

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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Nov 14 2025

SC Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No. 2025-001282

Mary L. Davis, Claimant, Appellant,

v.

Ruiz Food Products, Inc., Employer, and
Safety National Casualty Corporation, Carrier, Respondents.

**RESPONDENTS' OPPOSITION TO APPELLANT'S MOTION FOR HEARING AND
ORDER ORDERING MEDICAL CARE AND COMPENSATION DURING THE
PENDENCY OF THE APPEAL BEFORE THE COURT PURSUANT TO SC CODE §42-
17-60; SUCH MEDICAL CARE HAVING BEEN ORDERED BY THE SC WORKERS'
COMPENSATION COMMISSION INVOLVED IN THE APPEAL**

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*Attorneys for Respondents Ruiz Food Products,
Inc. and Safety National Casualty Corporation*

COME NOW Respondents, Ruiz Food Products, Inc. and Safety National Casualty Corporation (collectively “Respondents”), by and through their undersigned attorney, and respectfully submit their Opposition to Appellant’s Motion For a Hearing and an Order Ordering Medical Care and Compensation During the Pendency of the Appeal before the Court pursuant to SC Code §42-17-60; Such Medical Care having been Ordered by the SC Workers’ Compensation Commission Involved in the Appeal (“Appellant’s Motion”) in the above referenced matter, and respectfully request the Court deny Appellant’s Motion as the issues are moot and more appropriately addressed under the jurisdiction of the Industrial Commission. In support of their opposition to Appellant’s Motion, Respondents show as follows:

1. While Rule 241 SCRAP generally stays the underlying proceedings when a notice of appeal is filed, there is an exception for workers compensation awards as provided by S.C. Code §42-17-60. *See* Rule SCRAP 241(b)(7). Accordingly, Appellant’s Motion is not properly brought before this Court and should have been filed with the Industrial Commission. Accordingly, Appellant’s Motion should be denied.

2. Moreover, even if Appellant’s Motion could not be brought directly to the Industrial Commission, a motion to seek to lift the stay to allow it to be brought before the Industrial Commission would be more appropriate than to have this Court act in the role reserved for the Industrial Commission. *See* Rule SCRAP 241(c) & (d). Accordingly, Appellant’s Motion should be denied.

3. Finally, even if this Court is the appropriate forum to address Appellant’s Motion, it should be denied as moot.

4. Appellant is attempting to introduce new medical opinions through the inclusion of two questionnaires obtained after the April 15, 2025 Appellate Panel Decision and Order (the

“Full Commission Order”) was issued, which is improper and Respondents object to new evidence being considered.

5. Appellant sustained compensable injuries to her low back, left knee, left hip, and neck in a work-related accident on November 16, 2019 while employed with Ruiz Foods. *See* Appellant’s Motion at Exhibit A.

6. In the Full Commission Order, the Full Commission ordered that Appellant is entitled to continued authorized causally related medical treatment for the low back, left knee, and left hip. *See id.*

7. Further, in the Full Commission Order, the Full Commission ordered that Appellant is entitled to evaluation and treatment from the authorized treating physician for any conditions related to her work-related back injury she sustained on November 16, 2019. *See id.*

8. Additionally, in the Full Commission Order, the Full Commission ordered that Appellant is not entitled to temporary total disability benefits from her date of termination on February 20, 2023, to the present and continuing. *See id.*

9. On April 16, 2025, Appellant filed a Motion to Reconsider the Full Commission Order. *See* Motion for Reconsideration, attached hereto as Exhibit “1.”

10. On May 27, 2025, the Motion for Reconsideration was denied. *See* Motion Order, attached hereto as Exhibit “2.”

11. On June 25, 2025, Appellant filed a Notice of Appeal pursuant to S.C. Code §42-17-60. *See* Notice of Appeal, attached hereto as Exhibit “3.”

12. S.C. Code §42-17-60 states, in part, “[i]n case of an appeal from the decision of the commission on questions of law, the appeal does not operate as a supersedeas and, after that time, the employer is required to make weekly payments of compensation and to provide

medical treatment ordered by the commission involved in the appeal or certification until the questions at issue have been fully determined in accordance with the provisions of this title.”

13. In her appeal, Appellant alleges, in part, that the Commission erred in the application of *Pollack v. Southern Wine & Spirits of America*, 405 S.C. 9, 747 S.E.2d 430 (2013) concerning the Full Commission Order finding Appellant was terminated for cause and not entitled to temporary disability benefits.

14. In Appellant’s Motion, she alleges she is entitled to treatment for the knee and hip with Rodney K. Alan, M.D. per the Full Commission Order.

15. The Full Commission Order actually states Appellant “is entitled to continued authorized causally related medical treatment for the compensable injuries she sustained to the low back, left knee, and left hip . . .”

16. The Full Commission Order does not indicate with which provider treatment needs to be authorized.

17. Nevertheless, Respondents have provided ongoing treatment with Dr. Alan.

18. As admitted in Appellant’s Motion, an appointment with Dr. Alan was authorized for July 14, 2025. *See* Medical Record, attached hereto as Exhibit “4.”

19. Respondents authorized, and Appellant attended, a follow-up appointment with Dr. Alan on October 20, 2025. *See* Medical Record, attached hereto as Exhibit “5.”

20. At that appointment, Dr. Alan ordered a left total knee arthroplasty and durable medical equipment. Respondents have authorized the surgery and durable medical equipment. *See* Medical Record, attached hereto as Exhibit “6.”

21. Appellant is also seeking authorization for treatment with Dr. Chokshi.

22. Respondents are authorizing a follow-up appointment with Dr. Choksi for the low

back and neck.

23. In a questionnaire completed by Dr. Alan, he indicated Appellant was out of work.

24. Appellant states that Dr. Alan opined in his note that Appellant “was totally disabled from work and would not be returning to gainful employment in the foreseeable future.” However, the note states that “data suggest return to work is unlikely after someone has been out of year with an ongoing medical condition” and that it was “more likely than not [Appellant] will not return to gainful employment in the foreseeable future.”

25. Respondents contend that this is not the same as what Appellant alleges in Appellant’s Motion.

26. Regardless, Respondents are paying temporary total disability benefits starting on July 14, 2025 and continuing until there is legal reason to stop them, agreement by the parties, or by Order of the Commission.

27. Appellant contends she is permanently and totally disabled.

28. Respondents contest Appellant’s allegation that she is permanently and totally disabled as that issue was not addressed by the Full Commission Order is not at issue in this appeal and more appropriately addressed in the Industrial Commission.

29. If a hearing before this Court to adjudicate issues solely related to workers’ compensation allegations is deemed necessary and appropriate, Respondents expressly reserve the right to introduce evidence in opposition to the relief Appellant requests.

THEREFORE, Respondents respectfully request Appellant’s Motion be denied.

November 14, 2025

Respectfully submitted,

McANGUS, GOUDELOCK & COURIE, LLC

s/Jeffrey Kuykendal

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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No. 2025-001282

Mary L. Davis, Claimant, Appellant,

v.

Ruiz Food Products, Inc., Employer, and
Safety National Casualty Corporation, Carrier, Respondents.

PROOF OF SERVICE

I certify that on the 6th day of November 2025, I served **Respondents' Opposition to Appellant's Motion For a Hearing and an Order Ordering Medical Care and Compensation During the Pendency of the Appeal before the Court pursuant to SC Code §42-17-60; Such Medical Care having been Ordered by the SC Workers' Compensation Commission Involved in the Appeal** on all parties by emailing a copy of it to his counsel of record as follows:

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jeffrey.kuykendal@mgclaw.com
Attorney for Respondents

EXHIBIT “1”

STATE OF SOUTH CAROLINA)
)
COUNTY OF FLORENCE)

MARY DAVIS,)
)
Claimant/Appellant,)
)
v.)
)
RUIZ FOOD PRODUCTS, INC.,)
)
Employer, and)
)
SAFETY NATIONAL CASUALTY)
CORPORATION,)
)
Carrier,)
)
Defendants/Respondents.)
_____)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC File Nos.: 1923627 & 2223041

MOTION FOR RECONSIDERATION

Pursuant to the Commission's Regulations, the Claimant requests reconsideration and/or clarification as to the Findings of Fact and Conclusions of Law and the Order of the Full Commission which affirmed the Hearing Commissioner's Order with Amendments as follows:

1. That the Full Commission Order in the Statement of the Case refers to and quotes the previous Order of Commissioner Aisha Taylor but does not refer to or quote the subsequent Order of Commissioner Avery Wilkerson, and does not address the dictates of that Order which sets out what would be addressed at the hearing. The Statement of the Case should also reflect that two (2) Form 50s were filed, one for the 2019 accident and the second one for the 2022 accident, and importantly that the second Form 50 alleging a separate accident was only filed after

and at the direction of Commissioner Wilkerson. The Commission must also address how the Decision is in accordance with the directions and Order of Commissioner Wilkerson.

2. That the Claimant would seek clarification on the Commission's ruling as to the November 4, 2022 incident as to whether or not the Commissioners are ruling that an incident did not occur or that the incident was insufficient to cause, in the opinion of the Commission, additional compensable injuries. The uncontested evidence is that an incident occurred. Mr. Eugene McClendon gave a statement regarding the event (Depo. Tr. of Opal Jones, p. 10, l. 13-p. 11, l. 8) and another fellow employee, Ms. Octavia Harrison, gave a statement that she thought they (Mr. Eugene and Ms. Davis) were just "playing around" and acknowledged that Ms. Davis "bumped into her". (Depo. Tr. of Opal Jones, p. 17, ll. 6-10). As Ms. Jones stated in her deposition, Ms. Harrison, "told me they are always joking around, hugging each other, high-fiving, so she thought they were just playing." So, the Claimant seeks clarification as to whether or not the Commission is saying an incident did not occur or that whatever occurred was simply insufficient in and of itself in the opinion of the Commission under the facts to not cause the need for medical care.

3. That the Findings of Fact of the Full Commission, which are supposed to be definite and detailed, do not contain

any Findings of Fact noting that the light duty employment, "sedentary work only" according to the doctors, that was made available to the Claimant which she was doing at the time she was terminated for cause, was to throw away product. Since the Claimant's light duty job made available to her was to "throw away bad product", the Commission's Finding of Facts as a matter of law must address how termination for doing that light duty job "throwing away product" was a violation of company policy, and how that constituted just cause since that was her assigned job and only job.

4. That since it was undisputed that the Claimant was terminated for cause for, as the Commission put it in Finding of Fact #6, "after being observed throwing food away, which was against company policy". Again, that was her job so how that constituted a company policy violation needs to be set out factually.

5. That the Full Commission Decision also needs clarification or more detailed Findings of Fact and Conclusions of Law as a matter of law in reference to Finding of Fact #4 wherein the Commission noted that the Claimant had been under light duty restrictions which were being accommodated as described by Dr. Rodney Alan. That Finding of Fact as to the time of the accident in November is patently wrong. Dr. Rakesh Chokshi, who had been authorized to treat her for her low back

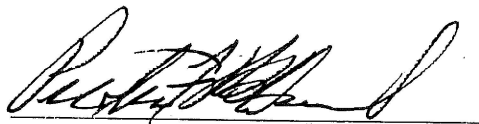
injury only and had been treating her since at least March 23, 2022, according to the undisputed evidence in the Record, placed her at "sedentary work only" (Cl. APA, p. 28), and it was under those work restrictions that she was working uncontested at the time of the incident which occurred on November 4th, and continuing at the time of her termination.

6. That the Full Commission should reconsider its decision and must make detailed Findings of Fact and Conclusions of Law as to whether or not the Hearing Commissioner failed in her statutory responsibility by failing to make detailed Findings of Fact and Conclusions of Law on all the "essential" issues before her for decision. Since the actual decision filed July 29, 2024 by the Commissioner, which she had originally requested in her Order Instructions of January 23, 2024 be drafted by the defense attorney, was in fact drafted by the Hearing Commissioner and was drafted/filed only after a Complaint was filed in the Circuit Court July 11, 2024, seeking a Writ of Prohibition prohibiting her from issuing an Order due to delay between the hearing and Order Instructions and then seven (7) more months before an Order; and her failure to address all the essential issues before her for decision, the Commission is duty bound to make Findings of Fact and Conclusions of Law in reference to that delay and when those additional Findings of Facts addressing those issues were made

and as to whether or not the Commissioner erred in her statutory responsibility. Further, based on those Findings of Fact and Conclusions of Law that must be made by the Commission to fulfill its statutory duty, the Commission must make a determination as to whether the parties and the Claimant are entitled to, as a matter of law for the Commissioner's failures to afford the Claimant due process of law under law and specifically under the SC Constitution, Art. I, §22, to a new hearing on all the issues.

For the foregoing reasons, the Claimant requests reconsideration and realleges all the original issues as presented to the Full Commission for decision.

Respectfully submitted,



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Attorneys for Movant/Claimant

April 16, 2025

CERTIFICATE OF SERVICE

WCC File Nos. 1923627 & 2223041

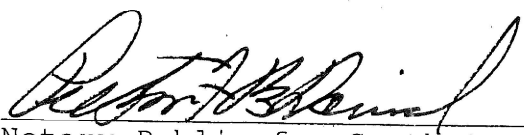
I hereby certify that I have on this day, April 16,
2025, served the following in the matter of Mary Davis v.
Ruiz Food Products, Inc. with a copy of the **MOTION FOR**
RECONSIDERATION addressed as follows:

Walter H. Barefoot, Esquire
McAngus Goudelock & Courie
Post Office Box 12519
Columbia, South Carolina 29211



Kimberley T. Hinkle, Paralegal

SWORN TO BEFORE ME this
16th day of April, 2025.



(L.S.)
Notary Public for South Carolina

My Commission Expires: 10/25/28

EXHIBIT “2”

STATE OF SOUTH CAROLINA
BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1923627 & 2223041

Mary L. Davis,)
)
 Claimant,)
)
 v.)
)
 Ruiz Food Products, Inc.,)
)
 Employer, and)
)
 Safety National Casualty Corporation,)
)
 Carrier,)
 Defendants.)

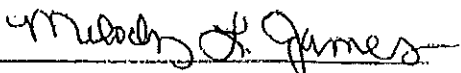
MOTION ORDER

On April 17, 2025, Claimant filed a Motion to Reconsider the Decision and Order which was dated April 15, 2025. After careful consideration of the Claimant's Motion for Reconsideration pursuant to R. 67-215(B), we are unable to discover that any material fact or principle of law has been either overlooked or misapprehended, and hence, there is no basis for granting Claimant's Motion. Accordingly, the Motion for Reconsideration is denied.

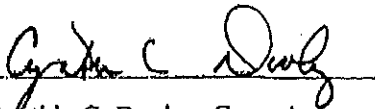
AND SO IT IS ORDERED.

May 27, 2025 (date)

Columbia, SC



Melody L. James, Commissioner



Cynthia C. Dooley, Commissioner

Mike Campbell

R. Michael Campbell, Commissioner

Order Served via email:

Preston F. McDaniel McDaniel Law Firm preston@pfmcdlaw.com	Walter H. Barefoot McAngus Goudelock & Courie walt.barefoot@mgclaw.com
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CERTIFICATE OF SERVICE

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

By Eugenia Hollmon on May 27, 2025

EXHIBIT “3”

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA
SC Workers' Compensation Commission
Appellate Panel

SCWCC File Nos. 1923627 & 2223041

Mary L. Davis, Claimant, Appellant,

v.

+

Ruiz Food Products, Inc., Employer, and
Safety National Casualty Corporation, Carrier, Respondents.

NOTICE OF APPEAL

Appellant, Mary L. Davis, appeals the Appellate Panel Decision and Order of the SC Workers' Compensation Commission filed April 15, 2025, and served via email on April 15, 2025, and also the Appellate Panel Motion Order denying Appellant's Motion for Reconsideration served via email on May 27, 2025. A copy of both Orders are attached hereto.

Pursuant to SC Code §42-17-60, the grounds of the appeal

which involve specific, fundamental and egregious errors of law are presented to the Court as set out hereinafter.

1. That the Appellant appeals for all the reasons, bases, and grounds as set forth in the SCWCC Form 30 - Request for Commission Review and its attachments as presented to the Full Commission which is attached hereto and incorporated herein by reference, along with its attached Exhibits as Exhibit "A".

2. That the Appellant appeals for all the reasons, bases, and grounds as set forth in the Appellant's Motion for Reconsideration of the Full Commission Panel Decision filed April 16, 2025, which Appellate Panel decision filed on April 15, 2025 affirmed with amendments the Hearing Commissioner's Decision. The Motion is attached hereto and incorporated herein by reference as Exhibit "B".

3. That the Commission erred as a matter of law by applying an expansive application of the Supreme Court's decision in Pollack v. Southern Wine & Spirits of America, 405 S.C. 9, 747 S.E.2d 430 (2013). Whereas as an exception to coverage under the Workers' Compensation Act, the exception of, "termination for cause" being a basis for denying a worker temporary compensation benefits that doctrine should be strictly construed. Foran v. Murphy USA, 420 S.C. 377, 803 S.E.2d 311 (SC

App. 2017), (citing Barnes v. Charter One Realty, 411 S.C. 391, 768 S.E.2d 651 (2015), Nicholson v. SC Dept. of Social Services, 411 S.C. 381, 769 S.E.2d 1 (2015), and James v. Anne's, Inc., 390 S.C. 188, 701 S.E.2d 730 (2010).

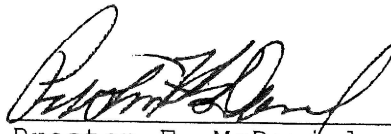
Appealability: also in Pollack, the Supreme Court addressed the direct appealability of a denial of temporary compensation benefits while under medical treatment and in light duty status, and specifically held in reference to the failure to award compensation benefits and the Respondents' argument that the Order was not immediately appealable in the words of the Supreme Court under footnote 3, 747 S.E.2d 430 at p. 434:

"Respondent contends the Commission's Order is not immediately appealable. We disagree and summarily reject this contention pursuant to Rule 220(b)(1), SCACR."

4. That as a matter of law under the Supreme Court's two decisions in Russell v. Walmart Stores, Inc., 445 S.C. 387, 914 S.E.2d 838 (2025) and 426 S.C. 281, 826 S.E.2d 863 (2019), and in Hilton v. Flakeboard America, Ltd., 418 S.C. 245, 791 S.E.2d 719 (2016), and because of the unreasonable and unconscionable delay in the Hearing Commissioner rendering even Notes for a decision or decision neither of which contained Findings of Fact and Conclusions of Law on all of the essential issues before her for decision, and her unexplained failure to perform her statutory

duty, constituted an abuse of discretion and denied claimant's entitlement to sure and sure benefits under the Act, and both parties' entitlement years ago to a prompt determination of either her entitlement to benefits or a denial of benefits. As the Supreme Court held in Russell and Hilton this Court should take direct jurisdiction and as a matter of law due to unreasonable delay and failure of the Commissioner to perform her statutory duty, end the Appellant's odyssey, and issue a decision as promptly as possible on the claimant's entitlement to temporary total disability benefits which would achieve a delayed but affirmative commitment by the Court to the objectives of the Workers' Compensation Act which include "to provide sure, prompt and reasonable income and medical benefits", "regardless of fault" to work-related accident victims and their dependents and "to relieve public and private charities of the financial demands incident to uncompensated occupational accidents".

Respectfully submitted,



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Attorneys for Claimant/Appellant

June 25, 2025

Other Counsel of Record:

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Attorney for Respondents

EXHIBIT “4”

Davis, Mary Lisa

MRN: 1076282

20250720157015
Office Visit 7/14/2025
McLeod Orthopaedics - Florence

Provider: Alan, Rodney K, MD (Orthopaedic Surgery)
Primary diagnosis: Acute pain of left knee
Reason for Visit: Left Knee - Follow-up

Progress Notes

Alan, Rodney K, MD (Physician) • Orthopedics

Chief Complaint

Patient presents with

- Left Knee - Follow-up

History of Present Illness

The patient presents with persistent left knee pain following a work-related injury.

The patient is a 59-year-old female presenting with left knee pain following a work-related injury. The injury occurred in 2019, with persistent pain and a large contusion noted. MRI shows a cyst and subchondral edema in the knee.

Trochanteric bursitis is present with inflammation noted on imaging. Standard treatments have been tried, but pain persists.

Uncontrolled diabetes mellitus complicates treatment, with A1c above the surgical threshold.

- Musculoskeletal: Reports persistent left knee pain and hip pain. Denies any new injuries.
- Endocrine: Reports uncontrolled blood sugar levels.

Medical History

Past Medical History:

Diagnosis	Date
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- Acute exacerbation of chronic obstructive airways disease (HCC)
- Anemia
- Asthma
- Claustrophobia
- GERD (gastroesophageal reflux disease)
- History of transfusion
Willing to accept blood if needed
- Hypertension
- Lumbar back pain
- Lumbar degenerative disc disease
- Lumbosacral spondylosis without

20250722 915781E

- myelopathy
- Neuropathy
- Polyneuropathy due to type 2 diabetes mellitus (HCC)
- Joint arthritis (HCC)
- Spondylosis of lumbar region without myelopathy or radiculopathy
- Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
- Vaginal Irritation

Surgical History

Past Surgical History:

Procedure	Laterality	Date
• CESAREAN SECTION, CLASSIC x2		
• FL ARTHROCENTESIS ASPIRATION LARGE JOINT-LEFT FL GUIDED ASPIRATION OR INJECTION LARGE JOINT LEFT CERNER CONVERSION DEPT	Left	02/23/2022

Current Medications

Current Outpatient Medications:

- albuterol 90 mcg/actuation inhaler, Inhale 2 puffs every 6 (six) hours if needed for wheezing or shortness of breath., Disp: , Rfl:
- amitriptylline (Elavil) 50 mg tablet, Take 50 mg by mouth 1 (one) time each day at the same time., Disp: , Rfl:
- amLODIPine (Norvasc) 5 mg tablet, Take 1 tablet by mouth in the morning., Disp: , Rfl:
- Breo Ellipta 100-25 mcg/dose inhaler, Inhale 1 puff if needed each day., Disp: , Rfl:
- gabapentin (Neurontin) 300 mg capsule, Take 300 mg by mouth in the morning, at noon, and at bedtime., Disp: , Rfl:
- hydroCHLOROTHiazide (HydroDIURIL) 25 mg tablet, Take 25 mg by mouth in the morning., Disp: , Rfl:
- IBUPROFEN ORAL, Take 800 mg by mouth every 6 (six) hours if needed., Disp: , Rfl:
- Insulin aspart (NovoLOG Flexpen U-100 Insulin) 100 unit/mL (3 mL) pen, Inject 15 Units under the skin with breakfast, with lunch, and with evening meal., Disp: , Rfl:
- Ipratropium-albuterol (Duo-Neb) 0.5-2.5 mg/3 mL nebulizer solution, Take 3 mL by nebulization every 6 (six) hours if needed for wheezing or shortness of breath., Disp: , Rfl:
- loratadine (Claritin) 10 mg tablet, Take 10 mg by mouth in the morning., Disp: , Rfl:
- metFORMIN (Glucophage) 1,000 mg tablet, Take 1,000 mg by mouth with breakfast and with evening meal., Disp: , Rfl:
- OMEPRAZOLE ORAL, Take 20 mg by mouth in the morning and at bedtime., Disp: , Rfl:
- semaglutide (Ozempic) 0.25 mg or 0.5 mg(2 mg/1.5 mL) pen injector, Inject under the skin 1 (one) time per week. Tuesday, Disp: , Rfl:

- Tresiba FlexTouch U-100 100 unit/mL (3 mL) Injection, Inject 70 Units under the skin at bedtime., Disp: , Rfl:
- True Metrix Glucose Test Strip strip, USE AS DIRECTED TO CHECK BLOOD SUGAR 3 TIMES DAILY, Disp: , Rfl:
- TRUEdraw Lancing Device misc, USE AS DIRECTED WITH lancets, Disp: , Rfl:
- TRUEplus Lancets 30 gauge misc, USE AS DIRECTED TO CHECK BLOOD SUGAR 3 TIMES DAILY, Disp: , Rfl:
- TRUEplus Pen Needle 32 gauge x 5/32" needle, USE AS DIRECTED DAILY WITH Lantus, Disp: , Rfl:
- valsartan (Diovan) 80 mg tablet, Take 80 mg by mouth in the morning., Disp: , Rfl:

Allergies

Allergies

Allergen	Reactions
• Meperidine CARDIAC ARREST	Other
• Promethazine CARDIAC ARREST	Other

Examination:

Visit Vitals

BP	157/90
Pulse	106
Temp	36.7 °C (98 °F)
Ht	4' 9" (1.448 m)
Wt	96.2 kg (212 lb)
BMI	45.88 kg/m ²
Smoking Status	Former
BSA	1.97 m ²

Physical Exam

- General: Patient sitting in no apparent distress, able to stand and ambulate unassisted.
- Musculoskeletal: Left knee with varus alignment, no effusion, joint line tenderness, negative log roll, negative straight leg raise, tenderness in the soft tissues of the hip.

XR knee 3 views left

Left knee 3 views demonstrates medial joint space narrowing. No acute bony abnormality.

Recent Results (from the past 12 weeks)

Glucose, Fingerstick BGS (POC)

Collection Time: 07/01/25 10:13 AM

Result	Value	Ref Range
Glucose (POC)	232 (H)	70 - 115 mg/dL

MRI Knee Joint Without Contrast Left

Collection Time: 07/01/25 12:52 PM

Impression

20250729157015

1. Mild patella alta with lateral patellar subluxation and a flat trochlear groove.

2. Full-thickness cartilage loss along the medial trochlea with underlying subchondral marrow edema.

SIGNATURE:

Electronically Signed
By: Brian M Trotta M.D.
On: 07/06/2025 12:19

MRI Hip Joint Without Contrast Left

Collection Time: 07/01/25 1:27 PM

Impression

Trochanteric bursitis, right greater than left for this patient with a large body habitus and leiomyomatous uterus

SIGNATURE:

Electronically Signed
By: Noel Phipps M.D.
On: 07/11/2025 12:59

Encounter Diagnoses

Name	Primary?
• Pain	
• Acute pain of left knee	Yes
• Left hip pain	
• Myofascial pain on left side	

Assessment & Plan

- Pain (R52):
 - Consider subchondroplasty if A1c controlled.
 - Explore chondroplasty.

Imaging
XR knee 3 views left

28250729157015

2. Trochanteric Bursitis ():
- Continue therapy and topical medications.
 - Consider steroid injections if diabetes controlled.

3. Myofascial Pain ():
- Recommend physical therapy and medications.

4. Uncontrolled Diabetes Mellitus ():
- Aim to control A1c below 8 for surgery.

The patient's primary concern is left knee pain, with MRI findings of a cyst and subchondral edema. Given the uncontrolled diabetes, surgical options like subchondroplasty are contingent on better glycemic control. Trochanteric bursitis is managed conservatively with therapy and medications, with steroid injections as a future option if diabetes is controlled. Myofascial pain is addressed with physical therapy. The goal is to manage pain effectively while preparing for potential surgical interventions once diabetes is controlled.

- Continue physical therapy for knee and hip pain.
- Monitor blood sugar levels and aim to control A1c below 8.
- Follow up in three months for reevaluation and A1c check.

Orders Placed This Encounter

- XR knee 3 views left
- Ambulatory referral to Physical Therapy

This is a patient with a work injury from 6 years ago. She has an osteochondral injury to the left knee and trochanteric bursitis of the left hip. She also has myofascial pain. I explained that trochanteric bursitis and myofascial pain is treated nonoperatively. She complains of a lot of pain. Her blood glucose is uncontrolled. This will need to be under better control prior to consideration of any surgery or steroid injection. MRI was reviewed. She has a chondral injury with some subchondral changes. I discussed the entire spectrum of treatment options with the patient and her case manager today. We cannot proceed with any of these treatment options until the patient's A1c is under better control. We have reordered physical therapy.

The patient was inquiring about return to work. I explained that data suggest return to work is unlikely after someone has been out for a year with an ongoing medical condition. More likely than not Mary Davis will not return to gainful employment in the foreseeable future.

I had a case management meeting with the case manager Kimberly Evans today. The meeting was less than 30 minutes. We discussed the treatment options and my recommendation for better

control of blood glucose prior to consideration of surgery.

20250720157015

Attestation: This note was created primarily by AI ambient listening software which was available during the evaluation with the patient. The note in its entirety was reviewed and edited by me personally as needed. Necessary changes needed for medical accuracy, clarity, or changes in treatment were made by me.

Additional Documentation

Vitals: BP 157/90 Pulse 106 Temp 36.7 °C (98 °F) Ht 4' 9" (1.448 m) Wt 96.2 kg (212 lb) BMI 45.88 kg/m² BSA 1.97 m²

Communications

No questionnaires available.

Encounter Status

Signed by Alan, Rodney K, MD on 7/20/25 at 14:39

Orders Placed

XR knee 3 views left (Resulted 7/14/2025)
Ambulatory referral to Physical Therapy Pending Review

Medication Changes

As of 7/14/2025 11:29 AM

	Refills	Start Date	End Date
gabapentin			
Discontinued or Completed: gabapentin (Neurontin) 300 mg capsule Patient-reported medication			
Unchanged: gabapentin (Neurontin) 300 mg capsule Take 300 mg by mouth in the morning, at noon, and at bedtime. - oral Patient-reported medication	—		—
semaglutide			
Discontinued or Completed: semaglutide (Rybelsus) 7 mg tablet Patient-reported medication			
Unchanged: semaglutide (Ozempic) 0.25 mg or 0.5 mg(2 mg/1.5 mL) pen injector Inject under the skin 1 (one) time per week. Tuesday - subcutaneous Patient-reported medication	—	7/11/2022	—
Discontinued or Completed: cephalexin (Keflex) 500 mg capsule Patient-reported medication			
Discontinued or Completed: cetirizine (Zyrtec) 1 mg/mL syrup Patient-reported medication			
Discontinued or Completed: cyclobenzaprine (Flexeril) 10 mg tablet Patient-reported medication			

	Refills	Start Date	End Date
Discontinued or Completed: dapagliflozin propanediol (Farxiga) 10 mg Patient-reported medication			
20250729 Patient-reported medication Discontinued or Completed: diclofenac (Voltaren) 75 mg EC tablet			
Discontinued or Completed: EMPAGLIFLOZ-LINAGLIP-METFORMIN ORAL Patient-reported medication			
Discontinued or Completed: fenofibrate (Tricor) 145 mg tablet Patient-reported medication			
Discontinued or Completed: FERROUS SULFATE ORAL Patient-reported medication			
Discontinued or Completed: fluconazole (Diflucan) 150 mg tablet Patient-reported medication			
Discontinued or Completed: FLUTICASON PROPION-SALMETEROL INHL Patient-reported medication			
Discontinued or Completed: fluticasone (Flonase) 50 mcg/actuation nasal spray Patient-reported medication			
Discontinued or Completed: GLIPIZIDE ORAL Patient-reported medication			
Discontinued or Completed: hydrocortisone (Anusol-HC) 25 mg suppository Patient-reported medication			
Discontinued or Completed: insulin glargine (Lantus) 100 unit/mL (3 mL) pen Patient-reported medication			
Discontinued or Completed: losartan (Cozaar) 50 mg tablet Patient-reported medication			
Discontinued or Completed: meloxicam (Mobic) 15 mg tablet Patient-reported medication			
Discontinued or Completed: naproxen sodium (ALEVE ORAL) Patient-reported medication			
Discontinued or Completed: ondansetron ODT (Zofran-ODT) 4 mg disintegrating tablet Patient-reported medication			
Discontinued or Completed: traMADol (Ultram) 50 mg tablet Patient-reported medication			

Medication List at End of Visit

As of 7/14/2025 11:29 AM

	Refills	Start Date	End Date
albuterol 90 mcg/actuation inhaler Inhale 2 puffs every 6 (six) hours if needed for wheezing or shortness of breath, - Inhalation Patient-reported medication	—	7/11/2022	—
amitriptyline (Elavil) 50 mg tablet Take 50 mg by mouth 1 (one) time each day at the same time, - oral Patient-reported medication	—	6/5/2024	—
amLODIPine (Norvasc) 5 mg tablet Take 1 tablet by mouth in the morning, - oral Patient-reported medication	—	7/11/2022	—
Breo Ellipta 100-25 mcg/dose Inhaler Inhale 1 puff if needed each day, - Inhalation Patient-reported medication	—	9/9/2024	—
gabapentin (Neurontin) 300 mg capsule Take 300 mg by mouth in the morning, at noon, and at bedtime, - oral	—		

	Refills	Start Date	End Date
Patient-reported medication			
hydroCHLORothiazide (HydroDIURIL) 25 mg tablet Take 25 mg by mouth in the morning. - oral	—	7/11/2022	—
Patient-reported medication			
IBUPROFEN ORAL Take 800 mg by mouth every 6 (six) hours if needed. - oral	—	10/21/2022	—
Patient-reported medication			
Insulin aspart (NovoLOG Flexpen U-100 Insulin) 100 unit/mL (3 mL) pen Inject 15 Units under the skin with breakfast, with lunch, and with evening meal. - subcutaneous	—	8/20/2024	—
Patient-reported medication			
Tresiba FlexTouch U-100 100 unit/mL (3 mL) Injection Inject 70 Units under the skin at bedtime. - subcutaneous	—	2/17/2023	—
Patient-reported medication			
Ipratropium-albuterol (Duo-Neb) 0.5-2.5 mg/3 mL nebulizer solution Take 3 mL by nebulization every 6 (six) hours if needed for wheezing or shortness of breath. - nebulization	—		
Patient-reported medication			
loratadine (Claritin) 10 mg tablet Take 10 mg by mouth in the morning. - oral	—	6/18/2025	9/16/2025
Patient-reported medication			
metFORMIN (Glucophage) 1,000 mg tablet Take 1,000 mg by mouth with breakfast and with evening meal. - oral	—	2/26/2023	—
Patient-reported medication			
OMEPRAZOLE ORAL Take 20 mg by mouth in the morning and at bedtime. - oral	—	10/21/2022	—
Patient-reported medication			
semaglutide (Ozempic) 0.25 mg or 0.5 mg(2 mg/1.5 mL) pen injector Inject under the skin 1 (one) time per week. Tuesday - subcutaneous	—	7/11/2022	—
Patient-reported medication			
valsartan (Diovan) 80 mg tablet Take 80 mg by mouth in the morning. - oral	—	7/11/2022	—
Patient-reported medication			

Visit Diagnoses

Primary: Acute pain of left knee M25.562
 Pain R52
 Left hip pain M25.552
 Myofascial pain on left side M79.18

EXHIBIT “5”

Case Request Operating Room: ARTHROPLASTY, KNEE, TOTAL, USING ROBOT-ASSISTED NAVIGATION LEFT [SUR1] (Order 114484913)

Date: 10/20/2025 Department: Mpa Ortho Flo Released By/Authorizing: Alan, Rodney K, MD (auto-released) Case Request

Administration Details

ⓘ The administrations shown are only for this specific order and not for other orders for the same medication that may be in this encounter.

No Administrations
Recorded

Order Providers

Authorizing	Encounter
Alan, Rodney K	Alan, Rodney K

Procedure Information

Providers

Authorizing: Alan, Rodney K, MD

Associated Diagnoses

Primary osteoarthritis of left knee

Original Order

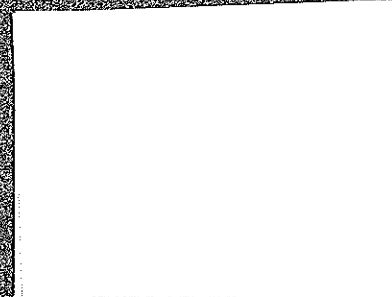
Ordered On	Ordered By
10/20/2025 10:58 AM	Alan, Rodney K, MD

Associated Diagnoses

Primary osteoarthritis of left knee - Primary

Additional Information

Associated Reports
View Encounter
Priority and Order Details



McLeod Orthopaedics - Florence
1005 EAST CHEVES ST
FLORENCE SC 29506-2777
Phone: 843-777-7900
Fax: 843-777-7925

Date: Oct 20, 2025

Legal Name: Mary Lisa Davis
236 SWIFT CREEK RD APT E1
HARTSVILLE SC 29550-3857
Phone: 843-206-2185

MRN: 1076282
DOB: 5/8/1968
SSN: xxx-xx-2674
Sex: F

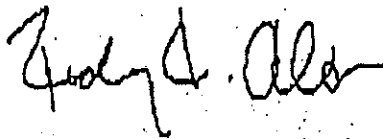
General supply request: Cane (Order ID: 114485384)

Order Date: 10/20/2025

Diagnosis: Primary osteoarthritis of left knee (M17.12)

Quantity: 1

The face-to-face evaluation was completed by: RODNEY ALAN, MD
Details for supply request: Cane



Signature:

Alan, Rodney K, MD

NPI: 1568499572

McLeod Orthopaedics - Florence
1005 EAST CHEVES ST
FLORENCE SC 29506-2777
Phone: 843-777-7900
Fax: 843-777-7925

Date: Oct 20, 2025

Legal Name: Mary Lisa Davis
236 SWIFT CREEK RD APT E1
HARTSVILLE SC 29550-3857
Phone: 843-206-2185

MRN: 1076282
DOB: 5/8/1966
SSN: xxx-xx-2674
Sex: F

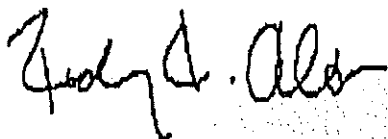
General supply request: Walker (Order ID: 114485383)

Order Date: 10/20/2025

Diagnosis: Primary osteoarthritis of left knee (M17.12)

Quantity: 1

The face-to-face evaluation was completed by: RODNEY ALAN, MD
Details for supply request: Walker



Signature:

Alan, Rodney K, MD

NPI: 1568499572

McLeod Orthopaedics - Florence
1005 EAST CHEVES ST
FLORENCE SC 29506-2777
Phone: 843-777-7900
Fax: 843-777-7925

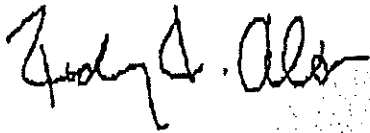
Date: Oct 20, 2025

Legal Name: Mary Lisa Davis
236 SWIFT CREEK RD APT E1
HARTSVILLE SC 29550-3857
Phone: 843-206-2185

MRN: 1076282
DOB: 5/8/1968
SSN: xxx-xx-2674
Sex: F

General supply request: 3-1 Chair (Order ID: 114485382)
Order Date: 10/20/2025
Diagnosis: Primary osteoarthritis of left knee (M17.12)
Quantity: 1

The face-to-face evaluation was completed by: RODNEY ALAN, MD
Details for supply request: 3-1 Chair



Signature:

Alan, Rodney K, MD

NPI: 1568499572

EXHIBIT “6”

From: Evans, Kim <Kim.Evans@genexservices.com>
Sent: Monday, November 10, 2025 1:24 PM
To: Florence Ortho Workers Compensation <florenceorthowc@mcleodhealth.org>
Cc: Mccallister, Tresa <Tresa.Mccallister@sedgwilck.com>
Subject: RE: Mary Davls Claim #: RFPW-0743

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe...
Good Afternoon Crystal,

I received authorization for Ms. Davis' surgery and all DME's Ill reach out to confirm about using McLeod PT and let you know. Please advise when Ms. Davls is scheduled for clearance labs. Thank you

Kim Evans, RN
Medical Case Management / Field Case Management
Genex Services, LLC | 2763 Meadow Church Road

Suite 110 | Duluth, GA 30097
Cell: 843-550-7063
Office: 704-503-4775
Fax: 866.268.3974
Kim.evans@genexservices.com

From: Florence Ortho Workers Compensation <florenceorthowc@mcleodhealth.org>
Sent: Tuesday, October 21, 2025 3:27 PM
To: Evans, Kim <Kim.Evans@genexservices.com>
Cc: McCallister, Tresa <tresa.mccallister@sedgwick.com>
Subject: Mary Davis Claim #: RFPW-0743

EXTERNAL: This email was received from outside of Genex Services. Please do not click links or open attachments unless you know the content is safe.

Good afternoon,

I have attached all orders from Mrs. Davis's 10/20/25 appointment. Surgery has been tentatively scheduled on 2/5/2026. Please let me know if it is approved. Also please let me know if physical therapy is approved through McLeod or if you will be using a vendor. Therapy will need to start 2 weeks after surgery.

Thanks for all you do,

Crystal Flowers

crystal.flowers@mcleodhealth.org

**McLeod Orthopedics Florence
Worker's Comp Dept.**

1005 E Cheves St.

Florence, SC 29506

Phone: 843-432-1847

Fax: 843-944-8437

florenceorthowc@mcleodhealth.org

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