not met.

**Job # 4**

- a. No. Unable to accurately identify this job using the standard job search resources.
- b. No, the DOT code is inaccurate. The code provided in the report refers to COLLECTION CLERK.
- c. The accurate DOT code for this job is 078.362-018 ELECTROCARDIOGRAPH TECHNICIAN
- d. No. This occupation is classified as "light" in physical demands. The DOT classifies this occupation as requiring frequent handling and fingering. Additionally, this occupation requires the technician to occasionally lift, move and manipulate patients. This occupation most probably requires training in basic life support (CPR), a skill that far exceeds Mrs. Dozier's limitations.
- e. No, the definitions of transferability are not met.

**Job # 5**

- a. Yes. See attachment at the end of this report.
- b. Yes, the DOT code is accurate
- c. NA
- d. No. The DOT classifies this occupation as requiring frequent fingering and occasional handling. This job most probably exceeds the limitations provided by her treating physicians.
- e. No. The skill requirement (SVP) exceeds the SVP level as indicated by her work history. The other definitions of transferability are not met.

**Job # 6**

- a. No. Unable to accurately identify this job using the standard job search resources.
- b. No, the DOT code is inaccurate. The code provided in the report refers to CUSTOMER-SERVICE-REPRESENTATIVE INSTRUCTOR.
- c. The accurate DOT code for this job is 206.387-034 FILE CLERK I.

- d. No. This occupation is classified as “light” in physical demands. The DOT classifies this occupation as requiring frequent handling and fingering. This job exceeds the limitations provided by her treating physicians.
- e. No, the definitions of transferability are not met.

**Job # 7**

- a. No. Unable to accurately identify this job using the standard job search resources.
- b. No, the DOT code is inaccurate. The code provided in the report refers to CUSTOMER-COMPLAINT CLERK.
- c. The accurate DOT code for this job is 237.367-022 INFORMATION CLERK.
- d. No. This job most probably requires the use of the upper extremities repetitively.
- e. No, the definitions of transferability are not met.

**Job # 8**

- a. No. Unable to accurately identify this job using the standard job search resources.
- b. No, the DOT code is inaccurate. The code provided in the report refers to COLLECTION CLERK.
- c. The accurate DOT code for this job is 078.362-018 ELECTROCARDIOGRAPH TECHNICIAN
- d. No. This occupation is classified as “light” in physical demands. The DOT classifies this occupation as requiring frequent handling and fingering. Additionally, this occupation requires the technician to occasionally lift, move and manipulate patients. This occupation most probably requires training in basic life support (CPR), a skill that far exceeds Mrs. Dozier’s limitations.
- e. No, the definitions of transferability are not met.

**Job # 9**

- a. No. Unable to accurately identify this job using the standard job search resources.
- b. No, the DOT code is inaccurate. The code provided in the report refers to CUSTOMER-SERVICE-REPRESENTATIVE INSTRUCTOR.
- c. The accurate DOT code for this job is 209.687-026 MAIL CLERK.
- d. No. The physical demand classification is “light”. This work most probably requires the repetitive use of the upper extremities. This occupation requires frequent reaching, handling and fingering.

- e. This job is classified as “unskilled”. Therefore, transferability is not applicable.

**Job # 10**

- a. No. Unable to accurately identify this job using the standard job search resources.
- b. No, the DOT code is inaccurate. The code provided in the report refers to SORTER.
- c. The accurate DOT codes for this job are 209.562-010 CLERK, GENERAL and 209.687-026 MAIL CLERK
- d. No. The physical demand classification is “light”. These occupations require a combination of handling and fingering on a frequent basis. This job most probably requires the use of the upper extremities on a repetitive basis.
- e. No, the definitions of transferability are not met.

**Job # 11**

- a. No. Unable to accurately identify this job using the standard job search resources.
- b. No, the DOT code is inaccurate. The code provided in the report refers to MULTI-OPERATION-MACHINE OPERATOR.
- c. The accurate DOT code for this job is 279.357-034 SALES REPRESENTATIVE, WATER-SOFTENING EQUIPMENT.
- d. No. The physical demand classification is “light”.
- e. No. The skill requirement (SVP) exceeds the SVP level as indicated by her work history. The other definitions of transferability are not met.

**Job # 12**

- a. No. Unable to accurately identify this job using the standard job search resources.
- b. Yes, the DOT code is accurate
- c. NA
- d. No. The DOT classifies this occupation as requiring frequent fingering and occasional handling. This job most probably requires the repetitive use of the upper extremities.
- e. No. The skill requirement (SVP) exceeds the SVP level as indicated by her work history. The other definitions of transferability are not met.

Cindy Dozier  
Vocational Assessment – Peer Review

The results of this review reveal that none of the listed jobs is viable in consideration of Mrs. Dozier's residual physical capacities, as defined by Dr. Zgleszewski on 10-03-11, and Mrs. Dozier's vocational profile.

Thank you for this referral to Adams & Wilkinson.



Glen K. Adams, MRC, CRC, CEES  
Vocational Consultant



## Job Listings

[New Search](#) [Return To Jobs](#)

**Send this job to a friend**

**Accounts Receivable Specialist**

**Facility:** Lexington Medical Center Physician Practices

**Department:** Lexington Surgical Associates

**Schedule:** Full time

**Shift:** Day Shift

**Hours:** 9:00am-5:30pm

**Salary Range:** \$11.00+/hr based upon experience

**Job Details:** - High School Diploma  
Basic Functions:

Responsible for all patient account functions to include billing, collections, follow up and posting of charges and money in a timely and accurate manner. Conducts monthly billing cycle for patient statements according to third party requirements. Keeps manager apprised on all significant issues. Works regularly with information which is restricted to specific persons. Discretion and integrity are recognized requirements for the job. Minimum Qualifications: High School Diploma or equivalent General knowledge or medical ethics and confidentiality Minimum of three years experience in a related field preferably in a medical setting and/or six months successful experience as a Business Office Associate Insurance, ICD-9 and CPT coding experience Preferred Qualifications: Personal computer proficiency including experience with MS Office with an emphasis on accuracy Medical Terminology 3+ years work experience in a related field

**Click Here to Apply Online**

**Current LMC Employees Only - Click Here to Apply**

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(803) 791-2000 | Patient Rooms: (803) 739-3 (patient room #)

Main Campus: 2720 Sunset Blvd. West Columbia, SC 29169

9/30/2011 11:04 AM

**P239**

# People Greeter Job Description

## Culture:

### Respect for the individual

Contributes to a unique family and team environment by demonstrating respect for and sensitivity to all individuals; supporting the Wal-Mart commitment to diversity; following through on commitments; and communicating clearly and courteously with fellow Associates, customers and suppliers.

### Service to our Customers

Makes shopping a uniquely positive experience by greeting Customers with warmth, enthusiasm, energy and courtesy. Showing a personal interest in them; determining what help they need and promptly delivering it; and mastering the products and services; and

### Strive for Excellence

Behaves in a lawful, honest and ethical manner at all times; sets and achieves high standards of performance; takes personal responsibility for completing duties timely and efficiently; shows initiative; and suggests ways in which the company can continuously improve.

**Job Responsibilities:** Primary job responsibilities and functions are listed below. An Associate in this position will be expected to perform additional job-related responsibilities and duties throughout the facility as assigned and/or necessary

## Operations

- Greets, communicates, and responds to Customer questions; locates merchandise; provides shopping and motorized carts; provides requested assistance with merchandise returns; deactivates security tags; and checks receipts.
- Stops Customers whose merchandise activates the alarm, compares merchandise to purchase receipt and accurately maintains a log of the event.
- Monitors entrances and exits for signs of shrink and potential security risks and contacts management and/or In-Store Loss Prevention when problems are identified. Responds appropriately to emergency codes.
- Ensures a safe and clean environment by maintaining safety standards, performing maintenance and cleaning as needed.
- Distributes Company-approved marketing or promotional materials, such as smiley face stickers
- Demonstrates knowledge and understanding of appropriate responses to emergency codes.

## Merchandising

- Maintains the overall appearance of the entrance and/or exit areas by straightening merchandise in the area.
- Operates and moves lightweight equipment, such as wheelchairs, at entrance and exit doors when necessary.

## People

- Demonstrates dependability and reliability by being punctual, working assigned and varying shifts, and completing responsibilities in a timely manner.
- Interacts politely and effectively with Customers and Associates by representing the Company's Culture, including the Ten Foot and Sundown Rules.
- Talks with, listens to, or signals others to effectively exchange information; receives or gives direction; and effectively works as part of a team by responding to assistance requests throughout the facility.

## Key Characteristics:

Key Characteristics of job functions are listed below:

- Ability to adapt to and work effectively in various parts of the facility.
- Ability to identify inventory control concerns in accordance with company procedures.
- Ability to interact and communicate effectively with Customers, Associates, and Suppliers.
- Ability to read, write and understand printed materials.
- Knowledge of and proficiency with security tag deactivation.

## Essential Functions

The Essential Functions of the position are listed below:

- Provides quality Customer service by greeting and effectively communicating with Customers to assist in locating merchandise, answering basic questions, providing shopping and motorized carts, assisting with merchandise returns, and deactivating items that trigger entrance or exit alarms, which involved
  - Constantly greeting and approaching Customers entering and exiting the facility;
  - Moving within the flow of Customers entering and leaving the facility;
  - Communicating effectively with Customers and Associates; and
  - Giving Customers directions to merchandise locations within the facility
- Constantly monitors entrances and exits for signs of shrink and potential security risks, which involve:
  - Physically and visually verifying purchase of unbagged merchandise;
  - Providing shopping carts to Customers by pushing or pulling up to 10 pounds of pressure;
  - Demonstrating knowledge of and proficiency with security tag deactivation, security log, and cash register receipts, requiring writing, reading and visually verifying small print using various media;
  - Frequently lifting, placing, and deactivating items weighing up to 10 pounds without assistance, and regularly lifting merchandise over 10 pounds with team lifting;
  - Monitoring areas for signs of shrink or potential security risks and contacting management or In-Store Loss Prevention when appropriate;
  - Visually reading and verifying small print in written documents and on equipment, using fine motor skills, including grasping, turning and manipulating while marking returned items and responding to alarms; and
  - Demonstrating an understanding of and effectively following all Company policies and procedures, such as Customers with service animals and/or other special needs and Customers needing access to the facility.
- Demonstrates knowledge and understanding of appropriate responses to emergency codes, which involve:
  - Monitoring assigned area for potential safety risks and property damage and taking appropriate action.



January 26, 2009

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**Hugh S. Thompson, M.D.**  
Anesthesiology & Pain Management

**Lisa Mancuso, M.D.**  
Anesthesiology & Pain Management

**George Bitting, M.D.**  
Physical Medicine & Rehab

Dr. Blake A. Moore  
500 Thurgood Marshall, Suite A  
Kingstree, S.C. 29556

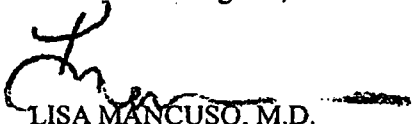
Re: Cindy Dozier  
DOB: 04/28/72

Dear Dr. Moore:

Thank you very much for sending Ms. Dozier to me for her chronic arm pain. I doubt that she has complex regional pain syndrome, formerly known as reflex sympathetic dystrophy, for a few reasons. One - there is no specific precipitating event, two - both limbs are affected, three - there are no sudomotor changes. I am looking for possible spine etiology. I have ordered an MRI of her cervical spine, as well as a three phase bone scan, that could pick up bone changes from CRPS. I did start her on Lyrica and, depending on the above studies, I can make treatment recommendations at that time. I didn't want to go straight to a stellate ganglion block given the history and lack of an MRI of her neck. I will keep you updated.

You should be receiving my H&P under separate cover shortly, if you don't please let me know. Thank you very much for allowing me to participate in the care of your patient and for thinking of me when your patients have chronic pain needs.

With warmest regards,

  
LISA MANCUSO, M.D.  
Board Certified, ABA, Pain Management  
Diplomat, ABA, Pain Management

LM/dlj

1920 Second Loop Road • Florence, South Carolina 29501  
Phone: 843.678.9777 • Fax: 843.661.7292

55005

Exercise:  Not Exercising  Exercising \_\_\_ Times per week - Type of exercise: \_\_\_\_\_

Illicit Drug Usage:  Never  Past History  Current. Please list drugs used \_\_\_\_\_  
 Drug/Alcohol Abuse Treatment  Yes  No. If yes,  In-Patient  Out-Patient  Both

**Review of Systems**

Please check all symptoms or illnesses that you have currently.

<p style="text-align: center;"><b>General</b></p> <input type="checkbox"/> Decreased Activity <input type="checkbox"/> Changes in Appetite <input type="checkbox"/> Chills <input type="checkbox"/> Decreased Energy <input type="checkbox"/> Fainting <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Sweating <input type="checkbox"/> Weight Change <input type="checkbox"/> None of above	<p style="text-align: center;"><b>Eyes</b></p> <input type="checkbox"/> Discharge <input type="checkbox"/> Dry <input type="checkbox"/> Itching <input type="checkbox"/> Drooping <input type="checkbox"/> Redness <input type="checkbox"/> Swelling <input type="checkbox"/> Visual Difficulties <input type="checkbox"/> Vision Loss <input checked="" type="checkbox"/> None of above	<p style="text-align: center;"><b>Ears/Nose/Mouth/Throat</b></p> <input type="checkbox"/> Congestion <input type="checkbox"/> Discharge <input type="checkbox"/> Earache <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Hearing Sensitivity <input type="checkbox"/> Pain <input type="checkbox"/> Popping <input type="checkbox"/> Ringing <input type="checkbox"/> Vertigo <input checked="" type="checkbox"/> None of Above	<p style="text-align: center;"><b>Nose</b></p> <input type="checkbox"/> Altered Smell <input type="checkbox"/> Bleeding <input type="checkbox"/> Congestion <input type="checkbox"/> Discharge <input type="checkbox"/> Seasonal Allergies <input type="checkbox"/> Sinus Pain <input type="checkbox"/> Sinus Pressure <input type="checkbox"/> Snoring <input checked="" type="checkbox"/> None of above
<p style="text-align: center;"><b>Mouth</b></p> <input type="checkbox"/> Altered Sense of Taste <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Burning Tongue <input type="checkbox"/> Lesion <input type="checkbox"/> Mass <input type="checkbox"/> Sore <input type="checkbox"/> Pain <input type="checkbox"/> Gum Problems <input checked="" type="checkbox"/> None of above	<p style="text-align: center;"><b>Throat</b></p> <input type="checkbox"/> Difficulty Swallowing <input type="checkbox"/> Hoarseness <input type="checkbox"/> Sore Throat <input type="checkbox"/> Lesion <input type="checkbox"/> Mass <input type="checkbox"/> Cough <input type="checkbox"/> Apnea <input type="checkbox"/> Snoring <input type="checkbox"/> Dryness <input type="checkbox"/> Reflux <input checked="" type="checkbox"/> None of above	<p style="text-align: center;"><b>Lungs/Respiratory</b></p> <input type="checkbox"/> Cough <input type="checkbox"/> Coughing Blood <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Sputum <input type="checkbox"/> Wheezes <input checked="" type="checkbox"/> None of above	<p style="text-align: center;"><b>Heart/Cardiac</b></p> <input type="checkbox"/> Chest Discomfort <input type="checkbox"/> Chest Pain <input type="checkbox"/> Chest Pressure <input type="checkbox"/> Cold Hands/Feet <input type="checkbox"/> Blue Extremities <input type="checkbox"/> Difficulty Breathing with Exercise <input type="checkbox"/> Extremity Swelling <input type="checkbox"/> Heart Murmur <input type="checkbox"/> Palpitations <input type="checkbox"/> Increase Heart Rate <input checked="" type="checkbox"/> None of above
<p style="text-align: center;"><b>Digestive/Gastrointestint</b></p> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Bloating <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Food Intolerance <input type="checkbox"/> Gas <input type="checkbox"/> Heartburn <input type="checkbox"/> Indigestion <input type="checkbox"/> Loss of Appetite <input type="checkbox"/> Loss of Weight <input type="checkbox"/> Nausea <input type="checkbox"/> Regurgitation <input type="checkbox"/> Abnormal Stool <input type="checkbox"/> Difficulty Swallowing <input type="checkbox"/> Vomiting <input checked="" type="checkbox"/> None of above	<p style="text-align: center;"><b>Genitourinary</b></p> <input type="checkbox"/> Bloody Urine <input type="checkbox"/> Frequency <input type="checkbox"/> Bed-Wetting <input type="checkbox"/> Incontinence <input type="checkbox"/> Odor <input type="checkbox"/> Pain with Urination <input type="checkbox"/> Passing Stones <input type="checkbox"/> Abnormal Stream <input type="checkbox"/> Abnormal Urine Appearance <input type="checkbox"/> Erectile Dysfunction <input type="checkbox"/> Genital Lesion <input type="checkbox"/> Libido Changes <input type="checkbox"/> Prostate Problems <input type="checkbox"/> Sexual Dysfunction <input checked="" type="checkbox"/> None of above	<p style="text-align: center;"><b>Female Only</b></p> <p style="text-align: center;"><b>Vaginal</b></p> <input type="checkbox"/> Burning <input type="checkbox"/> Discharge <input type="checkbox"/> Dryness <input type="checkbox"/> Irritation <input type="checkbox"/> Itching <input type="checkbox"/> Lesions <input type="checkbox"/> Painful Intercourse <input type="checkbox"/> Premenstrual Sympt <input type="checkbox"/> Menstrual Symptom <input type="checkbox"/> Irregular Bleeding <input type="checkbox"/> Cramps <input type="checkbox"/> Pain <input type="checkbox"/> Menopausal <input checked="" type="checkbox"/> None of above Date of last Menstrual Period: _____	<p style="text-align: center;"><b>Musculoskeletal</b></p> <p style="text-align: center;"><b>Joint</b></p> <input type="checkbox"/> Inflammation <input type="checkbox"/> Redness <input checked="" type="checkbox"/> Pain in hand - arms <input type="checkbox"/> Limited Motion <input type="checkbox"/> Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Tenderness <input checked="" type="checkbox"/> Weakness h.s. v.s. - arms <p style="text-align: center;"><b>Muscle</b></p> <input type="checkbox"/> Atrophy <input type="checkbox"/> Cramps <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Weakness <input checked="" type="checkbox"/> None of above

Patient: CINDY DOZIER

Date Printed: 09-29-2009 2:10 PM

PLAN:

MEDICATIONS: she's encouraged to get the Lyrica filled.  
TREATMENTS: Recommended a cervical epidural injection.

Electronically Signed by: Lisa M. Mancuso, M.D. on Tuesday, February 10, 2009

Patient ID: 55005

Patient Name: CINDY DOZIER

Date of Birth: 04/28/1970

Date of Service: 01/26/2009

REFERRING PROVIDER: BLAKE A MOORE

CHIEF COMPLAINT: Cindy Dozier is a 38 year old patient seen for consultation in the office today. kindly referred by Dr Moore for what pt says is consideration of a stellate ganglion block for chronic arm pain.

INFO/RECORDS REVIEWED & SCANNED INTO CHART: The following forms were reviewed with the patient and scanned into the chart: Allergies, Family History (FH), History of Present Illness (HPI) form, Medications, Past Medical History (PMH), Review of Systems (ROS), Social History (SH). Reports were reviewed and scanned into the chart: Test result(s), MRI report: history and physical.left wrist MRI 03.04.08: tendonitis- no ganglion cyst, no AVN; EDS Aug'08: mild bil CTS, no cervical radiculopathy

HISTORY OF PRESENT ILLNESS: RHed. She was told she had mild bil CTS. Saw hand surgeons who did not recommend surgery, did a left carpal tunnel inj that she says made her pain worse. "I can't do my full duty job because of the pain."

CERVICAL SPINE: The pain began approximately 1 year ago. The onset was sudden. There was no precipitating event. The mechanism of injury was unknown. The pain is poorly localized. The pain quality is achy, deep, sharp, shooting. The severity is moderate. Numerical pain scale is subjectively graded 8/10. The pain does not radiate. Associated symptoms include numbness in the thumbs bilaterally, numbness in the index fingers bilaterally, numbness in the middle fingers bilaterally, numbness in the ring fingers bilaterally, numbness in the small fingers bilaterally, numbness in the both hands, numbness in the both forearms. The duration is continuous. Overall, the symptoms have been worsening. The symptoms were worse by carrying. Activity restrictions include lifting, operating equipment. No general therapy has been tried, Darvon, Darvocet, anti-inflammatories. There was slight improvement noted with the therapies tried, no improvement noted with the therapies tried. The patient has been seen for this problem by a primary care physician, physical therapist, orthopaedic surgeon. Prior evaluation for this problem has included an abnormal EMG/NCV by physiatry report.no neck pain. Worked for the Red Cross moving heavy eqpt, LDOW Sep'08, same eqpt that she had been using for 3 years. Says her hands have swollen, with numbness in hands at night, feels heavy and achy. They are not numb now. Says she was tested neg for RA. Also saw Dr Nichols at Camden Bone & Joint. Says sometimes her family helps snaps her bra. No MRI C' was done. Has not been to a Pain Clinic before. Had a few sessions of PT in Jan'08, sounds like it may have included OT but I don't have records. Stiff neck st. 2 days ago. The pain st. in her rt hand first then a few days later involved her left hand. Initially was dx with tendonitis. Denies temp changes or sudomotor changes in her arms/hands. Has not had a three phase bone scan.

PAST MEDICAL HISTORY: hernia repair more than 20 yrs ago; TVH Jan'08- nonmalignant, left oophorectomy Mar'08

CURRENT ALLERGY LIST:

Patient: CINDY DOZIER

Date Printed: 09-29-2009 2:10 PM

CODEINE  
DILAUDID

CURRENT MEDICATION LIST:  
none

FAMILY HISTORY:  
Noncontributory.

SOCIAL HISTORY:  
ALCOHOL: Does not give any significant history of alcohol usage.  
TOBACCO USE: Has no smoking history.  
OCCUPATION: phlebotomist  
ILLCIT DRUG USE:

PHYSICAL EXAM:  
VITAL SIGNS:  
VS-TEMPERATURE: 98.5°f Oral  
VS-PULSE: 87 via VS machine, Regular  
VS-BLOOD PRESSURE: 114/76 Left Arm Sitting  
VS-RESPIRATION: 20  
VS-PULSE OXIMETRY: 99%  
VS-WEIGHT: 163lbs

CONSTITUTIONAL:  
GENERAL APPEARANCE: Well developed, well nourished. In no acute distress.

GAIT/STATION: Gait intact. Does not use mobility aids.

MUSCULOSKELETAL EXAM:  
HEAD/NECK (POSTERIOR), SHOULDER GIRDLE: No swelling, masses, lesions. **Mild tenderness over the left levator scapula.** No obvious muscle spasm noted. Full and painless range of motion of the neck is noted.  
SPINE, RIBS, PELVIS: No erythema, masses, lesions, or edema. No tenderness of spine, ribs or SI joints. No kyphosis, lordosis, or scoliosis.  
MUSCLE STRENGTH: **Upper extremity strength is 4/5.** Muscle strength of the major groups in the lower extremities is 5/5.  
CERVICAL: No changes are noted in the patient's symptoms on extension and rotation.  
SPECIAL TESTS: no allodynia. tender to deep palpation bil forearms and wrists, nonedematous, full wrist ROM bil. radial pulses 2+ bil.

REFLEXES: **1+/4+ patellar bilaterally, 1+/4+ Achilles bilaterally, 2+/4+ biceps bilaterally, questionable triceps bilaterally, 2+/4+ brachioradialis bilaterally.** pt did not relax UEs to get triceps DTR

SENSATION:  
PERIPHERAL NERVES: Sensation to touch and pressure intact.

GENERAL EXAM:  
ORIENTATION/MOOD/AFFECT: Oriented to person, place, time and general circumstances. Mood and affect appropriate.  
SKIN: Warm, dry, no significant lesions, irritation, rashes or ulcers.  
EYES: Pupils are equal and round.  
RESPIRATORY: Normal respiratory effort.

ASSESSMENT/PLAN:

Patient: CINDY DOZIER

Date Printed: 09-29-2009 2:10 PM

723.1-CERVICALGIA  
723.4-BRACHIAL NEURITIS OR RADICULITIS NOS

MEDICATIONS:

LYRICA CAPSULE 75MG, 1 po bid x7 days then 1 po tid, 90 Dispensed, status: NEW PRESCRIPTION, 01/26/2009.

LYRICA CAPSULE 75MG, 1 po bid, 14 Dispensed, status: NEW PRESCRIPTION, 01/26/2009.

726.10-UNSPECIFIED DISORDERS OF BURSAE AND TENDONS IN SHO  
354.0-CARPAL TUNNEL SYNDROME

PLAN:

GOALS: Increase the patient's ability to self-manage pain and related problems. Reduce the misuse, overuse, or dependency on medications (defined as the continuous use of therapeutic levels of opioids or sedative/hypnotics, or other pain medications, above the maximum recommended dose or duration, and physical or psychological dependency). Reduce the use of invasive medical procedures. Maximize and maintain optimal physical activity and function. Return to productive activity at home, socially, and/or at work.

DIAGNOSTIC WORKUP: Imaging studies include a MRI of the cervical spine. Cervical spine series. three phase bone scan arms, this can pick up CRPS changes. I doubt she has CRPS Complex Regional Pain Syndrome (formerly RSD) b/c: both limbs are affected and there are no sudomotor changes.

TREATMENTS: pending studies.

PATIENT EDUCATION: Questions were encouraged to stated satisfaction from the patient. Discussed information on chronic pain, medications.

REFERRALS/CONSULTS/SPECIAL EVALS: Dr Blake Moore for continued excellent orthopedic care whom I thank for his kind referral of this nice lady. Rec Voc Rehab for job training.

Electronically Signed by: Lisa M. Mancuso, M.D. on Monday, January 26, 2009

Patient: CINDY DOZIER

Date Printed: 09-29-2009 2:10 PM

GOALS: Increase the patient's ability to self-manage pain and related problems. Reduce the misuse, overuse, or dependency on medications (defined as the continuous use of therapeutic levels of opioids or sedative/hypnotics, or other pain medications, above the maximum recommended dose or duration, and physical or psychological dependency). Reduce the use of invasive medical procedures. Maximize and maintain optimal physical activity and function. Increase range of motion. Decrease patients pain on VAS scale. Improve patient's ability to perform activities of daily living.

MEDICATIONS: Patient is advised to continue the current medication regimen. added Lortab as she has had in the past

TREATMENTS: Recommend patient continue conservative care.until evaluation from neuro surgery

REFERRALS/CONSULTS/SPECIAL EVALS: Consultation requested from neurosurgery. .

RETURN VISIT: Patient instructed to return in a month.

Electronically Signed by: Brandy Minor, PA on Tuesday, March 17, 2009

Electronically Signed by: George A. Bitting, M.D. on Wednesday, March 18, 2009

Patient ID: 55005

Patient Name: CINDY DOZIER

Date of Birth: 04/28/1970

Date of Service: 02/10/2009

REFERRING PROVIDER: DR BLAKE MOORE

CHIEF COMPLAINT: Cindy Dozier is a 38 year old established patient seen in the office today.

INFO/RECORDS REVIEWED & SCANNED INTO CHART: Reports were reviewed and scanned into the chart: MRI report, test results. Bone scan was nonspecific, degenerative changes; neg RSD changes

HISTORY OF PRESENT ILLNESS:

CERVICAL SPINE: The pain quality is achy, deep, sharp, shooting. The severity is moderate. Numerical pain scale is subjectively graded 8/10. Associated symptoms include numbness in the thumbs bilaterally, numbness in the index fingers bilaterally, numbness in the middle fingers bilaterally, numbness in the ring fingers bilaterally, numbness in the small fingers bilaterally. numbness in the both hands, numbness in the both forearms. The duration is continuous. The symptoms were worse by carrying. No general therapy has been tried, Darvon, Darvocet, anti-inflammatories. Prior evaluation for this problem has included an EMG/NCV, MRI scan of the cervical spine. She didn't get the Lyrica filled. Couldn't tolerate the Cymbalta that Dr Moore gave her in the past.

HEADACHE: Chronic HAs that do not radiate or originate from the skull or back of neck

PAST MEDICAL HISTORY: hernia repair more than 20 yrs ago; TVH Jan'08- nonmalignant, left oophorectomy Mar'08

CURRENT ALLERGY LIST:

CODEINE  
DILAUDID

CURRENT MEDICATION LIST:

LYRICA CAPSULE 75MG, 1 po bid x7 days then 1 po tid  
LYRICA CAPSULE 75MG, 1 po bid

Patient: CINDY DOZIER

Date Printed: 09-29-2009 2:10 PM

DARVOCET, 1Q 4-6HRS  
DARVON-N ORAL TABLET 100 MG, 1 Q8HRS

CURRENT PROBLEM LIST:

354.0 CARPAL TUNNEL SYNDROME  
723.1 CERVICALGIA  
723.4 BRACHIAL NEURITIS OR RADICULITIS NOS  
726.10 UNSPECIFIED DISORDERS OF BURSAE AND TENDONS IN SHO

FAMILY HISTORY:

Noncontributory.

SOCIAL HISTORY:

ALCOHOL: Does not give any significant history of alcohol usage.  
TOBACCO USE: Has no smoking history.  
OCCUPATION: phlebotomist  
ILLCIT DRUG USE:

PHYSICAL EXAM:

VITAL SIGNS:

VS-TEMPERATURE: 98.3°f Oral  
VS-PULSE: 93 via VS machine, Regular  
VS-BLOOD PRESSURE: 110/75 Right Arm Sitting  
VS-RESPIRATION: 18  
VS-WEIGHT: 164lbs

CONSTITUTIONAL:

GENERAL APPEARANCE: Well developed, well nourished. In no acute distress.

GAIT/STATION: Gait intact. Does not use mobility aids.

MUSCULOSKELETAL EXAM:

HEAD/NECK (POSTERIOR), SHOULDER GIRDLE: **Movement restricted in all directions.**

CERVICAL: Maximal Foraminal Encroachment Test is positive on the left for cervical pain only and no radicular symptoms.

GENERAL EXAM:

ORIENTATION/MOOD/AFFECT: Oriented to person, place, time and general circumstances. Mood and affect appropriate.

SKIN: Warm, dry, no significant lesions, irritation, rashes or ulcers.

EYES: Pupils are equal and round.

RESPIRATORY: Normal respiratory effort.

ASSESSMENT/PLAN:

723.1-CERVICALGIA

723.4-BRACHIAL NEURITIS OR RADICULITIS NOS

MEDICATIONS:

LYRICA CAPSULE 75MG, 1 po bid x7 days then 1 po tid. 90 Dispensed. status: NEW PRESCRIPTION, 01/26/2009.

LYRICA CAPSULE 75MG, 1 po bid. 14 Dispensed, status: NEW PRESCRIPTION, 01/26/2009.

Patient: CINDY DOZIER

Date Printed: 09-29-2009 2:10 PM

REVIEW OF SYSTEMS:

All ROS was reviewed with the patient and is normal except as noted.

PHYSICAL EXAM:

VITAL SIGNS:

VS-TEMPERATURE: 98.3°f Oral  
VS-PULSE: 84 via VS machine, Regular  
VS-BLOOD PRESSURE: 114/72 Right Arm Sitting  
VS-RESPIRATION: 18  
VS-WEIGHT: 162lbs

CONSTITUTIONAL:

GENERAL APPEARANCE: Well developed, well nourished. In no acute distress.

GAIT/STATION: Gait intact. Does not use mobility aids.

MUSCULOSKELETAL EXAM:

HEAD/NECK (POSTERIOR), SHOULDER GIRDLE: **Movement restricted in all directions.**

SPINE, RIBS, PELVIS: No erythema, masses, lesions, or edema. No tenderness of spine, ribs or SI joints. No kyphosis, lordosis, or scoliosis.

MUSCLE STRENGTH: **Upper extremity strength is 4/5.** Muscle strength of the major groups in the lower extremities is 5/5.

SPECIAL TESTS: no allodynia. tender to deep palpation bil forearms and wrists, nonedematous, full wrist ROM bil. radial pulses 2+ bil.

REFLEXES: **1+/4+ patellar bilaterally, 1+/4+ Achilles bilaterally, 2+/4+ biceps bilaterally, questionable triceps bilaterally, 2+/4+ brachioradialis bilaterally.** pt did not relax UEs to get triceps DTR

SENSATION:

PERIPHERAL NERVES: Sensation to touch and pressure intact.

GENERAL EXAM:

ORIENTATION/MOOD/AFFECT: Oriented to person, place, time and general circumstances. Mood and affect appropriate.

SKIN: Warm, dry, no significant lesions, irritation, rashes or ulcers.

EYES: Pupils are equal and round.

RESPIRATORY: Normal respiratory effort.

ASSESSMENT/PLAN:

354.0-CARPAL TUNNEL SYNDROME

723.1-CERVICALGIA

MEDICATIONS:

LYRICA CAPSULE 75MG, 1 po bid x7 days then 1 po tid, 90 Dispensed, status: CONTINUED, 03/17/2009.

TRAMADOL HCL ORAL TABLET 50 MG, 1 PO QID PRN, 120 Dispensed, 30 Duration/Days Supply, status: CONTINUED, 03/17/2009.

LORTAB 7.5 ORAL TABLET 7.5-500 MG, one PO Q6hrs PRN pain, 90 Dispensed, 30 Duration/Days Supply, status: NEW PRESCRIPTION, 03/17/2009.

723.4-BRACHIAL NEURITIS OR RADICULITIS NOS

726.10-UNSPECIFIED DISORDERS OF BURSAE AND TENDONS IN SHO

PLAN:

triceps bilaterally, 2+/4+ brachioradialis bilaterally. pt did not relax UEs to get triceps DTR

PERIPHERAL NERVES: Sensation to touch and pressure intact.

GENERAL EXAM:

ORIENTATION/MOOD/AFFECT: Oriented to person, place, time and general circumstances. Mood and affect appropriate.

SKIN: Warm, dry, no significant lesions, irritation, rashes or ulcers.

EYES: Pupils are equal and round.

RESPIRATORY: Normal respiratory effort.

CARDIOVASCULAR:

ABDOMEN: Palpation & auscultation: No guarding or tenderness. No quadrants, rills, gallops or rubs.

ASSESSMENT/PLAN:

354.0-CARPAL TUNNEL SYNDROME

723.1-CERVICALGIA

MEDICATIONS:

LYRICA CAPSULE 75MG, 1 po bid x7 days then 1 po tid, 90 Dispensed, status: CONTINUED, 04/16/2009.

TRAMADOL HCL ORAL TABLET 50 MG, 1 PO QID PRN, 120 Dispensed, 30 Duration/Days Supply, status: CONTINUED, 04/16/2009.

LORTAB 7.5 ORAL TABLET 7.5-500 MG, one PO Q6hrs PRN pain, 90 Dispensed, 30 Duration/Days Supply, status: CONTINUED, 04/16/2009.

723.4-BRACHIAL NEURITIS OR RADICULITIS NOS

MEDICATIONS:

PHENERGAN ORAL TABLET 25 MG, one PO BID PRN nausea, 60 Dispensed, 2 Fills, 30 Duration/Days Supply, status: NEW PRESCRIPTION, 04/16/2009.

PLAN:

GOALS: Increase the patient's ability to self-manage pain and related problems. Reduce the misuse, overuse, or dependency on medications (defined as the continuous use of therapeutic levels of opioids or sedative/hypnotics, or other pain medications, above the maximum recommended dose or duration, and physical or psychological dependency). Reduce the use of invasive medical procedures. Maximize and maintain optimal physical activity and function. Increase range of motion. Decrease patients pain on VAS scale. Improve patient's ability to perform activities of daily living.

DIAGNOSTIC WORKUP: Imaging studies include a MRI of the cervical spine. Cervical spine series. Three phase bone scan arms, this can pick up CRPS changes. I doubt she has CRPS Complex Regional Pain Syndrome (formerly RSD) b/c: both limbs are affected and there are no sudomotor changes.

MEDICATIONS: Patient is advised to continue the current medication regimen.

TREATMENTS: Recommend patient continue conservative care.

PATIENT EDUCATION: Questions were encouraged to stated satisfaction from the patient. Discussed information on chronic pain, medications.

REFERRALS/CONSULTS/SPECIAL EVALS: Consultation requested. Hand surgeon

RETURN VISIT: Patient instructed to return in a month.

Patient: CINDY DOZIER

Date Printed: 09-29-2009 2:10 PM

PERIPHERAL NERVES: Sensation to touch and pressure intact.

GENERAL EXAM:

ORIENTATION/MOOD/AFFECT: Oriented to person, place, time and general circumstances. Mood and affect appropriate.

SKIN: Warm, dry, no significant lesions, irritation, rashes or ulcers.

EYES: Pupils are equal and round.

RESPIRATORY: Normal respiratory effort.

CARDIOVASCULAR:

ABDOMEN: PAIN & TENDRITIS: Normal bowel sounds in all 4 quadrants, no rills, gallops or rubs.

ASSESSMENT/PLAN:

354.0-CARPAL TUNNEL SYNDROME

723.1-CERVICALGIA

MEDICATIONS:

LYRICA CAPSULE 75MG, 1 po bid x7 days then 1 po tid, 90 Dispensed, status: CONTINUED, 05/15/2009.

TRAMADOL HCL ORAL TABLET 50 MG, 1 PO QID PRN, 120 Dispensed, 30 Duration/Days Supply, status: CONTINUED, 05/15/2009.

LORTAB 7.5 ORAL TABLET 7.5-500 MG. one PO Q6hrs PRN pain, 90 Dispensed, 30 Duration/Days Supply, status: CONTINUED, 05/15/2009.

723.4-BRACHIAL NEURITIS OR RADICULITIS NOS

726.10-UNSPECIFIED DISORDERS OF BURSAE AND TENDONS IN SHO

PLAN:

GOALS: Increase the patient's ability to self-manage pain and related problems. Reduce the misuse, overuse, or dependency on medications (defined as the continuous use of therapeutic levels of opioids or sedative/hypnotics, or other pain medications, above the maximum recommended dose or duration, and physical or psychological dependency). Reduce the use of invasive medical procedures. Maximize and maintain optimal physical activity and function. Increase range of motion. Decrease patients pain on VAS scale. Improve patient's ability to perform activities of daily living.

MEDICATIONS: Patient is advised to continue the current medication regimen.

TREATMENTS: Recommend patient continue conservative care.

PATIENT EDUCATION: Questions were encouraged to stated satisfaction from the patient. Discussed information on chronic pain, medications.

REFERRALS/CONSULTS/SPECIAL EVALS: Consultation requested. Hand surgeon

RETURN VISIT: Patient instructed to return in a month.

Electronically Signed by: Brandy Minor, PA on Wednesday, May 20, 2009

Electronically Signed by: George A. Bitting, M.D. on Thursday, May 28, 2009

**FirstChoice Healthcare, P.C.**  
 1920 Second Loop Road ~ Florence, S.C. 29501  
 Phone: 843-678-9777 ~ Fax: 843-665-2814

Patient ID: 55005  
 Patient Name: CINDY DOZIER  
 Date of Birth: 04/28/1970

DOZIER, CINDY  
 001785415 04/28/70 F  
 12/02/10 10:00AM NEW CHG  
 SHEALY MD, GERALD J  
 V# 272846221 A# 9187144 W000  
 WA CHG **WORKER'S COMP.**

REFERRING PROVIDER: Brandy Mi

INDICATIONS: Neck pain with pain and numbness down both arms/hands.

PROCEDURE: Bilateral upper extremity sensory and motor nerve conduction velocity study was performed. EMG of select muscles of the upper extremity.

UPPER EXTREMITY FINDINGS: The right Median sensory nerve revealed increased distal latency. The left Median sensory nerve revealed increased distal latency. The right Ulnar sensory nerve revealed normal distal latency and normal amplitude. The left Ulnar sensory nerve revealed normal distal latency and normal amplitude. The right Median motor nerve revealed normal distal latency, normal velocity and normal amplitude. F-Wave for the right Median nerve revealed a normal latency. The left Median motor nerve revealed normal distal latency, normal velocity and normal amplitude. F-Wave for the left Median nerve revealed a normal latency. The right Ulnar motor nerve revealed normal distal latency, normal velocity and normal amplitude. F-Wave for the right ulnar nerve revealed a normal latency. The left Ulnar motor nerve revealed normal distal latency, normal velocity and normal amplitude. F-Wave for the left ulnar nerve revealed a normal latency.

UPPER EMG FINDINGS: Needle EMG of the following muscles was performed bilaterally and found to have normal insertional activity, normal resting membrane potentials, and normal recruitment patterns: abductor pollicis brevis, dorsal interossei, biceps brachii, triceps (long head), middle deltoid, C-4, C-5, C-6, C-7, T-1.

IMPRESSION: Electrophysiological evidence suggestive of a mild median mononeuropathy consistent with a mild carpal tunnel syndrome affecting both extremities, affecting the sensory component. There is no electrophysiological evidence of a cervical motor radiculopathy based on this study in the nerves and muscles tested. Clinical correlation is advised.

Electronically Signed by: George A. Bitting, M.D. on Tuesday, July 14, 2009

Patient: CINDY DOZIER

Date Printed: 09-29-2009 2:10 PM

Duration/Days Supply, status: CONTINUED, 07/29/2009.  
723.4-BRACHIAL NEURITIS OR RADICULITIS NOS  
726.10-UNSPECIFIED DISORDERS OF BURSAE AND TENDONS IN SHO

PLAN:

GOALS: Increase the patient's ability to self-manage pain and related problems. Reduce the misuse, overuse, or dependency on medications (defined as the continuous use of therapeutic levels of opioids or sedative/hypnotics, or other pain medications, above the maximum recommended dose or duration, and physical or psychological dependency). Reduce the use of invasive medical procedures. Maximize and maintain optimal physical activity and function. Increase range of motion. Decrease patients pain on VAS scale. Improve patient's ability to perform activities of daily living.

MEDICATIONS: Patient is advised to continue the current medication regimen.

TREATMENTS: Recommend chiropractic care.

PATIENT EDUCATION: Questions were encouraged to stated satisfaction from the patient. Discussed information on chronic pain, medications.

Pt. able to obtain gainful employment , no work restrictions from condition.

Electronically Signed by: George A. Bitting, M.D. on Wednesday, July 29, 2009

Patient ID: 55005

Patient Name: CINDY DOZIER

Date of Birth: 04/28/1970

Date of Service: 05/27/2009

REFERRING PROVIDER:

CHIEF COMPLAINT: Cindy Dozier is a 39 year old established patient seen in the office today. The patient is here for medication refill. Increase in pain/ numbness bilateral hand

HISTORY OF PRESENT ILLNESS:

CERVICAL SPINE: The pain quality is achy, deep, sharp, shooting. The severity is moderate. Associated symptoms include numbness in the thumbs bilaterally, numbness in the index fingers bilaterally, numbness in the middle fingers bilaterally, numbness in the ring fingers bilaterally, numbness in the small fingers bilaterally, numbness in the both hands, numbness in the both forearms. The duration is continuous. The symptoms were worse by carrying. No general therapy has been tried, Darvon, Darvocet, anti-inflammatories. Prior evaluation for this problem has included an EMG/NCV, MRI scan of the cervical spine. Numerical pain scale is subjectively graded 9/10. The pain radiates into the shoulder. Overall, the symptoms have been worsening.

INDICATIONS FOR NARCOTIC MEDICATIONS: Overall, the symptoms have been unchanged. Activities of daily living are limited, due to pain, the patient has noted a decreased quality of life, insomnia. Current pain medication are improving ADLs and enabling the patient to do more than without the medications. Ms. Dozier denies any adverse affect from the current medications. Ms. Dozier denies any adverse affects from the current

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Patient: CINDY DOZIER

Date Printed: 09-29-2009 2:10 PM

ASSESSMENT/PLAN:

354.0-CARPAL TUNNEL SYNDROME

723.1-CERVICALGJA

MEDICATIONS:

PERCOCET ORAL TABLET 10-650 MG, one PO Q6hrs PRN pain, 120 Dispensed, 30 Duration/Days Supply, status: CONTINUED, 08/26/2009.

LYRICA ORAL CAPSULE CONVENTIONAL 150 MG, one PO BID, 60 Dispensed, status: NEW PRESCRIPTION, 08/26/2009.

CARISOPRODOL ORAL TABLET 350 MG. one po tid p;rn spasm, 75 Dispensed, status: NEW PRESCRIPTION, 08/26/2009.

723.4-BRACHIAL NEURITIS OR RADICULITIS NOS

726.10-UNSPECIFIED DISORDERS OF BURSAE AND TENDONS IN SHO

PLAN:

GOALS: Increase the patient's ability to self-manage pain and related problems. Reduce the misuse, overuse, or dependency on medications (defined as the continuous use of therapeutic levels of opioids or sedative/hypnotics, or other pain medications, above the maximum recommended dose or duration, and physical or psychological dependency). Reduce the use of invasive medical procedures. Maximize and maintain optimal physical activity and function. Increase range of motion. Decrease patients pain on VAS scale. Improve patient's ability to perform activities of daily living.

DIAGNOSTIC WORKUP: Imaging studies include a MRI of the cervical spine. Cervical spine series. Three phase bone scan arms, this can pick up CRPS changes. I doubt she has CRPS Complex Regional Pain Syndrome (formerly RSD) b/c: both limbs are affected and there are no sudomotor changes.

MEDICATIONS: Patient is advised to continue the current medication regimen.

TREATMENTS: Recommend patient continue conservative care.

PATIENT EDUCATION: Questions were encouraged to stated satisfaction from the patient. Discussed information on chronic pain, medications.

REFERRALS/CONSULTS/SPECIAL EVALS: Consultation requested. Functional capacity exam.

RETURN VISIT: Patient instructed to return in a month.

Electronically Signed by: Brandy Minor, PA on Thursday, August 27, 2009

Electronically Signed by: George A. Bitting, M.D. on Monday, August 31, 2009

Patient ID: 55005

Patient Name: CINDY DOZIER

Date of Birth: 04/28/1970

ACCT NO: 13055875 UNIT NO: 257415  
PATIENT NAME: DOZIER, CINDYELLA  
DOB: 1970/04/28 SEX: F  
ORDERING PHYS: MANCUSO, LISA M

EXAM: NM BONE SCAN - 3 PHASE 3204  
EXAM DATE: 02/03/2009 00:00:00  
PHYS: MEASE, MICHAEL RICHARD

TECHNICIAN: WBH  
REASON: CARPAL TUNNEL SYNDROME, CERVICALGIA, BRACHIAL NEURITIS OR RADICUL

BONE SCAN

A triple-phase bone scan of the hands and wrist and distal forearms was performed following intravenous administration of 25.1 mCi of Tc 99m MDP. On early blood flow images there appears to be slight asymmetric increased activity projecting over the distal left forearm and midcarpal region and MCP region. Activity appears fairly symmetric on the blood pool and three-hour delayed images. Slight degree of activity in the radiocarpal regions bilaterally could reflect a component of degenerative change although is very minimal nonspecific although plain film correlation may be useful. Activity is otherwise unremarkable.

IMPRESSION: Very slight increased blood flow activity on the left as discussed above. Slight asymmetric and hyperemic or inflammatory process difficult exclude for which clinical correlation would be suggested. A component of arthritic change in the carpal and/or radial-carpal regions left greater than right difficult to entirely exclude and plain film correlation may be useful.

SIGNED REPORT: AUTHENTICATED BY MEASE MICHAEL RICHARD  
TRANSCRIBED DATE/TIME 2009/02/03 15:30:00  
Location: OP

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Minimum Qualifications for hire: Follow-up (patient & insurance balance)  
Post charges and checks  
Know how to speak and understand the billing questions while talking to a patient with a balance  
Quality, efficiency, & accuracy are important  
Current Starting salary: 10.00 per hour  
Physical requirements: Sedentary

**2. Career Step Up**

2425 SW Winterbond Ct.

Lees Summit, MO 64081

Phone: (913) 599-8221

Position: Sorter

DOT: 612.462-010

Salary: 14.00 per hour

Minimum Qualifications for hire: Sorting mail, US Government Jobs Columbia SC

Physical Requirements: Sedentary

**3. Aerotek Commercial Staffing**

115 Atrium Way

Suite 207

Columbia, SC 29223

Phone: 803-451-3800

Position: Industrial Order Clerk

DOT: 612.462-010

Salary: 11.00 per hour

Minimum Qualifications for hire: Aerotek is always searching for strong candidates for warehouse clerks. Warehouse clerks will work on the 3rd shift from 11 PM - 7 AM. Potential candidates must have computer experience. Excel experience is preferred but not required.

**4. Palmetto Health**

14 Richland Medical Park Drive

Columbia, SC 29202

Phone: 803-434-7000

Position: EKG Tech

DOT: 241.357-010

Minimum Qualifications for hire: 1) EKG Tech - Performs electrocardiograms directed as well as assisting nurse with management of holter monitor and 2) Unit Secretary - Performs clerical duties for a nursing unit(s). Requirements: Education: High school diploma plus 1-2 years specialized training; Experience: 2 years of experience as NT/NA preferred, 6 months to 1 year as an EKG technician as well as clerical experience preferred; Licensure, Registry or Certification Required: C.N.A. certification upon hire or within 18 months of employment, BLS mandatory as well as CCT certification preferred; Special Training: Completion of a SC DHHS approved C.N.A. program.

Current starting Salary: 13.00 per hour

Physical requirements: Sedentary

**5. Lexington Medical Center**

2720 Sunset Blvd

West Columbia, SC 29210

Phone: (803) 791-2000

Position: Collection Clerk

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DOT: 241.357-010

Minimum Qualifications for hire: Responsible for all patient account functions to include billing, collections, follow up and posting of charges and money in a timely and accurate manne, conducts monthly billing cycle for patient statements according to third party requirements, keeps manager apprised on all significant issues, works regularly with information which is restricted to specific persons. Discretion and integrity are recognized requirements for the job.

Current starting Salary: 11.00 per hour, negotiable

Physical requirements: Sedentary

6. Recruiting Solutions

1441 Main St.

Columbia, SC 29201

Position: Customer Service Rep

DOT: 239.227-010

Minimum Qualifications for hire: Searching for file clerks that can provide customer service and pull patient charts.

Current starting Salary: 12.30 per hour

Physical requirements: Sedentary

7. Wal-Mart

360 Harbison Blvd

Columbia, SC

Position: Greeter

DOT: 241.367-014

Salary: 8.00 per hour

Minimum Qualifications for hire: Meet and greet customers coming into the store. As an Associate with Wal-Mart, you will receive competitive wages and may be eligible for a variety of traditional and non-traditional benefits that enhance your career, compensation, home and life.

Physical requirements: Sedentary

8. Lexington Medical Center

2720 Sunset Blvd

West Columbia, SC 29210

Phone: (803) 791-2000

Position: EKG Tech

DOT: 241.357-010

Minimum Qualifications for hire: Basic Functions: Performs various clinical/technical duties related to performing EKGs, the application of, monitoring and Scanning Holters, and performing Stress Testing, Reports results of each procedure to appropriate staff.

Current starting Salary: 12.45 per hour

Physical requirements: Sedentary

9. Fluor

4001 McCord's Ferry Road

Eastover, SC 29044

(803) 353-7586

Position: Customer Service Rep

DOT: 239.227-010

Minimum Qualifications for hire

Processing incoming and outgoing couriers – local, domestic, international

- Maintaining courier supplies

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- Receiving/sorting/ processing incoming/outgoing mail
  - Issuing/receiving/managing security cards
  - Managing office/file cabinet key inventory
  - Managing bookings and inventory of projector and digital camera equipment
  - Ordering business cards per established procedures
  - Ordering supplies for Office Services & Reprographics
  - Ordering printer toner cartridges for the Vancouver office
- Current Starting Salary: 11.00 per hour  
Physical requirements: Sedentary

10. General Dynamics  
2645 Hardee CV # B  
Sumter, SC  
Phone: 803- 905-9708  
Position: Sorter  
DOT: 734.687-082

Minimum Qualifications for hire: Performs a variety of routine clerical duties in support of an office, group, or customer.

1. Performs a variety of clerical duties such as photocopying, compiling records, filing, data entry, and distributing mail.

2. Sends faxes and collects incoming faxes; distributes to appropriate personnel.

3. Collects, sorts, and distributes incoming mail, and posts outgoing mail.

Current starting Salary: 12.75 per hour

Physical requirements: Sedentary

11. Culligan Water Company  
609 Oak Drive  
Lexington, SC  
Phone: (803) 356-4014  
Position: Industrial Order Sales  
DOT: 612.462-010

Minimum Qualifications for hire: For over 65 years, Culligan International has led the water treatment industry in innovation and service. We offer the broadest product line, more than 200 patents and a global presence. From manufacturing the finest products to delivering expert service to your home or office, we're involved in every phase of your water treatment. Culligan Water is a technological leader in the water treatment industry. Our sales team is responsible for selling bottled water and state of the art drinking water products to the Atlanta business community. Our products have a clear competitive advantage and are backed by outstanding service. This is a direct sales opportunity. As a sales associate you will generate your own leads. Successful Associates will earn \$40K to \$45K their first year. Compensation consists of salary, commission and car allowance.

Current starting Salary: 21.00 per hour

Physical requirements: Sedentary

12. TitleMax  
3100Two Notch Road  
Columbia, SC 29204  
Phone: 803-369-3109  
Current Starting salary: 11.11 per hour  
Position: Collection Clerk  
DOT: 241.357-010

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Minimum Qualifications for hire: If you are looking for a fast growing company that pays great and actually values your quality of life, then this is the position for you! The Manager Trainee of this store can earn \$46K. Tired of working all weekend? Unlike other retail organizations, TitleMax wants you to spend more time with your family! No Sundays! Hourly Compensation  
Physical requirements: Sedentary

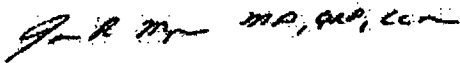
Summary:

Based on the results of the Labor Market Survey Collection Clerk, Customer Services Rep, Industrial Clerk, Sorter, EKG Tech and Greeter, these jobs exist in a variety of counties within the 50 mile radius of the claimant's home. The majority of positions located were in and around the City of Columbia, SC. Based upon Ms. Dozier's previous vocational experiences; it appears that she would qualify for all of the positions that were surveyed.

As previously noted, 100% of the employers located during the Labor Market Survey were hiring. The average wage of these employers was based upon a sedentary physical demand level provided by the Department of Labor, which reflects wages above and below Ms. Dozier's reported pre-injury wage of 13.50 per hour. The average starting wage was 12.30 per hour based upon a 40 hour work week. The average median salary for a Phlebotomist was 14.40 per hour.

Ms. Dozier lives in a urban area of South Eastern SC, is within a 50 mile radius of the City of Columbia SC, current unemployment is 8.1% compared to a state average of 11.9 %. This information was obtained from the South Carolina Statistical abstract and US Department of Labor and is based on 2011 data. The City of Columbia, SC has a supported labor base of 250,000.

Sincerely,



James R Myers MA, QRP, CCM, CRC  
Certified Rehabilitation Counselor

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**From:** Lindler, Kellie [<mailto:klindler@wcc.sc.gov>]  
**Sent:** Wednesday, November 04, 2009 8:32 AM  
**To:** Stephen Samuels; 'Wesley J. Shull'  
**Cc:** Stacey H. Wascom  
**Subject:** Dozier 0800660 (2).doc

WCC File No. 0800660  
Cindy Dozier v. Amer. National Red Cross

To: Stephen B. Samuels, Esq.

cc: Wesley J. Shull, Esq.

Dear Mr. Samuels:

After reviewing the evidence I have reached a decision in the case captioned above, and I would appreciate your help in drawing a proposed order. Please see my notes below. **If you are unable to prepare the order within 30 days, or if my decision makes it uncomfortable for you to participate**, please let me know and I will draw the order myself.

Please excuse any typographical errors.

Thank you for your help on this.

David W. Huffstetler  
SC Workers' Compensation Commission

---

Court Reporter: Kathryn Bostrom  
109 Kyle Avenue  
Inman, SC 29349  
803-446-7040

AWW: \$632.95  
CR: \$421.99

D/A: 1/17/08

Decision

Claimant suffered injuries to both arms, including RSD, and her neck.  
Defense to pay all causally-related medical bills to date and additional treatment to be directed by Dr. Moore.  
TTD: 9/8/08 – until terminated in accordance with the Act.

Attached is a request for proposed decision and order.

SOUTH CAROLINA WORKERS COMPENSATION  
COMMISSION

REQUEST FOR A PROPOSED DECISION AND ORDER

This document is not a Decision and Order. It is a request for a proposed order. The Commissioners reserve the right to modify and/or delete any or all portions of the submitted Decision and Order.

Cindy Dozier v American National Red Cross

SCWCC: 0800660

Commission Panel: Roche, Lyndon, Barden; Chair

Order Assigned to Commissioner: Lyndon

Stephen B. Samuels Claimant/Appellant

Wesley J. Shull Defendants/Respondents

This matter was heard before the South Carolina Workers Compensation Full Commission Appellate Panel during the last term of Review. The Commissioners considered the matter and Affirm the Decision and Order of the Single Commissioner with amendments.

The Panel affirms the findings of the Single Commissioner while amending the order to pay for causally related medical care and treatment before the date of the Consent Order and then after the date of the BTE test. The Claimant is not

entitled to unauthorized medicals between those two dates.

Mr. Samuels, please prepare a proposed order with copies for each Party, and submit to the Judicial Department within thirty (30) days of this notice. Please make sure the Appellate Panel Decision and Order recites the specific Findings of Fact and Rulings of Law of the Single Commissioners Decision and Order and reflects any comments requested by a Commissioner.

The signature page shall include a signature line for each Commissioner and the first signature should be the name of the Commissioner assigned the case as indicated above.

If you have any questions, please do not hesitate to email me at [vcrocker@wcc.sc.gov](mailto:vcrocker@wcc.sc.gov) or call at 803.737.5739.

Virginia L. Crocker

Judicial Director

Transmitted via email this 3rd day of September, 2010

STATE OF SOUTH CAROLINA )  
COUNTY OF RICHLAND )

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION

Cindy Ella Dozier, )  
Claimant, )

WCC FILE NO. 0800660

-vs-

American Red Cross, )  
Employer, )

**APPELLATE PANEL  
DECISION AND ORDER**

and )

Old Republic Insurance Company, )  
Carrier, )  
Defendants. )

**DATE OF REVIEW HEARING:** Hearing held and oral arguments presented in Columbia, S.C. on May 18, 2010.

**APPEARANCES:** Claimant represented by Stephen B. Samuels, Esquire, of Samuels Law Firm, LLC. Employer & Carrier represented by Wesley Shull, Esquire, of Gilbert and Shull.

**APPELLATE PANEL:** Commissioners Susan S. Barden, G. Brian Lyndon, and Andrea C. Roche.

**FILED:** \_\_\_\_\_

### STATEMENT OF THE CASE

Claimant filed a Form 50 alleging she sustained compensable injuries to her left arm, right arm and neck/back on January 17, 2008. Claimant contends these were discrete injuries by accident as defined in § 42-1-160. Claimant contends in the alternative that her injuries are compensable as repetitive trauma injuries as defined in § 42-1-172. Claimant contends she has been diagnosed with carpal tunnel syndrome and Complex Regional Pain Syndrome (CRPS/RSD), both conditions being work-related. She seeks treatment as directed by Dr. Blake Moore, contending that although the parties agreed to Dr. McIntosh as the authorized treating physician, she was sent to Dr. McIntosh for a defense medical evaluation rather than for treatment. Claimant contends she is not at Maximum Medical Improvement (MMI) and seeks temporary total disability on a running award from August 11, 2009. If she is found to be at MMI, she contends she is permanently and totally disabled.

Defendants filed a Form 51 admitting an injury to the left wrist, but denying the injuries to the right arm and neck/back. Defendants contend Claimant is at MMI as of August 10, 2009. Defendants contend all temporary compensation due has been paid. Defendants further contend all necessary medical treatment has been provided. Defendants contend the only issue is the extent of permanent disability to Claimant's left wrist.

A hearing was held on November 3, 2009 in Columbia, S.C. before Commissioner David W. Huffstetler. Commissioner Huffstetler issued a Decision and Order on December 17, 2009. The Decision and Order concluded, in relevant part, that:

The Defense shall provide the Claimant with medical treatment for both of her arms through a physician of their choosing.

The Defense shall pay the Claimant compensation for temporary total disability

effective August 10, 2009 and continuing until those benefits are terminated in accordance with the Act.

Claimant timely filed a Form 30 (Request for Commission Review). Following presentation of briefs by the parties, the Appellate Panel of the Workers' Compensation Commission heard oral arguments on April 20, 2010.

### ISSUES ON APPEAL

Claimant's Form 30 (Request for Commission Review) sets forth the following grounds:

1. Whether the Single Commissioner erred as a matter of fact and law in failing to order past causally related medical treatment to be paid by the Carrier pursuant to § 42-15-60?
2. Whether the Single Commissioner erred as a matter of fact and law in allowing Defendants to designate a treating physician when good cause existed to designate Dr. Moore or one of the other treating physicians, such good cause being shown by Defendants willful failure to provide treatment through the agreed upon authorized treating physician and the fact Defendants obtained *five* IME's?
3. Whether the Single Commissioner erred as a matter of law in failing to assess the mandatory 25% penalty for improper termination of temporary compensation?
4. Whether the Single Commissioner erred as a matter of fact and law in failing to find Claimant injured her neck/back when such finding was supported by the opinions of the treating physicians?
5. Whether the Single Commissioner erred as a matter of fact and law in failing to exclude the report of Dr. Bethea?

Following review and consideration by the Appellate Panel of the evidence and testimony in the case, the briefs submitted by the parties, and oral arguments espousing the parties' respective positions on the issues on appeal, the Appellate Panel AFFIRMS AS MODIFIED the Decision and Order of Commissioner David W. Huffstetler.

### **FINDINGS OF FACT**

1. All parties to this hearing are subject to and governed by the provisions of the South Carolina Workers' Compensation Act, as amended.

2. The Claimant's average weekly wage is \$632.95 with a compensation rate of \$421.99 per week.

3. The Claimant suffered injuries to both arms by accident arising out of and in the course of her employment. The injury to the right arm flows from repeated trauma while keyboarding. The opinion on causation by Dr. Boyd is not refuted in the medical evidence.

4. The Claimant continues to be disabled from work due to her injuries to her arms.

5. The Claimant is in need of additional medical treatment for her injuries.

6. Defendants shall pay for causally related medical care and treatment before the date of the Consent Order (December 24, 2008) and then after the date of the BTE test (June 29, 2009), which shall include all treatment outside those dates submitted in the APA submissions as well as causally related treatment after the last date in the APA submissions. The Claimant is not entitled to unauthorized medicals between those two dates.

### **CONCLUSIONS OF LAW**

1. Section 42-1-160 defines injury and personal injury.
2. Section 42-9-10 governs compensation for periods of total disability.
3. Section 42-9-20 governs compensation of periods of partial disability.
4. Section 42-15-60 governs medical treatment.
5. Section 42-9-30 governs compensation for permanent disability to those body parts identified herein.

**ORDER**

IT IS HEREBY ORDERED that the Decision and Order of Commissioner David W. Huffstetler, filed December 17, 2009, is AFFIRMED AS MODIFIED;

IT IS FURTHER ORDERED that the Defense shall provide the Claimant with medical treatment for both of her arms through a physician of their choosing;

IT IS FURTHER ORDERED the Defense shall pay the Claimant compensation for temporary total disability effective August 10, 2009 and continuing until those benefits are terminated in accordance with the Act.

IT IS FURTHER ORDERED Defendants shall pay for causally related medical care and treatment before the date of the Consent Order (December 24, 2008) and then after the date of the BTE test (June 29, 2009), which shall include all treatment outside those dates submitted in the APA submissions as well as causally related treatment after the last date in the APA submissions.

AND IT IS SO ORDERED.

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Commissioner G. Bryan Lyndon  
S.C. Workers' Compensation Commission

CONCURRING:

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Commissioner Susan S. Barden  
S.C. Workers' Compensation Commission

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Commissioner Andrea C. Roche  
S.C. Workers' Compensation Commissioner



**SAMUELS  
LAW • FIRM**

Stephen B. Samuels, Attorney at Law

P.O. Box 50349 • Columbia SC 29250-0349  
1527 Blanding Street • Columbia SC, 29201  
803-779-4000 office, 803-779-4004 facsimile  
www.SamuelsLawFirm.net

October 20, 2010

Virginia Crocker, Judicial Director  
SC Workers' Compensation Commission  
Post Office Box 1715  
Columbia, South Carolina 29202-1715

Re: Cindy Ella Dozier v. American National Red Cross  
W.C.C. File Number: 0800660

Dear Ms. Crocker:

Pursuant to your recent Return of Appellate Decision and Order in the above referenced claim and your instructions therein, enclosed please find the original and three (3) copies of our **amended** proposed Appellate Panel Decision and Order which we hereby submit for your review. If the proposed amended Order meets your approval, please have the appropriate commissioners sign it and have approved copies returned to all parties of record in the enclosed self-addressed, stamped envelopes. If you desire any further changes to the proposed Decision and Order, please notify us at your earliest opportunity.

By copy of this letter to Wes Shull, we are hereby providing opposing counsel with a copy of our proposed amended Appellate Panel Decision and Order.

Thank you for your consideration in this matter.

Very truly yours,

Stephen B. Samuels

SBS/aro

Enclosures

cc: Wesley Shull, Esquire

STATE OF SOUTH CAROLINA )  
COUNTY OF RICHLAND )

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION

Cindy Ella Dozier, )  
Claimant, )  
-vs- )  
American Red Cross, )  
Employer, )  
and )  
Old Republic Insurance Company, )  
Carrier, )  
Defendants. )

---

WCC FILE NO. 0800660

**APPELLATE PANEL  
DECISION AND ORDER**

**DATE OF REVIEW HEARING:** Hearing held and oral arguments presented in Columbia, S.C. on May 18, 2010.

**APPEARANCES:** Claimant represented by Stephen B. Samuels, Esquire, of Samuels Law Firm, LLC. Employer & Carrier represented by Wesley Shull, Esquire, of Gilbert and Shull.

**APPELLATE PANEL:** Commissioners Susan S. Barden, G. Bryan Lyndon, and Andrea C. Roche.

**FILED:** \_\_\_\_\_

## STATEMENT OF THE CASE

Claimant filed a Form 50 alleging she sustained compensable injuries to her left arm, right arm and neck/back on January 17, 2008. Claimant contends these were discrete injuries by accident as defined in § 42-1-160. Claimant contends in the alternative that her injuries are compensable as repetitive trauma injuries as defined in § 42-1-172. Claimant contends she has been diagnosed with carpal tunnel syndrome and Complex Regional Pain Syndrome (CRPS/RSD), both conditions being work-related. She seeks treatment as directed by Dr. Blake Moore, contending that although the parties agreed to Dr. McIntosh as the authorized treating physician, she was sent to Dr. McIntosh for a defense medical evaluation rather than for treatment. Claimant contends she is not at Maximum Medical Improvement (MMI) and seeks temporary total disability on a running award from August 11, 2009. If she is found to be at MMI, she contends she is permanently and totally disabled.

Defendants filed a Form 51 admitting an injury to the left wrist, but denying the injuries to the right arm and neck/back. Defendants contend Claimant is at MMI as of August 10, 2009. Defendants contend all temporary compensation due has been paid. Defendants further contend all necessary medical treatment has been provided. Defendants contend the only issue is the extent of permanent disability to Claimant's left wrist.

A hearing was held on November 3, 2009 in Columbia, S.C. before Commissioner David W. Huffstetler. Commissioner Huffstetler issued a Decision and Order on December 17, 2009. The Decision and Order concluded, in relevant part, that:

The Defense shall provide the Claimant with medical treatment for both of her arms through a physician of their choosing.

The Defense shall pay the Claimant compensation for temporary total disability

effective August 10, 2009 and continuing until those benefits are terminated in accordance with the Act.

Claimant timely filed a Form 30 (Request for Commission Review). Following presentation of briefs by the parties, the Appellate Panel of the Workers' Compensation Commission heard oral arguments on April 20, 2010.

### ISSUES ON APPEAL

Claimant's Form 30 (Request for Commission Review) sets forth the following grounds:

1. Whether the Single Commissioner erred as a matter of fact and law in failing to order past causally related medical treatment to be paid by the Carrier pursuant to § 42-15-60?
2. Whether the Single Commissioner erred as a matter of fact and law in allowing Defendants to designate a treating physician when good cause existed to designate Dr. Moore or one of the other treating physicians, such good cause being shown by Defendants willful failure to provide treatment through the agreed upon authorized treating physician and the fact Defendants obtained *five* IME's?
3. Whether the Single Commissioner erred as a matter of law in failing to assess the mandatory 25% penalty for improper termination of temporary compensation?
4. Whether the Single Commissioner erred as a matter of fact and law in failing to find Claimant injured her neck/back when such finding was supported by the opinions of the treating physicians?
5. Whether the Single Commissioner erred as a matter of fact and law in failing to exclude the report of Dr. Bethea?

Following review and consideration by the Appellate Panel of the evidence and testimony in the case, the briefs submitted by the parties, and oral arguments espousing the parties' respective positions on the issues on appeal, the Appellate Panel AFFIRMS AS MODIFIED the Decision and Order of Commissioner David W. Huffstetler.

### FINDINGS OF FACT

1. All parties to this hearing are subject to and governed by the provisions of the South Carolina Workers' Compensation Act, as amended.
2. The Claimant's average weekly wage is \$632.95 with a compensation rate of \$421.99 per week.
3. The Claimant suffered injuries to both arms by accident arising out of and in the course of her employment. The injury to the right arm flows from repeated trauma while keyboarding. The opinion on causation by Dr. Boyd is not refuted in the medical evidence.
4. The Claimant continues to be disabled from work due to her injuries to her arms.
5. The Claimant is in need of additional medical treatment for her injuries.
6. Defendants shall pay for causally related medical care and treatment before the date of the Consent Order (December 24, 2008) and then after the date of the BTE test (June 29, 2009), which shall include all treatment outside those dates submitted in the APA submissions as well as causally related treatment after the last date in the APA submissions. The Claimant is not entitled to unauthorized medicals between those two dates.

### CONCLUSIONS OF LAW

1. Section 42-1-160 defines injury and personal injury.
2. Section 42-9-10 governs compensation for periods of total disability.
3. Section 42-9-20 governs compensation of periods of partial disability.
4. Section 42-15-60 governs medical treatment.
5. Section 42-9-30 governs compensation for permanent disability to those body parts identified herein.

**ORDER**

IT IS HEREBY ORDERED that the Decision and Order of Commissioner David W. Huffstetler, filed December 17, 2009, is AFFIRMED AS MODIFIED;

IT IS FURTHER ORDERED that the Defense shall provide the Claimant with medical treatment for both of her arms through a physician of their choosing;

IT IS FURTHER ORDERED the Defense shall pay the Claimant compensation for temporary total disability effective August 10, 2009 and continuing until those benefits are terminated in accordance with the Act.

IT IS FURTHER ORDERED Defendants shall pay for causally related medical care and treatment before the date of the Consent Order (December 24, 2008) and then after the date of the BTE test (June 29, 2009), which shall include all treatment outside those dates submitted in the APA submissions as well as causally related treatment after the last date in the APA submissions. Claimant is not entitled to unauthorized medicals between those dates.

AND IT IS SO ORDERED.

---

Commissioner G. Bryan Lyndon  
S.C. Workers' Compensation Commission

CONCURRING:

---

Commissioner Susan S. Barden  
S.C. Workers' Compensation Commission

---

Commissioner Andrea C. Roche  
S.C. Workers' Compensation Commissioner

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
(803) 737-5723



WCC File #: 0800660  
Carrier File #: 0184505550000101845  
September 13, 2011

NOTICE OF HEARING

CINDY DOZIER v. AMERICAN NATIONAL RED CROSS

**Subject:** To determine if employer/carrier may stop payment, and if so, to determine if claimant is entitled to any further benefits. Carrier also request credit for temporary total benefits paid in excess of award.

**Date:** October 13, 2011 at 03:45 PM

**Location:** SC Workers' Compensation Commission, 1333 Main Street, Suite 500 Hearing Room B  
Columbia, SC 29202

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit [www.wcc.sc.gov/Commissioners](http://www.wcc.sc.gov/Commissioners) to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner T. Scott Beck  
803-737-5698, [abracy@wcc.sc.gov](mailto:abracy@wcc.sc.gov)

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Amy A Bracy, SC Workers' Compensation, September 13, 2011

Party

Employee: CINDY DOZIER

Attorney

Stephen B. Samuels  
[stephen@samuelslawfirm.net](mailto:stephen@samuelslawfirm.net)  
803-779-4000

Employer: AMERICAN NATIONAL RED CROSS  
Carrier: Old Republic Insurance Co

Wesley J Shull  
[wjshull@wjlaw.net](mailto:wjshull@wjlaw.net)  
864-272-2660

Form 21

PHB + APA Due  
10-9-11

**From:** Lindler, Kellie [klindler@wcc.sc.gov]  
**Sent:** Thursday, March 08, 2012 2:49 PM  
**To:** Wesley J. Shull; stephen@samuelslawfirm.net  
**Cc:** Wendy S. Mathis; 'Angi O'Connell'  
**Subject:** order instructions (12).docx

## REQUEST FOR PROPOSED ORDER

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

WCC File Number: 0800660  
 Date of Hearing: 02/06/12  
 Place of Hearing: Richland County

CLAIMANT: Cindy Dozier  
 EMPLOYER: American National Red Cross  
 CARRIER: Old Republic Insurance Company

Claimant's Attorney: Stephen B. Samuels

Defendant's Attorney: Wesley J. Shull

AWW: \$632.95

CR: \$421.99

MMI: 08/09/11

Period of TTD: 01/25/08 and continuing

DOI: 01/17/08

Court Reporter: Kim Power  
 265 Saxons Ferry Drive  
 Lexington, SC 29072  
[kimberlytpower@aol.com](mailto:kimberlytpower@aol.com)

(803) 807-0716

**FINDINGS OF FACT AND DIRECTIVES**

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

1. Pursuant to the medical records on file, The Claimant reached MMI on 08/09/11.
2. The Claimant has a 20% disability to the left upper extremity and a 20% disability to the right upper extremity.
3. The Claimant is entitled to on-going pain medication management, appropriate physician follow-up visits and medication compliance testing.
4. The Defendant is to receive credit for overpayment of TTD from date of MMI.

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

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

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

Matters to include in the Order:

1. APA Submissions
2. Stipulations
3. Statement of the Case (contentions of the parties – stated concisely)
4. Evidence of the Case (synopsis of the evidence – including testimony and medical reports)
5. Findings of Fact [numbered] (Do **not** delete any of the above findings.) The prevailing party may add to support the decision, except regarding credibility unless you have been so instructed.

6. Conclusions of Law (cite applicable statutory sections and case law)

7. Award

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

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

**CONFIDENTIAL & PRIVILEGED**

The preceding email message, including any attachments, may be confidential and/or protected by the attorney-client or other applicable privileges. It is intended for the sole use of the individual or entity named above. If the reader of this transmission is not the intended recipient, please notify the sender immediately and destroy any copies, electronic, paper or otherwise, that you may have of this communication. Any unauthorized review, use, disclosure or distribution is strictly prohibited and may be unlawful.



Stephen B. Samuels, Attorney at Law

P.O. Box 50349 • Columbia SC 29250-0349  
1527 Blanding Street • Columbia SC, 29201  
803-779-4000 office, 803-779-4004 facsimile  
www.SamuelsLawFirm.net

April 16, 2012

**VIA HAND DELIVERY**

Honorable Gene McCaskill  
Commissioner  
S.C. Workers' Compensation Commission  
1333 Main Street, Suite 500  
Columbia, South Carolina 29202-1715

Re: Cindy Dozier v. American Red Cross and Sedgwick CMS  
W.C.C. File Number: 0800660  
Claim Number: 1167461

Dear Commissioner McCaskill:

I am writing at your request to state my objections to the proposed Decision and Order submitted by Wes Shull in the above-captioned case. My main objection is the denial of CRPS (Chronic Regional Pain Syndrome Type II) – which clearly is the opposite of your Order instructions. I have included my specific objections in the attachment. I have not objected to findings I disagree with, but which are consistent with your Order instructions. I object to any findings which deny the CRPS and any other findings which are not supported by the evidence.

Your Honor's REQUEST FOR PROPOSED ORDER shows you found Ms. Dozier suffered from CRPS (Chronic Regional Pain Syndrome Type II) as opined by the authorized treating physician, Dr. Zgleszewski. I believe this was your intent as you wrote:

The Claimant is entitled to on-going pain medication management, appropriate physician follow-up visits and medication compliance testing.

Ms. Dozier was treated by Dr. Shealy for her CTS (Carpal Tunnel Syndrome). The treatment ordered and provided by Dr. Zgleszewski has been for both but primarily for CRPS.

The proposed Order finds that she does *not* have CRPS – which is clearly not what you found. It also goes on to reject the various legal defenses raised against the last minute denial of this serious medical condition. As you know, Defendants selected Dr. Zgleszewski as the authorized treating physician and have authorized him to treat the CRPS *for the last two years* starting on January 26, 2010. I therefore object to any findings denying the CRPS.

Regarding the disability award, I recognize you found Cindy only had a 20% partial disability to each arm – a finding which is accurately reflected in the proposed Order. Nonetheless, I respectfully request that your Honor reconsider the disability award. Both authorized treating physicians limited Ms. Dozier to a 5-pound lifting restriction – Dr. Zgleszewski also limited her to only occasional use of her hands. No such jobs exist anywhere – particularly for a 41 year-old

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WHAT HAPPENS TO YOU. MATTERS TO ME

Honorable Gene McCaskill

April 16, 2012

Page Two

woman who has only worked as a CNA and phlebotomist. The vocational report from James Myers relied on by Defendants completely overlooks Dr. Zgleszewski's restrictions and ignores Dr. Shealy's restrictions. All the jobs listed by Mr. Myers require the ability to perform at least sedentary duties – which by definition requires:

Exerting up to *10 pounds* of force occasionally (Occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force *frequently* (Frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, pull, or otherwise move objects, including the human body.

Lifting 10 pounds exceeds the restrictions, as does the requirement to use force frequently. As Ms. Dozier cannot meet these requirements, she is permanently and totally disabled.

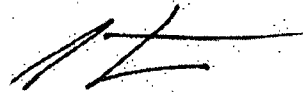
If your Honor affirms the 20% disability award, I would then respectfully ask that you reverse the granting of a credit for overpayment to MMI. I objected to any credit at the hearing and, if I recall correctly, Mr. Shull stated Defendants were not seeking a credit.

The Order omits a great deal of evidence favorable to Ms. Dozier. It is not possible for me to list each specific instance, but I would ask that if your Honor is willing to make any of the above changes, that you allow us to redraft the Order to make it more fair and balanced.

I had previously asked if your Honor would meet with the lawyers to review the proposed Order and help us understand your findings. Your Honor denied my request, but if you are willing to meet with us after reviewing this letter, I am available at your convenience.

Thank you for considering my requests. With kindest regards, I am

Yours very truly,



Stephen B. Samuels

SBS/aro

Enclosure

cc w/encl.: Wesley J. Shull, Esquire (via facsimile to 864.235.6015 and U.S. Mail)  
Mrs. Cindy E. Dozier

V. FINDINGS OF FACT

2. This finding omits the CRPS Type II.
9. This finding is misleading as to the previous 2009 hearing. Claimant appealed the Single Commissioner's decision not to designate Dr. Blake Moore as the authorized treating physician. Dr. Moore was specifically requested *because he treated Ms. Dozier for CRPS*. However, while the appeal was pending, Defendants authorized Dr. Zgleszewski to treat the CRPS. Because treatment for CRPS had been authorized through a qualified pain management specialist, the issue became moot. The Parties *agreed* that Commissioner Huffstetter had found the RSD/CRPS to be related to the original injury. Claimant therefore withdrew the issue on appeal as explained in her Brief to the Full Commission:

After the hearing, the Defendants designated Dr. Zgleszewski as the authorized treating physician. As Dr. Zgleszewski is acceptable to Claimant, she no longer requests Dr. Moore be designated the treating physician. She does seek reimbursement for the treatment Dr. Moore and his referring physicians provided during the time Defendants failed to provide treatment. [Brief of Claimant/Appellant, page 2, March 5, 2010].

10. This finding should be deleted. Res judicata does not apply to bar relitigation of CRPS by the Claimant as she *prevailed* on these issues at the 2009 hearing. Defendants are trying to relitigate CRPS; not Claimant.
11. This finding should be deleted. The reference to res judicata is misplaced. Claimant was not attempting claim "compensable injuries to her neck, back or psyche." These body parts were *affected*, but are not relevant to a loss of earnings capacity award nor do they require treatment other than what she is already receiving for CRPS from Dr. Zgleszewski.
12. This finding is accurate, but irrelevant. It should be deleted.
13. This finding is inaccurate and improper. Dr. Zgleszewski absolutely was designated specifically to treat the CRPS. In February 2010 while the appeal was pending, the attorneys discussed who should be the authorized treating physician. Mr. Shull advised the undersigned that the Carrier was not willing to authorize Blake Moore, but would agree to authorize Dr. Zgleszewski to treat the RSD/CRPS. Dr. Zgleszewski was chosen because he is a pain management specialist. If the injury was only CTS, then a hand surgeon would have been chosen. Granted there is no written record of this conversation, but as an Office of the Court, I verify that it is true – and it is the specific reason I dropped the choice of doctor issue from the appeal.

Moreover, it is undisputed that Defendants have authorized all of Doctor Zgleszewski's treatment for CRPS for two full years. In his deposition, Dr.

Zgleszewski stated he is the authorized treating physician, that Ms. Dozier's diagnoses are "complex regional pain syndrome Type II, and most people refer to it as reflex sympathetic dystrophy, carpal tunnel syndrome, along with cervical myalgia or myofascial pain." He confirmed the "workers' comp carrier [has] been paying [him] to treat those conditions" and there has never "been any dispute over reimbursement for any treatment that [he] has provided to Ms. Dozier." [Dr. Zgleszewski dep tr. Page 10, line 19-page 11, line 12]. He also confirmed that his diagnosis was work-related CRPS, adding, "I'm just confused as far as the argument of whether or not she has CRPS, as there actually was no problem getting authorization for any treatment relating to the CRPS since I started treating her." [Dr. Zgleszewski dep tr. Page 94, lines 9-25].

Furthermore, only one doctor's group who has actually *treated* Ms. Dozier opined against RSD – that being Dr. Mancuso and Dr. Biting before the 2009 hearing. Dr. Moore, Dr. Rhea and Dr. Zgleszewski specifically opined she had CRPS/RSD. The *five* IME doctors set up by Defendants before the 2009 hearing were not even asked to give opinions one way or the other.

14. This finding should be deleted. Claimant changed her position on appeal on March 5, 2010 when she submitted her Full Commission Brief. She changed it in reliance on the fact the Defendants authorized treatment for CRPS – and did so after a discussion between the attorneys as to whether Dr. Zgleszewski would be the proper physician to treat the condition.
16. This finding should be deleted. It is included to bolster the Defense position that the CRPS is unrelated or does not exist – which as noted above is contrary to your Honor's instructions and not properly part of this Order.
17. This finding should be deleted.
18. This finding should be deleted.
19. This finding should be deleted as it is irrelevant and misleading. In his deposition, Dr. Biting explained "the reason I sent her for the functional capacity evaluation was to see what her ability would be, you know, whether she could light work, sedentary work." [Dr. Biting Dep. Tr. Page 27, lines 13-19]. He further testified he would defer to her current treating physician for work restrictions and future medical treatment. [Dr. Biting Dep. Tr. Page 28, lines 7-22].
20. This finding should be deleted.
21. This finding should be deleted.
22. This finding should be deleted.
23. This finding should be deleted.

24. The first sentence in this finding should be deleted. Dr. Zgleszewski did not testify that the stellate ganglion blocks were unsuccessful – he said just the opposite. He testified:

I know per the records she had some good benefit with Dr. Patel with stellate ganglion blocks, but what can happen is some patients over time become or have less of a favorable response. I know – I think I did three stellate ganglion blocks, none of which had any long-term benefit, which is why I believe I stopped after undergoing – after her undergo three, so I think in her case if oral medications become ineffective, I don't believe that stellate ganglion blocks would be the next step.

The next step would be, in my medical opinion, to consider a spinal cord stimulator . . . [Dr. Zgleszewski dep tr. Page 26, lines 6-19].

He added, “She had very short-term benefit [from the stellate ganglion blocks I performed]. She actually had long-term benefit, it appears, with Dr. Patel . . .” [Dr. Zgleszewski dep tr. Page 27, lines 2-13].

25. This finding is inaccurate, incomplete and speculative. The first sentence is correct. The second sentence is also correct, but should add that Dr. Zgleszewski limited the 5-pound weight restriction to *occasional* lifting and no repetitive use of the hands.

The rest should be deleted. There is no evidentiary basis to speculate that, “The undersigned finds that, had Claimant not specifically told Dr. Shealy to give her 5-pound lifting restrictions, she would have been released by him without any work restriction at all.” Furthermore, Ms. Dozier explained that Dr. Shealy asked her how much she could lift; she said she could not lift a gallon of milk (8 ½ pounds); and for that reason, he gave her the 5-pound lifting restriction.

26. This finding is irrelevant and should be deleted.
28. This finding should be deleted.
29. This finding should be deleted.
30. This finding should be deleted. Dr. Zgleszewski specifically testified that the AMA Guides were neither reliable nor authoritative in diagnosing CRPS – he actually testified “to be blunt, those criteria are a joke.” [Dr. Zgleszewski dep tr. Page 38, lines 6-15; page 82, lines 19-page 83, line 13]. He testified the IASP criteria he relied on were authoritative and supported the diagnosis of CRPS Type II in Ms. Dozier.

Furthermore, in light of this explicit testimony, it is improper for the Commission to consider this portion of the AMA Guides as a learned treatise or take “judicial notice that it is a reliable authority on the subject of medicine.” [proposed Order, page 8].

31. This finding should be deleted as Dr. Zgleszewski testified that the diagnostic criteria for CRPS in the AMA Guides are neither authoritative nor reliable.
32. This finding should be deleted.
33. This finding should be deleted.
35. This finding is consistent with the Commissioner's denial of permanent and total disability. I would point out that the reference to Dr. Biting should be deleted both because (as noted in my objection to Finding of Fact 19), Dr. Biting deferred to the current treating physicians.

**VI. CONCLUSIONS OF LAW**

5. Although your Honor did grant the credit for overpayment, per my previous request, I ask that the credit not be granted based on Defense counsel's representations at the hearing.
6. This conclusion should be deleted.
7. This conclusion should be deleted.
8. This conclusion should be deleted.
9. This conclusion should be deleted.
10. This conclusion should be deleted.
11. This conclusion should be deleted.
12. This conclusion should be deleted.

**VII. AWARD**

The Order does not specifically order that Defendants continue providing medical treatment.

# WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

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April 17, 2012

The Honorable Gene McCaskill  
South Carolina Workers' Compensation Commission  
P.O. Box 1715  
Columbia, SC 29202-1715

Re: Cindy Dozier vs. American Red Cross  
WCC File No.: 0800660 DOI: 1/17/2008  
Carrier: Sedgwick - Claim No.: 1167461  
WJC&B File No.: 0260.00189

Dear Commissioner McCaskill:

I am in receipt of Claimant's attorney's letter of April 16, 2012, stating his objections to the proposed Decision and Order I submitted to you. His letter requests that you completely delete 19 of 33 Findings of Fact, and that you alter another 6 out of 33 Findings of Fact, leaving the Order a skeletal version of the original proposed Order I emailed to you. I would be remiss if I did not briefly respond to Claimant's attorney's objections.

Contrary to Claimant's assertions that the finding that Claimant did not sustain related RSD/CRPS is "the opposite" of your instructions, is the fact that no where in your Request for a Proposed Order did you request a finding that Claimant sustained RSD/CRPS. However, the record contained an inordinate amount of medical evidence, enumerated in my proposed Order, to easily conclude that Claimant did not sustain related RSD/CRPS.

Claimant's contention that the RSD/CRPS is compensable is based upon the legal argument that the parties had an off-the-record agreement that Claimant suffered from RSD/CRPS, and that Dr. Zgleszewski was specifically named to treat her for RSD/CRPS. However, the record shows that Dr. Zgleszewski was originally Claimant's independent medical evaluator. He had seen her only one time prior to the previous hearing, and did not diagnose her with the alleged RSD/CRPS. It is illogical that the parties would agree to use Dr. Zgleszewski to treat for RSD/CRPS if he had not made the diagnosis at that point in time. Defendants further point to the fact that Claimant's counsel did not mention this "off the record discussion" during the pre-trial conference or during the hearing which took place on February 6, 2012. Rather, Claimant's counsel waited until after you had ruled against him with respect to the issues tried to refer to it.

This Commission should rely upon the medical evidence of the case, rather than depending on whether the parties had an off-the-record agreement to provide RSD/CRPS treatment. Findings of compensability should not be based on off-the-record assertions, which are clearly speculative and impossible to verify. Essentially, Claimant's attorney's argument is that, since Defendant's authorized a series of three unsuccessful stellate ganglion blocks, they are forever barred from raising the issue of whether Claimant did sustained related RSD/CRPS. The logic behind this argument is faulty and unfair because it ignores the true issue: does the medical evidence support the conclusion that Claimant did not sustain related RSD/CRPS?

Claimant further contends that the only reason the issue of medical provider was "dropped" from his appeal was based on his belief that Defendants authorized Dr. Zgleszewski to specifically treat RSD/CRPS. However, the Full Commission Order of November 23, 2012, was drafted by Claimant's counsel and specifically included all five issues appealed in the Statement of the Case portion of the order.

While it is true that Claimant did not argue the issue of medical provider in her Appellant's Brief or at oral argument, Claimant gives no explanation as to why the other appealed issues were not argued; namely: the compensability of the "neck/back," and the 25% penalty for wrongful termination of benefits. Claimant must expect this Commission to believe that Defendants' authorization for treatment with Dr. Zgleszewski somehow fooled Claimant into also believing that her back/neck had been accepted as an admitted body parts (although only the left wrist was admitted on the record by Defense counsel and Commissioner Huffstetler's Order does not find it compensable), and fooled her into also believing that Claimant was not entitled to a 25% penalty for wrongful termination of her benefits.

Claimant further contends that, had the parties not agreed to name Dr. Zgleszewski to treat specifically for RSD/CRPS, she would have been sent to a hand surgeon. However, Claimant had been sent to five orthopedists (three of whom specialize in upper extremity treatment) prior to the November 3, 2009, hearing; namely, Dr. Greene, Dr. McIntosh, Dr. Haskin, Dr. Walsh and Dr. Bethea. Despite the examinations of these doctors, Commissioner Huffstetler refused to find Claimant at MMI, and ordered further treatment. Defendants submit that their authorization of Dr. Zgleszewski was based upon his September 8, 2009, report which did not diagnose RSD/CRPS.

As to the second issue that concerns Claimant's counsel, the credit for overpayment of temporary disability past maximum medical improvement, Defendants cite *Curriel v. Environmental Management Services*, 376 S.C. 23, 655 S.E.2d 482 (2007), in which the Supreme Court of South Carolina stated:

Essentially, workers' compensation benefits accrue along a time continuum: temporary total disability benefits are available from the date of injury through the date of maximum medical improvement; post-MMI benefits may then be awarded either as a permanent total or partial disability, or as a percentage of impairment to a scheduled member. *Smith v. NCCI, Inc.*, 369 S.C. 236, 631 S.E.2d 268 (Ct.App.2006). Accordingly, the date of maximum medical improvement signals the end of entitlement to temporary total benefits.

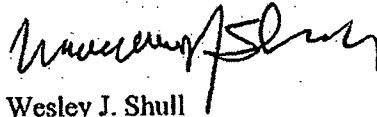
Arguably, based upon the above-quoted language in *Curriel*, awarding a credit against permanency for temporary benefits paid past MMI should be mandatory. At the least, it was clearly within your prerogative to order the credit if you felt it proper.

Claimant's counsel further voiced concern over the issue of permanency in his April 16, 2012, letter. This letter requests numerous deletions and alterations of the proposed Decision and Order. The Findings that were requested to be deleted were drafted in order to support the award you rendered. Deleting the Findings as requested by Claimant's counsel would only serve to weaken the Order, thus making it easily reversed upon appeal. Your award quadrupled the 5% impairment that was rendered by both Dr. Zgleszewski and Dr. Shealy to 20%. Defendants submit that this award is fair and would request that it not be increased. Defendants further respectfully request that this Commission deny Claimant's request to delete and alter the Findings of Fact and Conclusion of law that were contained in the proposed Decision and Order originally sent to you.

I appreciate your considerations in this matter.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.



Wesley J. Shull

WJS


Enclosures

cc: Stephen B. Samuels, Esquire  
Ms. Charmaine Holtz (via e-mail)

**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.

Respectfully Submitted,



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Attorney for Appellant

Columbia, South Carolina

August 22, 2013

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA  
Workers' Compensation Commission

WCC File No. 0800660

Cindy Ella Dozier, Employee, ..... Appellant,

v.

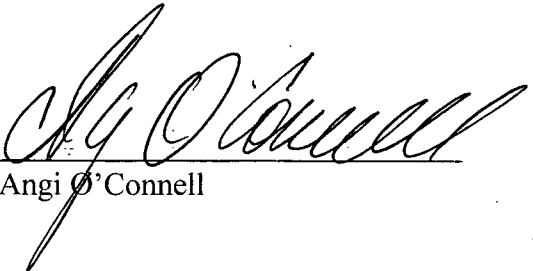
American Red Cross, Employer, and Sedgwick CMS, Carrier, ..... Respondents.

**PROOF OF SERVICE**

I certify that I am paralegal to Stephen B. Samuels and I have served the **Record on Appeal** upon the Respondents by mailing a copy of the same in the United States mail, with sufficient postage affixed thereto and return address clearly marked on **August 23, 2013**, addressed as follows:

Wesley J. Shull, Esquire  
Attorney for Respondents  
Willson Jones Carter & Baxley, P.A.  
872 S. Pleasantburg Drive  
Greenville, South Carolina 29607

**RECEIVED**  
AUG 23 2013  
**SC Court of Appeals**

  
Angi O'Connell

Columbia, South Carolina

August 23, 2013