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S.C. SUPREME COURT

**State of South Carolina
Workers' Compensation Commission**

DECISION AND ORDER

THE HONORABLE Commissioner Gene McCaskill

SCWCC File No.: 2111920

TROY HINSON,

Claimant,

v.

MERRILL GARDENS, L.L.C.,

Employer,

and

CHURCH MUTUAL INSURANCE COMPANY,

Carrier,

Defendants.

District 7

Hearing held in Richland County, South Carolina,

on April 25, 2022

Per notice timely and properly served upon all Parties of Interest.

Appearances: Stephen B. Samuels, Esquire, of Samuels Reynolds Law Firm of
Columbia, South Carolina, appeared on behalf of Claimant.

R. Mark Davis, Esquire, of McAngus Goudelock and Couric of
Charleston South Carolina, appeared on behalf of Defendants.

Purpose of Hearing: To determine whether Claimant's TTD Benefits were terminated
properly per Form 15 Section III Filing

Court Reporter: Skylet Kean, (803)609-0134, fitpam@aol.com.

Filed: *January 31, 2024*

I. STATEMENT OF THE CASE

This matter was originally scheduled to be heard before Commissioner McCaskill on March 18, 2022 on Claimant's Form 15 Section III filed on May 4, 2022 pursuant to *S.C. Code Ann. § 42-9-260*. Claimant sought a determination of whether or not Claimant's temporary total disability benefits were properly terminated upon Claimant's release by the treating physician to return to work with light duty restrictions with Merrill Gardens, LLC. (hereinafter "Defendants"). Due to a conflict issue with Claimant's attorney's schedule, the hearing was postponed and rescheduled. On April 25, 2022, this matter returned before the Commission on Claimant's Form 15 Section III.

Troy Hinson (hereinafter "Claimant") sustained an admitted injury by accident to his lumbar spine and developed an inguinal hernia arising out of and in the course and scope of his employment with Defendants, on July 29, 2021. Claimant's lumbar spine and hernia injury derived from pushing a trash dumpster up a ramp. The purpose of the hearing is to determine if Claimant's temporary total disability (hereinafter "TTD") compensation benefits were legally terminated.

At the hearing, Claimant asserted Defendants improperly terminated Claimant's TTD benefits and failed to immediately reinstate his TTD benefits immediately after terminating his employment on January 25, 2022. Claimant asserted the Defendants failed to submit a Form 17, for Claimant's signature, within the 15 day period after his return to work, also noting that he is likely due temporary partial disability compensation, thus compensation must continue as a matter of law..

Claimant requested payment of TTD benefits with the application of a 25% penalty pursuant to *S.C. Code Ann. § 42-9-260(g)*. Claimant sought to receive back-owed TTD benefits starting from January 25, 2022 to the present on a continuous basis until an Order is executed by the Commission to stop future TTD benefits. Claimant relied on *Cranford v. Hutchinson Construction* and *Grayson v. Carter Rhoad Furniture* to support their legal argument regarding procedural protections of an employee temporary benefits. Claimant contended that *Pollack v. Southern Wine & Spirits of America* is distinguishable because Pollack had never been written out of work and had never received TTD, thus had never been deemed disabled nor did he come under the protections of § 42-9-260 and the accompanying regulations.

Conversely, Hinson, Grayson and Cranford had all been out of work and receiving TTD. All three returned to work on light duty. All three were terminated by their employers while under restrictions. The appellate courts in *Grayson* and *Cranford* held that because neither employee had been released without restrictions, the employer was required to reinstate TTD immediately as a matter of law.

Claimant also contended that the facts show that Hinson is unable to work and should receive TTD because he is out of work due to his disabling restrictions. Claimant points out that Dr. Mattei wrote Hinson out of work completely on February 9, 2022 – roughly two weeks after he was terminated. Claimant notes he was on a five-pound restriction when terminated and that there are no jobs within the Dictionary of Occupational Titles for someone with this restriction. Claimant further argues that, per *Pollack*, the Commission should find that the Employer created a nonviable sheltered employment job for Hinson and then terminated him as part of a plan to evade paying TTD.

Defendants contended Claimant was terminated “for cause” for the reasons of absences from work as well as insubordination and lack of communication with his supervisor. Defendants relied on *Pollack v. Southern Wine & Spirits of America* to support Defendants’ ability to stop Claimant’s TTD. Defendants argue but for Claimant’s performance issues and subsequent termination, Claimant would have remained employed, and therefore, he is unentitled to TTD benefits. Defendants assert, in the alternative, if found responsible for back-owed TTD benefits, the compensation should be limited to the period of January 25, 2022 to March 16, 2022.

II. STIPULATIONS

The Parties stipulated to the following:

1. The Workers’ Compensation Commission has jurisdiction over the persons and subject matter of this claim.
2. Notice of the hearing was timely and properly served on all parties.
3. Venue was proper. There were no objections to venue.
4. Claimant’s average weekly wage and corresponding compensation rate will be held in abeyance.

5. The Parties relied on oral arguments, testimony, exhibits, and Administrative Procedure Act Submissions.

III. APA SUBMISSIONS

Without objection by any party, Claimant submitted the following APA Submissions:

APA	Medical Provider	Dates	Pages
1.	Concentra Medical Center-Downtown	07.29.21-08.30.21	1-36
2.	Providence Hospital NE	07.30.21-08.16.21	37-73
3.	The Practice, LLC	08.02.21-02.09.22	74-97
4.	Midlands Orthopaedics & Neurosurgery Dr. James O'Leary	09.10.21-01.10.22	98-135
5.	Palmetto Imaging	09.21.21	136-137
6.	Prisma Health Weight Management Center Dr. David Moffatt	09.22.21-03.21.22	138-180
7.	Morrow Urology	10.05.21	181-185
8.	Midlands Ortho & Neuro PT	10.14.21	186-190
9.	Midlands Orthopaedics & Neurosurgery Dr. Ivan LaMotta	03.16.22-04.04.22	191-198

With objections by the Defendants, Claimant submitted the following Exhibits Submissions:

	Exhibits		
A.	Job Description- Maintenance Director		199-201
B.	Merrill Gardens- Valid Job Offer	08.11.21	202-203
C.	Emails between Claimant's Counsel and Defense Counsel	12.21.21-01.17.22	204-217
D.	Merrill Gardens – Termination Letter	01.25.22	218
E.	Outstanding bills		219-235
F.	Employee Timecard		236-247
G.	TTD Checks		248-251
H.	Merrill Garden Paycheck Stubs		252-255

Defendants objected to Claimant's submission of Exhibit C, from page 204-217, regarding emails between Claimant's Counsel and Defense Counsel in addition to Wanda Powell. Defendants argued the emails created an issue of both Claimant and Defense counsel being of risk of being witnesses and testifying during the hearing. Additionally, Defendants asserted Wanda Powell's emails should be withdrawn due to her inability to testify as she was not present at the hearing. Claimant argued the e-

mails were necessary to show Defendant's evasion of wanting to pay temporary total disability benefits. Commissioner Wilkerson admitted the emails between Claimant Counsel and Defendants counsel, and Claimant's counsel agreed to withdraw email communications involving Wanda Powell due to her absence at the hearing.

With objection by Claimant, Defendants submitted the following APA Submissions:

APA	Doctor	Practice	Dates	Pages
10.	Dr. Ivan LaMotta	Midlands Orthopaedics & Neurosurgery	03/16/22 to 04/04/22	1-10
11.	Dr. David Moffat	Prisma Health	11/18/21	11-16
12.	Dr. Charles McElmurray		02/04/20 to 02/25/21	17-25
13.		Personnel and payroll records		26-32
14.		Valid job offer letter	12/20/21	22
15.		Form 15, Section III	02/08/22	34
16.		Maintenance Director Job Description		35-38
17.		Pre-Injury Job Analysis	08/12/21	39
18.		Incident Report		40-42
19.		Termination Document Form	01/21/22	43-50

Claimant objected to the submission of Defendants APA 19, from pages 45-50, concerning emails from Miki Loftin on the grounds of hearsay. Defendants agreed to withdraw all email excerpts. Furthermore, Claimant objected to the submission of Defendants APA 17, pg. 39, concerning Claimant's Pre-Injury Job Description. Defendants consented and agreed to withdraw APA 17.

IV. EVIDENCE OF THE CASE

Claimant is a 54 year old male. Claimant and Defendants' presented medical evidence that demonstrated Claimant suffered from a lumbar spine and inguinal hernia injury.

MEDICAL EVIDENCE

Medical evidence submitted by both parties indicated Claimant treated with Dr. Ivan LaMotta, of Midlands Orthopaedics & Neurosurgery, for the lumbar spine. (Defendants' APA p. 3). They submitted medical evidence also indicated Claimant treated with Dr. David Moffat, of Prisma Health, for the inguinal hernia. (Defendant's APA p. 11).

Prior to the date of accident, Claimant treated with Dr. Charles T. McElmurray, of John A. Martin Primary Health Care, for low back pain after backing into a pole on February 4, 2020. (Defendant's APA p. 17).

On July 29, 2021, Claimant presented to Concentra Medical Center Downtown. (Claimant's APA p. 1). Claimant presented with complaints of pain in the lower abdomen area. (Claimant's APA p. 4). Claimant underwent an X-Ray examination of his left hip and pelvis, and the findings showed no acute abnormalities. (Claimant's APA p. 8). Claimant was written out of work until July 30, 2021 and was placed on modified duty with the following restrictions: no lifting, pushing, pulling no more than 5lbs., no squatting, and no kneeling and bending occasionally. (Claimant's APA p. 8). He was also referred to physical therapy. (Claimant's APA p. 10). Thereafter, on July 30, 2021, Claimant presented to Providence Health with complaints of severe left groin pain (Claimant's APA p. 39). Claimant was released to return to work on August 3, 2021. (Claimant's APA p. 51).

Claimant presented to Dr. Mattei, his primary care physician of Practice, LLC, on August 9, 2021, for his workers' compensation accident injuries. (Claimant's APA p. 79). On September 10, 2021, Dr. Mattei diagnosed Claimant with an inguinal hernia and referred Claimant to general surgery for the left inguinal hernia diagnosis. (Claimant's APA p. 82). Following, on September 16, 2021, Claimant presented to Dr. O'Leary, of Midlands Orthopedics with complaints of bilateral hip pain. (Claimant's APA p. 98). After reviewing Claimant's lumbar spine MRI, Dr. O'Leary diagnosed Claimant with moderate spinal stenosis at L3-4 with minimal neurological compression and recommended he participate in physical therapy. (Claimant's APA p. 101). Dr. O'Leary released Claimant to return to work with light physical

demands in addition to the following restrictions: no kneeling, no climbing, and no lifting nor pushing more than 10lbs. (Claimant's APA p. 102).

On October 29, 2021, Claimant underwent robotic left inguinal and femoral hernia repair installing a polypropylene inguinal hernia mesh hardware. (Claimant's APA p. 146). Three days post operation, Claimant reported to the Emergency Room regarding evaluation of recurrent hernia, and the CT scan revealed no presence of abnormalities associated with the hernia surgery. (Claimant's APA p. 149). After his surgery, on November 10, 2021, Claimant presented Dr. O'Leary with swelling and back pain. (Claimant's APA p. 109). As a result, Dr. O'Leary wrote Claimant out of work until his next appointment. (Claimant's APA p. 111).

Thereafter, Dr. Moffat increased Claimant's lifting restrictions to no more than 15 pounds on November 18, 2021. (Claimant's APA p. 161). To aid with Claimant's back pain, Dr. O'Leary referred Claimant to an Orthopedic Spine Surgeon to receive lumbar epidural steroid injections on December 14, 2021. (Claimant's APA p. 115 & 118). Additionally, Dr. O'Leary released Claimant to return to work, on December 13, 2021, with light duty restrictions of no twisting, no stretching, nor pushing and lifting more than 5 lbs. (Claimant's APA p. 119). Dr. O'Leary referred Claimant to Dr. LaMotta for further lumbar spine evaluation after Claimant failed non-operative treatment. (Claimant's APA p. 123).

Two weeks post-operation, Dr. Moffat reported Claimant continued to recover well without evidence of recurrence. (Claimant's APA p. 161). On December 24, 2021, Dr. Moffatt released Claimant at MMI, and he assigned a 0% impairment rating to Claimant's left inguinal hernia without permanent physical limitations or future medical treatment. (Claimant's APA p. 180).

On March 16, 2022, Dr. LaMotta released Claimant at MMI, and he assigned a 5% whole person impairment rating with a permanent 15-pound lifting and pulling restriction. (Claimant's APA p. 194). Additionally, Dr. LaMotta opined Claimant would require comprehensive pain management to lessen the period of disability and to maintain his current level of function. (Defendant's APA p. 10). Dr. LaMotta referred Claimant to pain management for additional and future medical treatment. (Defendant's APA p.

1). He released Claimant to return to work, on March 16, 2022, under light physical demands in addition no prolonged standing, twisting, and working from heights. (Defendant's APA p. 8).

HEARING TESTIMONY

During the hearing, both Claimant and Mr. Dougal Kear, the general Manager of Merrill Gardens, testified at the hearing.

CLAIMANT'S TESTIMONY

Direct Examination

On direct examination, Claimant testified to working in maintenance, construction, painting, electrical, and plumbing throughout his life. (Hr. Transcript p. 41). Claimant testified to his understanding of being placed on a five-pound lifting restriction on August 2, 2021. (Hr. Transcript p. 44). Claimant confirmed undergoing hernia surgery on November 11, 2021 and being written out of work. (Hr. Transcript p. 46). He testified to receiving a phone call from Dougal Kear, the general manager of the Employer, where he offered him a light duty position upon his return to work. (Hr. Transcript p. 47). Claimant confirmed that he accepted the extended light duty position. *Id.* Additionally, he affirmed his work restrictions given by Dr. O'Leary, as of December 13, 2021, consisting of no pushing or pulling greater than five-pounds; no lifting or carrying greater than five- pounds; and no twisting nor stretching. (Hr. Transcript p. 47). Claimant testified to Mr. Kear being a micromanager and that he met with Mr. Kear every morning for about an hour. (Hr. Transcript p. 48). Claimant stated he talked to Mr. Kear every morning either in the hallway, in his office, or over the phone. *Id.* Claimant further testified that he communicated with Mr. Kear through email, talking on the radio, or through text. *Id.*

Claimant testified to Mr. Kear expressing concerns regarding Claimant's absences for attending his doctor's appointments and physical therapy. *Id.* Claimant further testified to Mr. Kear being worried with regard to Claimant losing his full-time status, insurance benefits, and vacation time. (Hr. Transcript p. 48). Claimant stated Mr. Kear suggested he work on Fridays or obtain overtime to make up his hours. *Id.* Claimant testified to working Sunday through Thursday from 8:30 to 4:30 and being on call 24 hours a day seven days a week. (Hr. Transcript p. 49). He testified to Mr. Kear requesting he paint and roll apartments,

but he expressed his inability to complete such a task because it required a lot of twisting, turning, and lifting five gallon buckets that were 50-pounds. *Id.* After receiving permission from David Dixon, Claimant contacted outside paint contractors to paint the apartments. (Hr. Transcript p. 50). Claimant stated Mr. Dixon was one of his supervisors and the regional maintenance supervisor in addition to his trainer. (Hr. Transcript p. 51).

On the date of his termination, Claimant testified to calling and explaining to Mr. Kear that he was out sick the night prior. (Hr. Transcript p. 51). Claimant further testified to Mr. Kear telling him that he needed to test him for COVID upon his arrival. *Id.* Claimant stated Mr. Kear fired him because he did not report to his office directly to receive the COVID test. (Hr. Transcript p. 53). Prior to his surgery, he testified to being asked to replace a stovetop in an apartment, which he had never done before, by Wilson. (Hr. Transcript p. 53). Claimant acknowledged he visited Dr. Mattei, on February 4, 2022, and he wrote him out of work. (Hr. Transcript p. 54). Claimant is still under work restrictions from other doctors. (Hr. Transcript p. 55). Claimant believes he is unable to find another maintenance position irrespective of Dr. Mattei's work restrictions. *Id.*

Cross-Examination

On cross-examination, Claimant testified to being injured on July 29, 2021. (Hr. Transcript p. 57). He stated he underwent surgery to repair his hernia. (Hr. Transcript p. 57). Claimant admitted to continuing to work between the time of his injury and his hernia surgery. (Hr. Transcript p. 58). After his release to return to work, Claimant returned in accordance with his light duty restrictions. (Hr. Transcript p. 58). He admitted to Mr. Kear expressing his concerns with Claimant being below full-time hours and potentially losing his benefits. *Id.* Claimant testified to Mr. Kear mentioning his options of applying for disability in the event he was unable to do his job. (Hr. Transcript p. 59). He confirmed Mr. Kear was attempting to help him out and work with him to maintain his job and benefits. *Id.*

On the day of his termination, he testified to receiving a phone call from Mr. Kear requesting he come in and receive a COVID test. (Hr. Transcript p. 60). He testified to working with the Defendants for only a short period of time before the accident. *Id.* Claimant denied the following violations:

insubordination, failure to complete tasks, lack of communication with general manager, lack of communication with team members and residents. (Hr. Transcript p. 61). He also denied the two instances of causing potential fire hazards, with the stovetop and mixing valve, contracting third parties painters without proper authorization, and failing to check water temperatures in the lavatories. *Id.* He further denied being informed of the listed violations resulting his termination. *Id.* He also denied botching the stovetop and mixing valve. *Id.* Claimant stated he was fired as a result of his failure to report to Mr. Kear's office for the COVID test. *Id.* He testified to meeting with Mr. Kear every day for one hour. (Hr. Transcript p. 62). Claimant testified to a colleague to being reprimanded for insubordinate actions. (Hr. Transcript p. 64). He confirmed Mr. Kear asked him to inform him of any task that exceeded his restrictions or physical capabilities. *Id.* Claimant stated he contacted Mr. Kear to make him aware of his difficulties with completing task. *Id.* He admitted neither Mr. Kear nor Defendants never asked him to exceed his restrictions. *Id.*

Claimant acknowledged his neglect to apply for additional work opportunities. (Hr. Transcript p. 65). He testified he believed he was unable to work. (Hr. Transcript p. 66). He stated his pain inhibits him from working. *Id.* If he was not terminated, Claimant confirmed he would have been able to continue to work under light duty restrictions with the Defendants. *Id.* Claimant admitted to not being rejected from any other job opportunity. (Hr. Transcript p. 67).

Claimant confirmed Dr. LaMotta released him from his care on March 16, 2022. (Hr. Transcript p. 66). Claimant expressed he has not returned to Dr. Moffat, and Dr. Moffat scheduled him for a nerve block. (Hr. Transcript p. 65).

Re-Direct Examination

On re-direct examination, Claimant testified Dr. LaMotta recommended comprehensive pain management for future medical care. (Hr. Transcript p. 67). He confirmed Dr. LaMotta's prescribed work restrictions to include: no prolonged standing, no twisting, no work at heights, no kneeling, squatting or crawling, pushing or pulling more than 15lbs. (Hr. Transcript p. 68). Claimant was unable able to remember the specific events after presenting to Mr. Kear's office on the date of his termination. (Hr. Transcript p.

71). Claimant admitted to not being a perfect employee. (Hr. Transcript p. 72). Also, he admitted to not knowing how to complete or perform certain tasks. *Id.*

DOUGAL KEAR TESTIMONY

Direct Examination

On direct examination, Mr. Kear testified to having 17 years of experience within the health care administration industry. (Hr. Transcript p. 74). He further testified to having 15 years of experience in general management. (Hr. Transcript p. 76). While Claimant was out on medical leave, Mr. Kear assumed the position of general manager. (Hr. Transcript p. 77). Mr. Kear confirmed that he is the general manager at Merrill Gardens and to being Claimant's direct supervisor. *Id.*

Mr. Kear explained he called Claimant and offered him a light duty position upon his return from medical leave. (Hr. Transcript p. 78). He further testified that he communicated to Claimant that he received documentation from the orthopedic doctor releasing Claimant to return to work under light duty restrictions. *Id.* Mr. Kear confirmed the goal was to continue Claimant's employment with light duty restriction until his full duty release. (Hr. Transcript p. 82). Mr. Kear testified to Claimant's restrictions consisting of: no twisting, no reaching and no pushing, pulling, lifting or carrying more than 5lbs. (Hr. Transcript p. 79). The job offered by Mr. Kear fell within Claimant's work-restrictions. *Id.*

Mr. Kear affirmed he did not ask or require Claimant to exceed his work restrictions. (Hr. Transcript p. 83). Mr. Kear stated he needed Claimant to perform work tasks within his prescribed restrictions. (Hr. Transcript p. 82). He testified to never meeting with Claimant for an hour every morning. (Hr. Transcript p. 83). He explained their morning meetings lasted a few minutes and stated Claimant did not report every morning. *Id.* Mr. Kear further testified to the housekeepers, supervised by Claimant, being unable to locate him and that no one knew his whereabouts. (Hr. Transcript p. 83). In addition to being unable to locate Claimant, Mr. Kear stated when questioned about his whereabouts, Claimant stated "Oh, I had an appointment." (Hr. Transcript p. 85).

Mr. Kear confirmed Claimant was terminated by the employer on January 25, 2022. (Hr. Transcript p. 84). Mr. Kear explained Claimant was terminated based on several factors. (Hr. Transcript p. 84). He testified to Claimant re-wiring the cooktop improperly, which could cause a fire. (Hr. Transcript p. 85). Additionally, Claimant allegedly improperly turned the mixing valve in turn increasing the temperatures up above 120 degrees Fahrenheit in addition to failing to complete the proper check. (Hr. Transcript p. 85). Mr. Kear testified to Claimant's insubordination with failing to communicate with him to meet in the mornings to review his task list. (Hr. Transcript p. 85). He further testified to Claimant's inability to communicate with the residents concerning issues with their apartments. (Hr. Transcript p. 86). Additionally, Mr. Kear stated a maintenance person pre-poured paint for Claimant to complete touch up painting; however, he decided to bring in outside painters without getting authorization from him. (Hr. Transcript p. 87). He confirmed the cooktop and mixing valve incidents occurred before Claimant's hernia surgery. (Hr. Transcript p. 88). Mr. Kear further testified to wanting to work with Claimant as to his tasks and hours. (Hr. Transcript p. 92).

Cross-Examination

Mr. Kear testified to certain offenses resulting in immediate termination and others not aligning with a clear cut procedure. (Hr. Transcript p. 95). The cooktop and mixing valve issues are examples of offenses that can result in immediate termination. (Hr. Transcript p. 96). The cooktop and mixing valve incidents occurred prior to Mr. Kear's employment with the Defendants. (Hr. Transcript p. 96). Mr. Kear warned Claimant of procedural and policy misconduct through verbal warnings. (Hr. Transcript p. 97). Mr. Kear testified to the workers' compensation representative, Defendants' vice president of operations, and Human Resource Department requested him to bring Claimant back to work. (Hr. Transcript p. 97). Mr. Kear clarified the vice president of operations and the human resource director were involved in the conversations concerning the termination of Claimant. (Hr. Transcript p. 97). Mr. Kear testified to Claimant having Tuesday and Thursday appointments and his awareness of one documented doctor's appointment. (Hr. Transcript p. 98). To his knowledge, Claimant was unable to obtain 40 hours a week due to his doctor's appointment on certain day, but he was unable to attest to the days when Claimant did not have a doctor's

appointment. (Hr. Transcript p. 99). When Mr. Kear was unable to locate Claimant, he was unable to verify whether or not Claimant was actually at his doctor's appointment. (Hr. Transcript p. 99). To make contact with Claimant, Mr. Kear would utilize text messaging, radio calls, and telephone calls. (Hr. Transcript p. 99 & 100).

Mr. Kear was unable to confirm whether or not Claimant attempted to properly perform his task as when he was unable to complete certain task, he neglected to report his issues. (Hr. Transcript p. 100). Mr. Kear confirmed one of the reasons for Claimant's termination was due to him contracting third party painters without authorization. (Hr. Transcript p. 101). He explained David Dixon was not Claimant's supervisor because the direct supervisors of all managers are the general manager. (Hr. Transcript p. 101). At the start of his leadership, he communicated to Claimant that he is his direct supervisor. (Hr. Transcript p. 102). Mr. Kear denied recommending Claimant apply for disability benefits. (Hr. Transcript p. 102). As a caring person, he expressed to Claimant that a physician or workers' compensation representative would be able to give him options on what to do about his situation. (Hr. Transcript p. 103). Mr. Kear confirmed he did not request Claimant to work outside his restrictions. (Hr. Transcript p. 104). While Claimant was out for his surgery, the regional maintenance director, maintenance director, the chef, and Mr. Kear covered Claimant's duties. (Hr. Transcript p. 104). Mr. Kear testified to Claimant being able to work with the Defendants' as long as there was work available for him. (Hr. Transcript p. 105). When presented with the maintenance director job description (Defendants' APA 35 through 37), Mr. Kear stated a new hire would need to meet the listed requirements. (Hr. Transcript p. 106). Mr. Kear confirmed he would accommodate Claimant as he is not a new employee. (Hr. Transcript p. 111).

Re-Direct Examination

On re-direct examination, Mr. Kear confirmed he would not hire an applicant recently released from jail that could lift 100lbs. (Hr. Transcript p. 114). He explained that the hiring process depends on the totality of the candidate as needs and positions change over time. (Hr. Transcript p. 114). Mr. Kear testified to Claimant failing to submit a note from Dr. Mattei regarding his work restrictions and inability to work. (Hr. Transcript p. 114 & 115). He offered Claimant the ability to make up his time to maintain full-time

status. (Hr. Transcript. p. 115). He explained he is required to consult with the human resource department before terminating an employee. (Hr. Transcript p. 115).

Re-Cross Examination

On re-cross examination, Mr. Kear denied writing the policies' job descriptions. (Hr. Transcript p. 116). Mr. Kear admitted to the policies outlining the desired physical demands for the maintenance supervisor position. (Hr. Transcript p. 116).

V. FINDINGS OF FACT

Based on the above outlined evidence submitted into the record, I find the following:

1. This is a Form 15, Section III hearing to determine if TTD benefits were properly terminated.
2. Claimant was injured on 07/29/2021 pushing a trash dumpster.
3. Claimant had injuries to lumbar spine as well as an inguinal hernia. Defendants have accepted the claim.
4. Permanency is not before me at this hearing.
5. The matter before the Commission in this hearing is to determine if Claimant's temporary compensation was legally terminated.
6. Claimant is seeking in terms of relief for the Commission to find that the Defendants failed to immediately reinstate his TTD immediately after terminating his employment on 01/25/2022.
7. Specifically, Claimant seeks to have TTD paid from 01/25/2022 to present and continuing until properly stopped by a future order of the Commission.
8. Additionally, Claimant seeks a 25% penalty as set forth in *S.C. Code Ann.* § 42-9-260(g) on top of the past due temporary total.
9. Defendants contend that Claimant was terminated for absences from work as well as lack of communication and insubordination.

10. Defendants argue that since the Claimant was terminated for cause, he is not entitled to TTD after his termination. Defendants contend that if they are responsible for any TTD after Claimant's termination, it would be for only a period of 01/25/22 to 03/16/2022.
11. At the hearing, both the Claimant and Mr. Dougal Kear who is the general manager of Merrill Gardens testified at the hearing.
12. Claimant testified that he was hired as the maintenance supervisor to do maintenance and to be over housekeeping.
13. Claimant testified that after his injury he was placed on a five-pound lifting restriction on 8/2/2021.
14. Claimant had hernia surgery and was taken out of work on 11/11/2021.
15. Claimant was paid TTD when he was taken out of work.
16. Claimant testified that he received a telephone call from Dougal Kear. He further testified that Mr. Kear offered him a position to return to work. (T at 47).
17. Claimant accepted that position. (T at 47).
18. Claimant answered in the affirmative when asked if his restrictions as of 12/13/2021 were pushing or pulling, limit five pounds; lifting and carrying, limit five pounds, no twisting, and no stretching.
19. Those restrictions were given to him by the authorized treating physician, Dr. O'Leary.
20. Claimant testified that Mr. Kear was very micromanaging.
21. He further testified that he met with Mr. Kear for about an hour every morning.
22. Claimant testified, "So I talked to him every morning. I talked to him in the hallway. Talked to him in his office. Talked to him on the phone. He's emailing me. He's talking to me on the radio, you know texting." (T at 48).
23. Claimant also testified that Mr. Kear was concerned about his missing work when he went to doctor's appointments or physical therapy.
24. Claimant testified that Mr. Kear was concerned that Claimant was not getting 40 hours a week because of the missed time. He was concerned that Claimant could lose his full-time status. If that happened, Claimant testified that he would lose his insurance and vacation. (T at 48-49).

25. Mr. Kear suggested that Claimant could perhaps work on Fridays or overtime to make this time up.
26. Claimant's normal schedule was Sunday through Thursday from 8:30 to 4:30. He further testified that he was on call 24 hours a day, seven days a week.
27. Claimant testified that Mr. Kear wanted him "to paint apartments and roll apartments and I told him I wasn't able to do it. That it was a lot of twisting and turning and, you know, five-gallon buckets were involved with 50 pounds of paint and all. I couldn't do it." (T at 49).
28. Claimant testified that he called in an outside paint contractor. He further testified that he had permission to call a contractor. He testified that David Dixon gave him permission.
29. According to the testimony of the Claimant, Mr. Dixon was one of his supervisors and the "maintenance regional (sic) and he was my trainer." (T at 51).
30. On the day he was fired, Claimant testified that he called Mr. Kear and told him that he was coming to work but he had been sick the night before.
31. He further testified that Mr. Kear told him that he would test him for Covid when he got there.
32. Claimant testified that Mr. Kear was firing him for not communicating with him, and for insubordination for not reporting directly to his office to take a Covid test. (T at 52-53).
33. Claimant testified that Mr. Kear asked him to exceed his restrictions.
34. Claimant saw his family doctor, Dr. Mattei, on 02/04/2022. Dr. Mattei wrote the Claimant completely out of work.
35. Claimant testified that he has not been back to Dr. Moffat who was the surgeon who performed Claimant's hernia repair. Claimant also testified that Dr. Moffat has set him up for a nerve block.
36. Claimant acknowledged that he had seen Dr. LaMotta on 03/16/2022 where he released Claimant from his care. Dr. LaMotta assigned a 5% whole person rating and a 15-pound lifting restriction.
37. Under future medical care, Dr. LaMotta recommended comprehensive pain management. (APA p.194)
38. Claimant acknowledged that he had not applied for work anywhere because he hasn't been able to work. (T at 65).

39. Dougal Kear testified that he has worked in health care administration for about 17 years. He further testified that about 15 of those years was in general management.

40. Mr. Kear testified that he is the general manager at Merrill Gardens. He was Claimant's direct supervisor.

41. Mr. Kear came to work at Merrill Gardens while Claimant was out of work following hernia surgery.

42. Mr. Kear testified that he called Claimant and told him that the carrier had received paperwork from the orthopedic doctor releasing him to return to work with restrictions. He offered Claimant a light duty job. (T at 78).

43. Claimant returned to light duty work. Mr. Kear testified he never asked Claimant to work outside his restrictions. (T at 79-80, 81).

44. Mr. Kear further testified that he needed the Claimant for those tasks that he could complete within his restrictions.

45. Mr. Kear also testified that he never met with Claimant for an hour every morning. Those meetings, however, were only for a few minutes, but a lot of time "he just wouldn't show up in the morning." (T at 83, lines 16- 17).

46. Mr. Kear testified that the housekeepers that he supervised couldn't find him. "We just didn't know where he was." (T at 83, line 20-22).

47. Mr. Kear testified that Claimant was terminated on January 25, 2022. (T at 84).

48. In addition to not being able to find him, Mr. Kear testified that when he asked Claimant where he went, Claimant responded, "Oh, I had an appointment." (T at 85, lines 22-25).

49. Mr. Kear also testified that Claimant was also not communicating with him or the residents. With the residents, it was about issues in the apartments. With Mr. Kear it was about work tasks. (T at 86).

50. Mr. Kear testified that Claimant's termination had nothing to do with his work-related injuries. (T at 90).

51. Mr. Kear further testified that he believed that he was very clear with Claimant about his expectations of him.

52. When the evidence is viewed as whole, I find that Claimant was terminated for cause and, as such, is not entitled to payment of TTD.

53. The testimony of Claimant and Mr. Kear differs as to recitation of the events surrounding Claimant's employment after he returns to work following his hernia surgery as well as to why he was terminated.

54. Claimant testified to an unhealthy work environment that had tasks he could not do and tasks that were outside of his restrictions.

55. Mr. Kear, on the other hand, testified that Claimant was a valued employee and one who the Employer wished to retain.

56. Mr. Kear further testified that he wanted to work with Claimant as to tasks and hours.

57. The two gentlemen present very different pictures of the work environment and the expectations as to performance.

58. In comparing the two, I simply find Mr. Kear's testimony more believable. I am not persuaded that Claimant's situation with the Employer was as toxic a scenario as he presents.

59. I am persuaded that if Claimant had not been terminated due to his actions, light duty would have continued to be available to him. This finding is based on Mr. Kear's testimony that had Claimant not been terminated, he would still have a light duty job available with Employer. (T at 91).

60. I am also troubled that Claimant has not applied or in any way sought employment since his termination by this Employer.

61. On the narrow issue of whether benefits were improperly terminated or suspended, the answer is no. Claimant was not receiving benefits at the time of his termination. Additionally, I cannot find that he is entitled to TTD after his termination for cause.

62. I have taken special care to scrutinize this factual scenario where Claimant was terminated while on light duty, and have also taken into consideration that employers, in general, could have a natural

motivation to terminate an employee on light duty to avoid payment of benefits. I find that specifically regarding this case, the Employer did not terminate Claimant merely for the purpose of avoiding payment of benefits based on the credible testimony of Douglas Kear that the termination was based on several issues concerning lack of communication and insubordination, and the termination had nothing to do with the fact Claimant had a pending workers' compensation claim.

63. I find the reason Claimant is not working is due to his actions which led to his termination for cause, and not due to his injuries, because but for the termination for cause, Claimant would have continued to work for the Employer. This finding is based on the testimony of Douglas Kear and the greater weight of the evidence as a whole.

64. I find entitlement to TTD is premised on the nexus between the work-related injury and the ability to earn wages, and here, there is no nexus between the work-related injury and the ability to earn wages because Claimant's inability to work is due to his own actions which lead to his termination for cause, and but for the termination for cause, light duty work would have continued to be available to Claimant. This finding is based on the testimony of Douglas Kear and the greater weight of the evidence as a whole.

65. I find Claimant's light duty job with Employer was not a "make work" or "sheltered employment" situation and that the light duty job provided to Claimant was a legitimate job that the Employer provided to Claimant within his restrictions. I find the Employer clearly offered suitable employment within his restrictions. I base this finding on the testimony of Douglas Kear and the greater weight of the evidence as a whole.

66. Because TTD was not improperly terminated or suspended, the 25% penalty requested by Claimant does not apply and is hereby denied.

67. All other issues are held in abeyance.

VI. CONCLUSIONS OF LAW

The following Conclusions of Law are based upon the foregoing Findings of Fact, the stipulations of the parties, the written evidentiary submission, the Workers' Compensation Commission's file, the South Carolina Workers' Compensation Act, and other applicable law:

1. Parties are subject to and bound by the South Carolina Workers' Compensation Act.
2. Pursuant to *S.C. Code Ann.* § 42-1-160, Claimant sustained a compensable injury by accident to the low back and developed an inguinal hernia arising out of and in the course and scope of his employment with the Defendants.
3. Pursuant to *S.C. Code Ann.* § 42-9-260, and *Pollack v. Southern Wine & Spirits of America*, 405 S.C. 9, 747 S.E. 2d 430 (2013), Defendants did not illegally suspend or terminate TTD benefits.
4. Pursuant to *S.C. Code Ann.* § 42-9-260, § 42-9-10, § 42-9-20, and *Pollack v. Southern Wine & Spirits of America*, 405 S.C. 9, 747 S.E. 2d 430 (2013), Claimant is not entitled to back-owed and ongoing temporary benefits following his termination for cause.
5. Pursuant to *S.C. Code Ann.* § 42-9-260, TTD payments may begin when "an employee has been out of work *due to* a reported work-related injury...." Furthermore, per *S.C. Code Reg.* 67-502(B)(1) disability is defined as the "incapacity *because of injury* to earn wages which the employee was receiving at the time of the injury in the same or any other employment." (*emphasis added*).
6. Pursuant to *S.C. Code Ann.* § 42-9-260(g), the 25% penalty is not applicable where Defendants did not fail to comply with this section, or alternatively, because Claimant returned to work at a same or similar wage.

ORDER

IT IS HEREBY ORDERED Claimant sustained a compensable injury to his lumbar spine and developed an inguinal hernia arising out of and in the course and scope of his employment with Merrill Gardens, LLC.

IT IS FURTHER ORDERED Defendants did not improperly stop TTD benefits.

IT IS FURTHER ORDERED Claimant is not entitled to temporary total disability payments from the date of his termination, of January 25, 2022, and ongoing pursuant to *S.C. Code Ann. § 42-9-260*.

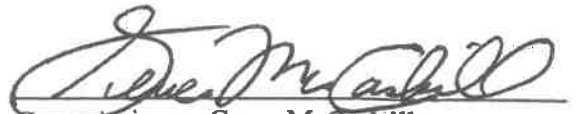
IT IS FURTHER ORDERED the 25% penalty pursuant to *S.C. Code Ann. § 42-9-260(g)* is not applicable and not assessed.

IT IS FURTHER ORDERED all other issues are held in abeyance.

AND SO IT IS ORDERED.

January 31, 2024

Columbia, South Carolina


Commissioner Gene McCaskill

CERTIFICATE OF SERVICE

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

By Patty Lundy on January 31, 2024

State of South Carolina
Workers' Compensation Commission

APPELLATE PANEL DECISION AND ORDER

COMMISSION PANEL: The Honorable Aisha Taylor; The Honorable Cynthia C. Dooley; and
The Honorable Melody L. James.

SCWCC File No.: 2111920

Troy Hinson,

Claimant,

v.

Merrill Gardens, LLC,

Employer,

and

Church Mutual Insurance Co.,

Carrier,

Defendants.

AFFIRMED

Hearing held in Richland County, South Carolina,
on August 26, 2024

Per notice timely and properly served upon all Parties of Interest.

Appearances: Stephen B. Samuels, Esq. of Samuel Reynolds Law Firm,
appeared on behalf of Claimant/Appellant.

R. Mark Davis, Esq., of McAngus Goudelock & Courie, LLC,
appeared on behalf of Defendants/Respondents.

Court Reporter: Mary C. Joy, 1230 Richland St, Columbia, SC 29201, 803-252-
3445, contact@creelreporting.com.

Filed: November 1, 2024

I. STATEMENT OF THE CASE

On April 25, 2022, a hearing was held before a Single Commissioner to determine Troy Hinson's (Claimant's) eligibility for temporary benefits under the Act. Claimant maintained he sustained at-work injuries to his back, right leg, left leg, groin and abdomen on July 29, 2021, while pushing a roll off dumpster up a ramp. Claimant further maintained he was not at maximum medical improvement (MMI) for his injuries. Claimant sought Temporary Total Disability (TTD) compensation from July 29, 2021, to the present and continuing.

Merrill Gardens, LLC (Employer) and Church Mutual Insurance Company (Carrier) (hereinafter collectively known as "Defendants") admitted the injuries to Claimant's lumbar spine and an inguinal hernia as causally related to an at-work accident on July 29, 2021. Claimant's TTD compensation became effective on July 29, 2021.

Claimant's treating physician released him to light duty work on December 13, 2021. Employer offered Claimant a job within his work restrictions on December 20, 2021. Claimant accepted and Defendants terminated his TTD compensation, effective December 19, 2021.

Employer subsequently terminated Claimant's employment on January 25, 2022. Defendants maintained Claimant was terminated for cause. Claimant denied Employer's assertion and sought the reinstatement of his TTD compensation from January 25, 2022, to the present and continuing. Claimant further maintained Defendants improperly terminated his initial temporary benefits and failed to immediately reinstate said benefits upon his termination by Employer. Claimant sought a penalty against Defendants for these purported violations.

Defendants maintained that but for Claimant's own actions, he could have continued in his light duty position for Employer. Defendants sought a finding that Claimant was not entitled to

additional TTD compensation. In the alternative, Defendants sought a finding that Claimant reached MMI on March 16, 2022, and should therefore only be entitled to back-owed TTD compensation from January 25, 2022, to his date of MMI.

The Single Commissioner determined, *inter alia*:

[C]laimant sustained a compensable injury to his lumbar spine and developed an inguinal hernia arising out of and in the course and scope of his employment with [Employer]. [D]efendants did not improperly stop TTD benefits. [C]laimant is not entitled to temporary total disability payments from the date of his termination, of January 25, 2022, and ongoing pursuant to S.C. Code Ann. § 42-9-260. [T]he 25% penalty pursuant to S.C. Code Ann. § 42-9-260 (G) is not applicable and not assessed.

(Single Commissioner's Decision and Order filed on January 31, 2024, p. 21.)

This matter is now before the South Carolina Workers' Compensation Commission's Appellate Panel pursuant to issues raised on appeal by Claimant. Within the statutory period, Claimant filed a Form 30, Request for Commission Review. Accordingly, the parties presented for oral arguments before the Appellate Panel on August 26, 2024.

II. SINGLE COMMISSIONER FINDINGS OF FACT AND CONCLUSIONS OF LAW

FINDINGS OF FACT

Based on the above outlined evidence submitted into the record, [the Single Commissioner] finds the following:

1. This is a Form 15, Section III hearing to determine if TTD benefits were properly terminated.
2. Claimant was injured on 07/29/2021 pushing a trash dumpster.
3. Claimant had injuries to lumbar spine as well as an inguinal hernia. Defendants have accepted the claim.
4. Permanency is not before me at this hearing.

5. The matter before the Commission in this hearing is to determine if Claimant's temporary compensation was legally terminated.
6. Claimant is seeking in terms of relief for the Commission to find that Defendants failed to immediately reinstate his TTD immediately after terminating his employment on 01/25/2022.
7. Specifically, Claimant seeks to have TTD paid from 01/25/2022 to present and continuing until properly stopped by a future order of the Commission.
8. Additionally, Claimant seeks a 25% penalty as set forth in S. C. *Code Ann.* § 42-9-260(G) on top of the past due temporary total.
9. Defendants contend that Claimant was terminated for absences from work as well as lack of communication and insubordination.
10. Defendants argue that since Claimant was terminated for cause, he is not entitled to TTD after his termination. Defendants contend that if they are responsible for any TTD after Claimant's termination, it would be for only a period of 01/25/22 to 03/16/2022.
11. At the hearing, both Claimant and Mr. Dougal Kear who is the general manager of Merrill Gardens testified at the hearing.
12. Claimant testified that he was hired as the maintenance supervisor to do maintenance and to be over housekeeping.
13. Claimant testified that after his injury he was placed on a five-pound lifting restriction on 8/2/2021.
14. Claimant had hernia surgery and was taken out of work on 11/11/2021.
15. Claimant was paid TTD when he was taken out of work.
16. Claimant testified that he received a telephone call from Dougal Kear. He further testified

that Mr. Kear offered him a position to return to work. (T at 47).

17. Claimant accepted that position. (T at 47).

18. Claimant answered in the affirmative when asked if his restrictions as of 12/13/2021 were pushing or pulling, limit five pounds; lifting and carrying, limit five pounds, no twisting, and no stretching.

19. Those restrictions were given to him by the authorized treating physician, Dr. O'Leary.

20. Claimant testified that Mr. Kear was very micromanaging.

21. He further testified that he met with Mr. Kear for about an hour every morning.

22. Claimant testified, "So I talked to him every morning. I talked to him in the hallway. Talked to him in his office. Talked to him on the phone. He's emailing me. He's talking to me on the radio, you know texting." (T at 48).

23. Claimant also testified that Mr. Kear was concerned about his missing work when he went to doctor's appointments or physical therapy.

24. Claimant testified that Mr. Kear was concerned that Claimant was not getting 40 hours a week because of the missed time. He was concerned that Claimant could lose his full-time status. If that happened, Claimant testified that he would lose his insurance and vacation. (T at 48-49).

25. Mr. Kear suggested that Claimant could perhaps work on Fridays or overtime to make this time up.

26. Claimant's normal schedule was Sunday through Thursday from 8:30 to 4:30. He further testified that he was on call 24 hours a day, seven days a week.

27. Claimant testified that Mr. Kear wanted him "to paint apartments and roll apartments and I told him I wasn't able to do it. That it was a lot of twisting and turning and, you know, five-gallon

buckets were involved with 50 pounds of paint and all. I couldn't do it." (T at 49).

28. Claimant testified that he called in an outside paint contractor. He further testified that he had permission to call a contractor. He testified that David Dixon gave him permission.

29. According to the testimony of Claimant, Mr. Dixon was one of his supervisors and the "maintenance regional (sic) and he was my trainer." (T at 51).

30. On the day he was fired, Claimant testified that he called Mr. Kear and told him that he was coming to work but he had been sick the night before.

31. He further testified that Mr. Kear told him that he would test him for Covid when he got there.

32. Claimant testified that Mr. Kear was firing him for not communicating with him, and for insubordination for not reporting directly to his office to take a Covid test. (T at 52-53).

33. Claimant testified that Mr. Kear asked him to exceed his restrictions.

34. Claimant saw his family doctor, Dr. Mattei, on 02/04/2022. Dr. Mattei wrote Claimant completely out of work.

35. Claimant testified that he has not been back to Dr. Moffat who was the surgeon who performed Claimant's hernia repair. Claimant also testified that Dr. Moffat has set him up for a nerve block.

36. Claimant acknowledged that he had seen Dr. LaMotta on 03/16/2022 where he released Claimant from his care. Dr. LaMotta assigned a 5% whole person rating and a 15-pound lifting restriction.

37. Under future medical care, Dr. LaMotta recommended comprehensive pain management. (APA p.194)

38. Claimant acknowledged that he had not applied for work anywhere because he hasn't been able to work. (T at 65).

39. Dougal Kear testified that he has worked in health care administration for about 17 years. He further testified that about 15 of those years was in general management.
40. Mr. Kear testified that he is the general manager at Merrill Gardens. He was Claimant's direct supervisor.
41. Mr. Kear came to work at Merrill Gardens while Claimant was out of work following hernia surgery.
42. Mr. Kear testified that he called Claimant and told him that Carrier had received paperwork from the orthopedic doctor releasing him to return to work with restrictions. He offered Claimant a light duty job. (T at 78).
43. Claimant returned to light duty work. Mr. Kear testified he never asked Claimant to work outside his restrictions. (T at 79-80, 81).
44. Mr. Kear further testified that he needed Claimant for those tasks that he could complete within his restrictions.
45. Mr. Kear also testified that he never met with Claimant for an hour every morning. Those meetings, however, were only for a few minutes, but a lot of time "he just wouldn't show up in the morning." (T at 83, lines 16- 17).
46. Mr. Kear testified that the housekeepers that he supervised couldn't find him. "We just didn't know where he was." (T at 83, line 20-22).
47. Mr. Kear testified that Claimant was terminated on January 25, 2022. (T at 84).
48. In addition to not being able to find him, Mr. Kear testified that when he asked Claimant where he went, Claimant responded, "Oh, I had an appointment." (T at 85, lines 22-25).
49. Mr. Kear also testified that Claimant was also not communicating with him or the residents. With the residents, it was about issues in the apartments. With Mr. Kear it was about work tasks. (T

at 86).

50. Mr. Kear testified that Claimant's termination had nothing to do with his work-related injuries. (T at 90).

51. Mr. Kear further testified that he believed that he was very clear with Claimant about his expectations of him.

52. When the evidence is viewed as whole, I find that Claimant was terminated for cause and, as such, is not entitled to payment of TTD.

53. The testimony of Claimant and Mr. Kear differs as to recitation of the events surrounding Claimant's employment after he returns to work following his hernia surgery as well as to why he was terminated.

54. Claimant testified to an unhealthy work environment that had tasks he could not do and tasks that were outside of his restrictions.

55. Mr. Kear, on the other hand, testified that Claimant was a valued employee and one who Employer wished to retain.

56. Mr. Kear further testified that he wanted to work with Claimant as to tasks and hours.

57. The two gentlemen present very different pictures of the work environment and the expectations as to performance.

58. In comparing the two, I simply find Mr. Kear's testimony more believable. I am not persuaded that Claimant's situation with Employer was as toxic a scenario as he presents.

59. I am persuaded that if Claimant had not been terminated due to his actions, light duty would have continued to be available to him. This finding is based on Mr. Kear's testimony that had Claimant not been terminated, he would still have a light duty job available with Employer. (T at 91).

60. I am also troubled that Claimant has not applied or in any way sought employment since his termination by this Employer.

61. On the narrow issue of whether benefits were improperly terminated or suspended, the answer is "no". Claimant was not receiving benefits at the time of his termination. Additionally, I cannot find that he is entitled to TTD after his termination for cause.

62. I have taken special care to scrutinize this factual scenario where Claimant was terminated while on light duty, and have also taken into consideration that employers, in general, could have a natural motivation to terminate an employee on light duty to avoid payment of benefits. I find that specifically regarding this case, Employer did not terminate Claimant merely for the purpose of avoiding payment of benefits based on the credible testimony of Douglas Kear that the termination was based on several issues concerning lack of communication and insubordination, and the termination had nothing to do with the fact Claimant had a pending workers' compensation claim.

63. I find the reason Claimant is not working is due to his actions which led to his termination for cause, and not due to his injuries, because but for the termination for cause, Claimant would have continued to work for Employer. This finding is based on the testimony of Douglas Kear and the greater weight of the evidence as a whole.

64. I find entitlement to TTD is premised on the nexus between the work-related injury and the ability to earn wages, and here, there is no nexus between the work-related injury and the ability to earn wages because Claimant's inability to work is due to his own actions which lead to his termination for cause, and but for the termination for cause, light duty work would have continued to be available to Claimant. This finding is based on the testimony of Douglas Kear and the greater weight of the evidence as a whole.

65. I find Claimant's light duty job with Employer was not a "make work" or "sheltered

employment" situation and that the light duty job provided to Claimant was a legitimate job that Employer provided to Claimant within his restrictions. I find Employer clearly offered suitable employment within his restrictions. I base this finding on the testimony of Douglas Kear and the greater weight of the evidence as a whole.

66. Because TTD was not improperly terminated or suspended, the 25% penalty requested by Claimant does not apply and is hereby denied.

67. All other issues are held in abeyance.

CONCLUSIONS OF LAW

The following Conclusions of Law are based upon the foregoing Findings of Fact, the stipulations of the parties, the written evidentiary submission, the Workers' Compensation Commission's file, the South Carolina Workers' Compensation Act, and other applicable law:

1. Parties are subject to and bound by the South Carolina Workers' Compensation Act.
2. Pursuant to S.C. *Code Ann.* § 42-1-160, Claimant sustained a compensable injury by accident to the low back and developed an inguinal hernia arising out of and in the course and scope of his employment with Defendants.
3. Pursuant to S.C. *Code Ann.* § 42-9-260, and *Pollack v. Southern Wine & Spirits of America*, 405 S.C. 9, 747 S.E. 2d 430 (2013), Defendants did not illegally suspend or terminate TTD benefits.
4. Pursuant to S.C. *Code Ann.* § 42-9-260, § 42-9-10, § 42-9-20, and *Pollack v. Southern Wine & Spirits of America*, 405 S.C. 9, 747 S.E. 2d 430 (2013), Claimant is not entitled to back-owed and ongoing temporary benefits following his termination for cause.
5. Pursuant to S.C. *Code Ann.* § 42-9-260, TTD payments may begin when "an employee has

been out of work *due to* a reported work-related injury" Furthermore, per S.C. Code Reg. 67-502(B)(1) disability is defined as the "incapacity *because of* injury to earn wages which the employee was receiving at the time of the injury in the same or any other employment." (*emphasis added*).

6. Pursuant to S.C. Code Ann. § 42-9-260(G), the 25% penalty is not applicable where Defendants did not fail to comply with this section, or alternatively, because Claimant returned to work at a same or similar wage.

III. ISSUES ON APPEAL

1. Whether the Single Commissioner erred as a matter of fact and law in failing to award ongoing temporary partial and temporary total disability compensation.
2. Whether the Single Commissioner erred as a matter of law in failing to follow the binding precedent of *Cranford v. Hutchinson Construction* and *Grayson v. Carter Rhoad Furniture* by failing to award Temporary Partial Disability and Temporary Total Disability to Claimant because his disability was deemed to be ongoing as he had not been released without restrictions.
3. Whether the Single Commissioner erred as a matter of fact and law in finding Claimant was terminated for cause when the alleged misconduct occurred before he was taken out of work for surgery and the termination was a calculated conspiracy to bring him back to work and terminate him to evade payment of Temporary Total Disability.
4. Whether the Single Commissioner erred a matter of fact and law in failing to find Claimant remained disabled when he was under a 5-pound restriction which disqualified him from all employment, such that his inability to work was due to his injury and not

due to the termination of his employment.

IV. DECISION OF THE APPELLATE PANEL

Pursuant to S.C. Code Ann. §42-17-50, we, the Appellate Panel, have reviewed the Decision and Order of the Single Commissioner and weighed the evidence as presented at the initial hearing. We have also considered all issues raised in the respective Appellant and Respondent briefs of the parties, as well as those issues raised at the Full Commission Review Hearing.

After careful review, the Appellate Panel of the South Carolina Workers' Compensation Commission, by unanimous vote, does hereby fully **AFFIRM** the Decision and Order of the Single Commissioner filed on January 31, 2024.

Below are set out the Findings of Fact and Conclusions of Law of the Appellate Panel as to this claim.

FINDINGS OF FACT

1. This is a Form 15, Section III hearing to determine if TTD benefits were properly terminated.
2. Claimant was injured on 07/29/2021 pushing a trash dumpster.
3. Claimant had injuries to lumbar spine as well as an inguinal hernia. Defendants have accepted the claim.
4. Permanency is not before me at this hearing.
5. The matter before the Commission in this hearing is to determine if Claimant's temporary compensation was legally terminated.
6. Claimant is seeking in terms of relief for the Commission to find that Defendants failed to immediately reinstate his TTD immediately after terminating his employment on 01/25/2022.
7. Specifically, Claimant seeks to have TTD paid from 01/25/2022 to present and continuing

until properly stopped by a future order of the Commission.

8. Additionally, Claimant seeks a 25% penalty as set forth in S. C. *Code Ann.* § 42-9-260(G) on top of the past due temporary total.

9. Defendants contend that Claimant was terminated for absences from work as well as lack of communication and insubordination.

10. Defendants argue that since Claimant was terminated for cause, he is not entitled to TTD after his termination. Defendants contend that if they are responsible for any TTD after Claimant's termination, it would be for only a period of 01/25/22 to 03/16/2022.

11. At the hearing, both Claimant and Mr. Dougal Kear who is the general manager of Merrill Gardens testified.

12. Claimant testified that he was hired as the maintenance supervisor to do maintenance and to be over housekeeping.

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"maintenance regional (sic) and he was my trainer." (T at 51).

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37. Under future medical care, Dr. LaMotta recommended comprehensive pain management. (APA p.194)

38. Claimant acknowledged that he had not applied for work anywhere because he hasn't been able to work. (T at 65).

39. Dougal Kear testified that he has worked in health care administration for about 17 years. He further testified that about 15 of those years was in general management.

40. Mr. Kear testified that he is the general manager at Merrill Gardens. He was Claimant's direct supervisor.

41. Mr. Kear came to work at Merrill Gardens while Claimant was out of work following hernia surgery.
42. Mr. Kear testified that he called Claimant and told him that Carrier had received paperwork from the orthopedic doctor releasing him to return to work with restrictions. He offered Claimant a light duty job. (T at 78).
43. Claimant returned to light duty work. Mr. Kear testified he never asked Claimant to work outside his restrictions. (T at 79-80, 81).
44. Mr. Kear further testified that he needed Claimant for those tasks that he could complete within his restrictions.
45. Mr. Kear also testified that he never met with Claimant for an hour every morning. Those meetings, however, were only for a few minutes, but a lot of time "he just wouldn't show up in the morning." (T at 83, lines 16- 17).
46. Mr. Kear testified that the housekeepers that he supervised couldn't find him. "We just didn't know where he was." (T at 83, line 20-22).
47. Mr. Kear testified that Claimant was terminated on January 25, 2022. (T at 84).
48. In addition to not being able to find him, Mr. Kear testified that when he asked Claimant where he went, Claimant responded, "Oh, I had an appointment." (T at 85, lines 22-25).
49. Mr. Kear also testified that Claimant was also not communicating with him or the residents. With the residents, it was about issues in the apartments. With Mr. Kear it was about work tasks. (T at 86).
50. Mr. Kear testified that Claimant's termination had nothing to do with his work-related injuries. (T at 90).
51. Mr. Kear further testified that he believed that he was very clear with Claimant about his

expectations of him.

52. When the evidence is viewed as whole, we find that Claimant was terminated for Cause and, as such, is not entitled to payment of TTD.

53. The testimony of Claimant and Mr. Kear differs as to recitation of the events surrounding Claimant's employment after he returns to work following his hernia surgery as well as to why he was terminated.

54. Claimant testified to an unhealthy work environment that had tasks he could not do and tasks that were outside of his restrictions.

55. Mr. Kear, on the other hand, testified that Claimant was a valued employee and one who Employer wished to retain.

56. Mr. Kear further testified that he wanted to work with Claimant as to tasks and hours.

57. The two gentlemen present very different pictures of the work environment and the expectations as to performance.

58. In comparing the two, the Single Commissioner simply found Mr. Kear's testimony more believable. We are not persuaded that Claimant's situation with Employer was as toxic a scenario as he presents.

59. We are persuaded that if Claimant had not been terminated due to his actions, light duty would have continued to be available to him. This finding is based on Mr. Kear's testimony that had Claimant not been terminated, he would still have a light duty job available with Employer. (T at 91).

60. We are also troubled that Claimant has not applied or in any way sought employment since his termination by this Employer.

61. On the narrow issue of whether benefits were improperly terminated or suspended, the

answer is no. Claimant was not receiving benefits at the time of his termination. Additionally, we cannot find that he is entitled to TTD after his termination for cause.

62. We have taken special care to scrutinize this factual scenario where Claimant was terminated while on light duty, and have also taken into consideration that employers, in general, could have a natural motivation to terminate an employee on light duty to avoid payment of benefits. We find that specifically regarding this case, Employer did not terminate Claimant merely for the purpose of avoiding payment of benefits based on the credible testimony of Douglas Kear that the termination was based on several issues concerning lack of communication and insubordination, and the termination had nothing to do with the fact Claimant had a pending workers' compensation claim.

63. We find the reason Claimant is not working is due to his actions which led to his termination for cause, and not due to his injuries, because but for the termination for cause, Claimant would have continued to work for Employer. This finding is based on the testimony of Douglas Kear and the greater weight of the evidence as a whole.

64. We find entitlement to TTD is premised on the nexus between the work-related injury and the ability to earn wages, and here, there is no nexus between the work-related injury and the ability to earn wages because Claimant's inability to work is due to his own actions which lead to his termination for cause, and but for the termination for cause, light duty work would have continued to be available to Claimant. This finding is based on the testimony of Douglas Kear and the greater weight of the evidence as a whole.

65. We find Claimant's light duty job with Employer was not a "make work" or "sheltered employment" situation and that the light duty job provided to Claimant was a legitimate job that Employer provided to Claimant within his restrictions. We find Employer clearly offered suitable

employment within his restrictions. We base this finding on the testimony of Douglas Kear and the greater weight of the evidence as a whole.

66. Because TTD was not improperly terminated or suspended, the 25% penalty requested by Claimant does not apply and is hereby denied.

67. All other issues are held in abeyance.

CONCLUSIONS OF LAW

1. Parties are subject to and bound by the South Carolina Workers' Compensation Act.
2. Pursuant to S.C. Code Ann. § 42-1-160, Claimant sustained a compensable injury by accident to the low back and developed an inguinal hernia arising out of and in the course and scope of his employment with Defendants.
3. Pursuant to S.C. Code Ann. § 42-9-260, and *Pollack v. Southern Wine & Spirits of America*, 405 S.C. 9, 747 S.E. 2d 430 (2013), Defendants did not illegally suspend or terminate TTD benefits.
4. Pursuant to S.C. Code Ann. § 42-9-260, § 42-9-10, § 42-9-20, and *Pollack v. Southern Wine & Spirits of America*, 405 S.C. 9, 747 S.E. 2d 430 (2013), Claimant is not entitled to back-owed and ongoing temporary benefits following his termination for cause.
5. Pursuant to S.C. Code Ann. § 42-9-260, TTD payments may begin when "an employee has been out of work *due to* a reported work-related injury . . ." Furthermore, per S.C. Code Reg. 67-502(B)(1) disability is defined as the "incapacity *because of injury* to earn wages which the employee was receiving at the time of the injury in the same or any other employment." (*emphasis added*).
6. Pursuant to S.C. Code Ann. § 42-9-260(G), the 25% penalty is not applicable where

Defendants did not fail to comply with this section, or alternatively, because Claimant returned to work at a same or similar wage.

ORDER

THEREFORE IT IS HEREBY ORDERED that the Decision and Order of the Single Commissioner filed in the above-captioned matter on January 31, 2024, is fully **AFFIRMED**.

ACCORDINGLY:

IT IS FURTHER ORDERED Claimant sustained a compensable injury to his lumbar spine and developed an inguinal hernia arising out of and in the course and scope of his employment with Employer.

IT IS FURTHER ORDERED Defendants did not improperly stop TTD benefits.

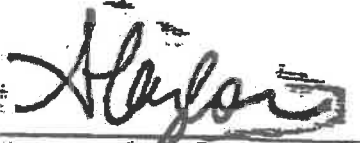
IT IS FURTHER ORDERED Claimant is not entitled to temporary total disability payments from the date of his termination, of January 25, 2022, and ongoing pursuant to S.C. Code Ann. 42-9-260.

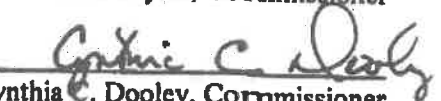
IT IS FURTHER ORDERED the 25% penalty pursuant to S.C. Code Ann. 42-9-260 (G) is not applicable and not assessed.

IT IS FURTHER ORDERED all other issues are held in abeyance.

AND SO IT IS ORDERED.

Columbia, SC (date)


Aisha Taylor, Commissioner


Cynthia C. Dooley, Commissioner


Melody L. James, Commissioner

Order Served via email:

R. Mark Davis McAngus Goudelock & Courie mdavis@mgclaw.com	Stephen B. Samuels C. David Beale, Jr. Samuels Reynolds Law Firm stephen@samuelsreynolds.com david@samuelsreynolds.com

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 November 1, 2024



Claimant's Name: TROY WESLEY HINSON Employer's Name: MERRILL GARDENS AT COLUMBIA
Address: 1000 WARDLAW ROAD Address: 2205 GREGG STREET
City: COLUMBIA State: SC Zip: 29202 City: COLUMBIA State: SC Zip: 29201
Home Phone: 803-740-0001 Work Phone: Insurance Carrier: CHURCH MUTUAL INSURANCE COMPANY
Preparer's Name: DANIELLE BRAND Law Firm: Preparer's Phone #: 800-554-2642 X 7131

Date of injury: (m/d/yyyy)

Date of Notice to Employer of Injury: (m/d/yyyy)

I. Payment of Temporary Compensation Check one: ☐ Initial period ☐ Additional period ☐ Corrected compensation rate
(choose A, B, or C)

- ☐ A. Temporary Total at the compensation rate of _____ per week. For this period of disability, disability began on _____ (m/d/yyyy) and the date of first payment was _____ (m/d/yyyy).
- ☐ B. Temporary Partial at the compensation rate of _____ per week. Note: When the Temporary Partial compensation rate will vary, report the first payment here. Supplement this report throughout the period of Temporary Partial compensation by filing a Form 15S with the Form 18, which shall be filed six months after the date of injury and each six months thereafter until the file is closed. For this period of disability, disability began on _____ (m/d/yyyy), and the date of first payment was _____ (m/d/yyyy).

Calculation of Temporary Partial Rate:

Average weekly wage before injury

Current weekly wage

- Difference in wages before injury and now

x .8667

Temporary Partial Compensation Rate

- ☐ C. Salary in lieu of Temporary ☐ Total ☐ Partial (choose one) compensation in the amount of _____ per week. For this period of disability, disability began on _____ (m/d/yyyy) and the date of first payment of salary in lieu of temporary compensation was _____ (m/d/yyyy).

THIS SECTION MAY BE USED ONLY WITHIN 150 DAYS AFTER NOTICE TO EMPLOYER OF INJURY. ATTACH DOCUMENTATION AS TO THE REASON OF THE TERMINATION.

II. Termination of Temporary Compensation Temporary compensation payments were stopped on _____ (m/d/yyyy) for the following reason:

- ☐ Claimant has returned to work at least 15 days and no temporary partial compensation is due.
☐ Claimant agrees he/she is able to return to work and has signed a Form 17.
☐ Based on a good faith investigation, the claim is denied. Reason for denial: _____
- ☐ Claimant has been released to return to work without restrictions and employment has been offered.
☒ Claimant has been released to work at limited duty and employer has provided limited duty work consistent with the terms upon which the Employee has been released.
☐ Claimant has refused medical treatment, examination, or evaluation. Note: Benefits must be resumed if claimant accepts the treatment, examination, or evaluation. Additional report must be filed if compensation is resumed.

I certify that this form has been served on the claimant per R.67-211.

DANIELLE BRAND
Signature of Claims Administrator

1/4/2022
Date (m/d/yyyy)

III. Notice to Injured Worker or Legal Representative when Temporary Compensation Has Been Stopped:

The employer's representative may stop temporary compensation within 150 days of the date of notice of injury for the above reasons. However, if you believe that the temporary compensation should not have been stopped, you may request a hearing by signing below and returning this form to SCWCC Judicial Department at the address at the top of this form. A hearing will be held within 60 days of receipt of your request to determine if temporary compensation has been properly terminated.

MY SIGNATURE BELOW INDICATES THAT I DO NOT AGREE WITH THE TERMINATION OF TEMPORARY COMPENSATION.
I REQUEST A HEARING TO DETERMINE WHETHER I AM ENTITLED TO FURTHER TEMPORARY COMPENSATION PAYMENTS.

Check one: Form 15(II) ☒ Has ☐ Has not been received.

Signature of Claimant or Legal Representative

2/8/2022
Date (m/d/yyyy)

Employer's representative must complete and file Form 15 with Claims Department within ten days after compensation begins or is terminated. Employer's representative must serve the Form 15 on the claimant when compensation begins per R.67-211. Employer's representative must prepare and serve Form 20 within thirty days of beginning compensation per R.67-1603. Employer's representative must serve per R.67-211 two copies of the Form 15 on claimant immediately on termination of compensation with documentation attached as to the reason for the termination. Injured worker may contest termination of compensation by completing section III of the Form 15 and filing it with Judicial Department.

WCC Form # 15
Rev. 01/2014

15

TEMPORARY COMPENSATION REPORT



Claimant's Name: Troy Hinson Employer's Name: Merrill Gardens, LLC
Address: [REDACTED] Address: 2205 Gregg Street
City: Columbia State: SC Zip: 29203 City: Columbia State: SC Zip: 29201
Home Phone: (803) 742-8864 Work Phone: () - Carrier: Church Mutual Insurance Company
Preparer's Name: Stephen B. Samuels Preparer's Phone #: (803) 779-4000

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$ TBD 2. AWW: \$ TBD Date of Injury: 7/29/2021
3. Type of injury and body part(s): Back, (R) Leg, (L) Leg, Groin, and Abdomen
4. Facts in controversy:
 - 1) Whether Claimant sustained a compensable injury to his Back, (R) Leg, (L) Leg, Groin, and Abdomen.
 - 2) Whether Claimant is entitled to treatment for his Back, (R) Leg, (L) Leg, Groin, and Abdomen.
 - 3) Whether Claimant is entitled to TTD/TPD from DOI to present and continuing.
 - 4) Determination of AWW/CR.
 - 5) Payment of causally related medical bills, mileage reimbursement and/or out of pocket expenses related to his injury.
5. Legal issues involved: Same as no. 4 above.
6. Unusual aspects: _____
7. Witnesses (designate if expert):* Troy Hinson, any witnesses presented on behalf of Defendants. Claimant may submit additional witnesses in response to Defendants Pre-Hearing Brief.
8. Exhibits: Please see enclosed "Notice of Witnesses and Written Expert Reports to be Submitted on Behalf of Claimant."
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
Please see enclosed "Notice of Witnesses and Written Expert Reports to be Submitted on Behalf of Claimant."
10. Name, address, and specialty, if any, of the treating physician: Please see attached "Notice of Witnesses and Written Medical Reports"
11. Impairment rating(s); body part(s); physician and date of opinion: Premature
12. I am amending my Form 50/51 in the following manner: N/A

☐ **Mediation**

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to **SEE ATTACHED CERTIFICATE OF SERVICE** on the 10th day of April 2022, by: ☐ first class postage ☐ certified mail ☐ personal service ☒ electronic service

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

Signature: [Signature] Email: Stephen@samuelsreynolds.com
Date of hearing: April 25, 2022 Time needed for hearing: 1 1/2 hours

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

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

Claimant: Troy Hinson
WCC File No.: 2111920

Procedural History and Statement of the Case:

This hearing is set on Form 15 (Section III). This is an admitted injury by accident. Defendants admit injuries to the back, hips and abdomen (hernia repair).

Issues to be Determined:

1. Payment of TTD on a running award from January 25, 2022;
2. Assessment of 25% penalty for illegal termination of TTD;
2. Referral to chronic pain management (per Dr. LaMotta); and
3. Permanency is premature.

Factual Background:

Troy Hinson was employed as the maintenance supervisor at an apartment complex. Despite the title, he did not actually have a crew to supervise.

Hinson injured his back (with radiculopathy), bilateral hips and abdomen/groin (hernia) in an admitted injury by accident on July 29, 2021. His claim was accepted and treatment was provided.

Hinson underwent surgery for his hernia. For his back, he treated with Dr. O'Leary. After several injections and physical therapy failed to provide relief, he was referred to Dr. LaMotta for a surgical evaluation. Dr. LaMotta opined he was not a surgical candidate, instead referring him for chronic pain management. The pain management referral is a recent development and is pending authorization.

Hinson was put on restrictions of no lifting over 10 pounds along with no squatting, bending or kneeling. Employer required Hinson to come to work. He faithfully reported to work and did the few tasks that were within his restrictions.

Hinson was taken out of work for the hernia surgery and then, later, by Dr. O'Leary on November 10, 2021.. TTD was paid by Defendants for those periods he was actually out of work.

Dr. O'Leary returned Troy to work with a 5 pound lifting restriction on December 13, 2021.

On December 20, 2021, Employer offered a job that "do[es] not require you to twist, stretch, and/or push, pull, lift, and/or carry more than five (5) pounds." No overtime was allowed.

Claimant's counsel requested a job description. On December 22, 2021, he wrote an email to Defense counsel stating:

Hi Mark,

What exactly will Troy be doing that benefits the employer?

There are no actual jobs within this restriction. We don't want him put in a punitive or retaliatory position.

On January 4, 2022, the adjuster filed a Form 15 (Section II) terminating TTD on the grounds that "Claimant has been released to return to work at limited duty and employer has provided limited duty work with the terms upon which the Employee has been released." Note this is incorrect, as Hinson actually returned to work. This section of the Form 15 applies to terminating TTD when the employee refuses limited duty work.

On January 12, 2022, Hinson's boss told him he needs to go on disability because he cannot do the work that needs to be done. Claimant's counsel notified Defense counsel of this conversation, again stating "I don't want Troy to get fired over this . . . and end up in a battle over TTD." Defense counsel responded five day later on January 17th stating he had "reached out to [his] clients for additional information and direction."

On January 25, 2022, Employer terminated Hinson's employment. Claimant's counsel emailed Defense counsel stating:

Good afternoon Mark.

Your client terminated Troy's employment this morning. As you know, I had previously expressed concerns over the fact he is physically unable to do the work and was concerned that they might fire him. They have now done so.

Would you please confirm for me that TTD will be restarted effective today?

Defendants refused to pay TTD. Claimant filed the Form 15 (Section III) on February 8, 2022.

4. FACTS IN CONTROVERSY:

B. TTD.

Defendants are required to pay TTD on a running award from the day they terminated Hinson's employment. The reason is because Hinson is deemed to be disabled. Unlike the claimant in Pollack, Hinson had already been totally disabled and received TTD. Conversely, Pollack had worked continuously on light duty until being terminated. The Supreme Court held Pollack was barred from receiving TTD because the reason he was out of work was due to his misconduct; not his injury.

The controlling case here is Cranford v. Hutchinson Constr., 399 S.C. 65, 731 S.E.2d 303 (Ct. App. 2012) (temporary total disability compensation should have awarded because employee was not at MMI and had never been released to work without restrictions). Cranford was taken out of work for three weeks after his injury. His employer paid salary in lieu of compensation. Cranford returned to work on light duty. His employer then terminated him, allegedly for being unsafe on the job. The employer refused to pay TTD. The Court of Appeals held TTD had to be paid because he was still under work restrictions and had not reached MMI.

Cranford is similar to Grayson. As in this case, "Both employers terminated their employees shortly after the employees returned to work while the employees were still under work restrictions." Cranford v. Hutchinson Constr., 399 S.C. 65, 731 S.E.2d 303 (Ct. App. 2012). In Cranford, the court held the employee was entitled to temporary compensation until he reached MMI and was released without restrictions. Id. See, also Smith v. S.C. Dep't. of Mental Health, 335 S.C. 396, 399, 517 S.E.2d 694, 695-96 (1999) ("Clearly, if an employee has reached MMI and remains disabled, then his injury is permanent. This is precisely the reason to terminate temporary benefits in favor of permanent benefits upon a finding of MMI."). In Grayson, "[t]he supreme court held that because Grayson was released with work restrictions, there was in reality no evidence that Grayson's period of temporary total disability ever ended prior to his firing." See Grayson v. Carter Rhoad Furniture, 317 S.C. 306, 454 S.E.2d 320 (1995) (as characterized by Cranford). As Grayson's temporary compensation was never properly terminated, he was entitled to have his benefits reinstated retroactively. Accord, Martin v. Rapid Plumbing, 369 S.C. 278, 631 S.E.2d 547 (Ct. App. 2006).

Additionally, Hinson's termination occurred under highly suspicious circumstances. It is highly likely he was terminated to avoid paying wages to an employee who could not do much of anything due to his restrictions, and to avoid paying TTD.

Even if the termination was legitimate, it would not bar Hinson from receiving TTD. Hinson works in maintenance. No other employer would hire him with his restrictions.

B. Additional Medical Treatment.

The authorized treating physician, Dr. LaMotta, referred Hinson to pain management. Defendants have not authorized this referral.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO.: 2111920

Troy Hinson,

Claimant,

v.

Merrill Gardens, LLC,

Employer,

and

Church Mutual Insurance Company,

Carrier,

Defendants,

**NOTICE OF WITNESSES AND
WRITTEN REPORTS OF PHYSICIANS
TO BE INTRODUCED ON BEHALF OF
THE CLAIMANT**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, R. MARK DAVIS,
ESQ., COUNSEL FOR THE DEFENDANTS:

YOU ARE NOTIFIED that the Claimant, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws, submits the following medical records and other documents as evidence:

APA	MEDICAL PROVIDER	DATES	PAGES
1.	Concentra Medical Center - Downtown	07.29.21 - 08.30.21	1-36
2.	Providence Hospital NE	07.30.21 - 08.16.21	37-73
3.	The Practice, LLC	08.02.21 - 02.09.22	74-97
4.	Midlands Orthopaedics & Neurosurgery Dr. James O'Leary	09.10.21 - 01.10.22	98-135
5.	Palmetto Imaging	09.21.21	136-137
6.	Prisma Health Weight Management Center Dr. David Moffatt	09.22.21 - 03.21.22	138-180

7.	Morrow Urology	10.05.21	181-185
8.	Midlands Ortho & Neuro PT	10.14.21	186-190
9.	Midlands Orthopaedics & Neurosurgery Dr. Ivan LaMotta	03.16.22 - 04.04.22	191-198

	EXHIBITS		
A.	Job Description - Maintenance Director		199-201
B.	Merrill Gardens - Valid Job Offer	08.11.21	202-203
C.	Emails between Claimant's counsel and Defense counsel	12.21.21 - 01.17.22	204-217
D.	Merrill Gardens - Termination letter	01.25.22	218
E.	Outstanding bills		219-235
F.	Employee Timecard		236-247
G.	TTD Check Stubs		248-251
H.	Merrill Garden Paycheck Stubs		252-255

NOTICE IS GIVEN of the right to cross-examination, and, should you desire to exercise said right, you are to immediately schedule the deposition of any of the physicians or other persons, whose reports are submitted for the purposes of cross-examination.

NOTICE IS ALSO GIVEN that the following witnesses may be called on behalf of the Claimant: Troy Hinson. Claimant also reserves the right to call any witness(es) listed on behalf of the Defendants.

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read 'Stephen B. Samuels', is written over a horizontal line.

Stephen B. Samuels
Samuels Reynolds Law Firm, LLC
1320 Richland Street
Columbia, SC 29201
(803) 779-4000

April 11, 2022
Columbia, South Carolina

Attorney for Claimant

Concentra

4251 Columbia Downtown
1715 Blanding St,
Columbia, SC, 29201
(803) 799-3926

Patient: Troy W. Hinson DOB: [REDACTED]
MRN: 181470040

Encounter Date: 07/29/2021

Discussion/Summary

urine dip negative. x rays of L hip and pelvis normal pathology.
Chaperone was declined

This encounter was coded utilizing the current Evaluation and Management Guidelines as adopted by the current year state fee schedule.

The work value contained in this report meets the Medical Decision Making (MDM) criteria for complexity of the selected E/M code. The reported injury necessitates the assessment of the threat to bodily function or exacerbation of the injury, particularly for return to work (full duty or limited), and/or due to the consideration of multiple treatment options.

The work value was credited on AMA's definition that the final diagnosis does not, in and of itself, determine the overall complexity or risk. An extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Presenting symptoms that could potentially represent a high morbidity may "drive" MDM even when the ultimate diagnosis is not highly morbid. This should be consistent with the nature of the condition, circumstance of the incident, and unique features of the individual patient. Multiple problems of lower severity may, in the aggregate, create a higher clinical risk due to their cumulative effects.

In addition to the AMA criteria, we also request consideration for the Worker's Compensation unique work value including assessing causation, apportionment, work status, disability status, functional capacity, applicability of relevant treatment and/or disability duration guidelines and coordination of care for the treatment of the work-related condition.

A comprehensive discussion was held with the patient to review the diagnosis and overall treatment plan and objectives. The patient verbally acknowledged their understanding of all items discussed, and was afforded an opportunity to get clarification and/or ask additional questions regarding the proposed treatment(s). Patient was instructed to keep their scheduled appointments for follow-up and/or return to Concentra.

Patient: Troy W. Hinson**Encounter Date: 07/29/2021 9:11AM****MRN: 181470040****Assessment**

1. Sprain of abdominal wall, Initial encounter (S39.011A)
2. Hip strain, left, Initial encounter (S76.012A)
3. Hip strain, right, Initial encounter (S76.011A)

Plan

1. Start: Diclofenac Sodium 75 MG Oral Tablet Delayed Release; TAKE 1 TABLET Every twelve hours
Rx By: Ryan, Mary A; Dispense: 0 Days ; #:20 Tablet; Refill: 0;For: Hip strain, left, Initial encounter, Hip strain, right, Initial encounter, Sprain of abdominal wall, Initial encounter; DAW = N; Print Rx
2. Start: Methocarbamol 750 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME
Rx By: Ryan, Mary A; Dispense: 20 Days ; #:20 Tablet; Refill: 0;For: Hip strain, left, Initial encounter, Hip strain, right, Initial encounter, Sprain of abdominal wall, Initial encounter; DAW = N; Print Rx
3. Physical Therapy Referral Physical Therapy See Referral Comment Done: 29Jul2021
Ordered;For: Hip strain, left, Initial encounter, Hip strain, right, Initial encounter, Sprain of abdominal wall, Initial encounter; Ordered By: Ryan, Mary A Performed: Due: 12Aug2021
Laterality 2 : Bilateral
Body Part 2 : Hip
Laterality 1 : Left
Body Part 1 : Abdomen Including Groin
PT Necessary : PT is medically necessary to address objective impairment/functional loss and to expedite return to full activity
Frequency : 3 x week
Duration : 2 weeks
Therapy Order : Evaluate and Treat
4. POC UA Dip; Done: 29Jul2021 10:57AM
Performed;Other; Due:05Aug2021;Ordered; For:Hip strain, left, Initial encounter, Hip strain, right, Initial encounter, Sprain of abdominal wall, Initial encounter; Ordered By:Ryan, Mary A;
5. X-Ray, Left Hip, unilat, with pelvis when performed, 2-3 views; Done: 29Jul2021
Perform:RAMSOFT; Due:05Aug2021; Last Updated By:Balladares, Mary, 7/29/2021 10:54:34 AM;Ordered; For:Sprain of abdominal wall, Initial encounter; Ordered By:Ryan, Mary A;
Was patient shielded? : No, shielding would interfere with anatomy being imaged
6. Administer: Ketorolac Tromethamine 30 MG/ML Injection Solution; INJECT 1 ML Intramuscular; To Be Done: 29 Jul 2021
Rx By: Ryan, Mary A;For: Sprain of abdominal wall, Initial encounter; DAW = N; Request Administration

Supplies dispensed today for home use. The patient was instructed to use as directed for reduction of pain.

Hot/Kold Compress 8 1/2 x 11 (FOR HOME USE)

Patient: Troy W. Hinson
Encounter Date: 07/29/2021 9:11AM

MRN: 181470040

DOI: 7/29/2021

rice, ice, (ice/heat pack given)
 Rx Diclofenac 75 mg BID w food as needed for inflammation and pain. Educated on med/ae/sa.
 Start Methocarbamol 850 mg at bedtime.
 PT as soon as approved.
 RTC for reevaluation on 8/2/2021
 See work restrictions listed below.

NO MEDICATIONS WERE PRESCRIBED OR DISPENSED FOR THIS ENCOUNTER.

Activity Status and Restrictions

Treatment Status:

Returning for follow-up: 08/02/2021

Activity Status

Off rest of shift- return to modified activity on: 7/30/2021.

Work Duration

Patient may work their entire shift.

Restrictions: KEY - Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day, Constantly = up to 8 hours or greater per day

May lift up to 5 lbs occasionally

May push/pull up to 5 lbs occasionally

May bend occasionally

No squatting.

No kneeling.

Reason For Visit

Chief Complaint: The patient presents today with Pain in groin area following pushing a large dumpster up a steep hill. Injury happened this morning (7/29/2021). Self reported.

Workers Compensation - Patients Occupation: Maintenance Director.

Chaperone was offered: Patient declined the presence of a chaperone

Occupational History

Occupational History

Occupational history was provided by the patient.

Type of Job / Job title: Maintenance Director

Major job functions: Turning apartments, taking out the trash, work orders, delivery of packages

Printed By: Brittany Lewis

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8/23/21 12:04:33 PM

Patient: Troy W. Hinson

Encounter Date: 07/29/2021 9:11AM

MRN: 181470040

Length of time at this job: 2 month(s). Average weekly work hours: 40.
 Expected shift hours today: 8:00 AM to 5:00 PM.
 Recent overtime: Yes
 Overtime hours per week: 2

History of Present Illness

DOI: 7/29/2021

53 yo male presents with pain in lower abdomen. Patient was pushing a dumpster up a steep short ramp this AM at 8:10 am. . Felt immediate burning sensation in left groin region. Reports pain wrapping around lower abdomen into hips bilaterally. NO treatment today prior to today's visit. No prior injuries to lower abdomen Pain is improved by lying flat. pain is worsened by lifting. Denies previous hernia. Has had normal urinary habits since injury. Denies Saddle anesthesia. Denies loss of bowel and bladder.

Past Medical History

- History of No significant past medical history

Surgical History

- History of No pertinent past surgical history (Z78.9)

Family History

- Family history of Diabetes mellitus
- Family history of Stroke

Social History

- Current every day smoker (F17.200)
- No drug use
- Social alcohol use (Z78.9)

Allergies

No Known Drug Allergies

Current Meds

- Doxycycline Hyclate 75 MG Oral Tablet
- Testosterone 20 % CREA
- Vitamin D TABS

Immunizations

Tdap — Series1: Approx 2018

Review of Systems

Constitutional: no fever.
Eyes: Reviewed and found to be negative.
Cardiovascular: Reviewed and found to be negative.
Respiratory: Reviewed and found to be negative.
Gastrointestinal: abdominal pain.
Genitourinary: no dysuria.
Musculoskeletal: Reviewed and found to be negative.
Integumentary: Reviewed and found to be negative.

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8/23/21 12:04:33 PM

Patient: Troy W. Hinson**Encounter Date: 07/29/2021 9:11AM****MRN: 181470040**

Neurological: Reviewed and found to be negative.
Psychiatric: Reviewed and found to be negative.
Hematologic and Lymphatic: Reviewed and found to be negative.

Vitals

Recorded: 28Jul2021 09:20AM	
Systolic	142
Diastolic	84
BP Cuff Size	Regular - Adult
Heart Rate	88
Respiration	18
Height	5 ft 7 in
Weight	219 lb
BMI Calculated	34.3 kg/m2
BSA Calculated	2.1
O2 Saturation	97

Vitals Review

Abnormal vital signs were discussed with the patient.
Comments: BP slightly elevated. may be secondary to pain.

Physical Exam

Constitutional: well appearing and well nourished. lying flat on table, appears uncomfortable, but in no distress.

Head/Face: Normocephalic and atraumatic.

Eyes: Extraocular movements intact.

ENT: Hearing is grossly normal.

Pulmonary: no increased work of breathing or signs of respiratory distress.

Cardiovascular: normal rate and rhythm, normal S1 and S2, without gallops or rubs.

Abdomen: . The abdomen was obese. Bowel sounds were normal. Skin findings: no scars. Tenderness in the left lower quadrant. No CVA tenderness. Palpation was soft. The abdomen with tenderness. No ascites No rebound tenderness. No guarding. No mass(es).

Left Hip: Appearance is normal. Tenderness in the anterior hip joint and greater trochanter and bursa.

Palpation normal. Full range of motion. Tone is normal.

Neurologic: Bilateral deep tendon reflexes are 2/4. Sensation is intact to light touch in all dermatomes. The muscles display no weakness. Vascular: The pulses are 2+/-2+ bilaterally and capillary refill time is normal bilaterally. no impingement and negative straight leg raise. Log roll negative IT bands tight.

Right Hip: Hip: Appearance normal. No deformity. No tenderness. Full range of motion. Strength normal.

Lumbosacral Spine: normal sensation, normal SLR right and normal SLR left with normal lordosis, no tenderness and full ROM. Straight leg raises negative bilaterally.

Skin: Normal without rashes or lesions. Normal turgor.

Neurologic: cranial nerves grossly intact. sensation intact to light touch. Gait evaluation demonstrated a normal gait, full weight bearing, no ataxia, no shuffling.

Psychiatric: . Judgment and insight are normal. speech is appropriate in content and delivery. mood and affect are appropriate.

Radiology

X Ray: left hip and pelvis : No acute abnormalities noted.

This is a preliminary radiology interpretation. The images were sent for final interpretation.

Preliminary radiology results were discussed with the patient.

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8/23/21 12:04:33 PM

Patient: Troy W. Hinson

Encounter Date: 07/29/2021 9:11AM

MRN: 181470040

Signatures

Electronically signed by : Mary Ryan, PA-C; Jul 29 2021 11:25AM EST - Author

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8/23/21 12:04:33 PM

006

058

4251 Columbia Downtown

1715 Blanding St
Columbia, SC 29201
(803) 799-3926

Patient: Hinson, Troy W
~~208 Edward View Rd~~
~~COLUMBIA, SC 29203~~

Age/Sex/DOB: 53 yrs M 11-May-1968
EMRN: 181470040
OMRN: 181470040
Home: (803) 743-8894
Work:

Results

Lab Accession # RSTW1702634860
Ordering Provider: Ryan, Mary A
Performing Location: RAMSOFT

Collected: 7/29/2021 11:50:00AM
Resulted: 7/29/2021 12:50:00PM
Verified By: Ryan, Mary A
Auto Verify: N

X-Ray, Left Hip, unilat. with pelvis when performed, 2-3 views

Stage: Final

Ordering Provider Comments: no acute pathology identified.

Test	Result	Units	Flag Reference Range

X-ray Result

PATIENT NAME: HINSON, TROY W
PATIENT DOB: 05/11/1968
MRN: 181470040
DATE OF EXAM: 07/29/2021 09:30
REFERRING PHYSICIAN: RYAN, MARY
STUDY DESCRIPTION: X-RAY, LEFT HIP, UNILAT, WITH PELVIS WHE

INDICATION: Pain LLQ and left hip after pushing injury.

LEFT HIP AND PELVIS, 3 VIEWS

FINDINGS:

There is no evidence of acute fracture, dislocation or osseous lesion. The hip joint space is preserved and the femoral head has a normal contour. The adjacent soft tissues appear unremarkable.

IMPRESSION:

Normal left hip.

Electronically Signed by: GRAYBEAL, FRANK MD
Date/Time Read: 7/29/2021 1:41:13 PM

CMC-Columbia Downtown

1715 Blanding St Columbia, SC 29201

Claim Number:

Phone: 803-799-3928

Fax: 803-256-7898

Service Date: 07/29/2021

Case Date: 07/29/2021

Work Activity Status Report

Patient: Troy W Hinson

Last 4 Digits of SSN: 7388

Date of Birth: ~~08/29/1980~~Address: ~~2205 Grogg St Columbia, SC 29201~~

Employer Location: Merrill Gardens at Columb

Contact: Wilson Anhar

Address: 2205 Grogg St Columbia, SC 29201-2871

Role: Primary Contact

Home: (803) 743-8894 (H)

Phone: 847-227-7385

Work:

Authorized by: Medcor

Fax: 0-0-0000

THIS VISIT

Visit Type: Initial

Time In: 08:05:00 AM

Time Out: 11:26:07 AM

Treating Clinician: Mary Ryan, PA-C

Diagnoses:

Sprain of abdominal wall, initial encounter (S69.011A)

Hip strain, left, initial encounter (S76.012A)

Hip strain, right, initial encounter (S76.011A)

Medications:

☐ Dispensed prescription medication to patient☐ Dispensed over-the-counter medication☐ Written prescription given to patient

PATIENT STATUS

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Treatment Status:

Returning for follow-up: 08/02/2021

Work Status:

Off rest of shift- return to modified activity on: 7/30/2021

Patient may work their entire shift

Activity Prescription:

Key: Occasionally = up to 3 hrs/day; Frequently = up to 6 hrs/day; Constantly = up to 8 hours or greater per day

May lift up to 5 lbs occasionally

May push/pull up to 5 lbs occasionally

May bend occasionally

No squatting

No kneeling

Based on the Department of Labor definitions

NEXT VISIT(S)

Visit Date and Time:

08/02/2021 01:30 PM

Visit Types:

Medical Therapy Specialist

☒	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

Clinician:

Pamela M Bykowski, PA

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel, please contact the clinic. Thank you for your cooperation.

Work Activity Status Report

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Concentra



4251 Columbia Downtown
1715 Blanding St,
Columbia, SC, 29201
(803) 799-3926

Patient: Troy W. Hinson DOB: 05/11/1968
MRN: 181470040

Encounter Date: 08/02/2021

Functional Restoration and Status of Healing

Troy Hinson has significant difficulties with the physical requirements of his job.

Discussion/Summary

Chaperone was declined

This encounter was coded utilizing the current Evaluation and Management Guidelines as adopted by the current year state fee schedule.

The work value contained in this report meets the Medical Decision Making (MDM) criteria for complexity of the selected E/M code. The reported injury necessitates the assessment of the threat to bodily function or exacerbation of the injury, particularly for return to work (full duty or limited), and/or due to the consideration of multiple treatment options.

The work value was credited on AMA's definition that the final diagnosis does not, in and of itself, determine the overall complexity or risk. An extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Presenting symptoms that could potentially represent a high morbidity may "drive" MDM even when the ultimate diagnosis is not highly morbid. This should be consistent with the nature of the condition, circumstance of the incident, and unique features of the individual patient. Multiple problems of lower severity may, in the aggregate, create a higher clinical risk due to their cumulative effects.

In addition to the AMA criteria, we also request consideration for the Worker's Compensation unique work value including assessing causation, apportionment, work status, disability status, functional capacity, applicability of relevant treatment and/or disability duration guidelines and coordination of care for the treatment of the work-related condition.

A comprehensive discussion was held with the patient to review the diagnosis and overall treatment plan and objectives. The patient verbally acknowledged their understanding of all items discussed, and was afforded an opportunity to get clarification and/or ask additional questions regarding the proposed treatment(s). Patient was

Patient: Troy W. Hinson**Encounter Date: 08/02/2021 9:28AM****MRN: 181470040**

Instructed to keep their scheduled appointments for follow-up and/or return to Concentra.

ASSESSMENT

1. Sprain of abdominal wall, initial encounter (S39.011A)
2. Hip strain, left, initial encounter (S76.012A)
3. Hip strain, right, initial encounter (S76.011A)

Plan

DOI: 07/29/2021

Abdominal strain and bilat hip strain. Patient went to Providence ED next day and had CT scan of abdomen and was told Negative. Awaiting records. Exam remains the same. Consider low back in differential with radicular sx to abdomen. PT authorization is pending. Will reassess after completes PT. ED precautions given if new or worsening sx.

Rest, ice, elevate.

Ibuprofen 800 mg BID w food as needed for inflammation and pain. Educated on med/ae/se.

Methocarbamol 750 mg at bedtime. Do not take while driving or operating equipment. Educated on med/ae/se.

STOP Flexeril.

Pain relieving gel as needed.

Start PT as soon as possible.

RTC for reevaluation 08/09/2021.

Work restrictions as discussed. See below.

NO MEDICATIONS WERE PRESCRIBED OR DISPENSED FOR THIS ENCOUNTER.**Activity Status and Restrictions****Treatment Status:**

Returning for follow-up: 08/09/2021

Activity Status

Return to modified work/activity today.

Work Duration

Patient may work their entire shift.

Restrictions: KEY - Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day, Constantly = up to 8 hours or greater per day

May lift up to 5 lbs constantly

May push/pull up to 5 lbs constantly

May bend occasionally

May stand frequently

May walk frequently

No squatting.

No kneeling.

Allow for positional changes if sitting.

Reason For Visit

Printed By: Brittany Lewis

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8/23/21 12:04:28 PM

Patient: Troy W. Hinson**Encounter Date: 08/02/2021 9:28AM****MRN: 181470040**

Chief Complaint: The patient presents today with recheck on inguinal area DOI 07/29/2021. Self reported.
Workers Compensation - Patient's Occupation: Maintenance Director.
Work Status History: patient has been working regular duty.

Chaperone was offered: Patient declined the presence of a chaperone

History of Present Illness

Patient is presenting for reevaluation of lower abdominal pain. DOI: 7/29/2021. Overall feels the same. Went to Providence ED on 07/30/2021 due to increased pain and had CT scan of abdomen done and was given Morphine injection for pain. Was told just had a strain. Has been resting, stretching, but when does leg lifts feels in lower back. Taking Ibuprofen and Flexeril. Pain is located lower abdomen and right/left buttocks. Has pain in lower back. Pain is improved by lying flat. pain is worsened by lifting. Denies previous hernia. Denies radiculopathy symptoms. Denies previous injuries or surgeries to lower back, abdomen. Denies Saddle anesthesia, loss of bowel and bladder, urinary retention.

-Patient was pushing a dumpster up a steep short ramp this AM at 8:10 am. . Felt immediate burning sensation in left groin region. Reports pain wrapping around lower abdomen into hips bilaterally.

Past Medical History

- History of No significant past medical history

Surgical History

- History of No pertinent past surgical history (Z78.9)

Family History

- Family history of Diabetes mellitus
- Family history of Stroke

Social History

- Current every day smoker (F17.200)
- No drug use
- Social alcohol use (Z78.9)

Allergies

No Known Drug Allergies

Current Meds

- Diclofenac Sodium 75 MG Oral Tablet Delayed Release; TAKE 1 TABLET Every twelve hours
- Doxycycline Hyclate 75 MG Oral Tablet
- Ketorolac Tromethamine 30 MG/ML Injection Solution; INJECT 1 ML Intramuscular
- Methocarbamol 750 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME
- Testosterone 20 % CREA
- Vitamin D TABS

Immunizations

Tdap — Series1: Approx 2018

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8/23/21 12:04:28 PM

Patient: Troy W. Hinson
Encounter Date: 08/02/2021 9:28AM

MRN: 181470040

Review of Systems

Constitutional: Reviewed and found to be negative.
Gastrointestinal: as noted in HPI.
Genitourinary: Reviewed and found to be negative.
Musculoskeletal: as noted in HPI.
Integumentary: Reviewed and found to be negative.
Neurological: Reviewed and found to be negative.

Vitals

Recorded: 02Aug2021 10:05AM	
Systolic	128
Diastolic	87
BP Cuff Size	Regular - Adult
Heart Rate	103
Respiration	14
Height	5 ft 7 in
Weight	218 lb
BMI Calculated	34.3 kg/m2
BSA Calculated	2.1

Vitals Review

Vital signs were reviewed and found to be unremarkable.

Physical Exam

Constitutional: well appearing and well nourished.

Head/Face: Normocephalic and atraumatic.

Eyes: conjunctiva and lids with no swelling, erythema or discharge. Pupils are equal, round, and reactive to light and cornea clear. Extraocular movements intact.

ENT: No erythema or edema of the external ears or nose. Hearing is grossly normal.

Pulmonary: no increased work of breathing or signs of respiratory distress.

Cardiovascular: Extremities are warm with no edema. capillary refill was normal.

Abdomen: Mild TTP to deep palpation pelvic region No rebound tenderness. No guarding. No mass(es). No hepatosplenomegaly. Normal bowel sounds. No hernia appreciated.

Lymphatic: no lymphadenopathy.

Bilateral Hip: Appearance is normal. Palpation normal. Full range of motion. Forward flexion: without pain.

Extension: with pain. Abduction: with pain. Internal rotation: with pain. External rotation: without pain.

Adduction: without pain. Normal bilateral strength. Tone is normal.

Neurologic: Bilateral deep tendon reflexes are 2/4. Sensation is intact to light touch in all dermatomes. The muscles display no weakness. Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally. negative sacroiliac compression test. Negative log roll.

Lumbosacral Spine: Appears normal. Tenderness present in right paraspinal, right sacral notch and left sacral notch, but not lumbar spine, not left paraspinal, not sacrum, not the right sacroiliac joint, not the left sacroiliac joint, not the coccyx, not the right facet joints and not the left facet joints. Palpation reveals right-sided muscle spasms. Full range of motion. Flexion painless. Extension painless. Left Thoracolumbar Sidebending painless. Right Thoracolumbar Sidebending painless. Left Thoracolumbar Rotation painless. Right Thoracolumbar Rotation painless. Normal motor strength. Normal motor tone.

Neurologic: Sensation is intact to light touch in all dermatomes tested. The muscles tested display no weakness. No muscle atrophy is present. Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal

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8/23/21 12:04:29 PM

Patient: Troy W. Hinson**Encounter Date: 08/02/2021 9:28AM****MRN: 181470040**

bilaterally. Special Tests: Right Straight Leg Raise positive and Left Straight Leg Raise positive, but Waddell test negative. Negative SI compression normal sensation, normal heel/toe gait and normal reflexes

Skin: Normal without rashes or lesions. Normal turgor.

Neurologic: cranial nerves grossly intact. upper and lower extremity reflexes symmetric bilaterally. sensation intact to light touch. Gait evaluation demonstrated a normal gait, full weight bearing, no ataxia, no shuffling.

Psychiatric: Judgment and insight are normal. oriented to person, place, and time. speech is appropriate in content and delivery. mood and affect are appropriate.

Signatures

Electronically signed by : Pamela Bykowski, PA-C; Aug 2 2021 10:42AM EST - Author

CMC-Columbia Downtown

1715 Blanding St Columbia, SC 29201

Claim Number:

Phone: 803-799-3828

Fax: 803-256-7886

Service Date: 08/02/2021

Case Date: 07/29/2021

Work Activity Status Report

Patient: Troy W Hinson

Last 4 Digits of SSN: 7388

Date of Birth: 05/14/1968

Address: 205 Edward Avenue, Columbia, SC 29201

Employer Location: Merrill Gardens at Columb

Contact: Wilson Anher

Home: (803) 743-6884 (H)

Address: 2205 Gregg St Columbia, SC 29201-2571

Role: Primary Contact

Work:

Authorized by: Medcor

Phone: 847-227-7386

Fax: 0-0-0000

THIS VISIT

Visit Type: Recheck

Time In: 09:28:00 AM

Time Out: 10:42:58 AM

Treating Clinician: Pamela Bykowski, PA-C

Diagnoses:

Sprain of abdominal wall, initial encounter (S39.011A)

Hip strain, left, initial encounter (S76.012A)

Hip strain, right, initial encounter (S76.011A)

Medications:

☐ Dispensed prescription medication to patient☐ Dispensed over-the-counter medication☐ Written prescription given to patient

PATIENT STATUS

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Treatment Status:

Returning for follow-up: 08/09/2021

Work Status:

Return to modified work/activity today

Patient may work their entire shift

Activity Prescription:

Key: Occasionally = up to 3 hrs/day; Frequently = up to 6 hrs/day; Constantly = up to 8 hours or greater per day

May lift up to 5 lbs constantly

May push/pull up to 5 lbs constantly

May bend occasionally

May stand frequently

May walk frequently

No squatting

No kneeling

Allow for positional changes if sitting.

Based on the Department of Labor definitions

NEXT VISIT(S)

Visit Date and Time:

08/09/2021 08:30 AM

Visit Type:

Medical Therapy Specialist

☒	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

Clinician:

Pamela M Bykowski, PA

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel, please contact the clinic. Thank you for your cooperation.

Work Activity Status Report

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Concentra



4251 Columbia Downtown
1715 Blanding St,
Columbia, SC, 29201
(803) 799-3926

Patient: Troy W. Hinson DOB: 05/14/1978
MRN: 181470040

Encounter Date: 08/09/2021

Functional Restoration and Status of Healing

Troy Hinson has significant difficulties with the physical requirements of his job.

Discussion/Summary

Chaperone was declined

This encounter was coded utilizing the current Evaluation and Management Guidelines as adopted by the current year state fee schedule.

The work value contained in this report meets the Medical Decision Making (MDM) criteria for complexity of the selected E/M code. The reported injury necessitates the assessment of the threat to bodily function or exacerbation of the injury, particularly for return to work (full duty or limited), and/or due to the consideration of multiple treatment options.

The work value was credited on AMA's definition that the final diagnosis does not, in and of itself, determine the overall complexity or risk. An extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Presenting symptoms that could potentially represent a high morbidity may "drive" MDM even when the ultimate diagnosis is not highly morbid. This should be consistent with the nature of the condition, circumstance of the incident, and unique features of the individual patient. Multiple problems of lower severity may, in the aggregate, create a higher clinical risk due to their cumulative effects.

In addition to the AMA criteria, we also request consideration for the Worker's Compensation unique work value including assessing causation, apportionment, work status, disability status, functional capacity, applicability of relevant treatment and/or disability duration guidelines and coordination of care for the treatment of the work-related condition.

A comprehensive discussion was held with the patient to review the diagnosis and overall treatment plan and objectives. The patient verbally acknowledged their understanding of all items discussed, and was afforded an opportunity to get clarification and/or ask additional questions regarding the proposed treatment(s). Patient was

*Patient: Troy W. Hinson**Encounter Date: 08/09/2021 8:38AM**MRN: 181470040*

Instructed to keep their scheduled appointments for follow-up and/or return to Concentra.

ASSESSMENT

1. Encounter for preventive health examination (Z00.00)
2. Sprain of abdominal wall, initial encounter (S39.011A)
3. Hip strain, right, initial encounter (S76.011A)
4. Hip strain, left, initial encounter (S76.012A)
5. Low back strain, initial encounter (S39.012A)
6. Abnormal CT of the abdomen (R93.5)

Plan

1. MRI, spinal canal and contents, lumbar; without contrast material; Requested for: 08Aug2021;
Perform: Outside Facility/Radiology - OCCM; Due: 12Aug2021; Ordered; ASAP; For: Low back strain, initial encounter, Sprain of abdominal wall, initial encounter; Ordered By: Bykowski, Pamela M;
2. Ultrasound Inguinal; Requested for: 08Aug2021;
Perform: Outside Facility/Radiology - OCCM; Due: 12Aug2021; Ordered; ASAP; For: Abnormal CT of the abdomen, Hip strain, left, initial encounter, Hip strain, right, initial encounter, Sprain of abdominal wall, initial encounter; Ordered By: Bykowski, Pamela M;
3. General Surgery Referral Physician Referral See Referral Comment! Done: 08Aug2021
Ordered; For: Abnormal CT of the abdomen, Sprain of abdominal wall, initial encounter; Ordered By: Bykowski, Pamela M Performed: Due: 23Aug2021
Laterality 1 : Bilateral
Body Part 1 : Abdomen Including Groin
Referral Comment : Lifting injury. Lower abdominal pain and left side groin pain. Not improving. TTP. CT scan on 07/30/2021 shows small amount of fat in the left inguinal canal. Please eval
Reason for referral : Evaluate and Treat
4. X-Ray, spine, lumbosacral; 2 or 3 views; Requested for: 08Aug2021;
Perform: RAMSOFT; Due: 16Aug2021; Ordered; For: Low back strain, initial encounter; Ordered By: Bykowski, Pamela M;

DOI: 07/29/2021

Abdominal strain and bilat hip strain. Subjectively worsening. Exam he is more symptomatic. Having back pain, still with pelvic/abdominal pain. Xray L spine shows No acute abnormalities noted. Awaiting official read. Spoke with Dr. Depletro and Due to persistent and worsening sx will order MRI of Lumbar spine to rule out herniated disc causing radicular sx to abdomen as well as a surgical consult due to CT scan showing small amount of fat seen in left inguinal canal and left sided pain (do not appreciate hernia on exam, however, needs consult for further evaluation of sx/pain - ED precautions given if new or worsening sx.

Rest, ice, elevate.

Ibuprofen 800 mg BID w food as needed for inflammation and pain. Educated on med/as/se.

Methocarbamol 750 mg at bedtime. Do not take while driving or operating equipment. Educated on med/as/se.

Pain relieving gel as needed.

Start PT as soon as possible.

MRI lumbar spine and ultrasound ASAP.

Surgical consult as soon as possible.

RTC for reevaluation 08/16/2021.

Work restrictions as discussed. See below.

NO MEDICATIONS WERE PRESCRIBED OR DISPENSED FOR THIS ENCOUNTER.

Patient: Troy W. Hinson
Encounter Date: 08/09/2021 8:38AM

MRN: 181470040

Activity Status and Restrictions

Treatment Status:

Returning for follow-up: 08/16/2021

Activity Status

Return to modified work/activity today.

Work Duration

Patient may work their entire shift.

Restrictions: KEY - Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day, Constantly = up to 8 hours or greater per day

May lift up to 10 lbs constantly

May push/pull up to 10 lbs constantly

May bend occasionally

May stand frequently

May walk frequently

No squatting.

No kneeling.

Allow for positional changes if sitting.

Reason For Visit

Chief Complaint: The patient presents today with recheck on inguinal area DOI 07/29/2021. Self reported.

Workers Compensation - Patient's Occupation: Maintenance Director.

Work Status History: patient has been working regular duty.

Chaperone was offered: Patient declined the presence of a chaperone

History of Present Illness

Patient is presenting for reevaluation of lower abdominal pain. DOI: 7/29/2021. Not getting enough sleep. States was unable to take it at work. Has pain going down to left knee and left leg feels like concrete. Has right sided low back pain. Feels it in his hips. Tired of being in pain. Has been resting, stretching, icing. Taking Ibuprofen 800 mg TID. denies SE. Pain is located lower abdomen and right/left buttocks. Has pain in lower back. Pain is improved by lying flat. pain is worsened by lifting. Woke up other night doubled over in pain due to belly pain. After about an hour it eased off. Denies previous hernia. Denies radiculopathy symptoms. Denies previous injuries or surgeries to lower back, abdomen. Denies Saddle anesthesia, loss of bowel and bladder, urinary retention.

-Patient was pushing a dumpster up a steep short ramp this AM at 8:10 am. . Felt immediate burning sensation in left groin region. Reports pain wrapping around lower abdomen into hips bilaterally.

Past Medical History

- History of No significant past medical history

Surgical History

Printed By: Brittany Lewis

3 of 5

8/23/21 12:04:24 PM

Patient: Troy W. Hinson**Encounter Date: 08/09/2021 8:38AM****MRN: 181470040**

- History of No pertinent past surgical history (Z78.9)

Family History

- Family history of Diabetes mellitus
- Family history of Stroke

Social History

- Current every day smoker (F17.200)
- No drug use
- Social alcohol use (Z78.9)

Allergies

No Known Drug Allergies

Current Meds

- Diclofenac Sodium 75 MG Oral Tablet Delayed Release; TAKE 1 TABLET Every twelve hours
- Doxycycline Hyclate 75 MG Oral Tablet
- Ketorolac Tromethamine 30 MG/ML Injection Solution; INJECT 1 ML Intramuscular
- Methocarbamol 750 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME
- Testosterone 20 % CREA
- Vitamin D TABS

Immunizations

Tdap --- Series1: Approx 2018

Review of Systems

Constitutional: Reviewed and found to be negative.
Cardiovascular: Reviewed and found to be negative.
Genitourinary: Reviewed and found to be negative.
Musculoskeletal: as noted in HPI.
Integumentary: Reviewed and found to be negative.
Neurological: Reviewed and found to be negative.

Vitals

Recorded: 09Aug2021 08:57AM	
Systolic	130
Diastolic	86
BP Cuff Size	Regular - Adult
Heart Rate	106
Respiration	14
Height	5 ft 7 in
Weight	219 lb
BMI Calculated	34.3 kg/m2
BSA Calculated	2.1

Vitals Review

Abnormal vital signs were discussed with the patient.

Printed By: Brittany Lewis

4 of 5

8/23/21 12:04:24 PM

Patient: Troy W. Hinson
Encounter Date: 08/09/2021 8:38AM

MRN: 181470040

Abnormal vital signs were repeated.

Physical Exam

Constitutional: well appearing and well nourished.

Head/Face: Normocephalic and atraumatic.

Eyes: conjunctiva and lids with no swelling, erythema or discharge. Pupils are equal, round, and reactive to light and cornea clear. Extraocular movements intact.

ENT: No erythema or edema of the external ears or nose. Hearing is grossly normal.

Pulmonary: no increased work of breathing or signs of respiratory distress.

Cardiovascular: Extremities are warm with no edema. capillary refill was normal.

Abdomen: TTP to palpation pelvic region No rebound tenderness. No guarding. No mass(es). No hepatosplenomegaly. Normal bowel sounds. No hernia appreciated.

Lymphatic: no lymphadenopathy.

Bilateral Hip: Appearance is normal. Groin bilat. Palpation normal. Full range of motion. Forward flexion: without pain. Extension: with pain. Abduction: without pain. Internal rotation: without pain. External rotation: without pain. Adduction: without pain. Normal bilateral strength. Tone is normal.

Neurologic: Bilateral deep tendon reflexes are 2/4. Sensation is intact to light touch in all dermatomes. The muscles display no weakness. Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally. negative sacroiliac compression test. Negative log roll.

Lumbosacral Spine: Appears normal. Tenderness present in right paraspinal, right sciatic notch and left sciatic notch, but not lumbar spine, not left paraspinal, not sacrum, not the right sacroiliac joint, not the left sacroiliac joint, not the coccyx, not the right facet joints and not the left facet joints. Palpation reveals right-sided muscle spasm. Full range of motion. Flexion painful. Extension painless. Left Thoracolumbar Sidebending painful. Right Thoracolumbar Sidebending painless. Left Thoracolumbar Rotation painless. Right Thoracolumbar Rotation painless. Normal motor strength. Normal motor tone.

Neurologic: Sensation is intact to light touch in all dermatomes tested. The muscles tested display no weakness. No muscle atrophy is present. Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally. Special Tests: Right Straight Leg Raise positive and Left Straight Leg Raise positive, but Waddell test negative. Special Tests: equivocal Straight Leg Raise, equivocal Straight Leg Raise. Negative SI compression normal sensation, normal heel/toe gait and normal reflexes

Skin: Normal without rashes or lesions. Normal turgor.

Neurologic: cranial nerves grossly intact. upper and lower extremity reflexes symmetric bilaterally. sensation intact to light touch. Gait evaluation demonstrated a normal gait, full weight bearing, no ataxia, no shuffling.

Psychiatric: Judgment and insight are normal. oriented to person, place, and time. speech is appropriate in content and delivery. mood and affect are appropriate.

Radiology

Xray L spine: No acute abnormalities noted.

This is a preliminary radiology interpretation. The images were sent to a radiologist for final interpretation.

Preliminary radiology results were discussed with the patient.

X-Rays were reviewed with the patient.

Signatures

Electronically signed by : Pamela Bykowski, PA-C; Aug 9 2021 10:18AM EST - Author

CMC-Columbia Downtown

1715 Blanding St Columbia, SC 29201

Claim Number: 28019654

Phone: 803-789-3926

Fax: 803-256-7896

Service Date: 08/09/2021

Case Date: 07/29/2021

Work Activity Status Report

Patient: Troy W Hinson

Last 4 Digits of SSN: 7386

Date of Birth: 05/14/1965

Address: 2015 Blanding St Columbia, SC 29201

Employer Location: Merrill Gardens at Columb

Contact: Wilson Anhue

Home: (803) 789-3926 (H)

Address: 2205 Gregg St Columbia, SC 29201-2671

Role: Primary Contact

Phone: 847-227-7386

Work:

Authorized by: Medcor

Fax: 0-0-0000

THIS VISIT

Visit Type: Recheck

Time In: 08:38:00 AM

Time Out: 10:19:52 AM

Treating Clinician: Pamela Bykowski, PA-C

Diagnoses:

Sprain of abdominal wall, initial encounter (S39.011A)

Hip strain, right, initial encounter (S76.011A)

Encounter for preventive health examination (Z00.00)

Hip strain, left, initial encounter (S76.012A)

Low back strain, initial encounter (S39.012A)

Medications:

☐ Dispensed prescription medication to patient☐ Dispensed over-the-counter medication☐ Written prescription given to patient

PATIENT STATUS

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Treatment Status:

Returning for follow-up: 08/16/2021

Work Status:

Return to modified work/activity today

Patient may work their entire shift

Activity Prescription:

Key: Occasionally = up to 3 hrs/day; Frequently = up to 6 hrs/day; Constantly = up to 8 hours or greater per day

May lift up to 10 lbs constantly

May push/pull up to 10 lbs constantly

May bend occasionally

May stand frequently

May walk frequently

No squatting

No kneeling

Allow for positional changes if sitting. 1 per

Based on the Department of Labor definitions

NEXT VISIT(S)

Visit Date and Time:

Visit Type:

Clinician:

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel, please contact the clinic. Thank you for your cooperation.

08/16/2021 09:00 AM

Medical Therapy Specialist

☒ ☐ ☐☐ ☐ ☐☐ ☐ ☐☐ ☐ ☐☐ ☐ ☐☐ ☐ ☐☐ ☐ ☐

Pamela M Bykowski, PA

Work Activity Status Report

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Concentra



**4251 Columbia Downtown
1715 Blanding St,
Columbia, SC, 29201
(803) 799-3926**

Patient: Troy W. Hinson **DOB:** 08/16/1968
MRN: 181470040

Encounter Date: 08/16/2021

Functional Restoration and Status of Healing

Troy Hinson has significant difficulties with the physical requirements of his job.

Discussion/Summary

Chaperone was declined

This encounter was coded utilizing the current Evaluation and Management Guidelines as adopted by the current year state fee schedule.

The work value contained in this report meets the Medical Decision Making (MDM) criteria for complexity of the selected E/M code. The reported injury necessitates the assessment of the threat to bodily function or exacerbation of the injury, particularly for return to work (full duty or limited), and/or due to the consideration of multiple treatment options.

The work value was credited on AMA's definition that the final diagnosis does not, in and of itself, determine the overall complexity or risk. An extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Presenting symptoms that could potentially represent a high morbidity may "drive" MDM even when the ultimate diagnosis is not highly morbid. This should be consistent with the nature of the condition, circumstance of the incident, and unique features of the individual patient. Multiple problems of lower severity may, in the aggregate, create a higher clinical risk due to their cumulative effects.

In addition to the AMA criteria, we also request consideration for the Worker's Compensation unique work value including assessing causation, apportionment, work status, disability status, functional capacity, applicability of relevant treatment and/or disability duration guidelines and coordination of care for the treatment of the work-related condition.

A comprehensive discussion was held with the patient to review the diagnosis and overall treatment plan and objectives. The patient verbally acknowledged their understanding of all items discussed, and was afforded an opportunity to get clarification and/or ask additional questions regarding the proposed treatment(s). Patient was

Patient: Troy W. Hinson
Encounter Date: 08/16/2021 8:48AM

MRN: 181470040

instructed to keep their scheduled appointments for follow-up and/or return to Concentra.

ASSESSMENT

1. Abnormal CT of the abdomen (R93.5)
2. Hip strain, left, initial encounter (S76.012A)
3. Hip strain, right, initial encounter (S76.011A)
4. Low back strain, initial encounter (S38.012A)
5. Sprain of abdominal wall, initial encounter (S39.011A)

Plan

DOI: 07/29/2021

Abdominal strain and bilat hip strain. Subjectively worsening - no BM since Wednesday, no improvement with laxative. Having belching and nausea. Went to Providence ED and no imaging performed Friday 08/13/2021. Was given prescriptions unable to fill. On Exam he appears in more discomfort, continues to be tachycardia. Has not been on meds since 8/12/2021. More generalized pain to abdomen, nondistended. Xray L spine shows disc spaces are narrowed at multiple levels with mild retrolisthesis of L4 on L5, L2 on L3. Small linear calculus suspected in the left kidney. Reviewed with patient.

Reviewed again with Dr. Depletro and we agree patient needs to go back to the ED for a full work up.

Called and spoke to Providence NE ED physician Catherine. Stated concerns for possible incarcerated hernia or other abnormality causing symptoms and would like him to be evaluated. She understood.

Rest, ice, elevate.

Pain relieving gel as needed.

RTC for reevaluation 08/23/2021.

Work restrictions as discussed. See below.

NO MEDICATIONS WERE PRESCRIBED OR DISPENSED FOR THIS ENCOUNTER.

Activity Status and Restrictions

Treatment Status:

Returning for follow-up: 08/23/2021

Activity Status

Off rest of shift- return to modified activity on: after ED visit 08/18/2021.

Work Duration

Patient may work their entire shift.

Restrictions: KEY - Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day, Constantly = up to 8 hours or greater per day

May lift up to 10 lbs constantly

May push/pull up to 10 lbs constantly

May bend occasionally

May stand frequently

May walk frequently

No squatting.

No kneeling.

Allow for positional changes if sitting

Printed By: Brittany Lewis

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8/23/21 12:04:19 PM

Patient: Troy W. Hinson**Encounter Date: 08/16/2021 8:48AM****MRN: 181470040****1 Amended By: Bykowski, Pamela M.; Aug 16 2021 9:42 AM EST****Reason For Visit****Chief Complaint:** The patient presents today with Recheck abdominal strain DOI: 07/29/2021. Self reported.**Workers Compensation - Patient's Occupation:** Maintenance Director.**Work Status History:** patient has been working modified duty.**Chaperone was offered:** Patient declined the presence of a chaperone**History of Present Illness**

Patient is presenting for reevaluation of lower abdominal pain. DOI: 7/29/2021. Continues to worsen. Has not been eating. Not having good BM. Had to bend down at work and felt like ice picks in his abdomen. Last BM was Wednesday last week. Has had a lot of belching, and feels nauseas. Feels miserable. Took laxative on Saturday. When got up Friday was doubling over. Went to Providence NE and was given steroids and pain medication. Was unable to fill due to issue at pharmacy. No imaging was performed. Has been resting, stretching, icing. Taking ibuprofen 800 mg TID. denies SE. Pain is located lower abdomen and right/left buttocks. Has pain in lower back. Pain is improved by lying flat. pain is worsened by lifting. Woke up other night doubled over in pain due to belly pain. After about an hour it eased off. Denies previous hernia. Denies radiculopathy symptoms. Denies previous injuries or surgeries to lower back, abdomen. Denies Saddle anesthesia, loss of bowel and bladder, urinary retention.

-Patient was pushing a dumpster up a steep short ramp this AM at 8:10 am. . Felt immediate burning sensation in left groin region. Reports pain wrapping around lower abdomen into hips bilaterally.

Past Medical History

- History of No significant past medical history

Surgical History

- History of No pertinent past surgical history (Z78.9)

Family History

- Family history of Diabetes mellitus
- Family history of Stroke

Social History

- Current every day smoker (F17.200)
- No drug use
- Social alcohol use (Z78.9)

Allergies

No Known Drug Allergies

Current Meds

- Diclofenac Sodium 75 MG Oral Tablet Delayed Release; TAKE 1 TABLET Every twelve hours
- Doxycycline Hyclate 75 MG Oral Tablet
- Ketorolac Tromethamine 30 MG/ML Injection Solution; INJECT 1 ML Intramuscular
- Methocarbamol 750 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME

Printed By: Brittany Lewis

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8/23/21 12:04:20 PM

Patient: Troy W. Hinson
Encounter Date: 08/16/2021 8:48AM

MRN: 181470040

- Testosterone 20 % CREA
- Vitamin D TABS

Review of Systems

Constitutional: Reviewed and found to be negative.
Gastrointestinal: Reviewed and found to be negative.
Genitourinary: Reviewed and found to be negative.
Musculoskeletal: as noted in HPI.
Integumentary: Reviewed and found to be negative.
Neurological: Reviewed and found to be negative.

Vitals

Recorded: 18Aug2021 08:11AM	
Systolic	148 LUE, sitting
Diastolic	88 LUE, sitting
BP Cuff Size	Large - Adult
Heart Rate	108
Respiration	14
Height	5 ft 7 in
Weight	219 lb
BMI Calculated	34.3 kg/m2
BSA Calculated	2.1

Vitals Review

Vital signs were reviewed and found to be unremarkable.
Comments: Elevated BP. Asymptomatic. Instructed to follow up with PCP.

Physical Exam

Constitutional: well appearing and well nourished. Ill appearance, nontoxic.

Head/Face: Normocephalic and atraumatic.

Eyes: conjunctiva and lids with no swelling, erythema or discharge. Pupils are equal, round, and reactive to light and cornea clear. Extraocular movements intact.

ENT: No erythema or edema of the external ears or nose. Hearing is grossly normal.

Pulmonary: no increased work of breathing or signs of respiratory distress.

Cardiovascular: Extremities are warm with no edema. capillary refill was normal.

Abdomen: TTP to palpation pelvic region, entire abdomen. Hyperactive BS. No rebound tenderness. No guarding. No mass(es). No hepatosplenomegaly. No hernia appreciated.

Lymphatic: no lymphadenopathy.

Bilateral Hip: Appearance is normal. Groin bilat. Palpation normal. Full range of motion. Forward flexion: without pain. Extension: with pain. Abduction: without pain. Internal rotation: without pain. External rotation: without pain. Adduction: without pain. Normal bilateral strength. Tone is normal.

Neurologic: Bilateral deep tendon reflexes are 2/4. Sensation is intact to light touch in all dermatomes. The muscles display no weakness. **Vascular:** The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally. negative sacroiliac compression test. Negative log roll.

Lumbosacral Spine: Appears normal. No Tenderness. Tenderness present in not lumbar spine, not left paraspinal, not right paraspinal, not right sciatic notch, not left sciatic notch, not sacrum, not the right sacroiliac joint, not the left sacroiliac joint, not the coccyx, not the right facet joints and not the left facet joints. Palpation reveals right-sided muscle spasms. Full range of motion. Flexion painful. Extension painless. Left Thoracolumbar Sidebending painful. Right Thoracolumbar Sidebending painless. Left Thoracolumbar Rotation

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8/23/21 12:04:20 PM

Patient: Troy W. Hinson**Encounter Date: 08/16/2021 8:48AM****MRN: 181470040**

painless. Right Thoracolumbar Rotation painless. Normal motor strength. Normal motor tone.
Neurologic: Sensation is intact to light touch in all dermatomes tested. The muscles tested display no weakness. No muscle atrophy is present. Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally. Special Tests: Left Straight Leg Raise positive, but Right Straight Leg Raise negative and Waddell test negative. Special Tests: equivocal Straight Leg Raise. Negative SI compression normal sensation, normal heel/toe gait and normal reflexes

Skin: Normal without rashes or lesions. Normal turgor.

Neurologic: cranial nerves grossly intact. upper and lower extremity reflexes symmetric bilaterally. sensation intact to light touch. Gait evaluation demonstrated a normal gait, full weight bearing, no ataxia, no shuffling.

Psychiatric: Judgment and insight are normal. oriented to person, place, and time. speech is appropriate in content and delivery. mood and affect are appropriate.

Signatures

Electronically signed by : Pamela Bykowski, PA-C; Aug 16 2021 8:40AM EST - Author

Electronically signed by : Pamela Bykowski, PA-C; Aug 16 2021 9:42AM EST - Author

CMC-Columbia Downtown

1715 Blanding St Columbia, SC 29201

Service Dates: 08/16/2021

Claim Number: 1452850

Phone: 803-799-3926

Fax: 803-256-7896

Case Dates: 07/29/2021

Work Activity Status Report

Patient: Troy W Hinson

Last 4 Digits of SSN: 7386

Date of Birth: 08/11/1980

Address: 2025 Edmund Howard COLUMBIA, SC 29205

Employer Location: Merrill Gardens at Columb

Contact: Wilson Anhar

Address: 2205 Gregg St Columbia, SC 29201-2671

Role: Primary Contact

Home: (803) 542-5994 (H)

Phone: 847-227-7386

Work:

Authorized by: Medcor

Fax: 0-0-0000

THIS VISIT

Visit Type: Recheck

Time In: 08:46:00 AM

Time Out: 08:43:28 AM

Treating Clinician: Pamela Bykowski, PA-C

Diagnoses:

Abnormal CT of the abdomen (R93.5)

Hip strain, left, initial encounter (S76.012A)

Hip strain, right, initial encounter (S76.011A)

Low back strain, initial encounter (S39.012A)

Sprain of abdominal wall, initial encounter (S39.011A)

Medications:

☐ Dispensed prescription medication to patient☐ Dispensed over-the-counter medication☐ Written prescription given to patient

PATIENT STATUS

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Treatment Status:

Returning for follow-up: 08/23/2021

Work Status:

Off rest of shift- return to modified activity on: 08/18/2021

Patient may work their entire shift

Activity Prescriptions:

Key: Occasionally = up to 3 hrs/day; Frequently = up to 6 hrs/day; Constantly = up to 6 hours or greater per day

May lift up to 10 lbs constantly

May push/pull up to 10 lbs constantly

May bend occasionally

May stand frequently

May walk frequently

No squatting

No kneeling

Allow for positional changes if sitting

Based on the Department of Labor definitions

NEXT VISIT(S)

Visit Date and Time:

08/23/2021 03:00 PM

Visit Type:

Medical Therapy Specialist

☒	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

Clinician:

Pamela M Bykowski, PA

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel, please contact the clinic. Thank you for your cooperation.

Work Activity Status Report

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Concentra



4251 Columbia Downtown
1715 Blanding St,
Columbia, SC, 29201
(803) 799-3926

Patient: Troy W. Hinson DOB: [REDACTED]
MRN: 181470040

Encounter Date: 08/23/2021

Functional Restoration and Status of Healing

Troy Hinson has significant difficulties with the physical requirements of his job.

Discussion/Summary

Chaperone was declined

This encounter was coded utilizing the current Evaluation and Management Guidelines as adopted by the current year state fee schedule.

The work value contained in this report meets the Medical Decision Making (MDM) criteria for complexity of the selected E/M code. The reported injury necessitates the assessment of the threat to bodily function or exacerbation of the injury, particularly for return to work (full duty or limited), and/or due to the consideration of multiple treatment options.

The work value was credited on AMA's definition that the final diagnosis does not, in and of itself, determine the overall complexity or risk. An extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Presenting symptoms that could potentially represent a high morbidity may "drive" MDM even when the ultimate diagnosis is not highly morbid. This should be consistent with the nature of the condition, circumstance of the incident, and unique features of the individual patient. Multiple problems of lower severity may, in the aggregate, create a higher clinical risk due to their cumulative effects.

In addition to the AMA criteria, we also request consideration for the Worker's Compensation unique work value including assessing causation, apportionment, work status, disability status, functional capacity, applicability of relevant treatment and/or disability duration guidelines and coordination of care for the treatment of the work-related condition.

A comprehensive discussion was held with the patient to review the diagnosis and overall treatment plan and objectives. The patient verbally acknowledged their understanding of all items discussed, and was afforded an opportunity to get clarification and/or ask additional questions regarding the proposed treatment(s). Patient was

Patient: Troy W. Hinson
Encounter Date: 08/23/2021 9:06AM

MRN: 181470040

Instructed to keep their scheduled appointments for follow-up and/or return to Concentra.

ASSESSMENT

1. Abnormal CT of the abdomen (R93.5)
2. Hip strain, left, initial encounter (S76.012A)
3. Hip strain, right, initial encounter (S76.011A)
4. Low back strain, initial encounter (S39.012A)
5. Sprain of abdominal wall, initial encounter (S39.011A)

Plan

DOI: 07/28/2021.

Went to Providence ED on 8/16/2021 and had MRI lumbar and CT scan abdomen. States referred to Orthopedic and Urologist. Unsure diagnosis. Awaiting records.

Abdominal strain and bilat hip strain. Subjectively remains the same. Exam remains the same/no longer with generalized abdominal pain. Need records to determine referrals needed. Will addend if available today or tomorrow.

Rest, ice, elevate.

Pain relieving gel as needed.

RTC for reevaluation 08/30/2021.

Work restrictions as discussed. See below.

NO MEDICATIONS WERE PRESCRIBED OR DISPENSED FOR THIS ENCOUNTER.

Activity Status and Restrictions

Treatment Status:

Returning for follow-up: 08/30/2021

Activity Status

Return to modified work/activity today.

Work Duration

Patient may work their entire shift.

Restrictions: KEY - Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day, Constantly = up to 8 hours or greater per day

May lift up to 5 lbs constantly

May push/pull up to 10 lbs constantly

May bend occasionally

May stand occasionally

May walk occasionally

May engage in activities requiring trunk rotation occasionally

No squatting.

No kneeling.

Allow for positional changes if sitting

Reason For Visit

Printed By: Brittany Lewis

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8/23/21 12:04:15 PM

Patient: Troy W. Hinson**Encounter Date: 08/23/2021 9:06AM****MRN: 181470040**

Chief Complaint: The patient presents today with recheck on abdominal strain. Self reported.
Workers Compensation - Patient's Occupation: Maintenance Director.
Work Status History: patient has not been working. The patient has chosen not to return to work.

Chaperone was offered: Patient declined the presence of a chaperone

History of Present Illness

Patient is presenting for reevaluation of lower abdominal pain. DOI: 7/29/2021. Went to Providence ED on 08/16/2021 and had a workup performed. Had MRI of lumbar spine and was told needs to go to Orthopedic - was told bulging disc. Had another CT scan and was told needs to see Urologist due to something wrong with a tube. Taking some medication prescribed which helps some - 3 different pills. States hurts when walks, had to stop twice when walking to the mailbox due to pain. Finally had a BM and not as much abdominal pain. Has been resting, stretching, icing. Taking ibuprofen 800 mg BID. denies SE. Pain is located lower abdomen and right/left buttocks. Has pain in lower back. Pain is improved by lying flat. pain is worsened by lifting. Denies previous hernia. Denies radiculopathy symptoms. Denies previous injuries or surgeries to lower back, abdomen. Denies Saddle anesthesia, loss of bowel and bladder, urinary retention.

-Patient was pushing a dumpster up a steep short ramp this AM at 8:10 am. . Felt immediate burning sensation in left groin region. Reports pain wrapping around lower abdomen into hips bilaterally.

Past Medical History

- History of No significant past medical history

Surgical History

- History of No pertinent past surgical history (Z78.9)

Family History

- Family history of Diabetes mellitus
- Family history of Stroke

Social History

- Current every day smoker (F17.200)
- No drug use
- Social alcohol use (Z78.9)

Allergies

- No Known Drug Allergies

Current Meds

- Diclofenac Sodium 75 MG Oral Tablet Delayed Release; TAKE 1 TABLET Every twelve hours
- Doxycycline Hyclate 75 MG Oral Tablet
- Ketorolac Tromethamine 30 MG/ML Injection Solution; INJECT 1 ML Intramuscular
- Methocarbamol 750 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME
- Testosterone 20 % CREA
- Vitamin D TABS

Printed By: Brittany Lewis

3 of 5

8/23/21 12:04:15 PM

Patient: Troy W. Hinson
Encounter Date: 08/23/2021 9:06AM

MRN: 181470040

Review of Systems

Constitutional: Reviewed and found to be negative.
Musculoskeletal: as noted in HPI.
Integumentary: Reviewed and found to be negative.
Neurological: Reviewed and found to be negative.

Vitals

	Recorded: 23Aug2021 09:20AM
Systolic	132
Diastolic	82
BP Cuff Size	Regular - Adult
Heart Rate	118
Respiration	15
Height	5 ft 7 in
Weight	219 lb
BMI Calculated	34.3 kg/m2
BSA Calculated	2.1

Vitals Review

Abnormal vital signs were discussed with the patient.

Physical Exam

Constitutional: well appearing and well nourished.

Head/Face: Normocephalic and atraumatic.

Eyes: conjunctiva and lids with no swelling, erythema or discharge. Pupils are equal, round, and reactive to light and cornea clear. Extraocular movements intact.

ENT: No erythema or edema of the external ears or nose. Hearing is grossly normal.

Pulmonary: no increased work of breathing or signs of respiratory distress.

Cardiovascular: Extremities are warm with no edema. capillary refill was normal.

Abdomen: TTP to palpation pelvic region. No rebound tenderness. No guarding. No mass(es). No hepatosplenomegaly. Normal bowel sounds. No hernia appreciated.

Lymphatic: no lymphadenopathy.

Bilateral Hip: Appearance is normal. Groin bilat. Palpation normal. Full range of motion. Forward flexion: without pain. Extension: with pain. Abduction: without pain. Internal rotation: without pain. External rotation: without pain. Adduction: without pain. Normal bilateral strength. Tone is normal.

Neurologic: Bilateral deep tendon reflexes are 2/4. Sensation is intact to light touch in all dermatomes. The muscles display no weakness. **Vascular:** The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally. negative sacroiliac compression test. Negative log roll.

Lumbosacral Spine: Appears normal. Tenderness present in not lumbar spine, not left paraspinal, not right paraspinal, not right sciatic notch, not left sciatic notch, not sacrum, not the right sacroiliac joint, not the left sacroiliac joint, not the coccyx, not the right facet joints and not the left facet joints. TTP left latissimus dorsi - sore. Palpation reveals right-sided muscle spasms. Full range of motion. Flexion painful. Extension painless. Left Thoracolumbar Sidebending painful. Right Thoracolumbar Sidebending painless. Left Thoracolumbar Rotation painless. Right Thoracolumbar Rotation painless. Normal motor strength. Normal motor tone.

Neurologic: Sensation is intact to light touch in all dermatomes tested. The muscles tested display no weakness. No muscle atrophy is present. **Vascular:** The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally. **Special Tests:** Left Straight Leg Raise positive, but Right Straight Leg Raise negative and Waddell test negative. **Special Tests:** equivocal Straight Leg Raise. Negative SI compression normal sensation, normal heel/toe gait and normal reflexes

Skin: Normal without rashes or lesions. Normal turgor.

Printed By: Brittany Lewis

4 of 5

8/23/21 12:04:15 PM

Patient: Troy W. Hinson**Encounter Date: 08/23/2021 9:06AM****MRN: 181470040**

Neurologic: cranial nerves grossly intact. upper and lower extremity reflexes symmetric bilaterally. sensation intact to light touch. Gait evaluation demonstrated a normal gait, full weight bearing, no ataxia, no shuffling.
Psychiatric: . Judgment and insight are normal. oriented to person, place, and time. speech is appropriate in content and delivery. mood and affect are appropriate.

Signatures

Electronically signed by : Pamela Bykowski, PA-C; Aug 23 2021 9:38AM EST - Author

CMC-Columbia Downtown

1715 Blanding St Columbia, SC 29201

Claim Number: 1452860

Phone: 803-799-3926

Fax: 803-256-7896

Service Date: 08/23/2021

Care Date: 07/29/2021

Work Activity Status Report

Patient: Troy W Hinson

Last 4 Digits of SSN: 7386

Date of Birth: 05/11/1968

Address: 200 Edward View Dr Columbia, SC 29806

Employer Location: Merrill Gardens at Columb

Contact: Wilson Anhar

Address: 2205 Gregg St Columbia, SC 29201-2671

Role: Primary Contact

Home: (803) 749-0864 (H)

Phone: 847-227-7385

Work:

Authorized by: Medcor

Fax: 0-0-0000

THIS VISIT

Visit Type: Recheck

Time In: 09:06:00 AM

Time Out: 09:38:51 AM

Treating Clinician: Pamela Bykowski, PA-C

Diagnoses:

Abnormal CT of the abdomen (R03.6)

Hip strain, left, initial encounter (S76.012A)

Hip strain, right, initial encounter (S76.011A)

Low back strain, initial encounter (S39.012A)

Sprain of abdominal wall, initial encounter (S39.011A)

Medications:

☐ Dispensed prescription medication to patient

☐ Dispensed over-the-counter medication

☐ Written prescription given to patient

PATIENT STATUS

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Treatment Status:

Returning for follow-up: 08/30/2021

Work Status:

Return to modified work/activity today

Patient may work their entire shift

Activity Prescription:

Key: Occasionally = up to 3 hrs/day; Frequently = up to 6 hrs/day; Constantly = up to 8 hours or greater per day

May lift up to 5 lbs constantly

May push/pull up to 10 lbs constantly

May bend occasionally

May stand occasionally

May walk occasionally

May engage in activities requiring trunk rotation occasionally

No squatting

No kneeling

Allow for positional changes if sitting

Based on the Department of Labor definitions

NEXT VISIT(S)

Visit Date and Time:

08/30/2021 09:45 AM

Visit Type:

Medical Therapy Specialist

☒	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

Clinician:

Pamela M Bykowski, PA

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel, please contact the clinic. Thank you for your cooperation.

Work Activity Status Report

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CMC-Columbia Downtown

1715 Blanding St Columbia, SC 29201

Claim Number: 1452850

Phone: 803-799-3926

Fax: 803-256-7896

Service Date: 08/30/2021

Case Date: 07/29/2021

Work Activity Status Report

Patient: Troy W Hinson

Last 4 Digits of SSN: 7386

Date of Birth: 05/11/1968

Address: 2000 Blanding St Columbia, SC 29201

Employer Location: Merrill Gardens at Columb

Contact: Wilson Anhar

Home: (803) 742-0094 (H)

Address: 2205 Gregg St Columbia, SC 29201-2671

Role: Primary Contact

Phone: 847-227-7385

Work:

Authorized by: Medcor

Fax: 0-0-0000

THIS VISIT

Visit Type: Recheck

Time In: 01:05:00 PM

Time Out: 02:01:04 PM

Treating Clinician: Pamela Bykowski, PA-C

Diagnoses:

Abnormal CT of the abdomen (R93.5)
Bulge of lumbar disc without myelopathy (M51.26)
Left inguinal hernia (K40.90)
Low back strain, initial encounter (S39.012A)
Sprain of abdominal wall, initial encounter (S39.011A)

Medications:

- ☐ Dispensed prescription medication to patient
- ☐ Dispensed over-the-counter medication
- ☒ Written prescription given to patient

PATIENT STATUS

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Treatment Status:

Returning for follow-up: 09/07/2021

Work Status:

Return to modified work/activity today
Patient may work their entire shift

Activity Prescription:

Key: Occasionally = up to 3 hrs/day; Frequently = up to 6 hrs/day; Constantly = up to 8 hours or greater per day

May lift up to 5 lbs constantly
May push/pull up to 10 lbs constantly
May bend occasionally
May stand occasionally
May walk occasionally
May engage in activities requiring trunk rotation occasionally
No squatting
No kneeling
Allow for positional changes if sitting

Based on the Department of Labor definitions

NEXT VISIT(S)

Visit Date and Time:

09/07/2021 01:15 PM

Visit Type:

Medical	Therapy	Specialist
☒	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

Clinician:

Pamela M Bykowski, PA

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel, please contact the clinic. Thank you for your cooperation.

Work Activity Status Report

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4251 Columbia Downtown
1715 Blanding St,
Columbia, SC, 29201
(803) 799-3926

Patient: Troy W. Hinson DOB: 08/11/1968
MRN: 181470040

Encounter Date: 08/30/2021

Clinical Summary

Patient Details for Hinson, Troy W.

Troy
Preferred Name 181470040
MRN

Today's Appointment

Bykowski, Pamela M PA-C 30 Aug 2021 01:05 PM
Provider Appointment

Medications

Current Medications:

Medication	Instructions
Doxycycline Hyclate 75 MG Oral Tablet	
Testosterone 20 % CREA	
Vitamin D TABS	
Ketorolac Tromethamine 30 MG/ML Injection Solution	INJECT 1 ML Intramuscular
Diclofenac Sodium 75 MG Oral Tablet Delayed Release	TAKE 1 TABLET Every twelve hours
Methocarbamol 750 MG Oral Tablet	TAKE 1 TABLET AT BEDTIME.

Allergies and Adverse Reactions

- No Known Drug Allergies

Vital Signs

Date/Time	08/30/2021 1:57:00 PM	08/30/2021 1:37:00 PM
Systolic		136mm(Hg)
Diastolic		84mm(Hg)

Thank you for trusting the clinicians and staff at Concentra to provide your medical care. It was our pleasure and privilege to do so. Please feel free to return to Concentra should you have any further medical needs.

1 of 3

8/30/21 1:00:45 PM

Patient: Troy W. Hii.

Encounter Date: 08/30/2021 1:05PM

MRN: 181470040

Heart Rate	110/min	120/min
Height		67in
Weight		219lb
BMI Calculated		34.3kg/m2
BSA Calculated		2.1m2
Respiration		18/min
BP Cuff Size		Regular - Adult
O2 Saturation		98%

Results

Results not documented.

Health Issues Reviewed

Sprain of abdominal wall, initial encounter
Low back strain, initial encounter
Abnormal CT of the abdomen
Left inguinal hernia
Bulge of lumbar disc without myelopathy

Interventions

Medication Changes:

Action	Medication	Plan	Prescription
Refill	Diclofenac Sodium 75 MG Oral Tablet Delayed Release	TAKE 1 TABLET Every twelve hours	Prescription printed

Follow-ups/Referrals:

- Physical Therapy Referral; Done: 30 Aug 2021

Plan:

DOI: 07/29/2021.

Abdominal strain and bilat hip strain. Subjectively remains the same/worse. Exam remains the same. General Surgery Referral is accepted. Awaiting for patient to get scheduled. PT is authorized, but expired so patient was instructed to follow up with me instead today and new order placed. Will continue to monitor while establishing care. ED precautions given. Instructed him to call his adjustor to see where appt will be.

Patient to follow up with PCP for further evaluation of dilated ureters/CT urogram - has appt next week.

Rest, ice, elevate.

Pain relieving gel as needed.

Rx Diclofenac 75 mg BID w food as needed for inflammation and pain. Educated on med/ae/se.

PT as soon as possible.

Referral General Surgery as soon as possible.

Patient: Troy W. Hi. a

Encounter Date: 08/30/2021 1:05PM

MRN: 181470040

RTC for reevaluation 09/07/2021.

Work restrictions as discussed. See below.below.

NONE OF THE PATIENT'S MEDICATIONS FOR THIS ENCOUNTER WERE DISPENSED IN THE CENTER.

Document Details

4251 Columbia Downtown
Site Name

(803) 799-3926
Phone

30 Aug 2021 01:00 PM
Created Date/Time

1715 Blanding
St., Columbia, SC, 29201
Site Address

(803) 256-7896
Fax

Pamela Bykowski; PA-C
Printed By

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: HINSON, TROY
DICTATING PROVIDER: Gibbs, Mykenzi Alexis PA
ATTENDING: Skaggs, Joshua Benjamin MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:
ACCOUNT #: E10002661725
MED REC #: Z001072827
DOB: 05/11/58 AGE: 53
NURSING STATION: E.ED
DATE OF DICTATION: 07/30/21
TIME OF DICTATION: 0928

General Medical Prob. HPI

General

Mode of Arrival to ED Walk in
Accompanied By: SELF
Chief Complaint Gastrointestinal Complaints
Stated Complaint ABDOMINAL PAIN
Time Seen by MD/NP/PA 0915
Source patient, RN notes reviewed
Exam Limitations no limitations
Sepsis Risk No
Height - Feet: 5
Inches: 5.00
Cm: 165.10
Weight - Lb: 219
Oz: 0.00
Kg: 99.338

History of Present Illness

Initial Comments

53 yo WM presents to the ED with complaints of severe L groin pain that started yesterday after pushing a large dumpster up a ramp at work. Associated LLQ abdominal pain and low back pain. Patient states that this morning his pain is worse with coughing, he is having difficulty with moving his legs and moving his torso in certain directions due to the increased discomfort in the groin region. No urinary symptoms. No improvement with taking ibuprofen.

Timing/Duration 24 hours, constant, per HPI

Severity moderate

Associated Symptoms per HPI

Respiratory ROS

Constitutional

Pt reports: no symptoms.

Respiratory

Pt reports: no symptoms.

Cardiovascular

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PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: HINSON, TROY
DICTATING PROVIDER: Gibbs, Mykenzi Alexis PA
ATTENDING: Skaggs, Joshua Benjamin MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT #: E10002661725
MED REC # 2001072827
DOB: 05/11/58 AGE: 53
NURSING STATION: 8 ED
DATE OF DICTATION: 07/30/21
TIME OF DICTATION: 0928

Pt reports: no symptoms.
Gastrointestinal
Pt reports: abdominal pain (LLQ).
Genitourinary
Pt reports: pain (L inguinal region). Pt denies: dysuria, hematuria.
Musculoskeletal
Pt reports: back pain (low back).
Skin
Pt reports: no symptoms.
Psychiatric/Neurological
Pt reports: no symptoms.
All Other Systems Negative except in HPI

PMH, Allergies, Home Meds

Past Surgical Hx:

DENIES

Past Medical Hx:

DENIES

Flu shot this season? No

Pneumonia shot in the past? No

Immunizations UTD: Yes

Allergies

Coded Allergies:

No Known Drug Allergies (07/30/21)

PFSH

Tobacco Use+: NONE

Family History:

No Known Family History.

General Physical Ex w/ Pelvis

Physical Exam

Vital Signs

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PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: HINSON, TROY
DICTATING PROVIDER: Gibbs, Mykenzi Alexis PA
ATTENDING: Skaggs, Joshua Benjamin MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/ED:
PATIENT TYPE:

ACCOUNT #: E10002661725
MED REC #: 2001072827
DOB: 05/11/68 AGE: 53
NURSING STATION: E.ED
DATE OF DICTATION: 07/30/21
TIME OF DICTATION: 0928

Vital Signs

Date Time	Temp	Pulse	Resp	B/P	B/P Mean	Pulse Ox	O2 Delivery	O2 Flow Rate	FI02
07/30 1050		96	18	157/80		98			
07/30 1030						99			
07/30 0838	98.8	104	20	170/101		97			

General Appearance WD/WN, mild distress (discomfort)
Ear, Nose, Throat hearing grossly normal
Respiratory lungs clear, normal breath sounds, no respiratory distress
Cardiovascular no MRG, regular rate/rhythm
Gastrointestinal soft, non tender, NABS
Back normal inspection, no vertebral tenderness, no signs of injury
Extremities patient localizes his discomfort to the L inguinal region, TTP of the L suprapubic region, no demonstrable bulge or signs of hernia
Neurologic/Psychiatric conscious, alert, oriented x3
Skin normal color, warm/dry

Medical decision making

Pt seen under the direction of:

Skaggs, Joshua Benjamin MD

Course:

53-year-old white male with left inguinal discomfort and low back pain, status post pushing a large dumpster yesterday

Exam: As noted above

CBC: Negative

BMP: Negative

CT abdomen and pelvis with IV: CONCLUSION: Nonobstructing stone lower pole left kidney. Exophytic cyst on the right kidney. Per radiology; CONCLUSION: Small amount of fat in the left inguinal canal. Prominence of both distal ureters but no evidence of distal ureteral stone or mass. Per radiology

Morphine 4 mg IV given for discomfort

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PROVIDENCE HEALTH
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COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: HINSON, TROY
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ATTENDING: Skaggs, Joshua Benjamin MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT #: E10002661725
MED REC #: 2001072827
DOB: 05/11/58 AGE: 53
NURSING STATION: E, ED
DATE OF DICTATION: 07/30/21
TIME OF DICTATION: 0928

Patient is clinically stable, will be discharged home to follow up with PCP. Will treat as muscle strain with Norco, Flexeril and ibuprofen.

This care is provided during an unprecedented national emergency due to the novel coronavirus (COVID-19). COVID-19 infections and transmission risks place heavy strains on healthcare resources. As this pandemic evolves, the hospital and providers strive to respond fluidly, to remain operational, and to provide care relative to available resources and information. Outcomes are unpredictable and treatments are without well-defined guidelines. Further, the impact of COVID-19 on all aspects of emergency care, including the impact to patient seeking care for reasons other than COVID-19, is unavoidable during this national emergency.

Medications administered:

Current Medications

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Morphine Sulfate 2 MG/ML INJ	4 MG	1X ER STAT STA IV	07/30 0928 07/30 0929	DC	07/30 0955

**Orders placed:
Orders**

Procedure	Date/time	Status
CT ABD and PEL W/IV CONT ONLY	07/30 0929	Complete
IV: Peripheral Insertion +	07/30 0928	Active
CBC W/AUTO DIFF:RELX MAN DIFF	07/30 0928	Complete
BASIC METABOLIC PANEL	07/30 0928	Complete
ED IV Contrast	07/30 0928	Active

Decision made to admit? No

Lab data

Test	Result	Date Time
Chemistry		
Sodium (136 - 145 mmol/L)	136	07/30 0940
Potassium (3.5 - 5.0 mmol/L)	3.9	07/30 0940
Chloride (101 - 110 mmol/L)	101	07/30 0940
Carbon Dioxide (22 - 29 mmol/L)	25	07/30 0940

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PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: EINSON, TROY
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ATTENDING: Skaggs, Joshua Benjamin MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT #: E10002661725
MED REC # 2001072827
DOB: 05/11/58 AGE: 53
NURSING STATION: E, ED
DATE OF DICTATION: 07/30/21
TIME OF DICTATION: 0928

Anion Gap (10 - 20)	14	07/30 0940
BUN (8.4 - 25.7 mg/dL)	12	07/30 0940
Creatinine (0.72 - 1.25 mg/dL)	1.2	07/30 0940
Est GFR (Non-AI Amer)	63.33	07/30 0940
BLIN/Creatinine Ratio	10	07/30 0940
Glucose (74 - 99 mg/dL)	129 H	07/30 0940
Calcium (8.4 - 10.2 mg/dL)	9.4	07/30 0940
Hematology		
WBC (4.23 - 9.07 K/U/L)	8.4	07/30 0940
RBC (4.63 - 6.08 M/U/L)	6.57 H	07/30 0940
Hgb (13.7 - 17.5 g/dL)	18.4 H	07/30 0940
Hct (40.1 - 51.0 %)	54.9 H	07/30 0940
MCV (79.0 - 92.2 fL)	83.6	07/30 0940
MCH (25.7 - 32.2 PG)	28.0	07/30 0940
MCHC (32.3 - 36.5 G/DL)	33.50	07/30 0940
RDW (11.6 - 14.4 %)	17.7 H	07/30 0940
Plt Count (163 - 337 K/MM3)	195	07/30 0940
MPV (9.4 - 12.4 fL)	10.9	07/30 0940
Gran % (34.0 - 67.9 %)	52.9	07/30 0940
Gran # (1.78 - 5.38 K/MM3)	4.4	07/30 0940
Immature Gran % (0.1 - 3.0 %)	0.6	07/30 0940
Lymphocytes % (21.8 - 53.1 %)	31.3	07/30 0940
Monocytes % (5.3 - 12.2 %)	12.9 H	07/30 0940
Eosinophils % (0.8 - 7.0 %)	1.8	07/30 0940
Basophils % (0.2 - 1.2 %)	0.7	07/30 0940
Nucleated RBC % (0 - 0.2 %)	0	07/30 0940
Lymphocytes # (1.32 - 3.57 K/mm3)	2.6	07/30 0940
Monocytes # (0.30 - 0.82 K/mm3)	1.1 H	07/30 0940
Eosinophils # (0.04 - 0.54 K/mm3)	0.1	07/30 0940
Basophils # (0.01 - 0.08 K/mm3)	0.1 H	07/30 0940
WBC Morphology Comment	APPEARS NORMAL	07/30 0940
Platelet Estimate	APPEARS ADEQUATE	07/30 0940
Anisocytosis	SLIGHT	07/30 0940

Independent review of Images Allergies/meds reviewed

Run: 08/02/21-11:55 by THOMPSON, JARICE C

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PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: HINSON, TROY
DICTATING PROVIDER: Gibbs, Mykenzi Alexis PA
ATTENDING: Skaggs, Joshua Benjamin MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT #: E10002661725
MED REC # 2001072827
DOB: 05/11/88 AGE: 53
NURSING STATION: E, ED
DATE OF DICTATION: 07/30/21
TIME OF DICTATION: 0928

ED Departure

Time of Disposition 1111

Disposition Type+ Discharge

ED Outcome/Disposition *DISCH HOME OR RETURN SNF/ALF

Clinical Impression

Primary Impression: Inguinal muscle strain

Condition Stable

Prescriptions

Current Visit Scripts

IBUPROFEN * (Motrin *) 800 MG PO TID PRN PRN PAIN

IBUPROFEN * (Motrin *) 800 MG PO TID PRN PRN PAIN #30 TAB

As needed for pain. Safe to drive.

Hydrocodone/Acetaminophen * (Norco 5-325 MG *) 1 TAB PO Q4H PRN PRN PAIN

Hydrocodone/Acetaminophen * (Norco 5-325 MG *) 1 TAB PO Q4H PRN PRN PAIN

#12 TAB

As needed for pain. Do not drive while taking.

Cyclobenzaprine Hcl * (Flexeril *) 5 MG PO BID PRN PRN MUSCLE SORENESS/SPASM

Cyclobenzaprine Hcl * (Flexeril *) 5 MG PO BID PRN PRN MUSCLE SORENESS/SPASM

#20 TAB

As needed for muscle soreness and spasm. Do not drive or operate machinery while taking.

Patient Instructions Muscle Strain (ED)

Additional Instructions

Patient to follow up with PCP for further evaluation and care.

Take ibuprofen every 8 hours as needed for pain.

Apply ice to the area 3-5 times each day for the next 3-5 days to relieve discomfort.
Alternate 15 minutes on 15 minutes off for 1 hour.

Take Flexeril as directed, as needed for muscle soreness and spasm. Do not drive or operate machinery within 8 hours of taking.

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PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: HINSON, TROY	ACCOUNT #: E10002661725
DICTATING PROVIDER: Gibbs, Mykenzi Alexis PA	MED REC # Z001072827
ATTENDING: Skaggs, Joshua Benjamin MD	DOB: 05/11/58 AGE: 53
ADMISSION DATE:	NURSING STATION: E ED
DISCHARGE DATE:	DATE OF DICTATION: 07/30/21
ROOM/BED:	TIME OF DICTATION: 0928
PATIENT TYPE:	

Take Norco as directed, as needed for discomfort not relieved by taking Flexeril. Do not drive or operate machinery within 8 hours of taking.

Return to ED as needed or with symptom worsening.
May Return On: 08/02/21

~
~
~
~

~Dictating Provider Signature: Gibbs, Mykenzi Alexis PA
E-Signed By

Electronic Signature Date: 07/30/21
Electronic Signature Time: 1114

Report Co-Signed by:	Elect Signature Date:	Elect Signature Time:
Skaggs, Joshua Benjamin MD	07/31/21	1710

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ED NOTE (DTP) - Additional copy

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MUSC HEALTH COLUMBIA MEDICAL CENTERS PATHOLOGY/CLINICAL LABORATORIES Lawrence Grant, MD
2435 FOREST DRIVE, COLUMBIA, SC 29204 P 803 256 5330 Medical Director of Laboratories
120 GATEWAY CORPORATE BLVD, COLUMBIA, SC 29203 P 803 865 4550
1810 US HIGHWAY 321 S, WINNSBORO, SC 29180 P 803 365 8105
All cytology, surgical pathology, and autopsies performed at 2345 Forest Drive location

PATIENT: HINSON, TROY	ACCT #: E10002661725	LOC: E.EC	U #: 2001072827
REG DR: Skaggs, Joshua Benjamin	AGE/SEX: 53/M	ROOM:	REG: 07/30/21
	DOB: 05/11/69	BED:	DIS:
	STATUS: DEP ER	FLOR:	

REFC #: 0730:C001538	COLL: 07/30/21-0940	STATUS: COME	REQ #: 05911906
	RECD: 07/30/21-0953	SUBM DR: Gibbs, Mykenzi Alexis PA	
	COMPLETED: 07/30/21-1006		
ENTERED: 07/30/21-0929	OTHER DR: Skaggs, Joshua Benjamin MD		
ORDERED: BMP			

Test	Result	Flag	Reference	Site
BASIC METABOLIC PANEL				
SODIUM	136		136-145 mmol/L	NEP
POTASSIUM	3.9		3.5-5.0 mmol/L	NEP
CHLORIDE	101		101-110 mmol/L	NEP
CARBON DIOXIDE	25		22-29 mmol/L	NEP
GLUCOSE	129	H	74-99 mg/dL	NEP
CALCIUM	9.4		8.4-10.2 mg/dL	NEP
BUN:	12		8.4-25.7 mg/dL	NEP
CREATININE				
CREATININE	1.2		0.72-1.25 mg/dL	NEP
BUN/CREA RATIO	10			NEP
eGFR:	63.33			NEP
UNITS ARE mL/min/1.73m2				
REFERENCE RANGE: >90 mL/min				
AGE (YEARS)				
MEAN eGFR				

20-29	116 mL/min/1.73 m2			
30-39	107 mL/min/1.73 m2			
40-49	99 mL/min/1.73 m2			
50-59	93 mL/min/1.73 m2			
60-69	85 mL/min/1.73 m2			
70+	75 mL/min/1.73 m2			
Note: eGFR is featured in the NKF 'know your number' campaign and is calculated by the MDRD equation using serum/plasma creatinine, age, sex, and race. An eGFR <60mL/min suggests the presence of kidney damage and may warrant further investigation.				
ANION GAP	14		10-20	NEP

NEP - MUSC COLUMBIA MED CNT LAB, DT
MUSC COLUMBIA MEDICAL CENTER LABORATORY, DOWNTOWN
120 GATEWAY CORP BLVD COLUMBIA, SC 29203

RUN DATE: 08/02/21	RUN TIME: 1155	
Patient: HINSON, TROY	Age/Sex: 53/M	Acct#E10002661725 Unit#2001072827

MUSC HEALTHCOLUMBIA MEDICAL CENTERS PATHOLOGY/CLINICAL LABORATORIES Lawrence Grant, MD
2435 FOREST DRIVE, COLUMBIA, SC 29204 P 803 256 5330 Medical Director of Laboratories
120 GATEWAY CORPORATE BLVD, COLUMBIA, SC 29203 P 803 865 4550
1810 US HIGHWAY 321 S, WINNABORO, SC 29180 P 803 365 8105
All cytology, surgical pathology, and autopsies performed at 2345 Forest Drive location

REG DR: Skaggs, Joshua Benjamin

ENTERED: 07/30/21-0929

OTHER DR: Skaggs, Joshua Benjamin MD

Test	Result	Flag	Reference	Site
CBC W/AUTO DIFF; RFLX MAN DIFF				
WHITE BLOOD CELL	8.4		4.23-9.07 K/UL	NEP
RBC	6.57	H	4.63-6.08 M/UL	NEP
NRBC (AUTOMATED)	0		0-0.2 %	NEP
HEMOGLOBIN:	18.4	H	13.7-17.5 g/dL	NEP
HEMATOCRIT	54.9	H	40.1-51.0 %	NEP
MCV	83.6		79.0-92.2 fL	NEP
MEAN CELL HGB	28.0		25.7-32.2 pg	NEP
MEAN CELL HGB CONCENTRATION				NEP
	33.50		32.3-36.5 G/DL	NEP
RED CELL DISTRIBUTION WIDTH				NEP
	17.7	H	11.6-14.4 %	NEP
PLATELET COUNT	195		163-337 K/MM3	NEP
MEAN PLATELET VOLUME				NEP
	10.9		9.4-12.4 fL	NEP
GRANULOCYTE %	52.9		34.0-67.9 %	NEP
IMMATURE GRANULOCYTES				NEP
	0.6		0.1-3.0 %	NEP
LYMPHOCYTE %	31.3		21.8-53.1 %	NEP
MONOCYTE %	12.9	H	5.3-12.2 %	NEP
EOSINOPHIL %	1.6		0.8-7.0 %	NEP
BASOPHIL %	0.7		0.2-1.2 %	NEP
GRANULOCYTE #	4.4		1.78-5.38 K/MM3	NEP
LYMPHOCYTE #	2.6		1.32-3.57 K/mm3	NEP
MONOCYTE #	1.1	R	0.30-0.82 K/mm3	NEP
EOSINOPHIL #	0.2		0.04-0.54 K/mm3	NEP
BASOPHIL #	0.1	H	0.01-0.08 K/mm3	NEP
CBC NEW PARAMETER NOTES:				
				NEP

The immature granulocyte percentage (IG%) is part of our automated differential (CBCA). Sustained increases in IG%

Patient: HINSON, TROY

Age/Sex: 53/M

Acct#E10002661725 Unit#Z00-072827

THIS INFORMATION IS PRIVILEGED AND CONFIDENTIAL

MUSC HEALTH COLUMBIA MEDICAL CENTERS PATHOLOGY/CLINICAL LABORATORIES Lawrence Grant, MD
2435 FOREST DRIVE, COLUMBIA, SC 29204 P 803 256 5330 Medical Director of Laboratories
120 GATEWAY CORPORATE BLVD, COLUMBIA, SC 29203 P 803 865 4550
1810 US HIGHWAY 321 S, WINNSBORO, SC 29180 P 803 365 8105
All cytology, surgical pathology, and autopsies performed at 2345 Forest Drive location

PATIENT: HINSON, TROY	ACCT #: E10002661725	LOC: E.EC	U #: 2001072827
REG DR: Skaggs, Joshua Benjamin	AGE/SX: 53/M	ROOM:	REG: 07/30/21
	DOB: 05/11/68	RED:	DIS:
	STATUS: DEP ER	TLOC:	

Specimen: 0730:H00107S Collected: 07/30/21-0940 (Continued)

Test	Result	Flag	Reference	Site
	favor infectious etiology. Our lab uses IGt increases to reflex a manual differential count. IGt is an accurate, precise, and objective instrument method of identifying early infection and non-infectious SIRS. Our automated differential is a laser-based method that counts 32,000 nucleated cells to derive an IGt and a 5 part differential. A manual differential counts only 100 cells and is inherently more subjective than the instrument-generated IGt.			
RBC MORPH				
ANISOCYTOSIS	SLIGHT			! NEP
WBC MORPHOLOGY				
WBC MORPHOLOGY COMMENT	APPEARS NORMAL			! NEP
PLATELET MORPHOLOGY COMMENT				
PLATELET EST.	APPEARS ADEQUATE			! NEP

QNEP - MUSC COLUMBIA MED CNT LAB, DT
MUSC COLUMBIA MEDICAL CENTER LABORATORY, DOWNTOWN
120 GATEWAY CORP BLVD COLUMBIA, SC 29203

RUN DATE:08/02/21	RUN TIME: 1155	
Patient: HINSON, TROY	Age/Sex: 53/M	Acct#E10002661725 Unit#2001072827

Name: HINSON, TROY
Phys: Gibbs, Mykenzi Alexis PA
DOB: Age: 53 Sex: M
Acct: E10002661725 Loc: E.ED
Exam Date: 07/30/2021 Status: DEP ER
Radiology No:
Unit No: 2001072827

EXAM#	TYPE/EXAM	RESULT
002326564	CT/CT ABD and PEL W/IV CONT ONL	

EXAMINATION: CT ABD and PEL W/IV CONT ONLY 7/30/2021 9:29 am

CLINICAL INDICATION: LOW BACK AND L GROIN PAIN, CONCERN FOR INGUINAL HERNIA

TECHNIQUE/FINDINGS: Axial images obtained through the abdomen after the administration 110 milliliters of Isovue 370 the lung bases are clear. The liver shows no focal abnormalities. Spleen adrenals and pancreas are normal. Gallbladder appears unremarkable. Kidneys enhance. There is an exophytic cyst on the right kidney. There is a nonobstructing stone in the lower pole the left kidney. No periaortic or pericaval adenopathy noted. No omental or mesenteric abnormalities are demonstrated no inflammatory changes noted within the bowel.

CONCLUSION: Nonobstructing stone lower pole left kidney. Exophytic cyst on the right kidney.

TECHNIQUE/FINDINGS: Axial images obtained through the pelvis after the administration of intravenous contrast no pelvic adenopathy or pelvic masses are noted. No inflammatory changes noted within the bowel. Both distal ureters are mildly prominent but I see no evidence of distal ureteral stones or mass. Small amount of fat is noted in the left inguinal canal.

CONCLUSION: Small amount of fat in the left inguinal canal. Prominence of both distal ureters but no evidence of distal ureteral stone or mass.

All CT scans are performed using radiation dose reduction techniques. Technical factors are evaluated and adjusted to ensure appropriate moderation of exposure. Automated dose management technology is applied to adjust the radiation dose to minimize exposure while



Name: HINSON, TROY
Phys: Gibbs, Mykenzi Alexis PA
DOB: 05/11/1968 Age: 53 Sex: M
Acct: E10002661725 Loc: E.ED
Exam Date: 07/30/2021 Status: DEP ER
Radiology No:
Unit No: Z001072827

EXAM#	TYPE/EXAM	RESULT
002326564	CT/CT ABD and PEL W/IV CONT ONL	
	<Continued>	

achieving a diagnostic-quality image. Degree of stenosis is based on NASCET criteria.

** REPORT SIGNED IN OTHER VENDOR SYSTEM 07/30/2021 (1045) **
Reported And Signed By: J. EDSEL GARRICK, M.D.

CC:

Technologist: GRICE JACOBS, II, R.T.(R) (CI)
Dictated Date/Time: 07/30/2021 (1045)
Transcribed Date/Time: 07/30/2021 (1049)
Transcriptionist: MMODAL
Printed Date/Time: 08/02/2021 (1154)

PAGE 2

Signed Report Printed From PCI

Name: HINS, TROY
Phys: Gibb, Mykenzi Alexis PA
DOB: 08/08/1968 Age: 53 Sex: M
Acct: E10002661725 Loc: E-ED
Exam Date: 07/30/2021 Status: DEP ER
Radiology No:
Unit No: Z001072827

EXAM#	TYPE/EXAM	RESULT
002326564	CT/CT ABD and PEL W/IV CONT ONL	

EXAMINATION: CT ABD and PEL W/IV CONT ONLY 7/30/2021 9:29 am

CLINICAL INDICATION: LOW BACK AND L GROIN PAIN, CONCERN FOR INGUINAL HERNIA

TECHNIQUE/FINDINGS: Axial images obtained through the abdomen after the administration 110 milliliters of Isovue 370 the lung bases are clear. The liver shows no focal abnormalities. Spleen adrenals and pancreas are normal. Gallbladder appears unremarkable. Kidneys enhance. There is an exophytic cyst on the right kidney. There is a nonobstructing stone in the lower pole the left kidney. No periaortic or pericaval adenopathy noted. No omental or mesenteric abnormalities are demonstrated no inflammatory changes noted within the bowel.

CONCLUSION: Nonobstructing stone lower pole left kidney. Exophytic cyst on the right kidney.

TECHNIQUE/FINDINGS: Axial images obtained through the pelvis after the administration of intravenous contrast no pelvic adenopathy or pelvic masses are noted. No inflammatory changes noted within the bowel. Both distal ureters are mildly prominent but I see no evidence of distal ureteral stones or mass. Small amount of fat is noted in the left inguinal canal.

CONCLUSION: Small amount of fat in the left inguinal canal. Prominence of both distal ureters but no evidence of distal ureteral stone or mass.

All CT scans are performed using radiation dose reduction techniques. Technical factors are evaluated and adjusted to ensure appropriate moderation of exposure. Automated dose management technology is applied to adjust the radiation dose to minimize exposure while



Name: HINS, TROY
Phys: Gibl, Mykenzi Alexis PA
DOB: ~~07/31/1968~~ Age: 53 Sex: M
Acct: E10002661725 Loc: E.ED
Exam Date: 07/30/2021 Status: DEP ER
Radiology No:
Unit No: Z001072827

EXAM#	TYPE/EXAM	RESULT
002326564	CT/CT ABD and PEL W/IV CONT ONL <Continued>	

achieving a diagnostic-quality image. Degree of stenosis is based on NASCET criteria.

** REPORT SIGNED IN OTHER VENDOR SYSTEM 07/30/2021 (1045) **
Reported And Signed By: J. EDSEL GARRICK, M.D.

CC:

Technologist: GRICE JACOBS, II, R.T.(R) (CT)
Dictated Date/Time: 07/30/2021 (1045)
Transcribed Date/Time: 07/30/2021 (1049)
Transcriptionist: MMODAL
Printed Date/Time: 07/30/2021 (1133)

PAGE 2

Signed Report Printed From PCI



Providence
HEALTH

Patient: HINSON, TROY
Account No: E10002661725
Unit No: Z001072827
Location: NEP EMERGENCY DEPARTMENT
Physician: Skaggs, Joshua Benjamin MD
Date: 07/30/21

School/Work Release

Patient may return to School and/or Work on : 08/03/21.

Additional Comments:

Madis [Signature] RN

Skaggs, Joshua Benjamin MD
07/30/21
GIBBS, MYKENZI A

MUSC Columbia Medical Center
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: HINSON, TROY
DICTATING PROVIDER: Skaggs, Joshua Benjamin MD
ATTENDING: Skaggs, Joshua Benjamin MD
ADMISSION DATE:
DISCHARGE DATE: 08/13/21
ROOM/BED:
PATIENT TYPE:

ACCOUNT #: EP0000017533
MED REC # 2001072827
DOB: [REDACTED]
NURSING STATION: EP, EDNU
DATE OF DICTATION: 08/13/21
TIME OF DICTATION: 1422

General Medical Prob. HPI

General

Mode of Arrival to ED Walk In

Accompanied By+ SELF

Chief Complaint Gastrointestinal Complaints

Stated Complaint ABDOMINAL PAIN, LOWER BACK PAIN/WORK INJURY

Time Seen by MD/NP/PA 1352

Sepsis Risk No

Height - Feet: 5

Inches: 9.00

Cm: 175.26

Weight - Lb: 216

Oz: 6.00

Kg: 98.147

History of Present Illness

Initial Comments

This is a 53-year-old who presents with pain in his inguinal region as well as his right lower back. He was seen in the ER 2 weeks ago after pushing a large dumpster up a ramp at work. At that time he had left-sided groin pain. CT was obtained which showed a small amount of fat in the left inguinal canal, right renal cyst, nonobstructing stone left kidney. He states that he has been taking pain medicine for this. He is currently on Robaxin and Motrin. He states he has been following with his PCP for this. He had x-rays of his lumbar spine performed which were unremarkable and is scheduled for an outpatient MRI. He states he went back to work 2 days ago and was bending over to work on something and had recurrence of his pain. He is complaining of pain again in his lower abdomen and inguinal region bilaterally, described as burning. He also has some pain in his right lower lateral back. He denies any focal weakness or numbness. No bowel or bladder abnormalities. No difficulty with ambulation. He has not had any scrotal or penile swelling or tenderness. No difficulty with bowel movements. No nausea or vomiting.

Respiratory ROS

Constitutional

Pt denies: chills, fever.

Respiratory

Run: 09/02/21-13:13 by PARKER, JAMIE L

ED NOTE (DTP) - Additional copy

Page 1 of 5

MUSC Columbia Medical Center
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: HINSON, TROY
DICTATING PROVIDER: Skaggs, Joshua Benjamin MD
ATTENDING: Skaggs, Joshua Benjamin MD
ADMISSION DATE:
DISCHARGE DATE: 08/13/21
ROOM/BED:
PATIENT TYPE:

ACCOUNT #: EP0000017533
MED REC # Z001072827
DOB: [REDACTED]
NURSING STATION: EP, EDNU
DATE OF DICTATION: 08/13/21
TIME OF DICTATION: 1422

Pt denies: cough, short of breath.

Cardiovascular

Pt denies: chest pain.

Gastrointestinal

Pt reports: abdominal pain. Pt denies: constipation, diarrhea, nausea, vomiting.

Genitourinary

Pt denies: dysuria.

Skin

Pt denies: lesions.

Psychiatric/Neurological

Pt denies: anxiety, neurological deficit.

All Other Systems Negative except in HPI

PMH, Allergies, Home Meds

Past Surgical Hx:

DENIES

Past Medical Hx:

Obesity

Immunizations UTD: Yes

Allergies

Coded Allergies:

No Known Drug Allergies (08/13/21)

Reported Home Medications

Cyclobenzaprine Hcl * 5 MG TABLET 5 MG PO BID PRN PRN MUSCLE

SORENESS/SPASM #20 TAB

Hydrocodone/Acetaminophen * 5 MG/325 MG TABLET 1 TAB PO Q4H PRN PRN PAIN
#12 TAB

IBUPROFEN * 800 MG TABLET 800 MG PO TID PRN PRN PAIN #30 TAB

PFSH

Tobacco Use+: NONE

Family History:

No Known Family History.

Run: 09/02/21-13:13 by PARKER, JAMIE L

ED NOTE (DTP) - Additional copy

Page 2 of 5

MUSC Columbia Medical Center
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803)- 256-5300

****ED PROVIDER NOTE****

PATIENT: HINSON, TROY
 DICTATING PROVIDER: Skaggs, Joshua Benjamin MD
 ATTENDING: Skaggs, Joshua Benjamin MD
 ADMISSION DATE: 08/13/21
 DISCHARGE DATE: 08/13/21
 ROOM/ED:
 PATIENT TYPE:

ACCOUNT #: EP0000017533
 MED REC # 2001072827
 DOB: 08/11/88
 NURSING STATION: EP, EDNU
 DATE OF DICTATION: 08/13/21
 TIME OF DICTATION: 1422

General Physical Ex w/ Pelvis

Physical Exam

Vital Signs

Vital Signs

Date Time	Temp	Pulse	Resp	B/P	B/P Mean	Pulse Ox	O2 Delivery	O2 Flow Rate	FI02
08/13 1536	98.4	97	18	156/93					
08/13 1234	98.4	97	18	156/93		97			

General Appearance WD/WN, no apparent distress

Eyes

bilateral eye EOMI

Ear, Nose, Throat normal pharynx

Neck supple, full range of motion

Respiratory chest non-tender, lungs clear, normal breath sounds, no respiratory distress, no accessory muscle use

Cardiovascular normal peripheral pulses, regular rate/rhythm

Gastrointestinal soft, non tender, no rebound tenderness, no guarding, no peritoneal signs

Back normal inspection, no CVA tenderness

Extremities non-tender, normal range of motion, normal inspection, normal capillary refill

Neurologic/Psychiatric conscious, alert, no motor deficits, no sensory deficits

Skin normal color, warm/dry

Lymphatic no adenopathy

Medical decision making

Course:

On exam the patient has no evidence of an incarcerated inguinal hernia. He has a soft nontender abdominal exam. No midline back pain. No fevers or history immunocompromised state or concern for acute infectious process. Does not have any focal weakness or numbness, normal bowel/bladder habits, no difficulty with ambulation, no concern for acute neurologic compression that would require for emergent further treatment in the ED. he does describe a burning sensation going down his left leg, some of this could certainly be related to radiculopathy. Urinalysis reviewed, unremarkable. He was given Toradol in the ER with improvement. Upon reassessment he is able to ambulate without difficulty, no neurologic deficits, no intra-abdominal tenderness or discomfort, no evidence

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ED NOTE (DTP) - Additional copy

Page 3 of 5

MUSC Columbia Medical Center
2435 FOREST DRIVE
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(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: HINSON, TROY
 DICTATING PROVIDER: Skaggs, Joshua Benjamin MD
 ATTENDING: Skaggs, Joshua Benjamin MD
 ADMISSION DATE: 08/13/21
 DISCHARGE DATE: 08/13/21
 ROOM/BED:
 PATIENT TYPE:

ACCOUNT #: EP0000017533
 MED REC # Z001072827
 DOB: 05/22/68 AGE: 53
 NURSING STATION: EP.EDNU
 DATE OF DICTATION: 08/13/21
 TIME OF DICTATION: 1422

of obstructive process. Plan for symptomatic treatment home and follow-up with PCP.

Medications administered:

Current Medications

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Toradol	30 MG	1X ER STAT STA IM	08/13 1418 08/13 1419	DC	08/13 1430

Orders placed:

Orders

Procedure	Date/time	Status
URINALYSIS	08/13 1237	Complete
ED Urine Collection	08/13 1237	Active

Decision made to admit? No

Lab data

Test	Result	Date Time
Urine		
Ur Collection Type	CLEAN CATCH	08/13 1236
Urine Color	YELLOW	08/13 1236
Urine Appearance	CLEAR	08/13 1236
Urine pH (5.0 - 9.0)	6.5	08/13 1236
Ur Specific Gravity (1.003 - 1.035)	1.020	08/13 1236
Urine Protein (NEGATIVE)	NEGATIVE	08/13 1236
Urine Glucose (UA) (NEGATIVE)	NEGATIVE	08/13 1236
Urine Ketones (NEGATIVE)	NEGATIVE	08/13 1236
Urine Blood (NEGATIVE)	TRACE-INTACT H	08/13 1236
Urine Nitrite (NEGATIVE)	NEGATIVE	08/13 1236
Urine Bilirubin (NEGATIVE)	NEGATIVE	08/13 1236
Urine Urobilinogen (NORMAL)	NORMAL	08/13 1236
Ur Leukocyte Esterase (NEGATIVE)	NEGATIVE	08/13 1236
Urine RBC (0 - 2 /HPF)	5-10	08/13 1236
Urine WBC (2 - 4 /HPF)	0-2	08/13 1236
Ur Epithelial Cells (0 - 5 (TRACE) /HPF)	TRACE	08/13 1236
Urine Mucus (NOT PRESENT /HPF)	3+	08/13 1236

Run: 09/02/21-13:13 by PARKER, JAMIE L

ED NOTE (DTP) - Additional copy

Page 4 of 5

MUSC Columbia Medical Center
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: HINSON, TROY
DICTATING PROVIDER: Skaggs, Joshua Benjamin MD
ATTENDING: Skaggs, Joshua Benjamin MD
ADMISSION DATE:
DISCHARGE DATE: 08/13/21
ROOM/BED:
PATIENT TYPE:
ACCOUNT #: EP0000017533
MED REC # Z001072827
DOB: 05/15/1983
NURSING STATION: EP, EDNU
DATE OF DICTATION: 08/13/21
TIME OF DICTATION: 1422

ED Departure

Disposition Type: Discharge

ED Outcome/Disposition: DISCH HOME OR RETURN SNF/ALF

Clinical Impression:

Primary Impression: Low back pain

Secondary Impressions: Inguinal pain

Condition: Stable

Prescriptions:

Current Visit Scripts:

Methylprednisolone * (Medrol Dosepak *) 1 DOSE PO AS DIRECTED

Tramadol HCl * 50 MG PO Q6H PRN PRN pain

Tramadol HCl * 50 MG PO Q6H PRN PRN pain #16 TAB

Patient Instructions: Low Back Strain (ED)

Additional Instructions:

Take medications prescribed. Please follow-up with your primary care doctor.

~ ~
~ ~
~ ~

~Dictating Provider Signature: Skaggs, Joshua Benjamin MD
E-Signed By

Electronic Signature Date: 08/13/21

Electronic Signature Time: 1546

Report Co-Signed by:

Elect Signature Date:

Elect Signature Time:

Run: 09/02/21-13:13 by PARKER, JAMIE L

ED NOTE (DTP) - Additional copy

Page 5 of 5

Name: HINSC TROY
Phys: Gibbs, Mykenzi Alexis PA
DOB: 05/11/1958 Age: 55 Sex: M
Acct: EP0000020230 Loc: EP.ED
Exam Date: 08/16/2021 Status: DEP ER
Radiology No:
Unit No: Z001072827

EXAM#	TYPE/EXAM	RESULT
002330083	MRI/MRI SPINE-THORACIC WO CONT	

EXAMINATION: MRI SPINE-THORACIC WO CONT 8/16/2021 4:15 pm

CLINICAL INDICATION: lower extremity numbness.

COMPARISON: None

TECHNIQUE: MRI of the thoracic spine was performed using pulse sequences in all 3 planes. No contrast

FINDINGS: The thoracic vertebral bodies are maintained in height and show normal alignment. There are no occult lesions allowing for some areas of benign hemangiomatous manifestations within the vertebral bodies of T6, T11, and T12. The left T11 pedicle is also involved. This all has benign features with increased signal on T1. There is no gross subluxation. The thoracic cord has normal signal and caliber terminating at the T12/L1 level.

There is no overt disc herniation or protrusion. The spinal canal has full patency throughout its course. There is no lateralize nerve root finding.

IMPRESSION: No active or acute thoracic spine MRI findings. No disc herniation or any spinal canal/cord compression

** REPORT SIGNED IN OTHER VENDOR SYSTEM 08/16/2021 (1810) **
Reported And Signed By: DOUGLAS M. BULL, M.D.

CC:

Technologist: Brenda Legendre
Dictated Date/Time: 08/16/2021 (1810)
Transcribed Date/Time: 08/16/2021 (1813)
Transcriptionist: MMODAL
Printed Date/Time: 09/02/2021 (1304)

PAGE 1

Signed Report Printed From PCI

Name: HINSC TROY
Phys: Gibbs, Mykenzi Alexis PA
DOB: ~~05/11/1968~~ Age: 53 Sex: M
Acct: EP0000020230 Loc: EP.ED
Exam Date: 08/16/2021 Status: DEP ER
Radiology No:
Unit No: Z001072827

EXAM#	TYPE/EXAM	RESULT
002330082	MRI/MRI SPINE-LUMBAR WO CONTRAS	

EXAMINATION: MRI SPINE-LUMBAR WO CONTRAST 8/16/2021 4:15 pm

CLINICAL INDICATION: lower extremity numbness.

COMPARISON: None

TECHNIQUE: MRI of the lumbar spine was performed using pulse sequences in all 3 planes. No contrast

FINDINGS: The lumbar vertebral bodies are maintained in height and show normal alignment with no occult bone lesions allowing for some hemangiomatous changes at L2 and some additional discogenic chronic endplate changes around L3-4. The conus medullaris appears normal terminating at the T12/L1 level there is no active or acute paraspinal soft tissue finding.

At the disc levels of T12-L1, L1-2, and L2-3, no significant findings are noted. Mild degenerative disc changes are present.

At L3-4, there is broad disc annular bulge and protrusion in conjunction with some facet arthropathy in this leads to a moderate degree of acquired spinal stenosis. There is no focal or lateralize disc protrusion otherwise

At L4-5 and L5-S1, degenerative disc and facet changes are noted but no other findings are evident

IMPRESSION:

1. Moderate acquired spinal stenosis at L3-4 which relates to the combination of broad disc bulge and protrusion as well as facet arthropathy and ligamentous thickening. No focal or lateralize to finding here

Name: HINSC TROY
Phys: Gibbs, Mykenzi Alexis PA
DOB: ~~08/16/1988~~ Age: ~~33~~ Sex: M
Acct: EP0000020230 Loc: EP.ED
Exam Date: 08/16/2021 Status: DEP ER
Radiology No:
Unit No: 2001072827

EXAM#	TYPE/EXAM	RESULT
002330082	MRI/MRI SPINE-LUMBAR WO CONTRAS	
	<Continued>	

2. No other significant lumbar spine findings. Additional
degenerative disc and facet changes at other levels

** REPORT SIGNED IN OTHER VENDOR SYSTEM 08/16/2021 (1815) **
Reported And Signed By: DOUGLAS M. BULL, M.D.

CC:

Technologist: Brenda Legendre
Dictated Date/Time: 08/16/2021 (1815)
Transcribed Date/Time: 08/16/2021 (1818)
Transcriptionist: MMODAL
Printed Date/Time: 09/02/2021 (1304)

PAGE 2

Signed Report Printed From PCI

Name: HINSC TROY
Phys: Gibbs, Mykenzi Alexis PA
DOB: 05/11/1988 Age: 33 Sex: M
Acct: EP0000020230 Loc: EP.ED
Exam Date: 08/16/2021 Status: DEP ER
Radiology No:
Unit No: Z001072827

EXAM#	TYPE/EXAM	RESULT
002330081	MRI/MRI SPINE-CERVICAL WO CONTR	

EXAMINATION: MRI SPINE-CERVICAL WO CONTRAST 8/16/2021 4:15 pm

CLINICAL INDICATION: upper extremity numbness.

COMPARISON: None

TECHNIQUE: MRI of the cervical spine was performed using pulse sequences in all 3 planes. No contrast

FINDINGS: The cervical vertebral bodies are maintained in height and show normal alignment with no gross subluxation. Chronic degenerative discogenic changes are present at C5-6 with endplate manifestations and osteophyte projecting posteriorly. There is also some disc protruding here. There is no overt cord signal abnormality or myelopathy. There is no acute paraspinal soft tissue finding.

At the levels of C2-3, C3-4, and C4-5, no significant findings are noted.

At C5-6, there is broad posterior disc protrusion with osteophyte formation and this does create a mild degree of canal narrowing with contact of the cord but no gross cord compression or myelopathy. Bilateral foraminal narrowing is noted. There is no dominant disc herniation seen otherwise.

At C6-7, there is a similar but less pronounced pattern of broad disc protrusion and mild canal narrowing but no gross cord compression. Bilateral foraminal narrowing is noted also at this level.

At C7-T1, no significant findings are noted

IMPRESSION: Degenerative disc and osteophyte changes at the levels of C5-6 and C6-7 creating mild canal narrowing but no gross cord

Name: HINSC TROY
Phys: Gibbs, Mykenzi Alexis PA
DOB: ~~05/11/1988~~ Age: ~~33~~ - Sex: M
Acct: EP0000020230 Loc: EP.ED
Exam Date: 08/16/2021 Status: DEP ER
Radiology No:
Unit No: Z001072827

EXAM#	TYPE/EXAM	RESULT
002330081	MRI/MRI SPINE-CERVICAL WO CONTR	
	<Continued>	

compression. There is a moderate degree of bilateral foraminal stenosis at both of these levels

** REPORT SIGNED IN OTHER VENDOR SYSTEM 08/16/2021 (1800) **
Reported And Signed By: DOUGLAS M. BULL, M.D.

CC:

Technologist: Brenda Legendre
Dictated Date/Time: 08/16/2021 (1800)
Transcribed Date/Time: 08/16/2021 (1804)
Transcriptionist: MMODAL
Printed Date/Time: 09/02/2021 (1304)

PAGE 2

Signed Report Printed From PCI

Name: HINSON TROY
Phys: Philbeck, Mary Catherine MD
DOB: 08/11/1968 Age: 53 Sex: M
Acct: EP0000020230 Loc: EP.ED
Exam Date: 08/16/2021 Status: DEP ER
Radiology No:
Unit No: Z001072827

EXAM#	TYPE/EXAM	RESULT
002330071	CT/CT ABD and PEL W/IV CONT ONL	

EXAMINATION: CT ABD and PEL W/IV CONT ONLY 8/16/2021 11:14 am

HISTORY: Left-sided pain history hernia.

COMPARISON: 7/30/2021

TECHNIQUE: Axial images are obtained following administration of intravenous contrast. Coronal and sagittal reformats were generated and reviewed. Automated exposure control (AEC) was used for dose reduction.

FINDINGS: The liver is unremarkable. The gallbladder is unremarkable. No biliary ductal dilation is identified. The pancreas is unremarkable.

The spleen is unremarkable.

The adrenal glands are unremarkable. There is a calculus in the lower pole of the left kidney which measures 6-7 millimeters. There is a right renal cyst which measures 2.4 centimeters. No hydronephrosis is identified. The bilateral distal ureters are dilated. This is asymmetrically more prominent on the left. The urinary bladder is collapsed and not well evaluated.

No free air or free fluid is identified. There is no evidence of bowel obstruction or perienteric inflammatory change. The appendix is unremarkable. There is a fat containing left inguinal hernia.

There is aortoiliac atherosclerosis without evidence of aneurysm. There are enlarged nodes in the porta hepatis which measure up to 1.3 centimeters in short axis.

There is subsegmental atelectasis in the lung bases.

No acute osseous abnormality is identified. There is lumbar spondylosis with spinal canal and foraminal stenosis at multiple levels.

IMPRESSION:

1. Nonobstructing calculus in lower pole of left kidney which measures 6-7 millimeters.
2. Dilation of distal ureters which is asymmetrically more prominent

PAGE 1

Signed Report Printed From PCI (CONTINUED)

Name: HINSC TROY
Phys: Philbeck, Mary Catherine MD
DOB: ~~08/16/1950~~ Sex: M
Acct: EP0000020230 Loc: EP.ED
Exam Date: 08/16/2021 Status: DEP ER
Radiology No:
Unit No: Z001072827

EXAM#	TYPE/EXAM	RESULT
002330071	CT/CT ABD and PEL W/IV CONT ONL	
	<Continued>	

on left. This is of uncertain etiology. Consider correlation with CT urogram for further evaluation, when clinically appropriate.
3. Right renal cyst.
4. Porta hepatis lymphadenopathy.
5. Fat containing left inguinal hernia.

All CT scans are performed using radiation dose reduction techniques. Technical factors are evaluated and adjusted to ensure appropriate moderation of exposure. Automated dose management technology is applied to adjust the radiation dose to minimize exposure while achieving a diagnostic-quality image. Degree of stenosis is based on NASCET criteria.

** REPORT SIGNED IN OTHER VENDOR SYSTEM 08/16/2021 (1415) **
Reported And Signed By: JASON EASTLACK, M.D.

CC:

Technologist: AMANDA MCCRAY, R.T. (R) (CT)
Dictated Date/Time: 08/16/2021 (1415)
Transcribed Date/Time: 08/16/2021 (1418)
Transcriptionist: MMODAL
Printed Date/Time: 09/02/2021 (1304)

PAGE 2

Signed Report Printed From PCI

MUSC Columbia Medical Center
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: HINSON, TROY
DICTATING PROVIDER: Philbeck, Mary Catherine MD
ATTENDING: Philbeck, Mary Catherine MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT #: EP0000020230
MED REC # Z001072827
NURSING STATION: EP.ED
DATE OF DICTATION: 08/16/21
TIME OF DICTATION: 1212

General Medical Prob. HPI

General

Mode of Arrival to ED Walk In
Accompanied By+ SELF
Chief Complaint Medical Screening Eval
Stated Complaint FULL WORK UP
Time Seen by MD/NP/PA 1122
Source patient
Exam Limitations no limitations
Height - Feet: 5
Inches: 9.00
Cm: 175.26
Weight - Lb: 219
Oz: 0.00
Kg: 99.338

History of Present Illness

Initial Comments

Patient was sent over here he was just seen recently and was thought to have a inguinal hernia the head no stool in it. He had a fall at work and he was injure. Now he is having numbness to his fingers and area on his left thigh that feels like a sunburn. He is having bad abdominal pain with distention has not had a bowel movement since Wednesday. That is 5 days ago. His abdomen hurts it descended is sharp pain.

Timing/Duration getting worse

Severity moderate

Modifying Factors

worse with: movement, other (Touch).

Associated Symptoms per HPI

Respiratory ROS

Constitutional

Pt reports: no symptoms.

EENTM

Pt reports: no symptoms reported.

Respiratory

Run: 09/02/21-13:08 by PARKER, JAMIE L

ED NOTE (DIP) - Additional copy

Page 1 of 10

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Pt reports: no symptoms.

Cardiovascular

Pt reports: no symptoms.

Gastrointestinal

Pt reports: abdominal pain, constipation, nausea, other (poor appetite).

Genitourinary

Pt reports: no symptoms.

Musculoskeletal

Pt reports: back pain.

Skin

Pt reports: no symptoms.

Psychiatric/Neurological

Pt reports: paresthesia.

Hematologic/Lymphatic

Pt reports: no symptoms.

Immunological/Allergic

no symptoms reported

All Other Systems Negative except in HPI

PMH, Allergies, Home Meds

Past Surgical Hx:

DENIES

Past Medical Hx:

DENIES

Immunizations UTD: Yes

Allergies

Coded Allergies:

No Known Drug Allergies (08/16/21)

Reported Home Medications

Cyclobenzaprine Hcl * 5 MG TABLET 5 MG PO BID PRN PRN MUSCLE

SORENESS/SPASM #20 TAB

Hydrocodone/Acetaminophen * 5 MG/325 MG TABLET 1 TAB PO Q4H PRN PRN PAIN

#12 TAB

IBUPROFEN * 800 MG TABLET 800 MG PO TID PRN PRN PAIN #30 TAB

Methocarbamol * 500 MG TABLET 500 MG PO QID PRN PRN pain #20 TAB

Methylprednisolone * 4 MG/DOSE.PACK TAB 1 DOSE PO AS DIRECTED 6 Days

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ED NOTE (DTP) - Additional copy

Page 2 of 10

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ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT #: EP0000020230
MED REC # 2001072827
~~PHYSICIAN: Philbeck, Mary Catherine MD~~
NURSING STATION: EP, ED
DATE OF DICTATION: 08/16/21
TIME OF DICTATION: 1212

Naproxen * 500 MG TABLET 500 MG PO BID PRN PRN PAIN #20 TAB
Peg/Electrolytes 4,000 ML SOLN 1 BOTTLE PO ONCE #4000 EACH
Tramadol HCl * 50 MG TABLET 50 MG PO Q4H PRN PRN PAIN #12 TAB
Tramadol HCl * 50 MG TABLET 50 MG PO Q6H PRN PRN pain #16 TAB

PFSH

Tobacco Use+: CIGARETTES
Packs/Day: 1
Alcohol: No
Substance Abuse: No
Family History:
No Known Family History.

General Physical Ex w/ Pelvis

Physical Exam

Vital Signs

Vital Signs

Date Time	Temp	Pulse	Resp	B/P	B/P Mean	Pulse Ox	O2 Delivery	O2 Flow Rate	FIO2
08/16 1430		85	18	149/90		100			
08/16 1139	97.6	98	18	148/110		98			

Comments

GENERAL: WELL-DEVELOPED, WELL-NOURISHED. NONTOXIC APPEARANCE
HEENT: NORMOCEPHALIC ATRAUMATIC, EOMI, PERRL, TM NORMAL, NORMAL
PHARYNX
NECK: SUPPLE, NONTENDER
RESPIRATORY: CLEAR TO AUSCULTATION BILATERALLY WITH EQUAL CHEST
EXPANSION. NO RESPIRATORY DISTRESS. RR EVEN AND NL
CARDIOVASCULAR: REGULAR RATE AND RHYTHM. NO MURMURS RUBS OR
GALLOPS.
GASTROINTESTINAL: No palpable bowel and his inguinal canal. He does have some
swelling on that left side. His abdomen is distended and diffusely tender. Back no

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ED NOTE (DTP) - Additional copy

Page 3 of 10

MUSC Columbia Medical Center
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tenderness he feels tenderness to light touch on the right thigh. Decreased sensation to the fingers.

EXTREMITIES: NO TENDERNESS OR WEAKNESS.

NEUROLOGIC: ALERT AND ORIENTED X3. NO FOCAL DEFICITS.

SKIN: WARM AND DRY WITHOUT CYANOSIS

Medical decision making

MDM complexity: high complexity

Course:

Since his injury at work he is not feeling well he is having numbness to his fingers and to his thigh. Will go ahead and get MRI is a possible. Also will CT scans abdomen.

Medications administered:

Current Medications

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Morphine Sulfate 2 MG/ML INJ	0	.STK-MED ONE .ROUTE	08/16 1354	DC	
Morphine Sulfate 2 MG/ML INJ	4 MG	1X ER STAT STA IV	08/16 1113 08/16 1114	DC	08/16 1358
Sodium Chloride 0.9% 1000ML Bag Floor Stock	1,000 ML	1X ER BOLUS STA IV	08/16 1357 08/16 1456	DC	
Sodium Chloride 0.9% 1000ML Bag Floor Stock	1,000 ML	1X ER BOLUS STA IV	08/16 1255 08/16 1354	DC	08/16 1400
Zofran	0	.STK-MED ONE .ROUTE	08/16 1354	DC	
Zofran	4 MG	1X ER STAT STA IV	08/16 1113 08/16 1114	DC	08/16 1358

Orders placed:

Orders

Procedure	Date/time	Status
MRI SPINE-THORACIC WO CONT	08/16 1615	Complete
MRI SPINE-LUMBAR WO CONTRAST	08/16 1615	Complete

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ED NOTE (DTP) - Additional copy

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MED REC # 2001072827
NURSING STATION: EP, ED
DATE OF DICTATION: 08/16/21
TIME OF DICTATION: 1212

MRI SPINE-CERVICAL WO CONTRAST	08/16 1615	Complete
ADD ON TEST	08/16 1358	Active
ED MRI Call	08/16 1145	Active
LIPASE	08/16 1140	Complete
URINE CULTURE	08/16 1114	Active
URINALYSIS	08/16 1114	Complete
COMPREHENSIVE METABOLIC PANEL	08/16 1114	Complete
CBC W/AUTO DIFF:RFLX MAN DIFF	08/16 1114	Complete
ED Urine Collection	08/16 1114	Active
ED IV Contrast	08/16 1114	Active
CT ABD and PEL W/IV CONT ONLY	08/16 1114	Complete

Decision made to admit? No

Time: 1825

Lab data

Test	Result	Date Time
Chemistry		
Sodium (136 - 145 mmol/L)	138	08/16 1140
Potassium (3.5 - 5.0 mmol/L)	4.6	08/16 1140
Chloride (101 - 110 mmol/L)	99 L	08/16 1140
Carbon Dioxide (22 - 29 mmol/L)	27	08/16 1140
Anion Gap (10 - 20)	17	08/16 1140
BUN (8.4 - 25.7 mg/dL)	11	08/16 1140
Creatinine (0.72 - 1.25 mg/dL)	1.3 H	08/16 1140
Est GFR (Non-Af Amer)	57.75	08/16 1140
BUN/Creatinine Ratio	8	08/16 1140
Glucose (74 - 99 mg/dL)	98	08/16 1140
Calcium (8.4 - 10.2 mg/dL)	10.3 H	08/16 1140
Corrected Calcium (8.4 - 10.2 mg/dL)	10.1	08/16 1140
Total Bilirubin (0.2 - 1.2 mg/dL)	0.9	08/16 1140
AST (5 - 34 IU/L)	26	08/16 1140
ALT (0 - 55 IU/L)	32	08/16 1140
Total Alk Phosphatase (40 - 150 IU/L)	76	08/16 1140
Total Protein (6.4 - 8.3 g/dL)	7.7	08/16 1140
Albumin (3.5 - 5.0 g/dL)	4.3	08/16 1140
Globulin (2.7 - 4.5 g/dL)	3.4	08/16 1140

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Albumin/Globulin Ratio (1.0 - 2.5)	1.3	08/16 1140
Lipase (8 - 78 U/L)	18	08/16 1140
Hematology		
WBC (4.23 - 9.07 K/UL)	9.8 H	08/16 1140
RBC (4.63 - 6.08 M/UL)	6.88 H	08/16 1140
Hgb (13.7 - 17.5 g/dL)	19.6 H	08/16 1140
Hct (40.1 - 51.0 %)	58.6 H	08/16 1140
MCV (79.0 - 92.2 FL)	85.2	08/16 1140
MCH (25.7 - 32.2 PG)	28.5	08/16 1140
MCHC (32.3 - 36.5 G/DL)	33.40	08/16 1140
RDW (11.6 - 14.4 %)	18.1 H	08/16 1140
Plt Count (163 - 337 K/MM3)	207	08/16 1140
MPV (9.4 - 12.4 FL)	11.3	08/16 1140
Gran % (34.0 - 67.9 %)	51.4	08/16 1140
Gran # (1.78 - 5.38 K/MM3)	5.0	08/16 1140
Immature Gran % (0.1 - 3.0 %)	0.6	08/16 1140
Lymphocytes % (21.8 - 53.1 %)	34.1	08/16 1140
Monocytes % (5.3 - 12.2 %)	11.8	08/16 1140
Eosinophils % (0.8 - 7.0 %)	1.1	08/16 1140
Basophils % (0.2 - 1.2 %)	1.0	08/16 1140
Nucleated RBC % (0 - 0.2 %)	0	08/16 1140
Lymphocytes # (1.32 - 3.57 K/mm3)	3.4	08/16 1140
Monocytes # (0.30 - 0.82 K/mm3)	1.2 H	08/16 1140
Eosinophils # (0.04 - 0.54 K/mm3)	0.1	08/16 1140
Basophils # (0.01 - 0.08 K/mm3)	0.1 H	08/16 1140
Toxic Granulation	SLIGHT	08/16 1140
Platelet Estimate	APPEARS ADEQUATE	08/16 1140
Immature Plt Fraction (1.1 - 6.1 %)	10.0 H	08/16 1140
Poikilocytosis	SLIGHT	08/16 1140
Anisocytosis	MODERATE	08/16 1140
Urin		
Ur Collection Type	CLEAN CATCH	08/16 1048
Urine Color	YELLOW	08/16 1048
Urine Appearance	CLEAR	08/16 1048
Urine pH (5.0 - 9.0)	7.0	08/16 1048
Ur Specific Gravity (1.003 - 1.035)	1.015	08/16 1048
Urine Protein (NEGATIVE)	NEGATIVE	08/16 1048

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MUSC Columbia Medical Center
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 DISCHARGE DATE:
 ROOM/BED:
 PATIENT TYPE:

ACCOUNT #: EP0000020230
 MED REC # 2001072827
 NURSING STATION: EP.ED
 DATE OF DICTATION: 08/16/21
 TIME OF DICTATION: 1212

Urine Glucose (UA) (NEGATIVE)	NEGATIVE	08/16 1048
Urine Ketones (NEGATIVE)	NEGATIVE	08/16 1048
Urine Blood (NEGATIVE)	NEGATIVE	08/16 1048
Urine Nitrite (NEGATIVE)	NEGATIVE	08/16 1048
Urine Billirubin (NEGATIVE)	NEGATIVE	08/16 1048
Urine Urobilinogen (NORMAL)	NORMAL	08/16 1048
Ur Leukocyte Esterase (NEGATIVE)	NEGATIVE	08/16 1048

Microbiology
Microbiology

Date/Time	Procedure - Status
Source	Growth
08/16 1048	Urine Culture - RECD
URINE.CC	

Microbiology

Date/Time	Procedure - Status
Source	Growth
08/16 1048	Urine Culture - RECD
URINE.CC	

Radiology impressions
Recent Impressions

COMPUTERIZED TOMOGRAPHY - CT ABD and PEL W/IV CONT ONLY 08/16 1114

*** Report Impression - Status: SIGNED Entered: 08/16/2021 1418

IMPRESSION:

1. Nonobstructing calculus in lower pole of left kidney which measures 6-7 millimeters.
2. Dilation of distal ureters which is asymmetrically more prominent on left. This is of uncertain etiology. Consider correlation with CT urogram for further evaluation, when clinically appropriate.
3. Right renal cyst.
4. Porta hepatis lymphadenopathy.
5. Fat containing left inguinal hernia.

Run: 09/02/21-13:08 by PARKER, JAMIE L

ED NOTE (DIP) - Additional copy

Page 7 of 10

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PATIENT TYPE:

ACCOUNT #: EP0000020230
MED REC # 2001072827
NURSING STATION: EP.ED
DATE OF DICTATION: 08/16/21
TIME OF DICTATION: 1212

Impression By: EASJA - JASON EASTLACK, M.D.

MAGNETIC RESONANCE IMAGING - MRI SPINE-THORACIC WO CONT 08/16 1615

*** Report Impression - Status: SIGNED Entered: 08/16/2021 1813

IMPRESSION: No active or acute thoracic spine MRI findings. No disc herniation or any spinal canal/cord compression

Impression By: BULDO - DOUGLAS M. BULL, M.D.

MAGNETIC RESONANCE IMAGING - MRI SPINE-LUMBAR WO CONTRAST 08/16 1615

*** Report Impression - Status: SIGNED Entered: 08/16/2021 1818

IMPRESSION:

1. Moderate acquired spinal stenosis at L3-4 which relates to the combination of broad disc bulge and protrusion as well as facet arthropathy and ligamentous thickening. No focal or lateralize to finding here

2. No other significant lumbar spine findings. Additional degenerative disc and facet changes at other levels

Impression By: BULDO - DOUGLAS M. BULL, M.D.

MAGNETIC RESONANCE IMAGING - MRI SPINE-CERVICAL WO CONTRAST 08/16 1615

*** Report Impression - Status: SIGNED Entered: 08/16/2021 1804

IMPRESSION: Degenerative disc and osteophyte changes at the levels of C5-6 and C6-7 creating mild canal narrowing but no gross cord compression. There is a moderate degree of bilateral foraminal stenosis at both of these levels

Impression By: BULDO - DOUGLAS M. BULL, M.D.

ED Departure

Time of Disposition 1825

Disposition Type+ Discharge

ED Outcome/Disposition *DISCH HOME OR RETURN SNF/ALF

Clinical Impression

Primary Impression: Lumbar stenosis

Secondary Impressions: Acute abdominal pain, Ureteral dilatation

Condition Stable

Prescriptions

Current Visit Scripts

Tramadol HCl * 50 MG PO Q4H PRN PRN PAIN

Run: 09/02/21-13:08 by PARKER, JAMIE L

ED NOTE (DTP) - Additional copy

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ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT #: EP0000020230
MED REC # 2001072827
~~SCOTT, JAMES / DO MARIANO~~
NURSING STATION: EP, ED
DATE OF DICTATION: 08/16/21
TIME OF DICTATION: 1212

Tramadol HCl * 50 MG PO Q4H PRN PRN PAIN #12 TAB

Peg/Electrolytes (Golytely) 1 BOTTLE PO ONCE

Peg/Electrolytes (Golytely) 1 BOTTLE PO ONCE #4000 EACH

Give ml drink this and go to the bathroom

Methocarbamol * (ROBAXIN *) 500 MG PO QID PRN PRN pain

Methocarbamol * (ROBAXIN *) 500 MG PO QID PRN PRN pain #20 TAB

Naproxen * (Naprosyn *) 500 MG PO BID PRN PRN PAIN

Naproxen * (Naprosyn *) 500 MG PO BID PRN PRN PAIN #20 TAB

Patient Instructions Abdominal Pain (ED), Back Pain (ED)

Additional Instructions

Moderate acquired spinal stenosis at L3-4 which relates to the combination of broad disc bulge and protrusion as well as facet arthropathy

Degenerative disc and osteophyte changes at the levels of C5-6 and C6-7 creating mild canal narrowing but no gross cord

IMPRESSION: No active or acute thoracic spine MRI findings. No disc herniation or any spinal canal/cord compression

**** REPORT SIGNED IN OTHER VENDOR SYSTEM 08/16/2021 (1810) ****

Reported And Signed By: DOUGLAS M. BULL, M.D

1. Nonobstructing calculus in lower pole of left kidney which measures 6-7 millimeters on left. This is of uncertain etiology. Consider correlation with CT urogram for further evaluation, when clinically appropriate.
3. Right renal cyst.
4. Porta hepatis lymphadenopathy.
5. Fat containing left inguinal hernia.
2. Dilation of distal ureters which is asymmetrically more prominent on left. This is of uncertain etiology. Consider correlation with CT urogram for further evaluation, when clinically appropriate.
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ED NOTE (DTP) - Additional copy

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PATIENT TYPE:

ACCOUNT #: EP0000020230
MED REC # Z001072827
~~REC- 05/11/18-183-53~~
NURSING STATION: EP.ED
DATE OF DICTATION: 08/16/21
TIME OF DICTATION: 1212

4. Porta hepatitis lymphadenopathy.
5. Fat containing left inguinal hernia.

~ ~

~Referrals:

LEXINGTON UROLOGICAL ASSOC.

~ ~

~ ~

~Dictating Provider Signature: Philbeck, Mary Catherine MD
E-Signed by

Electronic Signature Date: 08/16/21
Electronic Signature Time: 1841

Report Co-Signed by: Elect Signature Date: Elect Signature Time:

Run: 09/02/21-13:08 by PARKER, JAMIE L

ED NOTE (DTP) - Additional copy

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THE PRACTICE, LLC

1910 GREGG STREET
COLUMBIA, SC 29201

WORKERS COMPENSATION/EMPLOYEE REGISTRATION FORM

EMPLOYEE NAME: Troy Hinson BIRTHDATE: 5/11/73
HOME ADDRESS: 205 Gregg St. Columbia SC
HOME TELEPHONE: 803-748-8894 SOCIAL SECURITY #: _____
EMPLOYER: Merrill Gardens
WORK ADDRESS: 2205 Gregg St. Columbia SC 29201
WORK TELEPHONE: 803-828-5203 CONTACT PERSON: Robin P. Robin L. Wilson A.
DATE OF INJURY: 7/29/2021
HOW DID INJURY OCCUR OR PROBLEM DEVELOP: pushing dumpster up steep ramp

DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY

EMPLOYER CONTACT PERSON: _____
AUTHORIZATION NUMBER: _____
AUTHORIZATION DATE: _____
INFORMATION RECORDED BY: _____

THE PRACTICE, LLC
1910 GREGG STREET COLUMBIA, SC 29201
PHONE: (803) 779-5959 FAX: (803) 799-9353

WORKER'S COMPENSATION/EMPLOYER AUTHORIZATION FORM

EMPLOYEE NAME: Troy Hinson

FIRST DATE OF INJURY/PROBLEM: 7/29/2012

WHERE PROBLEM/INJURY OCCURRED: abdominal wall, hip strain
left & right

TYPE OF INJURY/PROBLEM: sprain

COMPANY NAME: Merrill Gardens

CONTACT PERSON: Robin Palazzo

WORKER'S COMP CARRIER POLICY #: _____

BILLING ADDRESS TO FILE CLAIMS: claims@churchmutual.com

WC INSURANCE CARRIER: church mutual

STREET: 3000 Schuster Ln CITY: Merrill

STATE: WI ZIP CODE: 54452 PHONE#: 800-554-2642
4651

Is a drug screen required? NO ☒ YES _____ If yes, What type? _____

Has employer completed first report of injury? NO _____ YES ☒

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I AUTHORIZE THE PRACTICE, LLC TO PROVIDE MEDICAL EVALUATION AND TREATMENT TO THE EMPLOYEE NAMED ABOVE.

SIGNATURE: Robin Palazzo

PLEASE PRINT NAME: Robin Palazzo

DATE: 8/5/2012 POSITION/TITLE: Bus of Dir.

COMPANY NAME: Merrill Gardens

EMPLOYEE MEDICAL AND DUTY STATUS FORM

THE PRACTICE FAMILY MEDICINE

1910 GREGG STREET, COLUMBIA, SOUTH CAROLINA 29201

TELEPHONE: (803) 779-5959 • FAX: (803) 799-9353

NAME: TROY HANSEN

EMPLOYER: Merle's Garden

DATE OF ACCIDENT: 7/25/21

APPOINTMENT DATE: 8/9/21

DIAGNOSIS: Chronic Pain
Low Back Pain
Sciatica

TREATMENT INSTRUCTIONS:

Medications: gabapentin 300mg po tid

Wound/Injury Care: w/c

☐ Immobilize injured body part

☐ Avoid vigorous activity

☐ Apply heat _____ times daily

☐ Elastic support/splint/cast/brace

☐ Elevate extremity

☐ Apply ice _____ times daily

☐ Apply medication _____ times daily

☐ Keep clean & dry

☐ Scrub wound _____ times daily

☐ Change dressing _____ times daily

☐ Home exercise program

☐ Warm soaks _____ times daily

☐ Other: _____

WORK STATUS:

☐ Employee must remain out of work due to this work-related condition until _____

☐ Employee may return to work with the following accommodations as of _____

☐ No repeated bending, squatting or twisting

☐ No driving or hazardous work

☐ No lifting more than _____ lbs

☐ No repetitive use of affected body part

☐ No continuous standing or sitting

☐ Ground level work only

☐ No use whatsoever of affected body part

☐ Minimal walking, climbing or stairs

☐ No repetitive lifting

☐ Employee may perform Full Duty work without accommodations as of _____

☐ Employee has reached maximum medical improvement and has been released from our care. No further diagnostic or therapeutic intervention appears to be medically necessary. Employee should notify us if he/she continues to experience any problem related to this work-related injury/condition. No activity restrictions are necessary unless otherwise listed below.

REFERRALS (If Employee must be referred elsewhere for diagnostic study, treatment, or specialist consult):

☐ To: _____

Date: _____

Time: _____

For: _____

☐ To: _____

Date: _____

Time: _____

For: _____

FOLLOW-UP APPOINTMENT:

☐ Not Scheduled

☐ Scheduled for _____

at _____

AM/PM

EMPLOYEE SIGNATURE: _____

DATE: _____

PHYSICIAN SIGNATURE: _____

DATE: 8/9/21

Give one copy to your supervisor/manager and keep one copy for your records

The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-779-9353

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968
 Encounter Date: 08/02/2021 03:25 pm
 Encounter Closed Date: 08/02/2021 03:54 pm

Chief Complaint

left knee pain f/u entered by Allen, Astrid at 08/02/2021 03:25 pm

History of Present Illness

Multiple Problem P/U: Patient is a 53 y/o M who presents to the office today for a f/u on left knee pain.

Pt also requests refills on chronic medications in office today.

HPI Review

Last reviewed by on 08/02/2021 03:51 PM.

Problem Review

Last reviewed by Allen, Astrid on 08/02/2021 03:26 PM.

Currently Prescribed List

Currently Prescribed Medications: Acetaminophen/Codeine Phosphate 120mg/12mg/5ml Solution QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
 Albuterol Sulfate HFA 90mcg/actuation Inhalation Aerosol QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
 Cyclobenzaprine Hydrochloride 10mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
 Difenhydramine 50mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
 Doxycycline 100mg Capsule QTY: 1 Refill: 0 SIG: 0.0 SIG Note: take one tablet every day Start Date: 06/27/2021 (external provider)
 Erythrocin XL 250mg Capsule QTY: 1 Refill: 0 SIG: 0.0 SIG Note: take one tablet every week Start Date: 06/27/2021 (external provider)
 Hydrocodone Bitartrate/Acetaminophen 7.5mg/325mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
 Hydroxyzine Hydrochloride 50mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
 Prednisone 10mg Tablet QTY: 20 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
 Prednisone 10mg Tablet QTY: 20 Refill: 0 SIG: 0.0 SIG Note: take three today and three wednesday, two thursday, friday, and saturday, then one daily until they run out. Patient Note: Start Date: 06/28/2021
 Valium AC 10mg/50mg/5ml Syrup QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)

Allergy List

Drug Allergies: codeine

Allergy Review

Last reviewed by Allen, Astrid on 08/02/2021 03:26 PM.

Review of System

Constitutional/Symptoms: No symptoms of fatigue, headaches, loss of appetite.
 Eyes: No symptoms of redness, discharge, swelling, pruritus, eye pain, diplopia, loss and blurring of vision, double vision.
 Ears, Nose, Throat: No symptoms of ear pain, ear drainage, dizziness, rhinitis, nasal obstruction, nasal discharge, sore throat, sores in mouth, tooth/gum trouble.
 Cardiovascular: No symptoms of chest pain on exertion, shortness of breath on exertion, swelling of ankles, palpitations, fainting spells, cyanosis.
 Respiratory: No symptoms of coughing, wheezing, chest pain.
 Gastrointestinal: No symptoms of nausea, emesis, constipation, abdominal pain, indigestion or heartburn.
 Genitourinary: No symptoms of dysuria, frequency, urethral discharge, dysuria, testicular pain or swelling.
 Musculoskeletal: No symptoms of back pain, neck pain, joint pains, muscle pain, muscle weakness.
 Integumentary: No symptoms of skin rashes, itching, skin dryness, eczema, change in skin moles.
 Neurological: No symptoms of headache, seizure activity, memory loss, head trauma.
 Psychiatric: No symptoms of change in sleep pattern, anxiety, difficulty in focusing, depression, moodiness, suicidal thoughts or attempts, obsessive thoughts, compulsions, disturbing thoughts or feelings.
 Endocrine: No symptoms of weight gain, weight loss, change in menstrual cycle.
 Hematologic/Lymphatic: No symptoms of abnormal bleeding, anemia, easy bruising.
 Allergic/Immunologic: No symptoms of itchy eyes, sneezing, wheezing, eczema.

ROS Review

Last reviewed by on 08/02/2021 03:42 PM.

Exam

General Appearance: Well-nourished, well-developed male in no acute distress. He is awake and alert and stated age.
 Head: Normocephalic, atraumatic. Palpation of the head reveals no tenderness.
 Eyes: Normal orbit and globe. Normal conjunctivae. Cornea shows normal finding. Both lids are. Pupils are equal in size, round, reactive to light and accommodation.
 Fundoscopic examination shows sharp discs, normal vessels and no exudates. Vision is normal to finger count.
 Ears, Nose, Mouth, Throat: Examination of external ears reveals normal habit, tragus and ear lobe. Both canals are clear. Tympanic membranes are pearly gray, normal landmarks, good light reflex. Both ears are normal to finger rub. Normal nasal mucosa, no polyp, ulcer or swollen lips are normal with no lesion. Oral mucosa is normal. Hard and soft palate are normal. Teeth reveal good repair. Gum to normal. Tongue shows no ulcer or lesion. Tonsils are normal with no lesion. Uvula is normal.
 Neck: Neck is symmetric, trachea is midline, no mass or JVD. Neck is supple, with full ROM to flexion, extension, and lateral rotation. Palpation of the neck shows normal pulsation, no adenopathy, or mass. Auscultation of the neck reveals no bruit or transmitted murmur. Inspection of the thyroid shows normal thyroid gland. Palpation to the thyroid shows normal thyroid gland.
 Chest: Breathing is effortless and normal. Percussion of the chest produces resonant percussion notes. Palpation of the chest shows normal respiratory excursion.
 Auscultation of the lungs reveals clear breath sounds bilaterally. Breath sounds were normal in volume.
 Cardiovascular: PMI is located in the fifth ICS, midclavicular line. The heart rate is normal and rhythm is regular, S-1 is normal. There is no gallop sound. Carotid upstroke is of normal volume, without bruit. Femoral pulses are present. Pedal pulses are present. There is no edema, cyanosis, or clubbing.
 Musculoskeletal: Motor examination reveals normal tone, bulk and strength.
 Skin: Skin reveals no bruising, rash or eruptions. Palpation to the skin reveals no abnormality.
 Psychiatric: Patient has appropriate judgment. Patient has good insight. Proper orientation to time, place and person. Recent memory is intact. Remote memory is intact.
 Patient's mood is euthymic. Appropriate affect is observed.

Diagnosis

M25.562 (10) Pain in left knee Diagnosed By: Mettel, John , Date/Time: 08/02/2021 03:44 PM
 E55.9 (10) Vitamin D deficiency, unspecified Diagnosed By: Mettel, John , Date/Time: 08/02/2021 03:49 PM
 E28.1 (10) Testicular hypofunction Diagnosed By: Mettel, John , Date/Time: 08/02/2021 03:49 PM
 N52.0 (10) Male erectile dysfunction, unspecified Diagnosed By: Mettel, John , Date/Time: 08/02/2021 03:50 PM

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Printed: 08/25/2021 01:54 pm

NOTE STATUS: FINAL

1 of 2

The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Encounter Date: 08/02/2021 03:25 pm

Encounter Closed Date: 08/02/2021 03:54 pm

M57452 (10) Ganglion, left knee Diagnosed By: Mattai, John , Date/Time: 08/02/2021 03:51 PM

248.38 (10) Body mass index (BMI)30.0-30.9, adult Diagnosed By: Mattai, John , Date/Time: 08/02/2021 03:44 PM

Assessment

General: Previous left knee x-ray shows joint space is well maintained, some suprapatellar swelling from the patellar bursa.

Pl given written script for testosterone 20% compounded cream. Proper use of medication discussed with patient.

Refill and continue Vitamin D 1.25 mg. Proper use of medication discussed with patient.

Currently Performed Education

None

Rx

Rx:

Ergocalciferol 1.25mg Capsule Prescribed By: Mattai, John , Prescribed Date/Time: 08/02/2021 03:48 PM

NDC: 50268028711 QTY: 13 Refill: 0

SIG Notes: take one tablet every week

Patient Note: Start Date: 08/02/2021 Prescription Activity: Electronically Prescribed on 08/02/2021 03:53 pm

Tadalafil 5mg Tablet Prescribed By: Mattai, John , Prescribed Date/Time: 08/02/2021 03:50 PM

NDC: 42291078730 QTY: 90 Refill: 0

SIG Notes: Take 1 tablet by mouth every day

Patient Note: Start Date: 08/02/2021 Prescription Activity: Electronically Prescribed on 08/02/2021 03:53 pm

Vital Signs

BP: 130/75, Height: 70", Weight: 214 lb, BMI: 30.88, Temperature: 98.4, Pulse: 104, Respiration: 16, Pulse Oximetry: 97, Pain Scale:

4

This chart has been electronically signed using individually secured passwords.
Attending Physician: John Mattai MD

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Printed: 08/25/2021 01:54 pm

NOTE STATUS: FINAL

2 of 2

The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968
Encounter Date: 08/09/2021 11:34 am
Encounter Closed Date: 08/09/2021 12:11 pm

Chief Complaint

Worker's comp entered by Allen, Astrid on 08/09/2021 11:34 am

History of Present Illness

Multiple Problem F/U: Patient is a 53 y/o M who presents to the office today for a worker's comp incident dated 07/29/21. Pt notes he was pushing dumpsters in and out of the building when he started getting abdominal pain. Pt notes he went to the hospital the next day with lower abdomen pain which was secondary to moving the dumpsters. Pt was given a shot of morphine, Hydrocodone/APAP 8-325 mg, Cyclobenzaprine, and Ibuprofen. Pt was sent back to work on 08/03/21. Pt notes he has been on light duty since returning to work. Pt notes he had more x-rays taken this morning of his side and lower back.

HPI Review

Last reviewed by on 08/09/2021 12:01 PM.

Problem Review

Last reviewed by Allen, Astrid on 08/08/2021 11:34 AM.

Currently Prescribed List

Currently Prescribed Medications: Acetaminophen/Codine Phosphate 120mg-12mg/Sin Solution QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Albuterol Sulfate HFA 90mcg/actuation Inhalation Aerosol QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Cyclobenzaprine Hydrochloride 10mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Difenhydramine 1% Topical Gel QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Doxycycline 100mg Capsule QTY: 1 Refill: 0 SIG Note: take one tablet every day Start Date: 06/27/2021 (external provider)
Epidural Steroid 1.25mg Capsule QTY: 13 Refill: 0 SIG Note: take one tablet every week Patient Note: Start Date: 06/03/2021
Epidural Steroid 1.25mg Capsule QTY: 1 Refill: 0 SIG Note: take one tablet every week Start Date: 06/27/2021 (external provider)
Hydrocodone Bitartrate/Acetaminophen 7.5mg-325mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Hydroxyzine Hydrochloride 50mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Ibuprofen Sodium 400mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Prednisone 10mg Tablet QTY: 20 Refill: 0 SIG Note: take three today and three wednesday, two thursday, friday, and saturday, then one daily until they run out. Patient Note: Start Date: 06/29/2021
Tadalafil 5mg Tablet QTY: 90 Refill: 0 SIG Note: Take 1 tablet by mouth every day Patient Note: Start Date: 08/01/2021
Virusin AC 10mg-100mg/5ml Syrup QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)

Allergy List

Drug Allergy: Ascorbic Acid

Allergy Review

Last reviewed by Allen, Astrid on 08/08/2021 11:34 AM.

Review of Systems

Constitutional Symptoms: No symptoms of fatigue, headaches, loss of appetite.
Eyes: No symptoms of redness, discharge, swelling, pruritus, eye pain, diplopia, loss and blurring of vision, double vision.
Ears, Nose, Throat: No symptoms of ear pain, ear drainage, dizziness, sinusitis, nasal obstruction, nasal discharge, sore throat, sores in mouth, tooth/pain trouble.
Cardiovascular: No symptoms of chest pain on exertion, shortness of breath on exertion, swelling of ankles, palpitations, fainting spells, cyanosis.
Respiratory: No symptoms of coughing, wheezing, chest pain.
Gastrointestinal: No symptoms of nausea, diarrhea, constipation, abdominal pain, indigestion or heartburn.
Genitourinary: No symptoms of dysuria, frequency, urethral discharge, dysuria, testicular pain or swelling.
Musculoskeletal: No symptoms of back pain, neck pain, joint pain, muscle pain, muscle weakness.
Integumentary: No symptoms of skin rashes, itching, skin dryness, eczema, change in skin moles.
Neurologic: No symptoms of headache, seizure activity, memory loss, head trauma.
Psychiatric: No symptoms of change in sleep pattern, anxiety, difficulty in focusing, depression, moodiness, suicidal thoughts or attempts, obsessive thoughts, compulsions, disturbing thoughts or feelings.
Endocrine: No symptoms of weight gain, weight loss, change in menstrual cycle.
Hematologic/Lymphatic: No symptoms of abnormal bleeding, anemia, easy bruising.
Allergic/Immunologic: No symptoms of hives, sneezing, wheezing, eczema

ROS Review

Last reviewed by on 08/09/2021 11:58 AM.

Exam

General Appearance: Well-nourished, well-developed male in no acute distress. He is awake and alert and stated age.
Head: Normocephalic, atraumatic. Palpation of the head reveals no tenderness.
Eyes: Normal orbit and globe. Normal conjunctivae. Cornea shows normal finding. Both lids are. Pupils are equal in size, round, reactive to light and accommodation.
Fundoscopic examination shows sharp discs, normal vessels and no exudates. Vision is normal to finger count.
Ears, Nose, Mouth, Throat: Examination of external ears reveals normal helix, tragus and ear lobe. Both canals are clean. Tympanic membranes are pearly gray, normal landmarks, good light reflex. Both ears are normal to finger rub. Normal nasal mucosa, no polyp, ulcer or lesion. Lips are normal with no lesion. Oral mucosa is normal. Hard and soft palate are normal. Teeth reveal good repair. Gum is normal. Tongue shows no ulcer or lesion. Tonsils are normal with no lesion. Uvula is normal.
Neck: Neck is symmetric, trachea is midline, no mass or JVD. Neck is supple, with full ROM to flexion, extension, and lateral rotation. Palpation of the neck shows normal pulsation, no adenopathy, or mass. Auscultation of the neck reveals no bruit or transmitted murmur. Inspection of the thyroid shows normal thyroid gland. Palpation to the thyroid shows normal thyroid gland.
Chest: Breathing is effortless and normal. Percussion of the chest produces resonant percussion notes. Palpation of the chest shows normal respiratory excursion.
Auscultation of the lungs reveals clear breath sounds bilaterally. Breath sounds were normal in volume.
Cardiovascular: PMI is located in the 5th ICS, midclavicular line. The heart rate is normal and rhythm is regular. S-1 is normal. There is no gallop sound. Carotid upstroke is of normal volume, without bruit. Femoral pulses are present. Pedal pulses are present. There is no edema, cyanosis, or clubbing.
Musculoskeletal: Left lower extremity is normal on inspection. Palpation is normal. Range of motion is limited. The left lower extremity has no joint instability. Right lower extremity is normal on inspection. Palpation is normal. Range of motion is limited. The right lower extremity has no joint instability. Motor examination reveals normal tone, bulk and strength.
Skin: Skin reveals no bruising, rash or eruptions. Palpation to the skin reveals no abnormality.
Psychiatric: Patient has appropriate judgment. Patient has good insight. Proper orientation to time, place and person. Recent memory is intact. Remote memory is intact. Patient's mood is euthymic. Appropriate affect is observed.

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968
Printed: 08/25/2021 01:54 pm
NOTE STATUS: FINAL
1 of 2

The Practice LLC
1010 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-798-9353

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968
Encounter Date: 08/09/2021 11:34 am
Encounter Closed Date: 08/09/2021 12:11 pm

Diagnosis

Z04.2 (10) Encounter for examination and observation following work accident Diagnosed By: Mattel, John , Date/Time: 08/09/2021 11:47 AM Notes: S/p Workman's comp incident dated 07/29/21.
S39.011A (10) Strain of muscle, fascia and tendon of abdomen, initial encounter Diagnosed By: Mattel, John , Date/Time: 08/09/2021 11:59 AM Notes: S/p Workman's comp incident dated 07/29/21.
S76.022A (10) Strain of muscle, fascia and tendon of left hip, initial encounter Diagnosed By: Mattel, John , Date/Time: 08/09/2021 12:00 PM Notes: S/p Workman's comp incident dated 07/29/21.
S76.012A (10) Strain of muscle, fascia and tendon of right hip, initial encounter Diagnosed By: Mattel, John , Date/Time: 08/09/2021 12:00 PM Notes: S/p Workman's comp incident dated 07/29/21.
S76.213A (10) Strain of adductor muscle, fascia and tendon of right thigh, initial encounter Diagnosed By: Mattel, John , Date/Time: 08/09/2021 12:03 PM Notes: S/p Workman's comp incident dated 07/29/21.
S76.212A (10) Strain of adductor muscle, fascia and tendon of left thigh, initial encounter Diagnosed By: Mattel, John , Date/Time: 08/09/2021 12:03 PM Notes: S/p Workman's comp incident dated 07/29/21.
S39.012A (10) Strain of muscle, fascia and tendon of lower back, initial encounter Diagnosed By: Mattel, John , Date/Time: 08/09/2021 12:04 PM Notes: S/p Workman's comp incident dated 07/29/21.
Z68.31 (10) Body mass index (BMI) 31.0-31.9, adult Diagnosed By: Mattel, John , Date/Time: 08/09/2021 12:01 PM Notes: S/p Workman's comp incident dated 07/29/21.

Assessment

General: Pt's diagnoses are secondary to workman's comp incident dated 07/29/21.

Pt notes he was pushing dumpsters in and out of the building when he started getting abdominal pain. Pt notes he went to the hospital the next day with lower abdominal pain which was secondary to moving the dumpsters. Pt was given a shot of morphine, Hydrocodone/APAP 8-325 mg, Cyclobenzaprine, and Ibuprofen. Pt was sent back to work on 08/09/21. Pt notes he has been on light duty since returning to work. Pt notes he had more x-rays taken this morning of his side and lower back.

Pt is being worked up by workman's compensation doctors. Pt is back to work at this time. Pt to f/u in two weeks.

Currently Performed Education

None

Vital Signs

BP: 126/80, Height: 70", Weight: 215 lb, BMI: 31, Temperature: 98.2, Pulse: 118, Respiration: 16, Pulse Oximetry: 94, Pain Scale: 6

This chart has been electronically signed using individually secured passwords.
Attending Physician: John Mattel MD

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968
Printed: 08/25/2021 01:54 pm
NOTE STATUS: FINAL
2 of 2

The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968
Encounter Date: 09/10/2021 09:10 am
Encounter Closed Date: 09/10/2021 09:47 am

History of Present Illness

Multiple Problem F/U: Patient is a 53 y/o M who presents to the office today for a f/u on recent urinary symptoms and left inguinal hernia.

HPI Review

Last reviewed by on 09/10/2021 09:43 AM.

Problem Review

Last reviewed by Allen, Astrid on 09/10/2021 09:11 AM.

Currently Prescribed List

Currently Prescribed Medications: Acetaminophen/Codeine Phosphate 120mg-12mg/5ml Solution QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Albuterol Sulfate HFA 90mcg/actuation Inhalation Aerosol QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Cyclobenzaprine Hydrochloride 10mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Difenhydramine Sodium 1% Topical Gel QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Doxycycline 100mg Capsule QTY: 1 Refill: 0 SIG Note: take one tablet every day Start Date: 06/27/2021 (external provider)
Ergocalciferol 1.25mg Capsule QTY: 13 Refill: 0 SIG Note: take one tablet every week Patient Note: Start Date: 08/02/2021
Ergocalciferol 1.25mg Capsule QTY: 1 Refill: 0 SIG Note: take one tablet every week Start Date: 06/27/2021 (external provider)
Hydrocodone Bitartrate/Acetaminophen 7.5mg-325mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Hydroxyzine Hydrochloride 50mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Naproxen 500mg Tablet QTY: 180 Refill: 0 SIG Note: Take 1 tablet by mouth twice a day Patient Note: Start Date: 08/24/2021
Pravastatin Sodium 40mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Prednisone 10mg Tablet QTY: 20 Refill: 0 SIG Note: take three today and three wednesday, two thursday, friday, and saturday, then one daily until they run out. Patient Note: Start Date: 06/29/2021
Tadalafil 5mg Tablet QTY: 90 Refill: 0 SIG Note: Take 1 tablet by mouth every day Patient Note: Start Date: 08/02/2021
Tramadol Hydrochloride 50mg Tablet QTY: 90 Refill: 0 SIG Note: Take 1 tablet by mouth three times daily as needed Patient Note: Start Date: 08/24/2021
Virusin AC 10mg-100mg/5mL Syrup QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)

Allergy List

Drug Allergies: cortisone
Other Allergies: No known allergies

Allergy Review

Last reviewed by Allen, Astrid on 09/10/2021 09:11 AM.

Review of System

Constitutional Symptoms: No symptoms of fatigue, headaches, loss of appetite.
Eyes: No symptoms of redness, discharge, swelling, pruritis, eye pain, diplopia, loss and blurring of vision, double vision.
Ears, Nose, Throat: No symptoms of ear pain, ear drainage, dizziness, sinusitis, nasal obstruction, nasal discharge, sore throat, sores in mouth, tooth/gum trouble.
Cardiovascular: No symptoms of chest pain on exertion, shortness of breath on exertion, swelling of ankles, palpitations, fainting spells, cyanosis.
Respiratory: No symptoms of coughing, wheezing, chest pain.
Gastrointestinal: No symptoms of nausea, diarrhea, constipation, abdominal pain, indigestion or heartburn.
Genitourinary: No symptoms of dysuria, frequency, urethral discharge, dysuria, testicular pain or swelling.
Musculoskeletal: No symptoms of back pain, neck pain, joint pains, muscle pain, muscle weakness.
Integumentary: No symptoms of skin rashes, itching, skin dryness, eczema, change in skin moles.
Neurological: No symptoms of headache, seizure activity, memory loss, head trauma.
Psychiatric: No symptoms of change in sleep pattern, anxiety, difficulty in focusing, depression, moodiness, suicidal thoughts or attempts, obsessive thoughts, compulsions, disturbing thoughts or feelings.
Endocrine: No symptoms of weight gain, weight loss, change in menstrual cycle.
Hematologic/Lymphatic: No symptoms of abnormal bleeding, anemia, easy bruising.
Allergic/Immunologic: No symptoms of itchy eyes, sneezing, wheezing, eczema

ROS Review

Last reviewed by on 09/10/2021 09:40 AM.

Exam

General Appearance: Well-nourished, well-developed male in no acute distress. He is awake and alert and stated age.
Head: Normocephalic, atraumatic. Palpation of the head reveals no tenderness.
Eyes: Normal orbit and globe. Normal conjunctivae. Cornea shows normal finding. Both Irids are. Pupils are equal in size, round, reactive to light and accommodation.
Fundoscopic examination shows sharp discs, normal vessels and no exudates. Vision is normal to finger count.
Ears, Nose, Mouth, Throat: Examination of external ears reveals normal helix, tragus and ear lobe. Both canals are clean. Tympanic membranes are pearly gray, normal landmarks, good light reflex. Both ears are normal to finger rub. Normal nasal mucosa, no polyp, ulcer or lesion Lips are normal with no lesion. Oral mucosa is normal. Hard and soft palates are normal. Teeth reveal good repair. Gum is normal. Tongue shows no ulcer or lesion. Tonsils are normal with no lesion. Uvula is normal.
Neck: Neck is symmetric, trachea is midline, no mass or JVD. Neck is supple, with full ROM to flexion, extension, and lateral rotation. Palpation of the neck shows normal pulsation, no adenopathy, or mass. Auscultation of the neck reveals no bruit or transmitted murmur. Inspection of the thyroid shows normal thyroid gland. Palpation to the thyroid shows normal thyroid gland.
Chest: Breathing is effortless and normal. Percussion of the chest produces resonant percussion notes. Palpation of the chest shows normal respiratory excursion.
Auscultation of the lungs reveals clear breath sounds bilaterally. Breath sounds were normal in volume.
Cardiovascular: PMI is located in the fifth ICS, midclavicular line. The heart rate is normal and rhythm is regular. S-1 is normal. There is no gallop sound. Carotid upstroke is of normal volume, without bruit. Femoral pulses are present. Pedal pulses are present. There is no edema, cyanosis, or clubbing.
Musculoskeletal: Motor examination reveals normal tone, bulk and strength.
Skin: Skin reveals no bruising, rash or eruptions. Palpation to the skin reveals no abnormality.
Psychiatric: Patient has appropriate judgment. Patient has good insight. Proper orientation to time, place and person. Recent memory is intact. Remote memory is intact. Patient's mood is euthymic. Appropriate affect is observed.

Diagnosis

K40.90 (10) Unilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent Diagnosed By: Matzel, John , Date/Time: 09/10/2021 09:42 AM Note: Pt has a left inguinal hernia.
R30.0 (10) Dysuria Diagnosed By: Matzel, John , Date/Time: 09/10/2021 09:43 AM
R93.89 (10) Abnormal findings on diagnostic imaging of other specified body structures Diagnosed By: Matzel, John , Date/Time: 09/10/2021 09:45 AM

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Printed: 09/13/2021 11:17 am

NOTE STATUS: FINAL

1 of 2

**The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353**

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: ~~05/11/1968~~

Encounter Date: 09/10/2021 09:10 am

Encounter Closed Date: 09/10/2021 09:47 am

Z68.31 (10) Body mass index [BMI] 31.0-31.9, adult Diagnosed By: Mattel, John , Date/Time: 09/10/2021 09:43 AM Note: S/p Workman's comp incident dated 07/29/21.

Assessment

General: UA shows blood, trace leukocytes, but no bacteria.

Pt given referral for urology consult secondary to recent abnormal findings of CT scan of abdomen and pelvis.

Pt given referral for general surgery secondary to left inguinal hernia.

Currently Performed Education

None

Referral

General Surgery (Ordered) Ordered By: Mattel, John 09/10/2021 09:44 AM

Referral Date:

Reason for Referral: Pt has a symptomatic left inguinal hernia.

Urology (Ordered) Ordered By: Mattel, John 09/10/2021 09:44 AM

Referral Date:

Reason for Referral: Questionable findings of recent CT scan of abdomen an pelvis.

Showed undetermined urital delinitation.

Vital Signs

BP: 124/82, Height: 70", Weight: 215 lb, BMI: 31, Temperature: 98.2, Pulse: 104, Respiration: 16, Pulse Oximetry: 95, Pain Scale: 0

This chart has been electronically signed using individually secured passwords.

Attending Physician: John Mattel MD

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Printed: 09/13/2021 11:17 am

NOTE STATUS: FINAL

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082

The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968
Encounter Date: 11/09/2021 04:39 pm
Encounter Closed Date: 11/09/2021 05:31 pm

Chief Complaint

3 mo ov entered by Allen, Astrid at 11/09/2021 04:39 pm

History of Present Illness

Multiple Problem F/U: Patient is a 53 y/o M who presents to the office today for a f/u on chronic conditions and to discuss any new concerns.

Pt is compliant in taking chronic medications as prescribed with no adverse s/e reported.

HPI Review

Last reviewed by on 11/09/2021 05:21 PM.

Problem Review

Last reviewed by Allen, Astrid on 11/09/2021 05:06 PM.

Currently Prescribed List

Currently Prescribed Medications: Acetaminophen/Codeine Phosphate 120mg-12mg/5ml Solution QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Albuterol Sulfate HFA 90mcg/actuation Inhalation Aerosol QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Cyclobenzaprine Hydrochloride 10mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Diclofenac Sodium 1% Topical Gel QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Doxycycline 100mg Capsule QTY: 1 Refill: 0 SIG Note: take one tablet every day Start Date: 06/27/2021 (external provider)
Ergocalciferol 1.25mg Capsule QTY: 13 Refill: 0 SIG Note: take one tablet every week Patient Note: Start Date: 08/02/2021
Hydrocodone Bitartrate/Acetaminophen 7.5mg-325mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Hydroxyzine Hydrochloride 50mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Naproxen 500mg Tablet QTY: 180 Refill: 0 SIG Note: Take 1 tablet by mouth twice a day Patient Note: Start Date: 08/24/2021
Pravastatin Sodium 40mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Tadalafil 5mg Tablet QTY: 90 Refill: 0 SIG Note: Take 1 tablet by mouth every day Patient Note: Start Date: 08/02/2021
Tramadol Hydrochloride 50mg Tablet QTY: 90 Refill: 0 SIG Note: Take 1 tablet by mouth three times daily as needed Patient Note: Start Date: 08/24/2021
Virbasin AC 10mg-100mg/5mL Syrup QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)

Allergy List

Drug Allergies: cortisone

Other Allergies: No known allergies

Allergy Review

Last reviewed by Allen, Astrid on 11/09/2021 05:06 PM.

Review of System

Constitutional Symptoms: No symptoms of fatigue, headaches, loss of appetite.

Eyes: No symptoms of redness, discharge, swelling, pruritis, eye pain, diplopia, loss and blurring of vision, double vision.

Ears, Nose, Throat: No symptoms of ear pain, ear drainage, dizziness, sinusitis, nasal obstruction, nasal discharge, sore throat, sores in mouth, tooth/gum trouble.

Cardiovascular: No symptoms of chest pain on exertion, shortness of breath on exertion, swelling of ankles, palpitations, fainting spells, cyanosis.

Respiratory: No symptoms of coughing, wheezing, chest pain.

Gastrointestinal: No symptoms of nausea, diarrhea, constipation, abdominal pain, indigestion or heartburn.

Genitourinary: No symptoms of dysuria, frequency, urethral discharge, dysuria, testicular pain or swelling.

Musculoskeletal: No symptoms of back pain, neck pain, joint pains, muscle pain, muscle weakness.

Integumentary: No symptoms of skin rashes, itching, skin dryness, eczema, change in some moles.

Neurological: No symptoms of headache, seizure activity, memory loss, head trauma.

Psychiatric: No symptoms of change in sleep pattern, anxiety, difficulty in focusing, depression, moodiness, suicidal thoughts or attempts, obsessive thoughts, compulsions, disturbing thoughts or feelings.

Endocrine: No symptoms of weight gain, weight loss, change in menstrual cycle.

Hematologic/Lymphatic: No symptoms of abnormal bleeding, anemia, easy bruising.

Allergic/Immunologic: No symptoms of itchy eyes, sneezing, wheezing, eczema

ROS Review

Last reviewed by on 11/09/2021 05:21 PM.

Exam

General Appearance: Well-nourished, well-developed male in no acute distress. He is awake and alert and stated age.

Head: Normocephalic, atraumatic. Palpation of the head reveals no tenderness.

Eyes: Normal orbit and globe. Normal conjunctivae. Cornea shows normal finding. Both lids are. Pupils are equal in size, round, reactive to light and accommodation.

Fundoscopic examination shows sharp discs, normal vessels and no exudates. Vision is normal to finger count.

Ears, Nose, Mouth, Throat: Examination of external ears reveals normal helix, tragus and ear lobe. Both canals are clean. Tympanic membranes are pearly gray, normal landmarks, good light reflex. Both ears are normal to finger rub. Normal nasal mucosa, no polyp, ulcer or lesion Lips are normal with no lesion. Oral mucosa is normal. Hard and soft palates are normal. Teeth reveal good repair. Gum is normal. Tongue shows no ulcer or lesion. Tonsils are normal with no lesion. Uvula is normal.

Neck: Neck is symmetric, trachea is midline, no mass or JVD. Neck is supple, with full ROM to flexion, extension, and lateral rotation. Palpation of the neck shows normal pulsation, no adenopathy, or mass. Auscultation of the neck reveals no bruit or transmitted murmur. Inspection of the thyroid shows normal thyroid gland. Palpation to the thyroid shows normal thyroid gland.

Chest: Breathing is effortless and normal. Percussion of the chest produces resonant percussion notes. Palpation of the chest shows normal respiratory excursion.

Auscultation of the lungs reveals clear breath sounds bilaterally. Breath sounds were normal in volume.

Cardiovascular: PMI is located in the fifth ICS, midclavicular line. The heart rate is normal and rhythm is regular. S-1 is normal. There is no gallop sound. Carotid upstroke is of normal volume, without bruit. Femoral pulses are present. Pedal pulses are present. There is no edema, cyanosis, or clubbing.

Musculoskeletal: Motor examination reveals normal tone, bulk and strength.

Skin: Skin reveals no bruising, rash or eruptions. Palpation to the skin reveals no abnormality.

Psychiatric: Patient has appropriate judgment. Patient has good insight. Proper orientation to time, place and person. Recent memory is intact. Remote memory is intact.

Patient's mood is euthymic. Appropriate affect is observed.

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Printed: 04/06/2022 03:39 pm

NOTE STATUS: FINAL

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083

The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968
Encounter Date: 11/09/2021 04:39 pm
Encounter Closed Date: 11/09/2021 05:31 pm

Diagnosis

L08.9 (10) Local infection of the skin and subcutaneous tissue, unspecified Diagnosed By: Mattel, John , Date/Time: 11/09/2021 05:22 PM
E78.5 (10) Hyperlipidemia, unspecified Diagnosed By: Mattel, John , Date/Time: 11/09/2021 05:22 PM
L71.9 (10) Rosacea, unspecified Diagnosed By: Mattel, John , Date/Time: 11/09/2021 05:22 PM
E55.9 (10) Vitamin D deficiency, unspecified Diagnosed By: Mattel, John , Date/Time: 11/09/2021 05:22 PM
E29.1 (10) Testicular hypofunction Diagnosed By: Mattel, John , Date/Time: 11/09/2021 05:22 PM
M19.90 (10) Unspecified osteoarthritis, unspecified site Diagnosed By: Mattel, John , Date/Time: 11/09/2021 05:22 PM
N32.9 (10) Male erectile dysfunction, unspecified Diagnosed By: Mattel, John , Date/Time: 11/09/2021 05:22 PM
Z79.899 (10) Other long term (current) drug therapy Diagnosed By: Mattel, John , Date/Time: 11/09/2021 05:22 PM
Z68.31 (10) Body mass index [BMI] 31.0-31.9, adult Diagnosed By: Mattel, John , Date/Time: 11/09/2021 05:23 PM Note: S/p Workman's comp incident dated 07/29/21.

Assessment

General: Rocephin administered in office today with no adverse s/e.
Pt to start Mupirocin and Bactrim. Proper use of medications discussed with patient.
Refill and continue chronic medications as prescribed. Proper use of medications discussed with patient.
Pt to start Gabapentin 300 mg and Hydrocodone/APAP 5-325 mg. Proper use of medications discussed with patient.
South Carolina Prescription Drug Monitoring Program reviewed for patient's controlled substance prescription history details.

Currently Performed Education

None

Rx

Rx:
Bactrim DS 800mg-160mg Tablet Prescribed By: Mattel, John , Prescribed Date/Time: 11/09/2021 05:20 PM
NDC: 13310014601 QTY: 20 Refill: 0
SIG Note: Take 1 tablet by mouth twice daily for 10 days
Patient Note: Start Date: 11/09/2021 Prescription Activity: Electronically Prescribed on 11/09/2021 05:30 pm
Ergocalciferol 1.25mg Capsule Prescribed By: Mattel, John , Prescribed Date/Time: 11/09/2021 05:24 PM
NDC: 50268029711 QTY: 13 Refill: 0
SIG Note: Take 1 capsule by mouth once weekly
Patient Note: Start Date: 11/09/2021 Prescription Activity: Electronically Prescribed on 11/09/2021 05:30 pm
Gabapentin 300mg Capsule Prescribed By: Mattel, John , Prescribed Date/Time: 11/09/2021 05:26 PM
NDC: 42582011518 QTY: 90 Refill: 2
SIG Note: Take 1 capsule by mouth three times daily
Patient Note: Start Date: 11/09/2021 Prescription Activity: Electronically Prescribed on 11/09/2021 05:30 pm
Hydrocodone/APAP 5mg-325mg Tab Prescribed By: Mattel, John , Prescribed Date/Time: 11/09/2021 05:26 PM
NDC: 57664012688 QTY: 28 Refill: 0
SIG Note: Take 1 tablet by mouth four times daily as needed for 7 days
Patient Note: Start Date: 11/09/2021 Prescription Activity: Electronically Prescribed on 11/09/2021 05:29 pm
Mupirocin 2% Topical Ointment Prescribed By: Mattel, John , Prescribed Date/Time: 11/09/2021 05:20 PM
NDC: 68462018022 QTY: 22 Refill: 5
SIG Note: Apply to affected area(s) three times daily as needed
Patient Note: Start Date: 11/09/2021 Prescription Activity: Electronically Prescribed on 11/09/2021 05:30 pm
Tadalafil 5mg Tablet Prescribed By: Mattel, John , Prescribed Date/Time: 11/09/2021 05:24 PM
NDC: 42291078730 QTY: 90 Refill: 0
SIG Note: Take 1 tablet by mouth every day
Patient Note: Start Date: 11/09/2021 Prescription Activity: Electronically Prescribed on 11/09/2021 05:30 pm
Tramadol Hydrochloride 50mg Tablet Prescribed By: Mattel, John , Prescribed Date/Time: 11/09/2021 05:24 PM
NDC: 33342020111 QTY: 90 Refill: 2
SIG Note: Take 1 tablet by mouth three times daily as needed
Patient Note: Start Date: 11/09/2021 Prescription Activity: Electronically Prescribed on 11/09/2021 05:29 pm

Injection

Rocephin (CEFTRIAXONE) INJECTION 1 GRAM (Ordered) Ordered By: Mattel, John 11/09/2021 05:20 PM

Vital Signs

BP: 120/72, Height: 70", Weight: 215 lb, BMI: 31, Temperature: 97.4, Pulse: 72, Respiration: 16, Pulse Oximetry: 98, Pain Scale: 0

This chart has been electronically signed using individually secured passwords.
Attending Physician: John Mattel MD

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Printed: 04/06/2022 03:39 pm

NOTE STATUS: FINAL

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084

**The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353**

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968
Encounter Date: 11/09/2021 04:39 pm
Encounter Closed Date: 11/09/2021 05:31 pm

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968
Printed: 04/06/2022 03:39 pm
NOTE STATUS: FINAL
3 of 3
085

The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968
Encounter Date: 11/23/2021 04:02 pm
Encounter Closed Date: 11/23/2021 04:52 pm

Chief Complaint

pt here for a 2 week f/u on hernia surgery entered by Allen, Astrid at 11/23/2021 04:18 pm

History of Present Illness

Multiple Problem F/U: Patient is a 53 y/o M who presents to the office today for a f/u on left sided inguinal and femoral hernias on the left side. Surgery was done by Dr. Moffitt.

HPI Review

Last reviewed by on 11/23/2021 04:37 PM.

Problem Review

Last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Currently Prescribed List

Currently Prescribed Medications: Acetaminophen/Codeine Phosphate 120mg-12mg/5ml Solution QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Albuterol Sulfate HFA 90mcg/actuation Inhalation Aerosol QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Cyclobenzaprine Hydrochloride 10mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Difenhydramine 1% Topical Gel QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Ergocalciferol 1.25mg Capsule QTY: 13 Refill: 0 SIG Note: Take 1 capsule by mouth once weekly Patient Note: Start Date: 11/09/2021
Gabapentin 300mg Capsule QTY: 90 Refill: 2 SIG Note: Take 1 capsule by mouth three times daily Patient Note: Start Date: 11/09/2021
Hydrocodone/APAP 5mg-325mg Tab QTY: 28 Refill: 0 SIG Note: Take 1 tablet by mouth four times daily as needed for 7 days Patient Note: Start Date: 11/09/2021
Mupirocin 2% Topical Ointment QTY: 22 Refill: 5 SIG Note: Apply to affected area(s) three times daily as needed Patient Note: Start Date: 11/09/2021
Naproxen 500mg Tablet QTY: 180 Refill: 0 SIG Note: Take 1 tablet by mouth twice a day Patient Note: Start Date: 08/24/2021
Nivolumab 400mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Tadalafil 5mg Tablet QTY: 90 Refill: 0 SIG Note: Take 1 tablet by mouth every day Patient Note: Start Date: 11/09/2021
Tramadol Hydrochloride 50mg Tablet QTY: 90 Refill: 2 SIG Note: Take 1 tablet by mouth three times daily as needed Patient Note: Start Date: 11/09/2021
Virusin AC 10mg-100mg/5mL Syrup QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)

Allergy List

Drug Allergies: cortisone
Other Allergies: No known allergies

Allergy Review

Last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Review of System

Constitutional Symptoms: No symptoms of fatigue, headaches, loss of appetite.
Eyes: No symptoms of redness, discharge, swelling, pruritis, eye pain, diplopia, loss and blurring of vision, double vision.
Ears, Nose, Throat: No symptoms of ear pain, ear drainage, dizziness, sinusitis, nasal obstruction, nasal discharge, sore throat, sores in mouth, tooth/gum trouble.
Cardiovascular: No symptoms of chest pain on exertion, shortness of breath on exertion, swelling of ankles, palpitations, fainting spells, cyanosis.
Respiratory: No symptoms of coughing, wheezing, chest pain.
Gastrointestinal: No symptoms of nausea, diarrhea, constipation, abdominal pain, indigestion or heartburn.
Genitourinary: No symptoms of dysuria, frequency, urethral discharge, dysuria, testicular pain or swelling.
Musculoskeletal: No symptoms of back pain, neck pain, joint pains, muscle pain, muscle weakness.
Integumentary: No symptoms of skin rashes, itching, skin dryness, eczema, change in skin moles.
Neurological: No symptoms of headache, seizure activity, memory loss, head trauma.
Psychiatric: No symptoms of change in sleep pattern, anxiety, difficulty in focusing, depression, moodiness, suicidal thoughts or attempts, obsessive thoughts, compulsions, disturbing thoughts or feelings.
Endocrine: No symptoms of weight gain, weight loss, change in menstrual cycle.
Hematologic/Lymphatic: No symptoms of abnormal bleeding, anemia, easy bruising.
Allergic/Immunologic: No symptoms of itchy eyes, sneezing, wheezing, eczema

ROS Review

Last reviewed by on 11/23/2021 04:38 PM.

Exam

General Appearance: Well-nourished, well-developed male in no acute distress. He is awake and alert and stated age.
Head: Normocephalic, atraumatic. Palpation of the head reveals no tenderness.
Eyes: Normal orbit and globe. Normal conjunctivae. Cornea shows normal finding. Both lids are. Pupils are equal in size, round, reactive to light and accommodation.
Fundoscopic examination shows sharp discs, normal vessels and no exudates. Vision is normal to finger count.
Ears, Nose, Mouth, Throat: Examination of external ears reveals normal helix, tragus and ear lobe. Both canals are clean. Tympanic membranes are pearly gray, normal landmarks, good light reflex. Both eardrums are normal to finger rub. Normal nasal mucosa, no polyp, ulcer or lesion Lips are normal with no lesion. Oral mucosa is normal. Hard and soft palates are normal. Teeth reveal good repair. Gum is normal. Tongue shows no ulcer or lesion. Tonsils are normal with no lesion. Uvula is normal.
Neck: Neck is symmetric, trachea is midline, no mass or JVD. Neck is supple, with full ROM to flexion, extension, and lateral rotation. Palpation of the neck shows normal pulsation, no adenopathy, or mass. Auscultation of the neck reveals no bruit or transmitted murmur. Inspection of the thyroid shows normal thyroid gland. Palpation to the thyroid shows normal thyroid gland.
Chest: Breathing is effortless and normal. Percussion of the chest produces resonant percussion notes. Palpation of the chest shows normal respiratory excursion.
Auscultation of the lungs reveals clear breath sounds bilaterally. Breath sounds were normal in volume.
Cardiovascular: PMI is located in the fifth ICS, midclavicular line. The heart rate is normal and rhythm is regular. S-1 is normal. There is no gallop sound. Carotid upstroke is of normal volume, without bruit. Femoral pulses are present. Pedal pulses are present. There is no edema, cyanosis, or clubbing.
Musculoskeletal: Motor examination reveals normal tone, bulk and strength.
Skin: Skin reveals no bruising, rash or eruptions. Palpation to the skin reveals no abnormality.
Psychiatric: Patient has appropriate judgment. Patient has good insight. Proper orientation to time, place and person. Recent memory is intact. Remote memory is intact. Patient's mood is euthymic. Appropriate affect is observed.

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Printed: 04/06/2022 03:39 pm

NOTE STATUS: FINAL

1 of 2
086

**The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353**

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: ~~05/11/1968~~
Encounter Date: 11/23/2021 04:02 pm
Encounter Closed Date: 11/23/2021 04:52 pm

Diagnosis

K40.90 (10) Unilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent Diagnosed By: Mattel, John , Date/Time: 11/23/2021 04:38 PM
K41.90 (10) Unilateral femoral hernia, without obstruction or gangrene, not specified as recurrent Diagnosed By: Mattel, John , Date/Time: 11/23/2021 04:38 PM
L88.9 (10) Local infection of the skin and subcutaneous tissue, unspecified Diagnosed By: Mattel, John , Date/Time: 11/09/2021 05:22 PM
E29.1 (10) Testicular hypofunction Diagnosed By: Mattel, John , Date/Time: 11/23/2021 04:42 PM
Z79.899 (10) Other long term (current) drug therapy Diagnosed By: Mattel, John , Date/Time: 11/09/2021 05:22 PM
Z68.31 (10) Body mass index [BMI] 31.0-31.9, adult Diagnosed By: Mattel, John , Date/Time: 11/09/2021 05:23 PM

Assessment

General: Refill and continue Gabapentin 300 mg and Hydrocodone/APAP 5-325 mg. Proper use of medications discussed with patient.

South Carolina Prescription Drug Monitoring Program reviewed for patient's controlled substance prescription history details.

Pt given written script for Testosterone 20% cream in office today. Proper use of medication discussed with patient.

Currently Performed Education

None

Rx

Rx:
Gabapentin 300mg Capsule Prescribed By: Mattel, John , Prescribed Date/Time: 11/23/2021 04:42 PM
NDC: 42582011518 QTY: 90 Refill: 2
SIG Note: Take 1 capsule by mouth three times daily
Patient Note: Start Date: 11/23/2021 Prescription Activity: Electronically Prescribed on 11/23/2021 04:52 pm
Hydrocodone/APAP 5mg-325mg Tab Prescribed By: Mattel, John , Prescribed Date/Time: 11/23/2021 04:42 PM
NDC: 57664012688 QTY: 28 Refill: 0
SIG Note: Take 1 tablet by mouth four times daily as needed for 7 days
Patient Note: Start Date: 11/23/2021 Prescription Activity: Electronically Prescribed on 11/23/2021 04:52 pm
Mupirocin 2% Topical Ointment Prescribed By: Mattel, John , Prescribed Date/Time: 11/23/2021 04:39 PM
NDC: 68462018022 QTY: 22 Refill: 5
SIG Note: Apply to affected area(s) three times daily as needed
Patient Note: Start Date: 11/23/2021 Prescription Activity: Electronically Prescribed on 11/23/2021 04:52 pm

Vital Signs

BP: 126/74, Height: 70", Weight: 216 lb, BMI: 31, Temperature: 97.5, Pulse: 92, Respiration: 16, Pulse Oximetry: 97, Pain Scale: 0

This chart has been electronically signed using individually secured passwords.
Attending Physician: John Mattel MD

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968
Printed: 04/06/2022 03:39 pm

NOTE STATUS: FINAL

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087

**The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353**

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: ~~05/11/1968~~
Encounter Date: 12/05/2021 12:44 pm

Medical History

PAST MEDICAL HISTORY:

Illnesses:

High Cholesterol

Other - muscle joint and bone problems

FAMILY HISTORY:

Father:

Other - maternal grandmother breast cancer

SOCIAL HISTORY:

Smoking:

Current every day smoker

Alcohol Use:

Moderate

Medical History Review

Past Medical History last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Family History last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Social History last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Problem List

07/13/2021 M25.569 Pain in unspecified knee
07/15/2021 M67.462 Ganglion, left knee
07/13/2021 Z68.30 Body mass index [BMI]30.0-30.9, adult
06/27/2021 E78.5 Hyperlipidemia, unspecified
08/02/2021 M54.5 Low back pain
08/02/2021 M16.0 Bilateral primary osteoarthritis of hip
08/02/2021 M25.552 Pain in left hip
08/02/2021 M25.551 Pain in right hip
08/02/2021 M70.61 Trochanteric bursitis, right hip
08/02/2021 M70.62 Trochanteric bursitis, left hip
08/02/2021 L71.9 Rosacea, unspecified
08/02/2021 E55.9 Vitamin D deficiency, unspecified
08/02/2021 E29.1 Testicular hypofunction
08/02/2021 Z68.31 Body mass index [BMI] 31.0-31.9, adult

Problem Review

Last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Medication Review

Last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Currently Prescribed List

Currently Prescribed Medications:Acetaminophen/Codeine Phosphate 120mg-12mg/5ml Solution QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Albuterol Sulfate HFA 90mcg/actuation Inhalation Aerosol QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Cyclobenzaprine Hydrochloride 10mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Diclofenac Sodium 1% Topical Gel QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Ergocalciferol 1.25mg Capsule QTY: 13 Refill: 0 SIG Note: Take 1 capsule by mouth once weekly Patient Note: Start Date: 01/31/2022
Ergocalciferol 1.25mg Capsule QTY: 13 Refill: 0 SIG Note: Take 1 capsule by mouth once weekly Patient Note: Start Date: 11/09/2021
Gabapentin 300mg Capsule QTY: 90 Refill: 2 SIG Note: Take 1 capsule by mouth three times daily Patient Note: Start Date: 11/23/2021

Gabapentin 300mg Capsule QTY: 90 Refill: 2 SIG Note: Take 1 capsule by mouth three times daily Patient Note: Start Date: 11/09/2021

Gabapentin 300mg Capsule QTY: 180 Refill: 2 SIG Note: Take 2 capsules by mouth three times daily Patient Note: Start Date: 01/31/2022
Mupirocin 2% Topical Ointment QTY: 22 Refill: 5 SIG Note: Apply to affected area(s) three times daily as needed Patient Note: Start Date: 11/23/2021
Mupirocin 2% Topical Ointment QTY: 22 Refill: 5 SIG Note: Apply to affected area(s) three times daily as needed Patient Note: Start Date: 11/09/2021
Naproxen 500mg Tablet QTY: 180 Refill: 0 SIG Note: Take 1 tablet by mouth twice a day Patient Note: Start Date: 08/24/2021

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Printed: 04/06/2022 03:39 pm

NOTE STATUS: DRAFT

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088

**The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353**

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968
Encounter Date: 12/05/2021 12:44 pm

Naproxen 500mg Tablet QTY: 180 Refill: 0 SIG Note: Take 1 tablet by mouth twice a day Patient Note: Start Date: 01/31/2022
Pravastatin Sodium 40mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Tadalafil 5mg Tablet QTY: 90 Refill: 0 SIG Note: Take 1 tablet by mouth every day Patient Note: Start Date: 01/31/2022
Tadalafil 5mg Tablet QTY: 90 Refill: 0 SIG Note: Take 1 tablet by mouth every day Patient Note: Start Date: 11/09/2021
Tramadol Hydrochloride 50mg Tablet QTY: 90 Refill: 2 SIG Note: Take 1 tablet by mouth three times daily as needed Patient Note: Start Date: 01/31/2022
Tramadol Hydrochloride 50mg Tablet QTY: 90 Refill: 2 SIG Note: Take 1 tablet by mouth three times daily as needed Patient Note: Start Date: 11/09/2021
Virtussin AC 10mg-100mg/5mL Syrup QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)

Allergy List

Drug Allergies: cortisone
Other Allergies: No known allergies

Allergy Review

Last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Currently Performed Education

None

Rx

Rx:

Bactrim DS 800mg-160mg Tablet Prescribed By: Mattei, John , Prescribed Date/Time: 12/05/2021 12:50 PM
NDC: 13310014605 QTY: 20 Refill: 1
SIG Note: 1 po bid x 10 days
Patient Note: Start Date: 12/05/2021 Prescription Activity: Electronically Prescribed on 12/05/2021 12:52 pm
Doxycycline 100mg Tablet Prescribed By: Mattei, John , Prescribed Date/Time: 12/05/2021 12:50 PM
NDC: 63304013250 QTY: 20 Refill: 1
SIG Note: 1 po bid x 10 days
Patient Note: Start Date: 12/05/2021 Prescription Activity: Electronically Prescribed on 12/05/2021 12:52 pm
Hydrocodone/APAP 5mg-325mg Tab Prescribed By: Mattel, John , Prescribed Date/Time: 12/05/2021 12:53 PM
NDC: 57664012688 QTY: 28 Refill: 0
SIG Note: Take 1 tablet by mouth four times daily as needed for 7 days
Patient Note: Start Date: 12/05/2021 Prescription Activity: Electronically Prescribed on 12/05/2021 12:54 pm

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Printed: 04/06/2022 03:39 pm

NOTE STATUS: DRAFT

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089

**The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353**

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Encounter Date: 01/31/2022 04:30 pm

Encounter Closed Date: 01/31/2022 06:24 pm

Chief Complaint

med refill entered by Pierce, Cynthia at 01/31/2022 04:30 pm

History of Present Illness

Multiple Problem F/U: Patient is a 53 y/o M who presents to the office today c/o a cyst on his left knee which he had drained previously.

Pt notes he was recently fired from work secondary to telling them that he was in pain/discomfort when being made to bend over. Pt recently had hernia surgery which was being aggravated when bending over.

HPI Review

Last reviewed by on 01/31/2022 06:21 PM.

Medical History

PAST MEDICAL HISTORY:

Illnesses:

High Cholesterol

Other - muscle joint and bone problems

FAMILY HISTORY:

Father:

Other - maternal grandmother breast cancer

SOCIAL HISTORY:

Smoking:

Current every day smoker

Alcohol Use:

Moderate

Medical History Review

Past Medical History last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Family History last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Social History last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Problem List

07/13/2021 M25.569 Pain in unspecified knee
07/15/2021 M67.462 Ganglion, left knee
07/13/2021 Z68.30 Body mass index [BMI] 30.0-30.9, adult
06/27/2021 E78.5 Hyperlipidemia, unspecified
08/02/2021 M54.5 Low back pain
08/02/2021 M16.0 Bilateral primary osteoarthritis of hip
08/02/2021 M25.552 Pain in left hip
08/02/2021 M25.551 Pain in right hip
08/02/2021 M70.61 Trochanteric bursitis, right hip
08/02/2021 M70.62 Trochanteric bursitis, left hip
08/02/2021 L71.9 Rosacea, unspecified
08/02/2021 E55.9 Vitamin D deficiency, unspecified
08/02/2021 E29.1 Testicular hypofunction
08/02/2021 Z68.31 Body mass index [BMI] 31.0-31.9, adult

Problem Review

Last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Medication Review

Last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Currently Prescribed List

Currently Prescribed Medications: Acetaminophen/Codeine Phosphate 120mg-12mg/5ml Solution QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Albuterol Sulfate HFA 90mcg/actuation Inhalation Aerosol QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Bactrim DS 800mg-160mg Tablet QTY: 20 Refill: 1 SIG Note: 1 po bid x 10 days Patient Note: Start Date: 12/05/2021
Cyclobenzaprine Hydrochloride 10mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Diclofenac Sodium 1% Topical Gel QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Printed: 04/06/2022 03:39 pm

NOTE STATUS: FINAL

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**The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353**

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Encounter Date: 01/31/2022 04:30 pm

Encounter Closed Date: 01/31/2022 06:24 pm

Doxycycline 100mg Tablet QTY: 20 Refill: 1 SIG Note: 1 po bld x 10 days Patient Note: Start Date: 12/05/2021

Ergocalciferol 1.25mg Capsule QTY: 13 Refill: 0 SIG Note: Take 1 capsule by mouth once weekly Patient Note: Start Date: 11/09/2021

Gabapentin 300mg Capsule QTY: 90 Refill: 2 SIG Note: Take 1 capsule by mouth three times daily Patient Note: Start Date: 11/23/2021

Gabapentin 300mg Capsule QTY: 90 Refill: 2 SIG Note: Take 1 capsule by mouth three times daily Patient Note: Start Date: 11/09/2021

Mupirocin 2% Topical Ointment QTY: 22 Refill: 5 SIG Note: Apply to affected area(s) three times daily as needed Patient Note: Start Date: 11/23/2021

Mupirocin 2% Topical Ointment QTY: 22 Refill: 5 SIG Note: Apply to affected area(s) three times daily as needed Patient Note: Start Date: 11/09/2021

Naproxen 500mg Tablet QTY: 180 Refill: 0 SIG Note: Take 1 tablet by mouth twice a day Patient Note: Start Date: 08/24/2021

Pravastatin Sodium 40mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)

Tadalafil 5mg Tablet QTY: 90 Refill: 0 SIG Note: Take 1 tablet by mouth every day Patient Note: Start Date: 11/09/2021

Tramadol Hydrochloride 50mg Tablet QTY: 90 Refill: 2 SIG Note: Take 1 tablet by mouth three times daily as needed Patient Note: Start Date: 11/09/2021

Virtussin AC 10mg-100mg/5mL Syrup QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)

Allergy List

Drug Allergies:cortisone

Allergy Review

Last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Review of System

Constitutional Symptoms: No symptoms of fatigue, headaches, loss of appetite.

Eyes: No symptoms of redness, discharge, swelling, pruritis, eye pain, diplopia, loss and blurring of vision, double vision.

Ears, Nose, Throat: No symptoms of ear pain, ear drainage, dizziness, sinusitis, nasal obstruction, nasal discharge, sore throat, sores in mouth, tooth/gum trouble.

Cardiovascular: No symptoms of chest pain on exertion, shortness of breath on exertion, swelling of ankles, palpitations, fainting spells, cyanosis.

Respiratory: No symptoms of coughing, wheezing, chest pain.

Gastrointestinal: No symptoms of nausea, diarrhea, constipation, abdominal pain, indigestion or heartburn.

Genitourinary: No symptoms of dysuria, frequency, urethral discharge, dysuria, testicular pain or swelling.

Musculoskeletal: No symptoms of back pain, neck pain, joint pains, muscle pain, muscle weakness.

Integumentary: No symptoms of skin rashes, itching, skin dryness, eczema, change in some moles.

Neurological: No symptoms of headache, seizure activity, memory loss, head trauma.

Psychiatric: No symptoms of change in sleep pattern, anxiety, difficulty in focusing, depression, moodiness, suicidal thoughts or attempts, obsessive thoughts, compulsions, disturbing thoughts or feelings.

Endocrine: No symptoms of weight gain, weight loss, change in menstrual cycle.

Hematologic/Lymphatic: No symptoms of abnormal bleeding, anemia, easy bruising.

Allergic/Immunologic: No symptoms of itchy eyes, sneezing, wheezing, eczema

ROS Review

Last reviewed by on 01/31/2022 06:12 PM.

Exam

General Appearance: Well-nourished, well-developed male in no acute distress. He is awake and alert and stated age.

Head: Normocephalic, atraumatic. Palpation of the head reveals no tenderness.

Eyes: Normal orbit and globe. Normal conjunctivae. Cornea shows normal finding. Both lids are. Pupils are equal in size, round, reactive to light and accommodation. Fundoscopic examination shows sharp discs, normal vessels and no exudates. Vision is normal to finger count.

Ears, Nose, Mouth, Throat: Examination of external ears reveals normal helix, tragus and ear lobe. Both canals are clean. Tympanic membranes are pearly gray, normal landmarks, good light reflex. Both ears are normal to finger rub. Normal nasal mucosa, no polyp, ulcer or lesion. Lips are normal with no lesion. Oral mucosa is normal. Hard and soft palates are normal. Teeth reveal good repair. Gum is normal. Tongue shows no ulcer or lesion. Tonsils are normal with no lesion. Uvula is normal.

Neck: Neck is symmetric, trachea is midline, no mass or JVD. Neck is supple, with full ROM to flexion, extension, and lateral rotation. Palpation of the neck shows normal pulsation, no adenopathy, or mass. Auscultation of the neck reveals no bruit or transmitted murmur. Inspection of the thyroid shows normal thyroid gland. Palpation to the thyroid shows normal thyroid gland.

Chest: Breathing is effortless and normal. Percussion of the chest produces resonant percussion notes. Palpation of the chest shows normal respiratory excursion. Auscultation of the lungs reveals clear breath sounds bilaterally. Breath sounds were normal in volume.

Cardiovascular: PMI is located in the fifth ICS, midclavicular line. The heart rate is normal and rhythm is regular. S-1 is normal. There is no gallop sound. Carotid upstroke is of normal volume, without bruit. Femoral pulses are present. Pedal pulses are present. There is

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Printed: 04/06/2022 03:39 pm

NOTE STATUS: FINAL

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The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Encounter Date: 01/31/2022 04:30 pm

Encounter Closed Date: 01/31/2022 06:24 pm

no edema, cyanosis, or clubbing.

Musculoskeletal: Motor examination reveals normal tone, bulk and strength.

Skin: Skin reveals no bruising, rash or eruptions. Palpation to the skin reveals no abnormality.

Psychiatric: Patient has appropriate judgment. Patient has good insight. Proper orientation to time, place and person. Recent memory is intact. Remote memory is intact. Patient's mood is euthymic. Appropriate affect is observed.

Diagnosis

M70.52 (10) Other bursitis of knee, left knee Diagnosed By: Mattei, John , Date/Time: 01/31/2022 06:19 PM

E78.5 (10) Hyperlipidemia, unspecified Diagnosed By: Mattei, John , Date/Time: 01/31/2022 06:20 PM

E55.9 (10) Vitamin D deficiency, unspecified Diagnosed By: Mattei, John , Date/Time: 01/31/2022 06:20 PM

M19.90 (10) Unspecified osteoarthritis, unspecified site Diagnosed By: Mattei, John , Date/Time: 01/31/2022 06:20 PM

G62.9 (10) Polyneuropathy, unspecified Diagnosed By: Mattei, John , Date/Time: 01/31/2022 06:20 PM

Z79.899 (10) Other long term (current) drug therapy Diagnosed By: Mattei, John , Date/Time: 01/31/2022 05:28 PM

Z68.30 (10) Body mass index [BMI]30.0-30.9, adult Diagnosed By: Mattei, John , Date/Time: 01/31/2022 05:28 PM

Assessment

General: Left knee superpatellar bursa drained in office today. Incision and drainage completed today with no adverse effects. Patient's verbal consent was given. Risks and benefits were discussed in detail. Questions were answered. Procedure was done as follows: Ethyl Chloride applied to site for topical numbing. Area were sterilized with alcohol prep pad and numbed using 1cc Lidocaine and 27 gauge needle. Opened using blade. Site flushed with 1/2 hydrogen peroxide and 1/2 normal saline. Mupirocin was placed over area and gauze placed with bandage. Procedure was completed today using aseptic technique with no adverse effects. Post procedure care was given today and pt was instructed on at home wound care to prevent infection. Pt notes understanding and agrees with our discussed plan. Prescribed Mupirocin 2% ointment to apply BID. Proper use of medication discussed.

Pt has been having pain in the area of a recent hernia repair secondary to being made to bend over at work. Pt brought this up with his surgeon, Dr. Moffit, who was so concerned that he is sending patient for a CT scan.

Refill and continue chronic medications as prescribed. Proper use of medications discussed with patient.

South Carolina Prescription Drug Monitoring Program reviewed for patient's controlled substance prescription history details.

Currently Performed Education

None

Rx

Rx:

Ergocalciferol 1.25mg Capsule Prescribed By: Mattei, John , Prescribed Date/Time: 01/31/2022 06:18 PM

NDC: 50268029711 QTY: 13 Refill: 0

SIG Note: Take 1 capsule by mouth once weekly

Patient Note: Start Date: 01/31/2022 Prescription Activity: Electronically Prescribed on 01/31/2022 06:23 pm

Gabapentin 300mg Capsule Prescribed By: Mattei, John , Prescribed Date/Time: 01/31/2022 06:18 PM

NDC: 42582011518 QTY: 180 Refill: 2

SIG Note: Take 2 capsules by mouth three times daily

Patient Note: Start Date: 01/31/2022 Prescription Activity: Electronically Prescribed on 01/31/2022 06:23 pm

Naproxen 500mg Tablet Prescribed By: Mattei, John , Prescribed Date/Time: 01/31/2022 06:18 PM

NDC: 55289029806 QTY: 180 Refill: 0

SIG Note: Take 1 tablet by mouth twice a day

Patient Note: Start Date: 01/31/2022 Prescription Activity: Electronically Prescribed on 01/31/2022 06:23 pm

Tadalafil 5mg Tablet Prescribed By: Mattei, John , Prescribed Date/Time: 01/31/2022 06:18 PM

NDC: 42291078730 QTY: 90 Refill: 0

SIG Note: Take 1 tablet by mouth every day

Patient Note: Start Date: 01/31/2022 Prescription Activity: Electronically Prescribed on 01/31/2022 06:22 pm

Tramadol Hydrochloride 50mg Tablet Prescribed By: Mattei, John , Prescribed Date/Time: 01/31/2022 06:18 PM

NDC: 33342020111 QTY: 90 Refill: 2

SIG Note: Take 1 tablet by mouth three times daily as needed

Patient Note: Start Date: 01/31/2022 Prescription Activity: Electronically Prescribed on 01/31/2022 06:23 pm

Vital Signs

BP: 118/68, Height: 70", Weight: 214 lb, BMI: 30.68, Temperature: 97.9, Pulse: 76, Respiration: 16, Pulse Oximetry: 97, Pain Scale: 0

This chart has been electronically signed using individually secured passwords.

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Printed: 04/06/2022 03:39 pm

NOTE STATUS: FINAL

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**The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353**

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968
Encounter Date: 01/31/2022 04:30 pm
Encounter Closed Date: 01/31/2022 06:24 pm
Attending Physician: John Mattel MD

>

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968
Printed: 04/06/2022 03:39 pm
NOTE STATUS: FINAL

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093

**The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353**

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Encounter Date: 02/09/2022 12:09 pm

Encounter Closed Date: 02/09/2022 01:31 pm

Chief Complaint

low back pain entered by Pierce, Cynthia at 02/09/2022 12:09 pm

History of Present Illness

Multiple Problem F/U: Patient is a 53 y/o M who presents to the office today c/o low back pain and abdominal pain. Pt notes history of hernia surgery back on October 19th, 2021. Pt had left inguinal and femoral hernias. Pt saw Dr. Mofit, his surgeon for the hernia, in January who put patient out of work for a month. Dr. Mofit ordered a CT and wants to do a nerve block for inguinal pain. Pt injured his low back on the job at the same time on July 29th, 2021 as had the hernia. Pt notes he has been taking pain medication from a pain management specialist and attending therapy for his low back pain since this injury. Pt's pain doctor is referring patient to neurosurgeon for consult and set up for therapy twice weekly for the next four weeks. Pt rates hernial pain 8/10 sometimes more depending on his activities and his low back pain 8-10+/10 which is constant. Patient had talked to Dr. Oleary on December the 14th at which point Dr. Oleary said he would keep the patient out until he was absolutely ready to return to work, however patient received a call from work 2 days before christmas telling patient that he was cleared to return to work by Dr. Oleary for light duty. Pt was told he either could take this job light duty and return to work or he would lose his job. Pt returned to work on December 22nd. Pt wore light duty that week and the next week. Pt kept hurting his area of surgery for the hernia and exacerbating his low back pain which he repeatedly told his employer. Pt had a new GM when returning to work, Mr. Dougale, who told patient that he needed to come clean up dog feces after he clocked out for lunch. Pt told him that he had just clocked out for lunch and his GM told him that this could wait until he returned from lunch. When patient returned from lunch, pt went and got a spatula and got on his knees to clean up the feces. Pt notes being on his knees and cleaning this up aggravated his hernia and his low back pain and had to hold the area of his hernia for the remainder of the day. Pt continued working and tried his best until the 20th of January. Pt notes he was called for another job to repair a door which required him to crawl on the ground. Pt told Mr. Dougale that he was scared to do this job as this would hurt him. Mr. Dougale disregarded the patient's concern and told patient that he needed to do the job. Pt notes the next day he could not move and was limping around. Pt was unable to return to work the next day which was sunday secondary to the fact that he could not walk. Pt notes he was out monday getting a shot at his pain doctor and was told not to do anything for 24 hours. Tuesday he woke up with sinus symptoms and sweats and called to inform his employer about these symptoms and also that he was still hurting pretty bad. Pt was told to come in to work and that he may be tested for COVID-19 later. Pt notes he went into work and started performing his daily duties. Pt notes he was called into his GM's office and was told that he messed up the valve on the stove which endangered residents. Pt notes he did not work on that stove and told his GM this. Pt notes he was told by his GM at this time that he was supposed to report to him immediately that morning to be tested for COVID-19 which he had not said on the call earlier that morning. Pt was fired at this time.

HPI Review

Last reviewed by on 02/09/2022 01:11 PM.

Medical History

PAST MEDICAL HISTORY:

Illnesses:

High Cholesterol

Other - muscle joint and bone problems

FAMILY HISTORY:

Father:

Other - maternal grandmother breast cancer

SOCIAL HISTORY:

Smoking:

Current every day smoker

Alcohol Use:

Moderate

Medical History Review

Past Medical History last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Family History last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Social History last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Problem List

07/13/2021 M25.569 Pain in unspecified knee

07/15/2021 M67.462 Ganglion, left knee

07/13/2021 Z68.30 Body mass index [BMI] 30.0-30.9, adult

06/27/2021 E78.5 Hyperlipidemia, unspecified

08/02/2021 M54.5 Low back pain

08/02/2021 M16.0 Bilateral primary osteoarthritis of hip

08/02/2021 M25.552 Pain in left hip

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Printed: 04/06/2022 03:39 pm

NOTE STATUS: FINAL

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094

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Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Encounter Date: 02/09/2022 12:09 pm

Encounter Closed Date: 02/09/2022 01:31 pm

08/02/2021 M25.551 Pain in right hip
08/02/2021 M70.61 Trochanteric bursitis, right hip
08/02/2021 M70.62 Trochanteric bursitis, left hip
08/02/2021 L71.9 Rosacea, unspecified
08/02/2021 E55.9 Vitamin D deficiency, unspecified
08/02/2021 E29.1 Testicular hypofunction
08/02/2021 Z68.31 Body mass index [BMI] 31.0-31.9, adult

Problem Review

Last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Medication Review

Last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Currently Prescribed List

Currently Prescribed Medications: Acetaminophen/Codeine Phosphate 120mg-12mg/5ml Solution QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Albuterol Sulfate HFA 90mcg/actuation Inhalation Aerosol QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Bactrim DS 800mg-160mg Tablet QTY: 20 Refill: 1 SIG Note: 1 po bid x 10 days Patient Note: Start Date: 12/05/2021
Cyclobenzaprine Hydrochloride 10mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Diclofenac Sodium 1% Topical Gel QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)
Doxycycline 100mg Tablet QTY: 20 Refill: 1 SIG Note: 1 po bid x 10 days Patient Note: Start Date: 12/05/2021
Ergocalciferol 1.25mg Capsule QTY: 13 Refill: 0 SIG Note: Take 1 capsule by mouth once weekly Patient Note: Start Date: 01/31/2022
Ergocalciferol 1.25mg Capsule QTY: 13 Refill: 0 SIG Note: Take 1 capsule by mouth once weekly Patient Note: Start Date: 11/09/2021
Gabapentin 300mg Capsule QTY: 90 Refill: 2 SIG Note: Take 1 capsule by mouth three times daily Patient Note: Start Date: 11/23/2021

Gabapentin 300mg Capsule QTY: 90 Refill: 2 SIG Note: Take 1 capsule by mouth three times daily Patient Note: Start Date: 11/09/2021

Gabapentin 300mg Capsule QTY: 180 Refill: 2 SIG Note: Take 2 capsules by mouth three times daily Patient Note: Start Date: 01/31/2022

Mupirocin 2% Topical Ointment QTY: 22 Refill: 5 SIG Note: Apply to affected area(s) three times daily as needed Patient Note: Start Date: 11/23/2021

Mupirocin 2% Topical Ointment QTY: 22 Refill: 5 SIG Note: Apply to affected area(s) three times daily as needed Patient Note: Start Date: 11/09/2021

Naproxen 500mg Tablet QTY: 180 Refill: 0 SIG Note: Take 1 tablet by mouth twice a day Patient Note: Start Date: 08/24/2021

Naproxen 500mg Tablet QTY: 180 Refill: 0 SIG Note: Take 1 tablet by mouth twice a day Patient Note: Start Date: 01/31/2022

Pravastatin Sodium 40mg Tablet QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)

Tadalafil 5mg Tablet QTY: 90 Refill: 0 SIG Note: Take 1 tablet by mouth every day Patient Note: Start Date: 01/31/2022

Tadalafil 5mg Tablet QTY: 90 Refill: 0 SIG Note: Take 1 tablet by mouth every day Patient Note: Start Date: 11/09/2021

Tramadol Hydrochloride 50mg Tablet QTY: 90 Refill: 2 SIG Note: Take 1 tablet by mouth three times daily as needed Patient Note: Start Date: 01/31/2022

Tramadol Hydrochloride 50mg Tablet QTY: 90 Refill: 2 SIG Note: Take 1 tablet by mouth three times daily as needed Patient Note: Start Date: 11/09/2021

Virtussin AC 10mg-100mg/5mL Syrup QTY: 1 Refill: 0 SIG: 0.0 SIG Note: Start Date: 06/27/2021 (external provider)

Allergy List

Drug Allergies: cortisone

Other Allergies: No known allergies

Allergy Review

Last reviewed by Allen, Astrid on 11/23/2021 04:18 PM.

Review of System

Constitutional Symptoms: No symptoms of fatigue, headaches, loss of appetite.

Eyes: No symptoms of redness, discharge, swelling, pruritis, eye pain, diplopia, loss and blurring of vision, double vision.

Ears, Nose, Throat: No symptoms of ear pain, ear drainage, dizziness, sinusitis, nasal obstruction, nasal discharge, sore throat, sores in mouth, tooth/gum trouble.

Cardiovascular: No symptoms of chest pain on exertion, shortness of breath on exertion, swelling of ankles, palpitations, fainting spells, cyanosis.

Respiratory: No symptoms of coughing, wheezing, chest pain.

Gastrointestinal: No symptoms of nausea, diarrhea, constipation, abdominal pain, indigestion or heartburn.

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Printed: 04/06/2022 03:39 pm

NOTE STATUS: FINAL

2 of 4
095

The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968
Encounter Date: 02/09/2022 12:09 pm
Encounter Closed Date: 02/09/2022 01:31 pm

Genitourinary: No symptoms of dysuria, frequency, urethral discharge, dysuria, testicular pain or swelling.
Musculoskeletal: Symptoms include back pain. No symptoms of neck pain, joint pains, muscle pain, muscle weakness.
Integumentary: No symptoms of skin rashes, itching, skin dryness, eczema, change in some moles.
Neurological: No symptoms of headache, seizure activity, memory loss, head trauma.
Psychiatric: No symptoms of change in sleep pattern, anxiety, difficulty in focusing, depression, moodiness, suicidal thoughts or attempts, obsessive thoughts, compulsions, disturbing thoughts or feelings.
Endocrine: No symptoms of weight gain, weight loss, change in menstrual cycle.
Hematologic/Lymphatic: No symptoms of abnormal bleeding, anemia, easy bruising.
Allergic/Immunologic: No symptoms of itchy eyes, sneezing, wheezing, eczema

ROS Review

Last reviewed by on 02/09/2022 01:11 PM.

Exam

General Appearance: Well-nourished, well-developed male in no acute distress. He is awake and alert and stated age.
Head: Normocephalic, atraumatic. Palpation of the head reveals no tenderness.
Eyes: Normal orbit and globe. Normal conjunctivae. Cornea shows normal finding. Both lids are. Pupils are equal in size, round, reactive to light and accommodation. Fundoscopic examination shows sharp discs, normal vessels and no exudates. Vision is normal to finger count.
Ears, Nose, Mouth, Throat: Examination of external ears reveals normal helix, tragus and ear lobe. Both canals are clean. Tympanic membranes are pearly gray, normal landmarks, good light reflex. Both ears are normal to finger rub. Normal nasal mucosa, no polyp, ulcer or lesion. Lips are normal with no lesion. Oral mucosa is normal. Hard and soft palates are normal. Teeth reveal good repair. Gum is normal. Tongue shows no ulcer or lesion. Tonsils are normal with no lesion. Uvula is normal.
Neck: Neck is symmetric, trachea is midline, no mass or JVD. Neck is supple, with full ROM to flexion, extension, and lateral rotation. Palpation of the neck shows normal pulsation, no adenopathy, or mass. Auscultation of the neck reveals no bruit or transmitted murmur. Inspection of the thyroid shows normal thyroid gland. Palpation to the thyroid shows normal thyroid gland.
Chest: Breathing is effortless and normal. Percussion of the chest produces resonant percussion notes. Palpation of the chest shows normal respiratory excursion. Auscultation of the lungs reveals clear breath sounds bilaterally. Breath sounds were normal in volume.
Cardiovascular: PMI is located in the fifth ICS, midclavicular line. The heart rate is normal and rhythm is regular. S-1 is normal. There is no gallop sound. Carotid upstroke is of normal volume, without bruit. Femoral pulses are present. Pedal pulses are present. There is no edema, cyanosis, or clubbing.
Musculoskeletal: Motor examination reveals normal tone, bulk and strength.
Skin: Skin reveals no bruising, rash or eruptions. Palpation to the skin reveals no abnormality.
Psychiatric: Patient has appropriate judgment. Patient has good insight. Proper orientation to time, place and person. Recent memory is intact. Remote memory is intact. Patient's mood is euthymic. Appropriate affect is observed.

Diagnosis

M54.50 (10) Low back pain, unspecified Diagnosed By: Mattel, John , Date/Time: 02/09/2022 01:09 PM
K40.90 (10) Unilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent Diagnosed By: Mattel, John , Date/Time: 02/09/2022 01:09 PM
K41.90 (10) Unilateral femoral hernia, without obstruction or gangrene, not specified as recurrent Diagnosed By: Mattel, John , Date/Time: 02/09/2022 01:10 PM
Z79.899 (10) Other long term (current) drug therapy Diagnosed By: Mattel, John , Date/Time: 02/09/2022 01:10 PM
Z68.31 (10) Body mass index [BMI] 31.0-31.9, adult Diagnosed By: Mattel, John , Date/Time: 02/09/2022 01:10 PM

Assessment

General: Pt c/o low back pain and abdominal pain. Pt notes history of hernia surgery back on October 19th, 2021. Pt had left inguinal and femoral hernias. Pt saw Dr. Moffit, his surgeon for the hernia, in January who put patient out of work for a month. Dr. Moffit ordered a CT and wants to do a nerve block for inguinal pain. Pt injured his low back on the job at the same time on July 29th, 2021 as had the hernia. Pt notes he has been taking pain medication from a pain management specialist and attending therapy for his low back pain since this injury. Pt's pain doctor is referring patient to neurosurgeon for consult and set up for therapy twice weekly for the next four weeks. Pt rates hernia pain 8/10 sometimes more depending on his activities and his low back pain 8-10+/10 which is constant. Patient had talked to Dr. O'Leary on December 14th at which point Dr. O'Leary said he would keep the patient out until he was absolutely ready to return to work, however patient received a call from work 2 days before Christmas telling patient that he was cleared to return to work by Dr. O'Leary for light duty. Pt was told he either could take this job light duty and return to work or he would lose his job. Pt returned to work on December 22nd. Pt worked light duty that week and the next week. Pt kept hurting his area of surgery for the hernia and exacerbating his low back pain which he repeatedly told his employer. Pt had a new GM when returning to work, Mr. Dougale, who told patient that he needed to come clean up dog feces after he clocked out for lunch. Pt told him that he had just clocked out for lunch and his GM told him that this could wait until he returned from lunch. When patient returned from lunch, pt went and got a spatula and got on his knees to clean up the feces. Pt notes being on his knees and cleaning this up aggravated his hernia and his low back pain and had to hold the area of his hernia for the remainder of the day. Pt continued working and tried his best until

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Printed: 04/06/2022 03:39 pm

NOTE STATUS: FINAL

3 of 4
096

**The Practice LLC
1910 Gregg Street
COLUMBIA, SC 29201
Phone: 803-779-5959
Fax: 803-799-9353**

Patient: TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Encounter Date: 02/09/2022 12:09 pm

Encounter Closed Date: 02/09/2022 01:31 pm

the 20th of January. Pt notes he was called for another job to repair a door which required him to crawl on the ground. Pt told Mr. Dougale that he was scared to do this job as this would hurt him. Mr. Dougale disregarded the patient's concern and told patient that he needed to do the job. Pt notes the next day he could not move and was limping around. Pt was unable to return to work the next day which was Sunday secondary to the fact that he could not walk. Pt notes he was out Monday getting a shot at his pain doctor and was told not to do anything for 24 hours. Tuesday he woke up with sinus symptoms and sweats and called to inform his employer about these symptoms and also that he was still hurting pretty bad. Pt was told to come in to work and that he may be tested for COVID-19 later. Pt notes he went into work and started performing his daily duties. Pt notes he was called into his GM's office and was told that he messed up the valve on the stove which endangered residents. Pt notes he did not work on that stove and told his GM this. Pt notes he was told by his GM at this time that he was supposed to report to him immediately that morning to be tested for COVID-19 which he had not said on the call earlier that morning. Pt was fired at this time.

In listening to the patient's history this seems to be a clear case of misinformation that he had from the doctor and the severity of the patient's condition even though the patient tried to tell Mr. Dougale about the severity of his condition. I do not believe that Mr. Dougale intended any harm on the patient but that nobody properly listened to the patient. Pt has worsened pain in the area of his hernia and low back. Pt cannot work at this time as he still needs further help with his low back and a CT for his hernia. I feel for the patient financially as he cannot work at this time. This is also putting a stress on the patient's marriage. Pt is a Christian man and at this time only prays that he can improve his hernia and low back pain and can attain gainful employment some time in the future.

Currently Performed Education

None

Vital Signs

BP: 122/74, Height: 70", Weight: 217 lb, BMI: 31, Temperature: 97.9, Pulse: 110, Respiration: 16, Pulse Oximetry: 96, Pain Scale: 7

This chart has been electronically signed using individually secured passwords.

Attending Physician: John Mattel MD

>

TROY HINSON, 53 year(s) old - Male, ID: 8320, Billing ID: 8320, DOB: 05/11/1968

Printed: 04/06/2022 03:39 pm

NOTE STATUS: FINAL

**4 of 4
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HINSON, TROY (id #3287144, b: 05/11/1968)

Encounter Date: 09/16/2021

Patient

Name HINSON, TROY (53yo, M) ID# 3287144 **Appt. Date/Time** 09/16/2021 10:30AM

DOB ~~05/11/1968~~ **Service Dept.** Immo

Provider JAMES O'LEARY, MD

Insurance Med Worker's Comp: CHURCH MUTUAL INSURANCE COMPANY
Employer Name : MERRILL GARDENS
Case # : 1452850
Case Injury Date : 07/29/2021
Prescription: EXPRESS SCRIPTS - Member is eligible. details
Prescription: EXPRESS SCRIPTS - Member is eligible. details

Chief Complaint

Bilateral Hip

Patient's Care Team

Insurance Adjuster (Worker's Comp): DANIELLE BRAND: Ph (715) 804-7131, Fax (715) 539-4651

Patient's Pharmacies

HAWTHORNE PHARMACY- TAYLOR (ERX): 1520 A TAYLOR STREET, COLUMBIA, SC 29201, Ph (803) 227-4451, Fax (803) 256-8727

Vitals

09/16/2021 11:14 am

Ht: 5 ft 8 in (172.72 cm)

Wt: 215 lbs (97.52 kg)

BMI: 32.7

Pain Scale: 9

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

cyclobenzaprine 5 mg tablet
Take 1 table PRN spasms

09/16/21 prescribed

HYDROcodone 5 mg-acetaminophen 325 mg tablet
TAKE 1 TABLET EVERY 4 HOURS AS NEEDED FOR PAIN. DO NOT DRIVE WHILE TAKING.

07/30/21 filled

ibuprofen 800 mg tablet
TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN. SAFE TO DRIVE.

07/30/21 filled

methocarbamol 750 mg tablet
TAKE 1 TABLET AT BEDTIME.

07/29/21 filled

naproxen 500 mg tablet

08/17/21 filled

traMADoL 50 mg tablet

08/14/21 filled

Problems

Reviewed Problems

- Hypercholesterolemia - Onset: 09/16/2021
- Arthritis - Onset: 09/16/2021

HINSON, TROY (id #3287144, DOB: 05/11/1968)

Family History

Reviewed Family History

Father - No current problems or disability
Mother - No current problems or disability

Social History

Reviewed Social History

Substance Use

Do you or have you ever smoked tobacco?: Unknown If ever smoked

How much tobacco do you smoke?: None

What is your level of alcohol consumption?: None

Marriage and Sexuality

What is your relationship status?: Married

Diet and Exercise

What type of diet are you following?: Regular

Education and Occupation

Are you currently in school?: No

Are you currently employed?: Yes

Who is your employer?: Merrill Gardens

What is your occupation?: Maintenance

Activities of Daily Living

Which of your hands is dominant?: Right

Other

Marital status: Married

Gender Identity and LGBTQ Identity

Surgical History

Reviewed Surgical History

• Shoulder Arthroscopy - Left 07/1998

Past Medical History

Reviewed Past Medical History

Bladder Disease: Y

Elevated Cholesterol: Y

Screening

None recorded.

HPI

General HPI

Reported by patient.

Location: left & right

Quality: constant

Severity: pain level 9/10

Duration: date of onset: (07/28/2021)

Timing: acute

Context: work injury ("trying to push a dumpster up a steep ramp")

Alleviating Factors: lying down; ice; rest; OTC medication

Aggravating Factors: standing; walking; lifting; bending/squatting; weightbearing; exercise; going from sit to stand; upstairs; downstairs

Associated Symptoms: weakness; swelling; instability

Previous Surgery: none

Prior Imaging: x ray; MRI; CT

Previous PT: none

Notes:

53-year-old male works maintenance was pushing a dumpster up a ramp when he developed burning in the left groin. He states he was diagnosed with a hernia. Feels like a hot poker. Went to the emergency room three times. Also has low back pain. He underwent x-rays and CT scan by his report. He has a visit scheduled next week for hernia repair. He denies any radicular pain going down the legs.

ROS

Additionally reports:

Cardiovascular

Confirms: None

Denies: Chest Pain upon Exertion, Arm Pain upon Exertion, Palpitations, Heart Murmur

Constitutional

Confirms: None

HINSON, TROY (id #3287144, b: 05/11/1968)

Denies: Cough, Fever, Chills, Sweats, Weight Gain, Weight Loss, Exercise Intolerance

Eyes and Ears

Confirms: Vision Changes

Denies: Dry Eyes, Eye Irritation, Blurred Vision, Difficulty Hearing

Gastrointestinal

Confirms: Abdominal Pain

Denies: Vomiting, Black or Tarry Stools, Change of Appetite

Genitourinary

Confirms: None

Denies: Urinary loss of Control, Changes in Urinary Habits, Urinary Frequency, Hematuria, Incomplete Emptying, Trouble

Urinating

Musculoskeletal

Confirms: Night Pain, Limited range of motion, Back Pain, Muscle Weakness

Denies: Muscle Aches, Joint Pain

Neck

Confirms: None

Denies: Neck Stiffness, Swollen Glands

Neurologic

Confirms: Numbness/Tingling, Weakness

Denies: Loss of Consciousness

Nose and Throat

Confirms: None

Denies: Bleeding Gums, Sore Throat, Sneezing, Nose Bleeds, Sinus Problems, Dizziness

Psychological

Confirms: Depression

Denies: Mania, Sleep Disturbances, Feeling Unsafe, Alcoholism

Respiratory

Confirms: None

Denies: Wheezing, Shortness of Breath, Coughing Blood, Shortness of Breath, Walking

Skin and Head

Confirms: Frequent Headaches

Denies: Abnormal Mole, Jaundice, Eczema, Rash

ROS as noted in the HPI

Physical Exam

Patient is a 53-year-old male.

The gait is normal. Lumbar spine is mildly tender. Slightly limited motion. Negative straight leg raise. The hips have a painless range of motion. There is tenderness in the groin on the left. Negative straight leg raise. No distal motor or sensory deficits.

Assessment / Plan

1. Hip pain - Bilateral

M25.559: Pain in unspecified hip

M25.551: Pain in right hip

M25.552: Pain in left hip

• **XR, HIP, UNILATERAL**

Side: Views (X-RAY, HIP): AP Pelvis, Frog
RIGHT Hip

• **HIP PAIN: CARE INSTRUCTIONS**

• **XR, HIP, UNILATERAL**

Side: Views (X-RAY, HIP): AP Pelvis, Frog
LEFT Hip

2. Low back pain

M54.5: Low back pain

• **PHYSICAL THERAPIST REFERRAL - Schedule Within: provider's discretion**

Note to Provider:

1. Dx L3-4 disc bulge

2. Low Back Program

3. See pt. 2x a week for 4 weeks

4. Fax progress notes to 803-933-6739

• cyclobenzaprine 5 mg tablet - Take 1 table PRN spasms Qty: 30 tablet(s) Refills: 0 Pharmacy: HAWTHORNE
PHARMACY- TAYLOR

XR, HIP, UNILATERAL

• Side: RIGHT, Views (X-RAY, HIP): AP Pelvis, Frog Hip

XR, HIP, UNILATERAL

• Side: LEFT, Views (X-RAY, HIP): AP Pelvis, Frog Hip

HINSON, TROY (id #3287144, b: 05/11/1968)

Discussion Notes

X-rays of the lumbar spine are normal. Review of CT scan of the abdomen and pelvis demonstrates left kidney stone on and Jay left inguinal hernia. Review of an MRI of the lumbar spine demonstrates moderate spinal stenosis at L3 four with minimal neurological compression.

The patient complains primarily of left groin pain after I Worker's Compensation injury. It is my opinion that his symptoms are directly related to this injury. He does appear to have a hernia on the left. I will defer to the general surgeon or urologist with regards to hernia repair. For his lumbar spine I recommended physical therapy. Anti-inflammatory medicines. He may perform light duty with no heavy lifting. Follow up with me as below

Return to Office

- James O'Leary, MD for ROV 5 at Blanding on 11/01/2021 at 09:40 AM

Encounter Sign-Off

Encounter signed-off by James O'Leary, MD, 09/19/2021.

Encounter performed and documented by James O'Leary, MD

Encounter reviewed & signed by James O'Leary, MD on 09/19/2021 at 2:50pm

Letters

MIDLANDS
orthopaedics
& NEUROSURGERY

1910 Blanding Street

Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Troy Hinson

ACCOUNT: 3287144

DATE OF BIRTH: 05/11/1968

EMPLOYER:

PROVIDER'S NAME: JAMES O'LEARY, MD

DOS: 09/10/2021

CARRIER: CHURCH MUTUAL INSURANCE COMPANY

DOA: 07/29/2021

WC CLAIM#: 1452850

DX CODE(S) & DESCRIPTION:

WORK STATUS:

☐ Regular duty as of with no restrictions.

HINSON, TROY (id #3287144, b: 05/17/1968)

(Availability of light duty is determined by the employer and not the physician).

- ☐ Medium physical demands as of * with restrictions.
- ☒ Light physical demands as of * 09.16.2021 with restrictions.
- ☐ Patient is to remain out of work until
- ☐ Part-time (whether regular duty or light duty)
- ☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

☐ None	☒ No kneeling, squatting, crawling
☐ No walking	☒ Pushing or pulling limit _10_ (lbs)
☒ No climbing	☒ Lifting and carrying limit _10_ (lbs)
☐ No standing	☐ Sedentary duties only
☐ No prolonged standing	☐ No overhead work
☐ No twisting	☐ No stretching
☐ No work at heights	☐ Specific restrictions per FCE date: _____

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

James O'Leary, MD for ROV 5 at Blanding on 11.01.2021 at 9:40am



Electronically Signed by: JAMES O'LEARY, MD
On: 09/16/2021

HINSON, TROY (id #3287144; b: 05/11/1968)

Imaging Results

XR, HIP, UNILATERAL (#5543315, 09/16/2021)

XR, HIP, UNILATERAL (#5543311, 09/16/2021)

Imaging Orders

HINSON, TROY (id #3287144) b: 05/11/1968)

Imaging Order

09/16/2021

To Provider	From Provider
Irmo 1013 Lake Murray Blvd IRMO, SC 29063-2824 Phone: Phone: (803) 256-4107 Fax: Fax: (803) 933-6100	JAMES O'LEARY, MD Midlands Orthopaedics & Neurosurgery 1013 Lake Murray Blvd IRMO, SC 29063-2824 Phone: (803) 256-4107 Fax: (803) 933-6100

Imaging Order Information

Diagnosis	- Hip pain - Bilateral - ICD-10: M25.559: Pain in unspecified hip; M25.551: Pain in right hip; M25.552: Pain in left hip
Order Name	Orders included: 1 Hip pain - Bilateral ICD-10: M25.559: Pain in unspecified hip; M25.551: Pain in right hip; M25.552: Pain in left hip - XR, HIP, UNILATERAL - Side: LEFT - Views (X-RAY, HIP): AP Pelvis, Frog Hip
Notes	

Patient Information

Patient Name	HINSON, TROY
Sex - DOB - Age	M 05/11/1968 53yo
Address	200 EDWARD VIEW RD COLUMBIA, SC 29203
Phone	(803) 256-4107 (803) 933-6100
Primary Insurance	CHURCH MUTUAL INSURANCE COMPANY Policy Holder: MERRILL GARDENS
Secondary Insurance	None recorded.

Electronically Signed by: JAMES O'LEARY, MD



JAMES O'LEARY, MD

Imaging Order

09/16/2021

HINSON, TROY (Id #3287144, b: 05/11/1968)

Consult Orders

Referral Order

09/16/2021

To Provider	From Provider
Phone: Fax:	JAMES O'LEARY, MD Midlands Orthopaedics & Neurosurgery 1013 Lake Murray Blvd IRMO, SC 29063-2824 Phone: (803) 256-4107 Fax: (803) 933-6100

Referral Order Information

Diagnosis	- Hip pain - Bilateral ICD-10: M25.559: Pain in unspecified hip; M25.551: Pain in right hip; M25.552: Pain in left hip - Low back pain ICD-10: M54.5: Low back pain
Order Name	PHYSICAL THERAPIST REFERRAL
Notes	1. Dx L3-4 disc bulge 2. Low Back Program 3. See pt. 2x a week for 4 weeks 4. Fax progress notes to 803-933-6739

Patient Information

Patient Name	HINSON, TROY
Sex - DOB - Age	M 05/11/1968 53yo
Address	21 EDWARD STREET RD COLUMBIA, SC 29203
Phone	H: (803) 743-8884 M: (803) 743-8884
Primary Insurance	CHURCH MUTUAL INSURANCE COMPANY Policy Holder: MERRILL GARDENS
Secondary Insurance	None recorded.

Electronically Signed by: JAMES O'LEARY, MD



JAMES O'LEARY, MD

1910 Blanding Street
Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Troy Hinson
DATE OF BIRTH: 09/16/1986
PROVIDER'S NAME: JAMES O'LEARY, MD
CARRIER: CHURCH MUTUAL INSURANCE COMPANY
WC CLAIM#: 1452850
DX CODE(S) & DESCRIPTION:

ACCOUNT: 3287144
EMPLOYER:
DOS: 09/16/2021
DOA: 07/29/2021

WORK STATUS:

- ☐ Regular duty as of _____ with no restrictions.
(Availability of light duty is determined by the employer and not the physician).
- ☐ Medium physical demands as of * _____ with restrictions.
- ☒ Light physical demands as of * 09.16.2021 _____ with restrictions.
- ☐ Patient is to remain out of work until: _____
- ☐ Part-time (whether regular duty or light duty)
- ☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

☐ None	☒ No kneeling, squatting, crawling
☐ No walking	☒ Pushing or pulling limit _10_ (lbs)
☒ No climbing	☒ Lifting and carrying limit _10_ (lbs)
☐ No standing	☐ Sedentary duties only
☐ No prolonged standing	☐ No overhead work
☐ No twisting	☐ No stretching
☐ No work at heights	☐ Specific restrictions per FCE date: _____

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

James O'Leary, MD for ROV 5 at Blanding on 11.01.2021 at 9:40am



Electronically Signed by: JAMES O'LEARY, MD
On: 09/16/2021

HINSON, TROY (id #3287144, .5/11/1968)

Encounter Date: 11/10/2021

Patient

Name	HINSON, TROY (53yo, M) ID# 3287144	Appt. Date/Time	11/10/2021 02:50PM
DOB	~~05/11/1968~~	Service Dept.	Irmo

Provider JAMES O'LEARY, MD

Insurance Med Worker's Comp: CHURCH MUTUAL INSURANCE COMPANY
Employer Name : MERRILL GARDENS
Case # : 1452850
Case Injury Date : 07/29/2021
Prescription: EXPRESS SCRIPTS - Member is eligible. details
Prescription: EXPRESS SCRIPTS - Member is eligible. details

Chief Complaint

Bilateral Hip

Patient's Care Team

Insurance Adjuster (Worker's Comp): DANIELLE BRAND: Ph (715) 804-7131, Fax (715) 539-4651

Patient's Pharmacies

HAWTHORNE PHARMACY- TAYLOR (ERX): 1520 A TAYLOR STREET, COLUMBIA, SC 29201, Ph (803) 227-4451, Fax (803) 256-9727
BLYTHEWOOD PHARMACY (ERX): 710-C UNIVERSITY VILLAGE DR, BLYTHEWOOD, SC 29016, Ph (803) 786-8110, Fax (803) 786-8110

Vitals

11/10/2021 02:48 pm

Ht: 5 ft 8 in (172.72 cm)

Pain Scale: 8

Allergies

Reviewed Allergies

NKDA

Medications

HINSON, TROY (id #328714)

Reviewed Medications

cyclobenzaprine 5 mg tablet TAKE ONE TABLET BY MOUTH AS NEEDED AS DIRECTED AS NEEDED FOR SPASMS	09/16/21 filled
doxycycline hyclate 100 mg capsule Take by oral route for 30 days.	10/22/21 filled
gabapentin 300 mg capsule TAKE 1 CAPSULE 3 TIMES A DAY FOR 10 DAYS. BEGIN TAKING POSTOPERATIVELY.	11/08/21 filled
Gavilax 17 gram/dose oral powder Take by oral route for 10 days.	10/29/21 filled
HYDROcodone 7.5 mg-acetaminophen 325 mg tablet TAKE 1 TABLET BY MOUTH 4 TIMES DAILY AS NEEDED.	11/08/21 filled
ibuprofen 800 mg tablet TAKE 1 TABLET 3 TIMES PER DAY WITH FOOD.	10/22/21 filled
methocarbamol 750 mg tablet TAKE 1 TABLET AT BEDTIME.	07/29/21 filled
oxyCODONE 5 mg tablet Take by oral route for 2 days.	11/01/21 filled

Problems

Reviewed Problems

- Hypercholesterolemia - Onset: 09/16/2021
- Arthritis - Onset: 09/16/2021

Family History

Reviewed Family History

Father - No current problems or disability
Mother - No current problems or disability

Social History

Reviewed Social History

Substance Use

Do you or have you ever smoked tobacco?: Unknown if ever smoked

How much tobacco do you smoke?: None

What is your level of alcohol consumption?: None

Marriage and Sexuality

What is your relationship status?: Married

Diet and Exercise

What type of diet are you following?: Regular

Education and Occupation

Are you currently in school?: No

Are you currently employed?: Yes

Who is your employer?: Merrill Gardens

What is your occupation?: Maintenance

Activities of Daily Living

Which of your hands is dominant?: Right

Other

Marital status: Married

Gender Identity and LGBTQ Identity

Surgical History

Reviewed Surgical History

HINSON, TROY (id #3287144) (L 52321908)

Shoulder Arthroscopy - Left 07/1996

Shoulder Arthroscopy - 07/1998

Past Medical History

Reviewed Past Medical History

Bladder Disease: Y

Elevated Cholesterol: Y

Gout: Y

Screening

None recorded.

HPI

PATIENT REPORTS: PAIN LEVEL 8/10 AND FUNCTIONAL LIMITATION 9/10.

The patient returns for his hip pain. He had a hernia repair 10 days ago. He still has some low back pain. He has bruising and swelling over his abdomen.

ROS

Additionally reports:

Cardiovascular

Confirms: None

Denies: Chest Pain upon Exertion, Arm Pain upon Exertion, Palpitations, Heart Murmur

Constitutional

Confirms: None

Denies: Cough, Fever, Chills, Sweats, Weight Gain, Weight Loss, Exercise Intolerance

Eyes and Ears

Confirms: None

Denies: Dry Eyes, Eye Irritation, Vision Changes, Blurred Vision, Difficulty Hearing

Gastrointestinal

Confirms: None

Denies: Abdominal Pain, Vomiting, Black or Tarry Stools, Change of Appetite

Genitourinary

Confirms: None

Denies: Urinary loss of Control, Changes in Urinary Habits, Urinary Frequency, Hematuria, Incomplete Emptying, Trouble

Urinating

Musculoskeletal

Confirms: None

Denies: Muscle Aches, Muscle Weakness, Joint Pain, Back Pain, Limited range of motion, Night Pain

Neck

Confirms: None

Denies: Neck Stiffness, Swollen Glands

Neurologic

Confirms: None

Denies: Loss of Consciousness, Weakness, Numbness/Tingling

Nose and Throat

Confirms: None

Denies: Bleeding Gums, Sore Throat, Sneezing, Nose Bleeds, Sinus Problems, Dizziness

Psychological

Confirms: None

Denies: Depression, Mania, Sleep Disturbances, Feeling Unsafe, Alcoholism

Respiratory

Confirms: None

Denies: Wheezing, Shortness of Breath, Coughing Blood, Shortness of Breath, Walking

Skin and Head

Confirms: None

Denies: Abnormal Mole, Jaundice, Eczema, Rash, Frequent Headaches

ROS as noted in the HPI

Physical Exam

Patient is a 53-year-old male.

Gait is slow and shuffling. Limited motion of lumbar spine. There is swelling over his abdomen with healing scars and bruising. Tenderness over the lumbar spine. Negative straight leg raise. No distal motor or sensory deficits

Assessment / Plan

1. Low back pain

M54.50: Low back pain, unspecified

- BACK CARE AND PREVENTING INJURIES: CARE INSTRUCTIONS
- GETTING BACK TO NORMAL AFTER LOW BACK PAIN: CARE INSTRUCTIONS

HINSON, TROY (id #3287144,

- LEARNING ABOUT RELIEF FOR BACK PAIN

Discussion Notes

The patient is recovering from a recent hernia repair. He will continue his rehabilitation for that procedure. I will see him back in 1 month. If his back pain persists we will consider additional treatment such as physical therapy and possible injection. He is out of work for now. He may continue his pain medicines. I met with his case manager. Follow-up as below

Return to Office

- James O'Leary, MD for ROV 5 at Blanding on 12/14/2021 at 02:00 PM

Encounter Sign-Off

Encounter signed-off by James O'Leary, MD, 11/11/2021.

Encounter performed and documented by James O'Leary, MD

Encounter reviewed & signed by James O'Leary, MD on 11/11/2021 at 7:36am

HINSON, TROY (id #3287144, 5/11/1968)

(Availability of light duty is determined by the employer and not the physician).

- ☐ Medium physical demands as of * with restrictions.
- ☐ Light physical demands as of * with restrictions.
- ☒ Patient is to remain out of work until scheduled follow up appointment.
- ☐ Part-time (whether regular duty or light duty)
- ☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

- ☐ None
- ☐ No kneeling, squatting, crawling
- ☐ No walking
- ☐ Pushing or pulling limit ____ (lbs)
- ☐ No climbing
- ☐ Lifting and carrying limit ____ (lbs)
- ☐ No standing
- ☐ Sedentary duties only
- ☐ No prolonged standing
- ☐ No overhead work
- ☐ No twisting
- ☐ No stretching
- ☐ No work at heights
- ☐ Specific restrictions per FCE date: _____

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

James O'Leary, MD for ROV 5 at Blanding on 12/14/2021



Electronically Signed by: JAMES O'LEARY, MD
On: 11/10/2021

HINSON, TROY (id #328714-01-2008)

Encounter Date: 12/14/2021

Patient

Name	HINSON, TROY (53yo, M) ID# 3287144	Appt. Date/Time	12/14/2021 02:00PM
DOB	01/01/1968	Service Dept.	Blanding

Provider JAMES O'LEARY, MD

Insurance Med Worker's Comp: CHURCH MUTUAL INSURANCE COMPANY
Employer Name : MERRILL GARDENS
Case # : 1452850
Case Injury Date : 07/29/2021
Prescription: EXPRESS SCRIPTS - Member is eligible. details
Prescription: EXPRESS SCRIPTS - Member is eligible. details

Chief Complaint

Bilateral Hip
Followup: Arthritis

4-6-week ROV - ongoing W/C injury from 7/29/21

Patient's Care Team

Insurance Adjuster (Worker's Comp): DANIELLE BRAND: Ph (715) 804-7131, Fax (715) 539-4651

Patient's Pharmacies

BLYTHEWOOD PHARMACY (ERX): 710-C UNIVERSITY VILLAGE DR, BLYTHEWOOD, SC 29016, Ph (803) 786-8110, Fax (803) 786-8110
HAWTHORNE PHARMACY- TAYLOR (ERX): 1520 A TAYLOR STREET, COLUMBIA, SC 29201, Ph (803) 227-4451, Fax (803) 258-9727

Vitals

Ht: 5 ft 8 in (172.72 cm)
12/14/2021 02:10 pm

Wt: 210 lbs (95.25 kg)
12/14/2021 02:11 pm

BMI: 31.9 12/14/2021 02:11 pm

Pain Scale: 9 12/14/2021 02:11 pm

Allergies

Reviewed Allergies

NKDA

Medications

HINSON, TROY (id #3287144, 5/4/1988)

Reviewed Medications

cyclobenzaprine 5 mg tablet TAKE ONE TABLET BY MOUTH AS NEEDED AS DIRECTED AS NEEDED FOR SPASMS	09/16/21 filled
gabapentin 300 mg capsule TAKE 1 CAPSULE 3 TIMES A DAY FOR 10 DAYS. BEGIN TAKING POSTOPERATIVELY.	11/26/21 filled
Gavilax 17 gram/dose oral powder Take by oral route for 10 days.	10/29/21 filled
HYDROcodone 5 mg-acetaminophen 325 mg tablet TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR 7 DAYS.	12/13/21 filled
ibuprofen 800 mg tablet TAKE 1 TABLET 3 TIMES PER DAY WITH FOOD.	12/13/21 filled
methocarbamol 750 mg tablet TAKE 1 TABLET AT BEDTIME.	07/29/21 filled
mupirocin 2 % topical ointment APPLY TO AFFECTED AREA(S) 3 TIMES DAILY AS NEEDED.	12/06/21 filled
oxyCODONE 5 mg tablet Take by oral route for 2 days.	11/01/21 filled
Percocet 5 mg-325 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	12/15/21 prescribed
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET TWICE DAILY FOR 10 DAYS.	12/06/21 filled
tadalafil 5 mg tablet TAKE 1 TABLET EVERY DAY.	11/10/21 filled
tramADoL 50 mg tablet TAKE 1 TABLET 3 TIMES DAILY AS NEEDED.	11/10/21 filled

Problems

Reviewed Problems

- Hypercholesterolemia - Onset: 09/16/2021
- Arthritis - Onset: 09/16/2021

Family History

Reviewed Family History

Father - No current problems or disability
Mother - No current problems or disability

Social History

Reviewed Social History

Substance Use

Do you or have you ever smoked tobacco?: Unknown if ever smoked
How much tobacco do you smoke?: None
What is your level of alcohol consumption?: None

HINSON, TROY (id #328714)

Marriage and Sexuality

What is your relationship status?: Married

Diet and Exercise

What type of diet are you following?: Regular

Education and Occupation

Are you currently in school?: No

Are you currently employed?: Yes

Who is your employer?: Merrill Gardens

What is your occupation?: Maintenance

Activities of Daily Living

Which of your hands is dominant?: Right

Other

Marital status: Married

Gender Identity and LGBTQ Identity

Surgical History

Reviewed Surgical History

Shoulder Arthroscopy - Left 07/1998

Shoulder Arthroscopy - 07/1998

Past Medical History

Reviewed Past Medical History

Bladder Disease: Y

Elevated Cholesterol: Y

Gout: Y

Screening

None recorded.

HPI

Follow Up

Reported by patient.

Are you working? not at all

Athletics: no participation

How are you feeling? same

Notes:

Returns for low back pain which is terrible. He states he is in bed all day. No bowel or bladder changes. No weakness or paresthesias

ROS

Additionally reports:

Cardiovascular

Confirms: None

Denies: Chest Pain upon Exertion, Arm Pain upon Exertion, Palpitations, Heart Murmur

Constitutional

Confirms: None

Denies: Cough, Fever, Chills, Sweats, Weight Gain, Weight Loss, Exercise Intolerance

Eyes and Ears

Confirms: None

Denies: Dry Eyes, Eye Irritation, Vision Changes, Blurred Vision, Difficulty Hearing

Gastrointestinal

Confirms: None

Denies: Abdominal Pain, Vomiting, Black or Tarry Stools, Change of Appetite

Genitourinary

Confirms: None

Denies: Urinary loss of Control, Changes in Urinary Habits, Urinary Frequency, Hematuria, Incomplete Emptying, Trouble

Urinating

Musculoskeletal

Confirms: None

Denies: Muscle Aches, Muscle Weakness, Joint Pain, Back Pain, Limited range of motion, Night Pain

Neck

Confirms: None

Denies: Neck Stiffness, Swollen Glands

Neurologic

Confirms: None

Denies: Loss of Consciousness, Weakness, Numbness/Tingling

Nose and Throat

Confirms: None

Denies: Bleeding Gums, Sore Throat, Sneezing, Nose Bleeds, Sinus Problems, Dizziness

Psychological

HINSON, TROY (id #32871)

Confirms: None

Denies: Depression, Mania, Sleep Disturbances, Feeling Unsafe, Alcoholism

Respiratory

Confirms: None

Denies: Wheezing, Shortness of Breath, Coughing Blood, Shortness of Breath, Walking

Skin and Head

Confirms: None

Denies: Abnormal Mole, Jaundice, Eczema, Rash, Frequent Headaches

ROS as noted in the HPI

Physical Exam

None recorded.

Assessment / Plan

PHYSICAL EXAM:

The patient is alert and oriented x3. Affect is normal. Respirations are clear and not labored. Cardiovascular demonstrates regular rate and rhythm by palpitation. No assistive devices.

The gait is normal. The patient can heel and toe walk with some difficulty. The spine is tender over the lumbosacral junction. There is a limited range of lumbar flexion, extension, and side bending. There are no stepoffs or deformities. There is no crepitation. Straight leg raise is equivocal. The hips have a full and painless range of motion is no focal tenderness, weakness, or deformity. The calf compartments are soft and pulses are palpable. Motor strength is 5/5 throughout both lower extremities. Sensation is intact to light touch. Pulses are 1-2+. The skin is intact.

1. Arthritis

M19.90: Unspecified osteoarthritis, unspecified site

2. Low back pain

M54.50: Low back pain, unspecified

- PHYSICAL THERAPIST REFERRAL - Schedule Within: provider's discretion Note to Provider: PT low back rehab 2x per week for 4-weeks
- BACK CARE AND PREVENTING INJURIES: CARE INSTRUCTIONS
- GETTING BACK TO NORMAL AFTER LOW BACK PAIN: CARE INSTRUCTIONS
- LEARNING ABOUT RELIEF FOR BACK PAIN

Discussion Notes

The patient has significant low back pain. No indication for immediate surgery. He should get better with nonoperative treatment. I will have him continue physical therapy for a low back program. We will try and set him up with a lumbar epidural steroid injection. I refilled his anti-inflammatory medicines and muscle relaxers. He states that he needs something stronger and nothing helps other than Percocet. He will use his pain medicines sparingly. He may perform light duty with no heavy lifting bending or strenuous activity. He will follow-up as below

Return to Office

- James O'Leary, MD for ROV 5 at Irmo on 01/12/2022 at 12:50 PM

Encounter Sign-Off

Encounter signed-off by James O'Leary, MD, 12/18/2021.

Encounter performed and documented by James O'Leary, MD

Encounter reviewed & signed by James O'Leary, MD on 12/18/2021 at 11:02am

HINSON, TROY (id #32871) (DOB: 11/11/1968)

Referral Order

12/14/2021

To Provider	From Provider
Phone: Fax:	JAMES O'LEARY, MD Midlands Orthopaedics & Neurosurgery 1910 Blanding Street COLUMBIA, SC 29201-3520 Phone: (803) 256-4107 Fax: (803) 933-6100

Referral Order Information

Diagnosis	• Arthritis ICD-10: M19.90: Unspecified osteoarthritis, unspecified site • Low back pain ICD-10: M54.50: Low back pain, unspecified
Order Name	PHYSICAL THERAPIST REFERRAL
Notes	PT low back rehab 2x per week for 4-weeks

Patient Information

Patient Name	HINSON, TROY
Sex - DOB - Age	M ~~01/11/1968~~ 53yo
Address	~~300 EDWARD VINEY RD~~ ~~COLUMBIA, SC 29203~~
Phone	~~H: (803) 743-6004~~ ~~M: (803) 743-6004~~
Primary Insurance	CHURCH MUTUAL INSURANCE COMPANY Policy Holder: MERRILL GARDENS
Secondary Insurance	None recorded.

Electronically Signed by: JAMES O'LEARY, MD



JAMES O'LEARY, MD

HINSON, TROY (id #32871) 5/11/1968)



ON: 12/27/2021 02:29 PM

Consult Orders

Referral Order

12/21/2021

To Provider	From Provider
Phone: Fax:	JAMES O'LEARY, MD Midlands Orthopaedics & Neurosurgery 1910 Blanding Street COLUMBIA, SC 29201-3520 Phone: (803) 256-4107 Fax: (803) 933-6100

Referral Order Information

Diagnosis	Degeneration of lumbar intervertebral disc ICD-10: M51.36: Other intervertebral disc degeneration, lumbar region
Order Name	ORTHOPEDIC SPINE SURGEON REFERRAL
Notes	Evaluate and Treat Lumbar spine degenerative disc (Dr. Francis or Walters)

Patient Information

Patient Name	HINSON, TROY
Sex - DOB - Age	M ~~05/11/1968~~ 53yo
Address	~~206 EDWARD VIEW RD~~ ~~COLUMBIA, SC 29203~~
Phone	~~803-743-2884~~ ~~803-743-2884~~
Primary Insurance	None recorded.
Secondary Insurance	None recorded.

Electronically Signed by: JAMES O'LEARY, MD



JAMES O'LEARY, MD

HINSON, TROY (id #3287144) (DOB: 05/11/1968)**Surgical Orders****HINSON, TROY 05/11/68 #3287144**

12/22/2021 - - Blanding



* 61209811w5499 ClinDoc

Surgery Order

12/22/2021

From Provider	To Provider	
JAMES O'LEARY, MD Midlands Orthopaedics & Neurosurgery 1910 Blanding Street COLUMBIA, SC 29201-3520 Phone: (803) 256-4107 Fax: (803) 933-6100	THE SURGERY CENTER @ MIDLANDS ORTHOPAEDICS AND NEUROSURGERY 1930 BLANDING ST COLUMBIA, SC 29201 Phone: (803) 461-4740 Fax: (803) 461-4742	
Orders Included: 1 Lumbar radiculopathy ICD-10: M54.16: Radiculopathy, lumbar region • EPIDURAL STEROID INJECTION (SURG) Send To: THE SURGERY CENTER @ MIDLANDS ORTHOPAEDICS AND NEUROSURGERY Note to Provider: . DX: M54.16 () M48.06 Lumbar Stenosis (XX) M54.16 Lumbar Disc Disease with Radiculopathy () M96.1 Post Laminectomy Syndrome Level: L4-5 DOS: TBS LESI with imaging guidance- 62323 J0702, J1040, J2795, J1100 Q9966		
Patient	NAME: HINSON, TROY ** PATIENT ID: 3287144 ** PATIENT SSN: Gender: M ** DOB: 05/11/1968 ** AGE: 53yo	
Address	288 EDWARD VIEW RD, COLUMBIA, SC 29263	
Phone	Home: (803) 740-6364 Work: (803) 743-6634	
Primary Ins.	** ID: ** Policy Holder:	** Claim Case#: ** Case Injury Date: ** Case Worker's Name:
Secondary Ins.	** ID: ** Policy Holder:	
Authorization Number		

Electronically Signed by: JAMES O'LEARY, MD

HINSON, TROY (Id #32871)

(Availability of light duty is determined by the employer and not the physician).

- ☐ Medium physical demands as of * with restrictions.
- ☒ Light physical demands as of 12/13/2021 with restrictions.
- ☐ Patient is to remain out of work until
- ☐ Part-time (whether regular duty or light duty)
- ☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

☐ None	☐ No kneeling, squatting, crawling
☐ No walking	☒ Pushing or pulling limit 5 (lbs)
☐ No climbing	☒ Lifting and carrying limit 5 (lbs)
☐ No standing	☐ Sedentary duties only
☐ No prolonged standing	☐ No overhead work
☒ No twisting	☒ No stretching
☐ No work at heights	☐ Specific restrictions per FCE date: _____

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

Wed, Jan 12, 2022 @ 12:50 PM James O'Leary, MD Immo



Electronically Signed by: JAMES O'LEARY, MD
On: 12/14/2021

02/16/2022 Wed 15:07

Carlisa

ID: #781108 Page 4 of 9

HINSON, TROY (id #3287144, dob: 05/11/1968)

Encounter Date: 02/08/2022

Patient

Name HINSON, TROY (53yo, M) ID# 3287144 Appt. Date/Time 02/08/2022 08:40AM

DOB ~~05/11/1968~~ Service Dept. Blanding

Provider JAMES O'LEARY, MD

Insurance Med Worker's Comp: CHURCH MUTUAL INSURANCE COMPANY
Employer Name : MERRILL GARDENS
Case # : 1452850
Case Injury Date : 07/29/2021
Prescription: EXPRESS SCRIPTS - Member is eligible. details

Chief Complaint

Bilateral Hip, Low Back

Patient's Care Team

Insurance Adjuster (Worker's Comp): DANIELLE BRAND: Ph (715) 804-7131, Fax (715) 539-4651

Patient's Pharmacies

BLYTHEWOOD PHARMACY (ERX): 710-C UNIVERSITY VILLAGE DR, BLYTHEWOOD, SC 29016, Ph (803) 786-8110, Fax (803) 786-8110
HAWTHORNE PHARMACY- TAYLOR (ERX): 1520 A TAYLOR STREET, COLUMBIA, SC 29201, Ph (803) 227-4451, Fax (803) 256-9727

Vitals

02/08/2022 08:40 AM

Ht: 5 ft 8 in (172.72 cm)

Wt: 210 lbs (95.25 kg)

BMI: 31.9

Pain Scale: 9

Allergies

Reviewed Allergies

NKDA

Medications

HINSON, TROY (id #3287144, dob: 09/16/1968)

Reviewed Medications

cyclobenzaprine 10 mg tablet
One po qhs prn spasms

02/08/22 prescribed

cyclobenzaprine 5 mg tablet
TAKE 1 TABLET 2 TIMES A DAY AS NEEDED FOR MUSCLE SPASMS.

01/27/22 filed

gabapentin 300 mg capsule
Take 2 capsules by mouth three times daily

02/01/22 filed

Gavilax 17 gram/dose oral powder
Take by oral route for 10 days.

10/29/21 filed

ibuprofen 800 mg tablet
Take 1 tablet(s) twice a day by oral route with meals.

02/08/22 prescribed

methocarbamol 750 mg tablet
TAKE 1 TABLET AT BEDTIME.

07/29/21 filed

naproxen 500 mg tablet
Take 1 tablet by mouth twice a day

02/01/22 filed

oxyCODONE 5 mg tablet
Take by oral route for 2 days.

11/01/21 filed

oxyCODONE-acetaminophen 5 mg-325 mg tablet
Take 1 tablet(s) every 6 hours by oral route as needed.

12/15/21 filed

sulfamethoxazole 800 mg-trimethoprim 160 mg tablet
TAKE 1 TABLET TWICE DAILY FOR 10 DAYS.

12/16/21 filed

tadalafil 5 mg tablet
TAKE 1 TABLET EVERY DAY.

11/10/21 filed

Ultram 50 mg tablet
Take 1 tablet(s) every 6-8 hours by oral route with meals.

02/08/22 prescribed

Vitamin D2 1,250 mcg (50,000 unit) capsule
Take 1 capsule by mouth once weekly

02/01/22 filed

Problems

Reviewed Problems

- Hypercholesterolemia - Onset: 09/16/2021
- Arthritis - Onset: 09/16/2021

Family History

Reviewed Family History

Father - No current problems or disability
Mother - No current problems or disability

Social History

HINSON, TROY (id #3287144, dob: 05/11/1966)

Reviewed Social History

Substance Use

Do you or have you ever smoked tobacco?: Unknown If ever smoked

How much tobacco do you smoke?: None

What is your level of alcohol consumption?: None

Marriage and Sexuality

What is your relationship status?: Married

Diet and Exercise

What type of diet are you following?: Regular

Education and Occupation

Are you currently in school?: No

Are you currently employed?: Yes

Who is your employer?: Merrill Gardens

What is your occupation?: Maintenance

Activities of Daily Living

Which of your hands is dominant?: Right

Other

Marital status: Married

Gender Identity and LGBTQ Identity

Surgical History

Reviewed Surgical History

Shoulder Arthroscopy - Left 07/1998

Shoulder Arthroscopy - 07/1998

Past Medical History

Reviewed Past Medical History

Bladder Disease: Y

Elevated Cholesterol: Y

Gout: Y

Screening

None recorded.

HPI

s/p LESI

no improvement with injection. Went back on light duty and got worse. He got fired. He still has pain going into his buttocks. No bowel or bladder changes. Nothing has helped.

ROS

Additionally reports:

Cardiovascular

Confirms: None

Denies: Chest Pain upon Exertion, Arm Pain upon Exertion, Palpitations, Heart Murmur

Constitutional

Confirms: None

Denies: Cough, Fever, Chills, Sweats, Weight Gain, Weight Loss, Exercise Intolerance

Eyes and Ears

Confirms: None

Denies: Dry Eyes, Eye Irritation, Vision Changes, Blurred Vision, Difficulty Hearing

Gastrointestinal

Confirms: None

Denies: Abdominal Pain, Vomiting, Black or Tarry Stools, Change of Appetite

Genitourinary

Confirms: None

Denies: Urinary loss of Control, Changes in Urinary Habits, Urinary Frequency, Hematuria, Incomplete Emptying, Trouble

Urinating

Musculoskeletal

Confirms: None

Denies: Muscle Aches, Muscle Weakness, Joint Pain, Back Pain, Limited range of motion, Night Pain

Neck

Confirms: None

Denies: Neck Stiffness, Swollen Glands

Neurologic

Confirms: None

Denies: Loss of Consciousness, Weakness, Numbness/Tingling

Nose and Throat

Confirms: None

Denies: Bleeding Gums, Sore Throat, Sneezing, Nose Bleeds, Sinus Problems, Dizziness

HINSON, TROY (id #3287144, dob: 03/11/1958)

Psychological

Confirms: None

Denies: Depression, Mania, Sleep Disturbances, Feeling Unsafe, Alcoholism

Respiratory

Confirms: None

Denies: Wheezing, Shortness of Breath, Coughing Blood, Shortness of Breath, Walking

Skin and Head

Confirms: None

Denies: Abnormal Mole, Jaundice, Eczema, Rash, Frequent Headaches

ROS as noted in the HPI

Physical Exam

None recorded.

Assessment / Plan**PHYSICAL EXAM:**

The patient is alert and oriented x3. Affect is normal. Respirations are clear and not labored. Cardiovascular demonstrates regular rate and rhythm by palpitation. No assistive devices.

The gait is normal. The patient can heel and toe walk with some difficulty. The spine is tender over the lumbosacral junction. There is a limited range of lumbar flexion, extension, and side bending. There are no stepoffs or deformities. There is no crepitation. Straight leg raise is equivocal. The hips have a full and painless range of motion. There is no focal tenderness, weakness, or deformity. The calf compartments are soft and pulses are palpable. Motor strength is 5/5 throughout both lower extremities. Sensation is intact to light touch. Pulses are 1-2+. The skin is intact.

1. Low back pain

M54.50: Low back pain, unspecified

- BACK CARE AND PREVENTING INJURIES: CARE INSTRUCTIONS
- GETTING BACK TO NORMAL AFTER LOW BACK PAIN: CARE INSTRUCTIONS
- LEARNING ABOUT RELIEF FOR BACK PAIN

Discussion Notes

And patient has chronic back pain. He has failed extensive nonoperative treatment. I would like to make an in-house referral to Dr. LaMotta of the spine service to have him take a look to see if he sees anything else that can be done for this chronic back pain. At this point the prognosis looks quite poor has nothing has helped. I gave him tramadol ibuprofen and Flexeril. He may perform white duty. He may follow up with me as below. I met with his case manager

Return to Office

- Ivan E. LaMotta, MD for NEW 10 at Lexington on 03/16/2022 at 11:00 AM
- James O'Leary, MD for ROV 5 at Blanding on 03/21/2022 at 12:30 PM

Encounter Sign-Off

Encounter signed-off by James O'Leary, MD, 02/14/2022.

Encounter performed and documented by James O'Leary, MD

Encounter reviewed & signed by James O'Leary, MD on 02/14/2022 at 1:03pm

Letters

MIDLANDS
orthopaedics
& **NEUROSURGERY**

1910 Blanding Street
Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-8676

WORK STATUS INFORMATION

02/18/2022 Wed 15:07

Carisa

ID: #781108 Page 8 of 9

HINSON, TROY (id #3287144, dob: 05/11/1968)

NAME: Troy Hinson

ACCOUNT: 3287144

DATE OF BIRTH: 05/11/1968

EMPLOYER: MERRILL GARDENS

PROVIDER'S NAME: JAMES O'LEARY, MD

DOS: 02/08/2022

CARRIER: CHURCH MUTUAL INS CO

DOA: 07/29/2021

WC CLAIM#: 1452850

DX CODE(S) & DESCRIPTION: HIP,M25551/M25552

WORK STATUS:

☐ Regular duty as of with no restrictions.

HINSON, TROY (id #3287144, dob: 05/11/1968)

(Availability of light duty is determined by the employer and not the physician).

- ☐ Medium physical demands as of " with restrictions.
- ☒ Light physical demands as of 02/08/2022 with restrictions.
- ☐ Patient is to remain out of work until _____
- ☐ Part-time (whether regular duty or light duty)
- ☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

☐ None	☒ No kneeling, squatting, crawling
☐ No walking	☒ Pushing or pulling limit 10 (lbs)
☐ No climbing	☒ Lifting and carrying limit 10 (lbs)
☐ No standing	☐ Sedentary duties only
☐ No prolonged standing	☐ No overhead work
☐ No twisting	☐ No stretching
☐ No work at heights	☐ Specific restrictions per FCE date: _____

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

James O'Leary, MD for ROV 5 at Blanding on Tue, Mar 08, 2022 @ 10:20 AM



Electronically Signed by: JAMES O'LEARY, MD
On: 02/08/2022

Midlands Orthopaedics and Neurology • 1910 Blanding Street, COLUMBIA SC 29201

HINSON, Troy (id #3284, dob: 05/11/1968)

Encounter Date: 02/08/2022

Patient

Name

HINSON, TROY (53yo, M) ID#
3287144

Appt. Date/Time 02/08/2022 08:40AM

DOB

05/11/1968

Service Dept. Blanding

Provider

JAMES O'LEARY, MD

Insurance

Med Worker's Comp: CHURCH MUTUAL INSURANCE COMPANY
Employer Name : MERRILL GARDENS
Case # : 1452850
Case Injury Date : 07/29/2021
Prescription: EXPRESS SCRIPTS - Member is eligible. details

Chief Complaint

Bilateral Hip, Low Back

Patient's Care Team

Insurance Adjuster (Worker's Comp): DANIELLE BRAND: Ph (715) 804-7131, Fax (715) 539-4651

Patient's Pharmacies

BLYTHEWOOD PHARMACY (ERX): 710-C UNIVERSITY VILLAGE DR, BLYTHEWOOD, SC 29016, Ph (803) 786-8110, Fax (803) 786-8110
HAWTHORNE PHARMACY- TAYLOR (ERX): 1520 A TAYLOR STREET, COLUMBIA, SC 29201, Ph (803) 227-4451, Fax (803) 256-9727

Vitals

02/08/2022 08:45 am

Ht: 5 ft 8 in (172.72
cm)

Wt: 210 lbs (95.25 kg)

BMI: 31.9

Pain Scale: 9

Allergies

Reviewed Allergies

NKDA

Medications

Midlands Orthopaedics and Neurosurgery • 1910 Blanding Street, COLUMBIA SC 29204
HINSON, Troy (Id #32814, dob: 09/16/2021)

Reviewed Medications

cyclobenzaprine 10 mg tablet One po qhs prn spasms	02/08/22 prescribed
cyclobenzaprine 5 mg tablet TAKE 1 TABLET 2 TIMES A DAY AS NEEDED FOR MUSCLE SPASMS.	01/27/22 filled
gabapentin 300 mg capsule Take 2 capsules by mouth three times daily	02/01/22 filled
Gavilax 17 gram/dose oral powder Take by oral route for 10 days.	10/29/21 filled
Ibuprofen 800 mg tablet Take 1 tablet(s) twice a day by oral route with meals.	02/08/22 prescribed
methocarbamol 750 mg tablet TAKE 1 TABLET AT BEDTIME.	07/29/21 filled
naproxen 500 mg tablet Take 1 tablet by mouth twice a day	02/01/22 filled
oxyCODONE 5 mg tablet Take by oral route for 2 days.	11/01/21 filled
oxyCODONE-acetaminophen 5 mg-325 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	12/15/21 filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET TWICE DAILY FOR 10 DAYS.	12/16/21 filled
tadalafil 5 mg tablet TAKE 1 TABLET EVERY DAY.	11/10/21 filled
Ultram 50 mg tablet Take 1 tablet(s) every 6-8 hours by oral route with meals.	02/08/22 prescribed
Vitamin D2 1,250 mcg (50,000 unit) capsule Take 1 capsule by mouth once weekly	02/01/22 filled

Problems**Reviewed Problems**

- Hypercholesterolemia - Onset: 09/16/2021
- Arthritis - Onset: 09/16/2021

Family History**Reviewed Family History**

Father - No current problems or disability
Mother - No current problems or disability

Social History**Reviewed Social History**

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HINSON, Troy (id #32814, dob: 06/11/1966)**Substance Use**

Do you or have you ever smoked tobacco?: Unknown if ever smoked

How much tobacco do you smoke?: None

What is your level of alcohol consumption?: None

Marriage and Sexuality

What is your relationship status?: Married

Diet and Exercise

What type of diet are you following?: Regular

Education and Occupation

Are you currently in school?: No

Are you currently employed?: Yes

Who is your employer?: Merrile Gardens

What is your occupation?: Maintenance

Activities of Daily Living

Which of your hands is dominant?: Right

Other

Marital status: Married

Gender Identity and LGBTQ Identity**Surgical History**

Reviewed Surgical History

* Shoulder Arthroscopy - Left 07/1998

* Shoulder Arthroscopy - 07/1998

Past Medical History

Reviewed Past Medical History

Bladder Disease: Y

Elevated Cholesterol: Y

Gout: Y

Screening

None recorded.

HPI

s/p LESI

no improvement with injection. Went back on light duty and got worse. He got fired. He still has pain going into his buttocks. No bowel or bladder changes. Nothing has helped.

ROS**Additionally reports:****Cardiovascular**

Confirms: None

Denies: Chest Pain upon Exertion, Arm Pain upon Exertion, Palpitations, Heart Murmur

Constitutional

Confirms: None

Denies: Cough, Fever, Chills, Sweats, Weight Gain, Weight Loss, Exercise Intolerance

Eyes and Ears

Confirms: None

Denies: Dry Eyes, Eye Irritation, Vision Changes, Blurred Vision, Difficulty Hearing

Gastrointestinal

Confirms: None

Denies: Abdominal Pain, Vomiting, Black or Tarry Stools, Change of Appetite

Genitourinary

Confirms: None

Denies: Urinary loss of Control, Changes in Urinary Habits, Urinary

Frequency, Hematuria, Incomplete Emptying, Trouble Urinating.

Musculoskeletal

Confirms: None

Denies: Muscle Aches, Muscle Weakness, Joint Pain, Back Pain, Limited range of motion, Night Pain

Neck

Confirms: None

Denies: Neck Stiffness, Swollen Glands

Neurologic

Confirms: None

Denies: Loss of Consciousness, Weakness, Numbness/Tingling

Nose and Throat

Confirms: None

Denies: Bleeding Gums, Sore Throat, Sneezing, Nose Bleeds, Sinus Problems, Dizziness

Psychological

Confirms: None

Denies: Depression, Mania, Sleep Disturbances, Feeling Unsafe, Alcoholism

HINSON, Troy (id #32874, dob: 06/12/1968)**Respiratory****Confirms: None****Denies: Wheezing, Shortness of Breath, Coughing Blood, Shortness of Breath, Walking****Skin and Head****Confirms: None****Denies: Abnormal Mole, Jaundice, Eczema, Rash, Frequent Headaches****ROS as noted in the HPI****Physical Exam****None recorded.****Assessment / Plan****PHYSICAL EXAM:**

The patient is alert and oriented x3. Affect is normal. Respirations are clear and not labored. Cardiovascular demonstrates regular rate and rhythm by palpitation. No assistive devices.

The gait is normal. The patient can heel and toe walk with some difficulty. The spine is tender over the lumbosacral junction. There is a limited range of lumbar flexion, extension, and side bending. There are no stepoffs or deformities. There is no crepitation. Straight leg raise is equivocal. The hips have a full and painless range of motion is no focal tenderness, weakness, or deformity. The calf compartments are soft and pulses are palpable. Motor strength is 5/5 throughout both lower extremities. Sensation is intact to light touch. Pulses are 1-2+. The skin is intact.

1. Low back pain

M54.50: Low back pain, unspecified

- BACK CARE AND PREVENTING INJURIES: CARE INSTRUCTIONS
- GETTING BACK TO NORMAL AFTER LOW BACK PAIN: CARE INSTRUCTIONS
- LEARNING ABOUT RELIEF FOR BACK PAIN

Discussion Notes

And patient has chronic back pain. He has failed extensive nonoperative treatment. I would like to make an in-house referral to Dr. LaMotta of the spine service to have him take a look to see if he sees anything else that can be done for this chronic back pain. At this point the prognosis looks quite poor has nothing has helped. I gave him tramadol ibuprofen and Flexeril. He may perform white duty. He may follow up with me as below. I met with his case manager

Return to Office

- Ivan E. LaMotta, MD for NEW 10 at Lexington on 03/16/2022 at 11:00 AM
- James O'Leary, MD for ROV 5 at Blanding on 03/21/2022 at 12:30 PM

Encounter Sign-Off

Encounter signed-off by James O'Leary, MD, 02/14/2022.

Encounter performed and documented by James O'Leary, MD

Encounter reviewed & signed by James O'Leary, MD on 02/14/2022 at 1:03pm

Midlands Orthopaedics and Neurosurgery • 1910 Blanding Street, COLUMBIA SC 29204-570
HINSON, Troy (id #32814, dob: 02/17/1968)

Midlands Orthopaedics and Neurosurgery • 1910 Blanding Street, COLUMBIA SC 29204-1520

HINSON, Troy (id #328: [REDACTED], dob: 02/27/1988)

(Availability of light duty is determined by the employer and not the physician).

☐ Medium physical demands as of [REDACTED] with restrictions.☒ Light physical demands as of 02/08/2022 with restrictions.☐ Patient is to remain out of work until [REDACTED]☐ Part-time (whether regular duty or light duty)☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

☐ None☒ No kneeling, squatting, crawling☐ No walking☒ Pushing or pulling limit 10 (lbs)☐ No climbing☒ Lifting and carrying limit 10 (lbs)☐ No standing☐ Sedentary duties only☐ No prolonged standing☐ No overhead work☐ No twisting☐ No stretching☐ No work at heights☐ Specific restrictions per FOE date: _____

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

James O'Leary, MD for ROV 5 at Blanding on Tue, Mar 08, 2022 @ 10:20 AM

Electronically Signed by: JAMES O'LEARY, MD
On: 02/08/2022

Midlands Orthopaedics and New Surgery • 1910 Blanding Street, COLUMBIA SC 29204 • 803-720-1570

HINSON, Troy (id #328: 4, dob: 05/11/1968)**Encounter Date: 01/10/2022****Patient****Name**HINSON, TROY (53yo, M) ID#
3287144**Appt. Date/Time** 01/10/2022 09:00AM**DOB**

05/11/1968

Service Dept. MOSC_MON_PM**Provider**

SIMONNE FRANCIS, MD

InsuranceMed Worker's Comp: CHURCH MUTUAL INSURANCE COMPANY
Employer Name : MERRILL GARDENS
Case # : 1452850
Case Injury Date : 07/29/2021
Prescription: EXPRESS SCRIPTS - Member is eligible. details
Prescription: EXPRESS SCRIPTS - Member is eligible. details**Chief Complaint**

None recorded.

Patient's Care Team**Insurance Adjuster (Worker's Comp):** DANIELLE BRAND: Ph (715) 804-7131, Fax (715) 539-4651**Patient's Pharmacies****BLYTHEWOOD PHARMACY (ERX):** 710-C UNIVERSITY VILLAGE DR, BLYTHEWOOD, SC 29016, Ph (803) 786-8110, Fax (803) 786-8110
HAWTHORNE PHARMACY- TAYLOR (ERX): 1520 A TAYLOR STREET, COLUMBIA, SC 29201, Ph (803) 227-4451, Fax (803) 256-9727**Vitals**

None recorded.

Allergies

Allergies not reviewed (last reviewed 12/14/2021)

NKDA

Medications

Midlands Orthopaedics and Neurosurgery - 1910 Blanding Street, COLUMBIA SC 29204-5570
HINSON, Troy (id #32814, dob: 05/11/1968)

Medications not reviewed (last reviewed 12/14/2021)

cyclobenzaprine 5 mg tablet

09/16/21 filled

TAKE ONE TABLET BY MOUTH AS NEEDED AS DIRECTED AS NEEDED FOR SPASMS

gabapentin 300 mg capsule

12/30/21 filled

TAKE 1 CAPSULE 3 TIMES A DAY FOR 10 DAYS. BEGIN TAKING POSTOPERATIVELY.

Gavilax 17 gram/dose oral powder

10/29/21 filled

Take by oral route for 10 days.

HYDROcodone 5 mg-acetaminophen 325 mg tablet

12/13/21 filled

TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR 7 DAYS.

Ibuprofen 800 mg tablet

12/13/21 filled

TAKE 1 TABLET 3 TIMES PER DAY WITH FOOD.

methocarbamol 750 mg tablet

07/29/21 filled

TAKE 1 TABLET AT BEDTIME.

mupirocin 2 % topical ointment

12/06/21 filled

APPLY TO AFFECTED AREA(S) 3 TIMES DAILY AS NEEDED.

oxyCODONE 5 mg tablet

11/01/21 filled

Take by oral route for 2 days.

oxyCODONE-acetaminophen 5 mg-325 mg tablet

12/15/21 filled

Take 1 tablet(s) every 6 hours by oral route as needed.

sulfamethoxazole 800 mg-trimethoprim 160 mg tablet

12/16/21 filled

TAKE 1 TABLET TWICE DAILY FOR 10 DAYS.

tadalafil 5 mg tablet

11/10/21 filled

TAKE 1 TABLET EVERY DAY.

traMADol 50 mg tablet

01/07/22 filled

TAKE 1 TABLET BY MOUTH EVERY 6-8 HOURS AS NEEDED FOR PAIN.

Problems

Reviewed Problems

- Hypercholesterolemia - Onset: 09/16/2021
- Arthritis - Onset: 09/16/2021

Family History

Family History not reviewed (last reviewed 12/14/2021)

Father - No current problems or disability

Mother - No current problems or disability

Social History

Social History not reviewed (last reviewed 12/14/2021)

Substance Use

Do you or have you ever smoked tobacco?: Unknown if ever smoked

How much tobacco do you smoke?: None

What is your level of alcohol consumption?: None

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HINSON, Troy (Id #32814, dob: 05/22/1978)**Marriage and Sexuality**

What is your relationship status?: Married

Diet and Exercise

What type of diet are you following?: Regular

Education and Occupation

Are you currently in school?: No

Are you currently employed?: Yes

Who is your employer?: Merrille Gardens

What is your occupation?: Maintenance

Activities of Daily Living

Which of your hands is dominant?: Right

Other

Marital status: Married

Gender Identity and LGBTQ Identity**Surgical History**

Surgical History not reviewed (last reviewed 12/14/2021)

✦ Shoulder Arthroscopy - Left 07/1998

✦ Shoulder Arthroscopy - 07/1998

Past Medical History

Past Medical History not reviewed (last reviewed 12/14/2021)

Bladder Disease: Y

Elevated Cholesterol: Y

Gout: Y

Screening

None recorded.

ROS

None recorded.

Physical Exam

None recorded.

Procedure Documentation**Z_SCF LESI:**

THE SURGERY CENTER @ MIDLANDS ORTHOPAEDICS & NEUROSURGERY

1930 Blanding Street Columbia, SC 29201

Phone: 803.461.4740 Fax: 803.461.4742

Date of Procedure: 1/10/2022

INDICATION: Lumbar degenerative disc disease with spinal stenosis and radiculopathy

PROCEDURE: Fluoroscopically Guided L4-5 Interlaminar Epidural Steroid Injection

PHYSICIAN: Simonne Francis, MD

HISTORY:

Based upon the referring physician's request, the patient's symptoms, and a review of the available imaging exams, it was agreed to proceed with an interlaminar approach at the L4-5 level.

DESCRIPTION OF PROCEDURE:

The nature of the procedure, including risks and benefits, was explained and informed consent was obtained from the patient.

Following Time Out, the usual sterile preparation, and local anesthesia, a 20 gauge 3.5 inch Tuohy spinal needle was inserted into the posterior epidural fat at the L4-5 level under intermittent fluoroscopic guidance. Precise needle placement was confirmed with an injection of a small amount of Omnipaque 240 contrast (3ml utilized, 47ml wasted), which outlined the epidural space without evidence of intravascular or intrathecal flow. Following confirmation of appropriate needle placement, 80 mg of Depo-Medrol, 2 mL 0.25% bupivacaine, and 2 mL PF-normal saline was injected. The needle was then removed uneventfully. Patient's skin was cleaned with alcohol and the injection site was covered with a bandage.

Images were recorded and stored, and available for review.

Patient was subsequently monitored prior to discharge. Vital signs remained stable throughout the procedure and in recovery. There were no complications. The patient received and understood written discharge instructions prior to discharge.

Total treatment medication dose: 80 mg of Depo-Medrol, 2 mL 0.25% bupivacaine, 2 mL PF-normal saline
Fluoroscopy Time: 11 seconds

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HINSON, Troy (Id #32814, dob: 06/27/1968)

Fluoroscopy Dose: 93 kvp

IMPRESSION:

Lumbar degenerative disc disease with spinal stenosis and radiculopathy
Fluoroscopically guided L4-5 Interlaminar epidural steroid injection without immediate complication.

Assessment / Plan

None recorded.

Return to Office

- James O'Leary, MD for ROV 5 at Blanding on 02/08/2022 at 08:40 AM

Encounter Sign-Off

Encounter signed-off by Simone Francis, MD, 01/10/2022.

Encounter performed and documented by Simone Francis, MD

Encounter reviewed & signed by Simone Francis, MD on 01/10/2022 at 9:19am



Palmetto Imaging
www.SCDiag.com

Palmetto Imaging -- Downtown
1321 Lady Street
Columbia, SC 29201
p: 803.256.7646

PATIENT NAME: Hinson, Troy

DOB: ~~08/21/1966~~

MRN: 08-923695

PHONE: ~~803-745-8894~~

PHYSICIAN: Pamela Marie Bykowski, PA-C

EXAM DATE: 09/21/2021

EXAM: US Groin Bilateral

REASON FOR EXAM: R93.5 - Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum / S76.011A - Strain of mus

ADDITIONAL HISTORY: Question of hernia.

COMPARISON: None.

TECHNIQUE: Ultrasound of the area of patient concern in the groin region bilaterally was performed without and with Valsalva. Gray scale and color flow evaluation were utilized..

FINDINGS: There is no visible right or left hernia. There is a left inguinal lymph node of 1.9 x 1.3 x 0.5 cm. This demonstrates no cortical thickening, normal fatty hila present. No other suspicious lymph nodes are noted. There is an area of questionable mild weakness of the fascia without distinct hernia at the left inguinal region.

Blood flow within the right and left common femoral artery and vein are noted..

IMPRESSION:

1. No visible hernia. Normal appearing lymph nodes present in the inguinal regions bilaterally.

Radiology

PAGE 1 of 2

PATIENT NAME: Hinson, Troy

DOB: 09/21/1988

EXAM: US Groin Bilateral

EXAM DATE: 09/21/2021

2. Mild bulge of the peroneal line without apparent hernia in the left inguinal region. Question of weakness in the fascia here.

Timothy P Close, MD

(803) 462-3680

*** THIS IS AN ELECTRONICALLY VERIFIED REPORT ***

9/22/2021 1:17 PM: Timothy P Close, MD

TPC/tpc

DD: 09/22/2021 01:14 pm

DT: 09/22/2021 01:17 pm

Accession #: 08-4300340

Radiology

PAGE 2 of 2

Hinson, Troy W (MRN 976399957)

Encounter Date: 09/22/2021

Hinson, Troy W

MRN: 976399957

Moffat, David Douglas, MD
Physician
SurgeryH&P ☒
Signed

Date of Service: 10/29/2021 9:57 AM

PRISMA
HEALTH

Department of Surgery

Service
Date: 9/23/20
21

New Patient Note

Patient Name: Troy W Hinson
DOB: ~~05/11/1968~~
Age: 53 y.o.
MRN: 976399957**HPI**

Troy W Hinson is a 53 y.o. male who presents to clinic due to concerns regarding his left inguinal hernia. He first noticed pain/discomfort and a left groin bulge beginning about one month ago. He cannot relate any specific incident that precipitated the pain, but he does a lot of physical labor for work and has had more trouble with bending, squatting, and physically exerting himself due to the left groin pain.

The hernia has not enlarged over time. The patient's primary symptoms include pain, nausea and vomiting. He endorses symptoms of incarceration/obstruction on at least one occasion, including abdominal distention, nausea, emesis, obstipation, severe pain. The patient has not had a previous repair of this hernia.

He underwent a CT scan for this as well as for hematuria, which revealed a left sided fat containing inguinal hernia in addition to nephrolithiasis on the left with some dilation of the ureter.

The patient is a current smoker.
History of diabetes?: no history

His Body mass index is 33.45 kg/m².

Prior Abdominal Surgery: No
Cardiac History: no
Pulmonary History: smoker
Blood Thinners?: no

Medical History

Medical History ☐ Expand by Default

Past Medical History:**Diagnosis**

- Degenerative disc disease, lumbar
- Inguinal hernia

Date

Hinson, Troy W (MRN 976399957)

Encounter Date: 09/22/2021

- Left inguinal hernia
- Nephrolithiasis
- Tobacco abuse

Surgical History ☐ Expand by Default**Past Surgical History:****Procedure**

- SHOULDER ARTHROSCOPY

Laterality

Left

DateSocial History ☐ Expand by Default**Social History****Socioeconomic History**

- Marital status: Married
- Spouse name: None
- Number of children: None
- Years of education: None
- Highest education level: None

Occupational History

- None

Tobacco Use

- Smoking status: Current Every Day Smoker
- Packs/day: 0.50
- Types: Cigarettes
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: Never
- Drug use: Not Currently
- Sexual activity: None

Other Topics

- Concern

Social History Narrative

- None

Social Determinants of Health**Financial Resource Strain:**

- Difficulty Paying Living Expenses: Not on file
- Difficulty Paying Medical Expenses: Not on file

Food Insecurity:

- Worried about Running Out of Food in the Last Year: Not on file
- Ran Out of Food in the Last Year: Not on file

Transportation Needs:

- Lack of Transportation: Not on file

Physical Activity:

- Days of Exercise per Week: Not on file

Hinson, Troy W (MRN 976399957)

Encounter Date: 09/22/2021

- Minutes of Exercise per Session: Not on file
- Total Minutes of Exercise per Week: Not on file

Stress:

- Feeling of Stress : Not on file

Social Connections: Unknown

- Frequency of Communication with Friends and Family: Not asked
- Frequency of Social Gatherings with Friends and Family: Not asked

Intimate Partner Violence: Unknown

- Fear of Current or Ex-Partner: Not asked
- Emotionally Abused: Not asked
- Physically Abused: Not asked
- Sexually Abused: Not asked

Housing Stability:

- Was there a time when you did not have a steady place to sleep: Not on file
- Worried that the place you are staying is making you sick: Not on file

Family History ☐ Expand by Default

History reviewed. No pertinent family history.

Allergies & Medications

No Known Allergies

Home Medications 9/22/21 1512**ergocalciferol (DRISDOL) 1,250 mcg
(50,000 unit) capsule**

Sig

Take 50,000 Units once a week

**cholecalciferol, vitamin D3, 250 mcg
(10,000 unit)**Take 10,000 Units by mouth Not
taking**cyclobenzaprine (FLEXERIL) 5 MG tablet**Take 5 mg by mouth 2 (two) times a
day as needed**HYDROcodone-acetaminophen
(NORCO) 5-325 mg per tablet**Take 1 tablet by mouth every 4 (four)
hours as needed**Ibuprofen (MOTRIN) 800 mg tablet**Take 800 mg by mouth 3 (three) times
a day as needed Last dose 10/12**methyIPREDNISolone (MEDROL
DOSEPACK) 4 mg tablet**

Not taking

miscellaneous medicationTake by mouth daily 90 for Life
multivitamin
Last dose 10/12

Hinson, Troy W (MRN 976399957)

Encounter Date: 09/22/2021

naproxen (NAPROSYN) 500 mg tablet Not taking

tramadol HCl (TRAMADOL ORAL) Take 1 tablet by mouth every 8 (eight) hours as needed

ROS**Review of Systems**

Constitutional: Negative for chills and fever.

HENT: Negative for congestion and sore throat.

Eyes: Negative for visual disturbance.

Respiratory: Negative for shortness of breath.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for abdominal pain, nausea and vomiting.

Left groin pain

Endocrine: Negative for cold intolerance and heat intolerance.

Genitourinary: Negative for dysuria.

Musculoskeletal: Positive for back pain.

Skin: Negative for rash.

Neurological: Negative for dizziness and headaches.

Hematological: Does not bruise/bleed easily.

Objective Data**Vital Signs:****Vitals****Vitals:**

09/22/21 0953

BP: 120/78

Pulse: (I) 106

Weight: 99.8 kg (220 lb)

Height: 172.7 cm (68")

Ht:172.7 cm (68") Wt:99.8 kg (220 lb) BSA:Body surface area is 2.19 meters squared.
Body mass index is 33.45 kg/m².**Physical Exam****Constitutional:**

General: He is not in acute distress.

Appearance: Normal appearance.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

General: No scleral icterus.

Conjunctiva/sclera: Conjunctivae normal.

Cardiovascular:

Rate and Rhythm: Normal rate.

Pulmonary:

Hinson, Troy W (MRN 976399957)

Encounter Date: 09/22/2021

Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: There is no distension.

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: Moderate size, reducible left inguinal hernia. Patulous superficial inguinal ring on the right, without definite hernia.

Musculoskeletal:

General: No swelling.

Cervical back: Neck supple.

Skin:

General: Skin is warm and dry.

Coloration: Skin is not jaundiced.

Neurological:

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time.

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Pertinent Labs:

No results found for: HGB, HCT, PLT, CREATININE, ALBUMIN, HGBA1C, INR

No results found for: MG, PHOS, FERRITIN, TRANSFERRIN, TIBC, FOLATE, COPPER, VITA, VITC

Imaging:

CT abdomen pelvis:

FINDINGS: The liver is unremarkable. The gallbladder is unremarkable. No biliary ductal dilation is identified. The pancreas is unremarkable.

The spleen is unremarkable.

The adrenal glands are unremarkable. There is a calculus in the lower pole of the left kidney which measures 6.1 millimeters. There is a right renal cyst which measures 2.4 centimeters. No hydronephrosis is identified. The bilateral distal ureters are dilated. This is asymmetrically more prominent on the left. The urinary bladder is collapsed and not well evaluated.

No free air or free fluid is identified. There is no evidence of bowel obstruction or peritoneal inflammatory change. The appendix is unremarkable. There is a fat containing left inguinal hernia.

There is no atherosclerosis without evidence of aneurysm.

There are enlarged nodes in the porta hepatis which measure up to 1.3 centimeters in short axis.

There is subsegmental atelectasis in the lung bases.

Hinson, Troy W (MRN 976399957)

Encounter Date: 09/22/2021

IMPRESSION:
1. Nonobstructing calculus in lower pole of left kidney which
measures 5-7 millimeters.
2. Dilation of distal ureters which is asymmetrically more prominent.
PAGE 1 Signed Report Printed From ECR (CONTINUED)

Hinson, Troy W (MRN 976399957)

Encounter Date: 09/22/2021

on left. This is of uncertain etiology. Consider correlation with
 CT Urogram for further evaluation when clinically appropriate.
 1. Right renal cyst
 2. Portal hepatic lymphadenopathy
 3. Fat containing left inguinal hernia.

Assessment/Plan**Patient Active Problem List****Diagnosis**

- Left inguinal hernia

Assessment & Plan:

Patient is 53 y.o. male with a PMHx significant for tobacco abuse who presents with a symptomatic left inguinal hernia.

Treatment options for inguinal hernia were explained to the patient. "Watchful waiting" is the medical option. This option is only reserved for patients who are asymptomatic or have minimal symptoms that does not interfere with the patient's QOL ; however, even in this patient population, the percentage of patients who ultimately require surgery for their condition is very high. Therefore, surgery is recommended in this patient population as long as they do not have significant medical/surgical conditions that outweigh the benefits of undergoing a prophylactic repair. For symptomatic hernia, surgery is recommended for their symptom control and to reduce risk of bowel incarceration, obstruction and/or possible strangulation (i.e. bowel death).

Surgical options include (1) open repair or (2) laparoscopic repair. Open repair is ideal for the following conditions (but not limited to): (1) where primary tissue repair is preferred without mesh, (2) recurrence after previous laparoscopic repair, and/or (3) when patient is on a blood-thinner that needs to be continued through surgery for medical reasons. Laparoscopic repair is ideal for the following condition (but not limited to): (1) recurrence after previous open repair, and/or (2) minimize wound complications in patients with significant subcutaneous tissue or (3) for patients with mesh repair. That being said, patient preference is also an indication of doing lap versus open as long as there is no medical/surgical contraindication against that method of approach. My post-operative recovery instructions are no different from open and lap approach, as I believe that it will take approximately 6 weeks of light activity for the repair to set in appropriately.

All benefits and risks were discussed with the patient including but not limited to: bleeding, pain, infection, scarring, hernia recurrence, mesh infection.

- patient needs to quit smoking, provided some counseling in this regard. Wants to start Chantix or other medication to help. Will seek opinion from his PCP
- Plan for robotic left inguinal hernia repair with mesh, possible bilateral
- preop COVID test is required
- anesthesia phone call
- case request submitted
- patient to be scheduled
- preoperative instructions including NPO status, and instructions for surgical scrub provided

Hinson, Troy W (MRN 976399957)

Encounter Date: 09/22/2021

UPDATE:

There have been no changes to the above mentioned history or physical exam.

Consent obtained, questions answered.

To OR for for robotic left Inguinal hernia repair with mesh, possible bilateral

David D. Moffat, II MD

Bariatric & General Surgery

10/29/2021

9:58 AM

Electronically signed by Moffat, David Douglas, MD at 10/29/2021 9:59 AM

Admission (Discharged) on 10/29/2021 *Note shared with patient*

Care Timeline

10/29 • ROBOTICXI-LAPAROSCOPY; REPAIR INITIAL INGUINAL HERNIA

1010

10/29 • Discharged 1630

1630

Hinson, Troy W (MRN 976399957)

Encounter Date: 09/22/2021

Hinson, Troy W

MRN: 976399957

Moffat, David Douglas, MD
Physician
SurgeonOp Note ☒
Signed

Date of Service: 10/29/2021 10:31 AM

Case Time:
10/29/2021 10:31 AMProcedures:
ROBOTICXI-LAPAROSCOPY;
REPAIR INITIAL INGUINAL HERNIASurgeons:
Moffat, David Douglas, MD
Miller, Emily J, MDTroy W Hinson
DOB: ~~05/11/1968~~
MRN: 976399957**Operative Note**

10/29/2021

PRE-OP DIAGNOSIS:

1. Left inguinal hernia [K40.90]

POST-OP DIAGNOSIS:

1. Indirect left inguinal hernia
2. Left femoral hernia

Procedure Performed:

1. Robotic left inguinal and femoral hernia repair with mesh
2. Robotic lysis of adhesions

ROBOTICXI-LAPAROSCOPY; REPAIR INITIAL INGUINAL HERNIA: 49650 (CPT®)

SURGEON: Surgeon(s) and Role:

- * Moffat, David Douglas, MD - Primary
- * Miller, Emily J, MD - Resident - Assisting

ANESTHESIA: General**OR Staff:** Circulator: Stanley, Jordan, RN

Relief Circulator: Todd, Michael, RN

Scrub Tech: Belk, Trena; Mayers, Courtney; Sanchez, Elize

INDICATION(S): Troy W Hinson is a 53 y.o. male with a history of symptomatic left inguinal hernia who desired elective repair**OPERATIVE FINDINGS:**

1. Adhesions of sigmoid colon and mesentery to left pelvic sidewall

2. Indirect left inguinal hernia with large cord lipoma
3. Left femoral hernia with rectosigmoid colon incarcerated in defect

OPERATIVE REPORT: Pre-operative consent was obtained and documented in the record. The patient was brought to the operating room and placed in supine position. Perioperative antibiotics in the form of Ancef were administered prior to incision. The skin was prepared using chlorhexidine scrub and sterile drapes were applied. A surgical timeout was performed per operating room regulations identifying the patient's name, date of birth, medical record number, procedure to be performed, and surgical site. All staff were in agreement.

A Foley catheter was placed.

A small stab incision was made in the subcostal left upper quadrant at Palmer's point and a Veress needle inserted. Saline drop test confirmed intraperitoneal placement. The abdomen was then insufflated to 15 mmHg. A periumbilical 8 mm robotic trocar was then established in OptiView technique. The abdomen was then surveyed, noting no injury from Veress needle or trocar placement. Additional working trocars were then placed with an 8 mm robotic trocar in the left anterior axillary line and an 8 mm robotic trocar in the right mid clavicular line. The patient was placed in the Trendelenburg position. The robot was then docked and the anatomy targeted with the robotic camera.

The inguinal anatomy was identified including the median umbilical ligament, the vas deferens, the spermatic vessels and the epigastric vessels. The sigmoid colon was adherent to the peritoneum of the left pelvic sidewall, as was the mesentery. An indirect inguinal left hernia was identified without intra-abdominal contents. There was no right sided inguinal hernia.

Dissection began with monopolar scissors to create a peritoneal flap anterior to the transversalis fascia from the anterior superior iliac spine to the medial edge of the median umbilical ligament. The medial extent of the dissection was continued to exposure Cooper's Ligament and the obturator foramen. The lateral extent of the dissection is completed to reflect the peritoneal flaps carefully away from the retromuscular space. The epigastric vessels were identified and preserved. The location of the iliac vessels in the triangle of doom were identified and preserved at all times.

The indirect inguinal sac was retracted medially and circumferentially dissected away from the cord structures including the vas deferens and testicular vessels. The indirect sac was completely reduced from the canal. The large cord lipoma was fully dissected free and removed. In further exposing the medial and inferior portions of the myopectineal orifice, we discovered a large femoral hernia. There was incarcerated recto-sigmoid colon in the defect, which was reduced intra-abdominally. We had to place an additional 8 mm trocar in the right anterior axillary line to assist with retraction during reduction of the colon from the femoral space. In doing so, there was a small 2-3 mm serosal tear on the rectosigmoid colon. This was repaired with a single 3-0 Vicryl in figure of eight Lambert fashion. With the colon fully reduced, we now had to dissect the sigmoid mesentery from the peritoneal flap to allow for tension free closure of the peritoneal pocket. This was done sharply with scissors and took around 45 minutes to get all of the adhesions down off the flap.

A pre-formed Polypropylene mesh (Dextile) was then inserted to cover the entire myopectineal orifice. The mesh was secured to Cooper's ligament with a 2-0 Vicryl and to the anterior abdominal wall on either side of the inferior epigastric vessels with 2-0 Vicryl. The peritoneal flap was then advanced over the mesh without disturbing the placement of the mesh. No sutures were placed below the inguinal ligament or in the triangle of doom or triangle of pain.

Hinson, Troy W (MRN 976399957)

Encounter Date: 09/22/2021

The abdomen was again inspected and noted to be free of injury. The cord lipoma was removed and sent to pathology for routine examination. Pneumoperitoneum was then decompressed and ports were removed under visualization. The skin was then closed with 4-0 Monocryl and dermabond.

At the end of the procedure all counts were correct x 2.

ESTIMATED BLOOD LOSS: Minimal

DRAINS: None

TOTAL IV FLUIDS: per anesthesia record

SPECIMENS:

Order Name	Source	Comment	Collection Info	Order Time
SURGICAL PATHOLOGY EXAM	Soft Tissue, Lipoma	Pre-op diagnosis: Left inguinal hernia [K40.90]	Collected By: Moffat, David Douglas, MD	10/29/2021 12:47 PM

IMPLANTS:

Implant Name	Type	Inv. Item	Serial No.	Manufacturer	Lot No.	LRB No.	Action
bard 3d max light mesh			0117311	BARD ACCESS DAVOL	HUDV 1091	Left 1 Used	Implanted

COMPLICATIONS: None

WOUND CLASS: I - Clean

DISPOSITION: PACU - hemodynamically stable.

David D. Moffat, II MD
Bariatric & General Surgery
10/29/2021
1:34 PM

Electronically signed by Moffat, David Douglas, MD at 10/29/2021 2:00 PM

Admission (Discharged) on 10/29/2021 Note shared with patient

Care Timeline

10/29 1010 ROBOTICXI-LAPAROSCOPY; REPAIR INITIAL INGUINAL HERNIA

Hinson, Troy W (MkN 976399957)

Encounter Date: 11/01/2021

Hinson, Troy W

MRN: 976399957

Moffat, David Douglas, MD
Physician
Surgery

Consults 
Signed

Date of Service: 11/1/2021 1:00 PM

Current Date & Time:
11/01/21 - 1:00 PM

Consult Note

Consulting Attending: Dr. Fitzhugh

Patient: Troy W Hinson

DOB: 

MRN: 976399957

Subjective

Reason for consult: postoperative pain

HPI: Troy W Hinson is a 53 y.o. male who is 3 days postop from robotic left inguinal/femoral hernia repair with me. Called in with concerns regarding postop pain and a "gurgling" sound in the region of his left groin. Was advised to come to the ER to ensure no recurrent hernia with bowel. Denies fevers, chills, nausea, emesis. Had BM yesterday, taking Miralax daily. His main complaint is limited mobility, specifically with arising from supine position. His wife apparently just had surgery as well and is not able to assist. He is getting by, but does wish he had some more help given how sore he is. No trouble with urination, reports he is drinking plenty of water.

Subjective

Patient History**Past Medical History:****Diagnosis**

- Degenerative disc disease, lumbar
- Inguinal hernia
- Left inguinal hernia
- Nephrolithiasis
- Tobacco abuse

Date

Past Surgical History:**Procedure**

- SHOULDER ARTHROSCOPY

Laterality
Left

Date

Social History**Socioeconomic History**

- Marital status: Married
- Spouse name: Not on file
- Number of children: Not on file

Hinson, Troy W (MRN 976399957)

Encounter Date: 11/01/2021

- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Current Every Day Smoker
- Packs/day: 0.50
- Types: Cigarettes
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: Never
- Drug use: Not Currently
- Sexual activity: Not on file

Other Topics

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health**Financial Resource Strain:**

- Difficulty Paying Living Expenses: Not on file
- Difficulty Paying Medical Expenses: Not on file

Food Insecurity:

- Worried about Running Out of Food in the Last Year: Not on file
- Ran Out of Food in the Last Year: Not on file

Transportation Needs:

- Lack of Transportation: Not on file

Physical Activity:

- Days of Exercise per Week: Not on file
- Minutes of Exercise per Session: Not on file
- Total Minutes of Exercise per Week: Not on file

Stress:

- Feeling of Stress : Not on file

Social Connections: Unknown

- Frequency of Communication with Friends and Family: Not asked
- Frequency of Social Gatherings with Friends and Family: Not asked

Intimate Partner Violence: Unknown

- Fear of Current or Ex-Partner: Not asked
- Emotionally Abused: Not asked
- Physically Abused: Not asked
- Sexually Abused: Not asked

Housing Stability:

- Was there a time when you did not have a steady place to sleep: Not on file
- Worried that the place you are staying is making you sick: Not on file

No family history on file.

Medications

No Known Allergies

Home Medications:

Hinson, Troy W (MRN 976399957)

Encounter Date: 11/01/2021

Home Medications 11/1/21 1039

Sig

cholecalciferol, vitamin D3, 250 mcg (10,000 unit)
Take 10,000 Units by mouthcyclobenzaprine (FLEXERIL) 5 MG tablet
Take 5 mg by mouth 2 (two) times a day as neededdoxycycline (VIBRAMYCIN) 100 mg capsule
100 mg by Oral/Gastric Tube route daily
Indications: Rosaceaergocalciferol (DRISDOL) 1,250 mcg (50,000 unit) capsule
Take 50,000 Units once a weekHYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet
Take 1 tablet by mouth every 4 (four) hours as neededIbuprofen (MOTRIN) 800 mg tablet
Take 800 mg by mouth 3 (three) times a day as neededmethylPREDNISolone (MEDROL DOSEPACK) 4 mg tablet
Not takingmiscellaneous medication
Take by mouth daily 90 for Life multivitamin
Last dose 10/12naloxone (NARCAN) 4 mg/actuation nasal spray
Place 1 spray (4 mg) into one nostril once as needed for opioid overdose for up to 1 dosenaproxen (NAPROSYN) 500 mg tablet
Not takingondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet
Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomitingoxyCODONE (ROXICODONE) 5 mg immediate release tablet
Take 1 tablet (5 mg) by mouth every 4 (four) hours as needed for severe pain for up to 4 days Max Daily Amount: 30 mgpolyethylene glycol (MIRALAX) 17 gram packet
Take 17 g by mouth daily as needed for constipation for up to 10 daystadalafil (Cialis) 10 MG tablet
Take 5 mg by mouth Indications: the inability to have an erection
Place on the skin every morning

testosterone (AXIRON PUMP) 30 mg/actuation (1.5 mL)

oxyCODONE (ROXICODONE) 5 mg immediate release tablet
Take 1 tablet (5 mg) by mouth every 6 (six) hours as needed (pain) for up to 10 days
Max Daily Amount: 20 mg**Current Medications:**

No current facility-administered medications for this encounter.

Hinson, Troy W (MR# 976399957)

Encounter Date: 11/01/2021

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• cholecalciferol, vitamin D3, 250 mcg (10,000 unit)	Take 10,000 Units by mouth		
• cyclobenzaprine (FLEXERIL) 5 MG tablet	Take 5 mg by mouth 2 (two) times a day as needed		
• doxycycline (VIBRAMYCIN) 100 mg capsule	100 mg by Oral/Gastric Tube route daily Indications: Rosacea		
• ergocalciferol (DRISDOL) 1,250 mcg (50,000 unit) capsule	Take 50,000 Units once a week		
• HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	Take 1 tablet by mouth every 4 (four) hours as needed		
• ibuprofen (MOTRIN) 800 mg tablet	Take 800 mg by mouth 3 (three) times a day as needed		
• methylPREDNISolone (MEDROL DOSEPACK) 4 mg tablet	Not taking		
• miscellaneous medication	Take by mouth daily 90 for Life multivitamin Last dose 10/12		
• naloxone (NARCAN) 4 mg/actuation nasal spray	Place 1 spray (4 mg) into one nostril once as needed for opioid overdose for up to 1 dose	1 each	0
• naproxen (NAPROSYN) 500 mg tablet	Not taking		
• ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet	Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting	10 tablet	0

Hinson, Troy W (MRN 976399957)

Encounter Date: 11/01/2021

• oxyCODONE (ROXICODONE) 5 mg immediate release tablet	Take 1 tablet (5 mg) by mouth every 4 (four) hours as needed for severe pain for up to 4 days Max Daily Amount: 30 mg	10 tablet	0
• polyethylene glycol (MIRALAX) 17 gram packet	Take 17 g by mouth daily as needed for constipation for up to 10 days	10 each	0
• tadalafil (Cialis) 10 MG tablet	Take 5 mg by mouth Indications: the inability to have an erection		
• testosterone (AXIRON PUMP) 30 mg/actuation (1.5 mL)	Place on the skin every morning		

Review of Systems

ROS - as per HPI, otherwise negative

Objective**Objective****VITALS:**

	<u>Current</u>	<u>Range</u>
Temperature:	97.8 °F (36.6 °C)	[97.8 °F (36.6 °C)]
Heart Rate:	(I) 102	[102]
Blood Pressure:	(I) 138/97	(138)/(97)
Resp Rate:	18	[18]
Oxygen Sats:	96 %	[96 %]
Weight (if recorded):		

Physical Exam:

General	Well developed, well nourished. No acute distress.
HEENT	Normocephalic, atraumatic
Heart	Regular rate and rhythm.
Lungs	Normal effort
Abdomen	Soft, appropriately tender. Ecchymosis of the abdominal wall around the left mid abdomen trocar site. No recurrent inguinal or femoral hernia by exam. Some soft tissue emphysema
Extremities	Pulses equal, no edema
Skin	No lesions, ulcers
Neuro	AAOx4
Psych	Normal mood, affect

Pertinent Labs:**Results from last 7 days**

Lab	Units	11/01/21
		1106
WBC	K/uL	8.3

Hinson, Troy W (MKN 976399957)

Encounter Date: 11/01/2021

HEMOGLOBIN	g/dL	18.3*
HEMATOCRIT	%	55.5*
PLATELETS	K/uL	191

Results from last 7 days

Lab	Units	11/01/21
		1106
SODIUM	mmol/L	140
POTASSIUM	mmol/L	4.3
CHLORIDE	mmol/L	103
CO2	mmol/L	28
BUN	mg/dL	16
CREATININE	mg/dL	1.14
GLUCOSE	mg/dL	93
CALCIUM	mg/dL	10.4

Pertinent Imaging Studies: Reviewed CT as below:**FINDINGS:****Liver:**

Indeterminate hypodense observation segment 6 axial image 27, series 2 measures 9 mm.

Portal Vein:

Normal

Gallbladder - Biliary Tree:

Normal

Pancreas:

Normal

Spleen:

Normal

Retroperitoneum:

Adrenals: Normal

Kidneys: 2 cm exophytic cyst mid third right kidney

Nonobstructing lower pole left renal calculus 6 mm. Ureteral dilatation is seen bilaterally left greater the right. No obstructing lesion identified. These taper prior to the urinary bladder.

Aorta - Cava: Atherosclerotic calcifications of aorta and iliac vessels present without evidence of luminal abnormality.

Lymphatics: Normal

GI - Mesentery - Peritoneum:

Normal

Pelvis:

No additional significant abnormality.

Lower Chest:

Normal

Hinson, Troy W (MKN 976399957)

Encounter Date: 11/01/2021

Soft tissues - MSK:

Small amount of edema is seen near the left inguinal canal. There is no evidence of substantial pathologic fluid collection or residual hernia. Gas is noted in the spermatic cords and scrotum bilaterally.

Soft tissue emphysema in the abdominal wall is present. Small area of high attenuation fluid seen to the left of the umbilicus likely small hematoma present within the subcutaneous fat of the anterior abdominal wall measuring approximately 1.9 x 4.0 cm in greatest dimension.

Degenerative changes of the lower thoracic and lumbar spine extensively present.

IMPRESSION:

1. Soft tissue emphysema as well as small hematoma anterior abdominal wall is present without additional abnormality seen related to recent surgery.
2. Nonspecific bilateral hydroureter without evidence of obstructing abnormality.
3. Right renal cysts left renal calculus.
4. Indeterminate 9 mm hypoattenuating right hepatic lobe lesion. Further evaluation may best be performed with follow-up multiphasic MRI at approximately 6 months. Due to the small size interval follow-up at 6 months is advantageous.

Admission Problem List**Active Problems:**

- * No active hospital problems. *

Assessment and Recommendations

1. 53 y.o. male 3 days postop from robotic left inguinal/femoral hernia repair.

- no recurrence by exam or CT, no seroma
- does have some soft tissue emphysema from his operation, which account for his "gurgling" sensation in abdominal wall
- does have postop pain, which we can refill his script for
- referral to home health PT placed to assist with ambulation/strengthening. Had long discussion about whether or not he felt safe to perform ADL's at home, and he feels he does not need to come into the hospital due to his pain or difficulty with mobility.
- keep current f/u plan for 2 weeks. Safe for discharge from ER from surgery standpoint.

David Douglas Moffat, MD

Electronically signed by Moffat, David Douglas, MD at 11/1/2021 1:08 PM

ED on 11/1/2021 Note shared with patient

Clinical Impressions

Primary: Left inguinal hernia K40.90
Left groin pain R10.32

Disposition

☒ Discharge

Condition: Stable

ED After Visit Summary (Printed 11/1/2021)

Follow-Ups

Hinson, Troy W (MRN 976399957)

Encounter Date: 11/01/2021

- Schedule an appointment with Mattei, John, MD (Family Medicine)
- Schedule an appointment with Moffat, David Douglas, MD (General Surgery)

Care Timeline

11/01 • Arrived
 1037
 11/01 • Comprehensive Metabolic Panel (CMP)
 1106
 11/01 • Lactic Acid Venous
 1106
 11/01 • Complete Blood Count (Abnormal)
 1106
 11/01 • 0.9 % sodium chloride 1000 mL
 1113
 11/01 • ondansetron HCl/PF 4 mg
 1115
 11/01 • morphine sulfate 4 mg
 1116
 11/01 • iohexol 100 mL
 1155
 11/01 • CT Abdomen Pelvis w IV Contrast Only
 1200
 11/01 • Urine Microscopic
 1201
 11/01 • Urinalysis w/Microscopic
 1201
 11/01 • PT Prothrombin Time with INR
 1207
 11/01 • Partial Thromboplastin Time
 1207
 11/01 • Discharged
 1305

Hinson, Troy W (MRN: 976399957) DOB: 5/11/1968



Prisma Health Surgery -
Laurel St.
1850 Laurel St
COLUMBIA SC 29201-
2627

Hinson, Troy W
MRN: 976399957, DOB: 5/11/1968, Sex: M
Visit date: 11/17/2021

Hinson, Troy W

MRN: 976399957

Moffat, David Douglas, MD
Physician
Specialty: General Surgery

Progress Notes ☒
Signed

Encounter Date: 11/17/2021



Department of Surgery

Service Date:
11/18/2021

Established Patient Note

Patient Name: Troy W Hinson
DOB: 5/11/1968
Age: 53 y.o.
MRN: 976399957

HPI

Troy Hinson is a 53-year-old male who presents in follow-up from robotic left inguinal and femoral hernia repair with mesh in addition to robotic lysis of adhesions. He was seen 1 time in the emergency department on postoperative day 3 for poor pain control and a "gurgling" sound coming from his left groin. At that time CT scan was obtained and showed no evidence of recurrent hernia. But did show some very mild residual CO2 in the soft tissues, which was felt to be a benign postoperative finding. He was discharged home from the emergency department and presents today in routine follow-up. He does report that he is still quite sore, however, does feel that he is improving somewhat. Notes that the gabapentin was helping and he would like to keep taking this. Reports that he is tolerating a regular diet without difficulty, is having bowel function. Denies any fevers, chills, nausea, emesis.

Medical History**Past Medical History:****Diagnosis**

- Degenerative disc disease, lumbar
- Inguinal hernia
- Left inguinal hernia
- Nephrolithiasis
- Tobacco abuse

Date

Past Surgical History:**Procedure**

- SHOULDER ARTHROSCOPY

Laterality
Left

Date

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

Social History**Socioeconomic History**

- Marital status: Married
- Spouse name: None
- Number of children: None
- Years of education: None
- Highest education level: None

Occupational History

- None

Tobacco Use

- Smoking status: Current Every Day Smoker
- Packs/day: 0.50
- Types: Cigarettes
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: Never
- Drug use: Not Currently
- Sexual activity: None

Other Topics

- None

Social History Narrative

- None

Social Determinants of Health**Financial Resource Strain:**

- Difficulty Paying Living Expenses: Not on file
- Difficulty Paying Medical Expenses: Not on file

Food Insecurity:

- Worried about Running Out of Food in the Last Year: Not on file
- Ran Out of Food in the Last Year: Not on file

Transportation Needs:

- Lack of Transportation: Not on file

Physical Activity:

- Days of Exercise per Week: Not on file
- Minutes of Exercise per Session: Not on file
- Total Minutes of Exercise per Week: Not on file

Stress:

- Feeling of Stress : Not on file

Social Connections: Unknown

- Frequency of Communication with Friends and Family: Not asked
- Frequency of Social Gatherings with Friends and Family: Not asked

Intimate Partner Violence: Unknown

- Fear of Current or Ex-Partner: Not asked
- Emotionally Abused: Not asked
- Physically Abused: Not asked
- Sexually Abused: Not asked

Housing Stability:

- Was there a time when you did not have a steady place to sleep: Not on file
- Worried that the place you are staying is making you sick: Not on file

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

History reviewed. No pertinent family history.

Allergies & Medications

No Known Allergies

Home Medications 11/17/21 1118

Sig
cholecalciferol, vitamin D3, 250 mcg (10,000 unit) Take 10,000 Units by mouth

cyclobenzaprine (FLEXERIL) 5 MG tablet Take 5 mg by mouth 2 (two) times a day as needed

doxycycline (VIBRAMYCIN) 100 mg capsule 100 mg by Oral/Gastric Tube route daily
Indications: Rosacea

ergocalciferol (DRISDOL) 1,250 mcg (50,000 unit) capsule Take 50,000 Units once a week

gabapentin (NEURONTIN) 300 mg capsule Take 1 capsule (300 mg) 3 (three) times a day for 10 days Begin taking postoperatively.

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet Take 1 tablet by mouth every 4 (four) hours as needed

Ibuprofen (MOTRIN) 800 mg tablet Take 800 mg by mouth 3 (three) times a day as needed

methypREDNISolone (MEDROL DOSEPACK) 4 mg tablet Not taking

miscellaneous medication Take by mouth daily 90 for Life multivitamin Last dose 10/12

naloxone (NARCAN) 4 mg/actuation nasal spray Place 1 spray (4 mg) into one nostril once as needed for opioid overdose for up to 1 dose

naproxen (NAPROSYN) 500 mg tablet Not taking

ondansetron (ZOFRAN ODT) 4 mg disintegrating tablet Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting

polyethylene glycol (MIRALAX) 17 gram packet Take 17 g by mouth daily as needed for constipation for up to 10 days

tadalafil (Cialis) 10 MG tablet Take 5 mg by mouth Indications: the inability to have an erection

testosterone (AXIRON PUMP) 30 mg/actuation (1.5 mL) Place on the skin every morning

ROS

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

Review of Systems**Constitutional:** Negative for chills.**HENT:** Negative for congestion and sore throat.**Eyes:** Negative for visual disturbance.**Respiratory:** Negative for cough and shortness of breath.**Cardiovascular:** Negative for chest pain and palpitations.**Gastrointestinal:** Positive for abdominal pain (Mild, Incisional). Negative for constipation, nausea and vomiting.**Endocrine:** Negative for cold intolerance and heat intolerance.**Genitourinary:** Negative for dysuria and hematuria.**Musculoskeletal:** Negative for arthralgias.**Skin:** Negative for rash.**Neurological:** Negative for dizziness and headaches.**Hematological:** Does not bruise/bleed easily.**Objective Data****Vital Signs:****Vitals:**

11/17/21 1117

BP: (I) 144/91**Pulse:** (I) 103**Ht: Wt: BSA:** There is no height or weight on file to calculate BSA.

There is no height or weight on file to calculate BMI.

Physical Exam**Constitutional:****General:** He is not in acute distress.**Appearance:** Normal appearance.**HENT:****Head:** Normocephalic and atraumatic.**Eyes:****General:** No scleral icterus.**Conjunctiva/sclera:** Conjunctivae normal.**Cardiovascular:****Rate and Rhythm:** Normal rate.**Pulmonary:****Effort:** Pulmonary effort is normal. No respiratory distress.**Abdominal:****General:** There is no distension.**Palpations:** Abdomen is soft.**Tenderness:** There is no abdominal tenderness.**Hernia:** No hernia is present.**Comments:** Robotic Incisions well-healing without evidence of trocar site hernia. Does have one area of a palpable hematoma under the left mid abdomen incision. This is small and less than 1 cm.**Musculoskeletal:****General:** No swelling.**Cervical back:** Neck supple.**Skin:**

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

General: Skin is warm and dry.
 Coloration: Skin is not jaundiced.

Neurological:

General: No focal deficit present.
 Mental Status: He is alert and oriented to person, place, and time.

Psychiatric:

Mood and Affect: Mood normal.
 Behavior: Behavior normal.

Pertinent Labs:**Lab Results**

Component	Value	Date
HGB	18.3 (H)	11/01/2021
HCT	55.5 (H)	11/01/2021
PLT	191	11/01/2021
CREATININE	1.14	11/01/2021
ALBUMIN	3.9	11/01/2021
INR	1.1	11/01/2021

No results found for: MG, PHOS, FERRITIN, TRANSFERRIN, TIBC, FOLATE, COPPER, VITA, VITC

Imaging:

None

Assessment/Plan**Patient Active Problem List****Diagnosis**

- Left inguinal hernia
- Tobacco abuse

Assessment & Plan:

Patient is 53 y.o. male who is 2 weeks status post robotic left inguinal and femoral hernia repair with adhesiolysis. Patient is recovering well without evidence of recurrence. He does have some ongoing groin discomfort, but no neuropathic symptoms to suggest nerve impingement/injury. He does feel that the gabapentin medicine is helping, and I have refilled this prescription today. Patient will call the office if he feels that his pain is not improving, however I did relate that this could take a full 6 weeks for all of the inflammation/healing process to resolve.

- patient advised to adhere to 6 weeks of no lifting > 15 lbs
- may return to work with light duty as tolerated from a hernia perspective; note that he may still fatigue more quickly at work and should be accommodated until a full 6 weeks of postoperative healing has passed
- encouraged to call our clinic if concerns arise
- Follow-up as needed

New Medications Ordered This Visit

Medications

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

- gabapentin (NEURONTIN) 300 mg capsule
Sig: Take 1 capsule (300 mg) 3 (three) times a day for 10 days Begin taking postoperatively.
Dispense: 30 capsule
Refill: 0

MDM

Number of Diagnoses or Management Options

Left inguinal hernia: established, improving

Non-recurrent femoral hernia of left side without obstruction or gangrene: established, improving

Amount and/or Complexity of Data Reviewed

Clinical lab tests: reviewed

Risk of Complications, Morbidity, and/or Mortality

Presenting problems: low

Diagnostic procedures: low

Management options: low

I spent a total of 30 minutes in both face-to-face and non-face-to-face activities for this visit on the date of this encounter.

David D. Moffat, II MD
Bariatric & General Surgery
11/18/2021
7:41 AM

Last edited by Moffat, David Douglas, MD at 11/18/2021 7:50 AM

Office Visit on 11/17/2021 Note shared with patient

Additional Documentation

Vitals: BP 144/91 ! (Abnormal) Pulse 103 ! (Abnormal)

Flowsheets: Travel and Exposure Screening

Encounter Info: Billing Info, History, Allergies, Detailed Report

Orders Placed

None

Medication Changes

As of 11/18/2021 7:49 AM

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

None

Medication List at End of Visit

As of 11/18/2021 7:49 AM

	Refills	Start Date	End Date
cholecalciferol, vitamin D3, 250 mcg (10,000 unit) Take 10,000 Units by mouth - Oral Patient-reported medication			1/27/2022
cyclobenzaprine (FLEXERIL) 5 MG tablet Take 5 mg by mouth 2 (two) times a day as needed - Oral Patient-reported medication		9/16/2021	1/27/2022
doxycycline (VIBRAMYCIN) 100 mg capsule 100 mg by Oral/Gastric Tube route daily Indications: Rosacea - Oral/Gastric Tube Patient-reported medication			1/27/2022
ergocalciferol (DRISDOL) 1,250 mcg (50,000 unit) capsule Take 50,000 Units once a week - Oral Patient-reported medication		5/29/2018	
gabapentin (NEURONTIN) 300 mg capsule Take 1 capsule (300 mg) 3 (three) times a day for 10 days Begin taking postoperatively. - Oral	0	11/17/2021	1/27/2022
HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet Take 1 tablet by mouth every 4 (four) hours as needed - Oral Patient-reported medication		7/30/2021	
ibuprofen (MOTRIN) 800 mg tablet Take 800 mg by mouth 3 (three) times a day as needed - Oral Patient-reported medication		7/30/2021	1/27/2022
methypREDNISolone (MEDROL DOSEPACK) 4 mg tablet Not taking Patient-reported medication		8/14/2021	1/27/2022
miscellaneous medication Take by mouth daily 90 for Life multivitamin Last dose 10/12 - Oral Patient-reported medication			
naloxone (NARCAN) 4 mg/actuation nasal spray	0	10/29/2021	

Hinson, Troy W (MRN: 976399957) DOB: 5/11/1968

	Refills	Start Date	End Date
Place 1 spray (4 mg) into one nostril once as needed for opioid overdose for up to 1 dose - One Nare			
Notes to Pharmacy: Dispense retail package.			
Renewals			
Renewal requests to authorizing provider (Moffat, David Douglas, MD) prohibited			
naproxen (NAPROSYN) 500 mg tablet		8/17/2021	1/27/2022
Not taking			
Patient-reported medication			
ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet	0	10/29/2021	11/28/2021
Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting - Sublingual			
Renewals			
Renewal requests to authorizing provider (Moffat, David Douglas, MD) prohibited			
tadalafil (Cialis) 10 MG tablet			1/27/2022
Take 5 mg by mouth Indications: the inability to have an erection - Oral			
Patient-reported medication			
testosterone (AXIRON PUMP) 30 mg/actuation (1.5 mL)			
Place on the skin every morning - Transdermal			
Patient-reported medication			

Visit Diagnoses

Primary: Left inguinal hernia K40.90

Non-recurrent femoral hernia of left side without obstruction or gangrene K41.90

Hinson, Troy W (MRN: 976399957) DOB: 5/11/1968



Prisma Health Surgery -
Laurel St.
1850 Laurel St
COLUMBIA SC 29201-
2627

Hinson, Troy W
MRN: 976399957, DOB: 5/11/1968, Sex: M
Visit date: 12/8/2021

Hinson, Troy W

MRN: 976399957

Moffat, David Douglas, MD
Physician
Specialty: General Surgery

Progress Notes ☒
Signed

Encounter Date: 12/8/2021



Department of Surgery

Service Date:
12/8/2021

Established Patient Note

Patient Name: Troy W Hinson
DOB: 5/11/1968
Age: 53 y.o.
MRN: 976399957

HPI

Troy Hinson is a 53-year-old male who presents in follow-up from robotic left inguinal and femoral hernia repair with mesh. Patient states that he developed some incisional erythema around the incision to the left of his umbilicus. Was seen by his PCP and given a prescription for Bactrim and topical mupirocin. He has been applying these for the last 2 weeks. He denies ever seeing any real drainage and never had any fevers. No nausea, emesis, constipation, diarrhea.

He was told by his PCP that he should follow-up with his surgeon to ensure no incisional infection that needed intervention.

Medical History**Past Medical History:****Diagnosis**

Date

- Degenerative disc disease, lumbar
- Inguinal hernia
- Left inguinal hernia
- Nephrolithiasis
- Tobacco abuse

Past Surgical History:**Procedure**

Laterality
Left

Date

- SHOULDER ARTHROSCOPY

Social History

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

Socioeconomic History

- Marital status: Married
- Spouse name: None
- Number of children: None
- Years of education: None
- Highest education level: None

Occupational History

- None

Tobacco Use

- Smoking status: Current Every Day Smoker
- Packs/day: 0.50
- Types: Cigarettes
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: Never
- Drug use: Not Currently
- Sexual activity: None

Other Topics

Concern

- None

Social History Narrative

- None

Social Determinants of Health**Financial Resource Strain:**

- Difficulty Paying Living Expenses: Not on file
- Difficulty Paying Medical Expenses: Not on file

Food Insecurity:

- Worried about Running Out of Food in the Last Year: Not on file
- Ran Out of Food in the Last Year: Not on file

Transportation Needs:

- Lack of Transportation: Not on file

Physical Activity:

- Days of Exercise per Week: Not on file
- Minutes of Exercise per Session: Not on file
- Total Minutes of Exercise per Week: Not on file

Stress:

- Feeling of Stress : Not on file

Social Connections: Unknown

- Frequency of Communication with Friends and Family: Not asked
- Frequency of Social Gatherings with Friends and Family: Not asked

Intimate Partner Violence: Unknown

- Fear of Current or Ex-Partner: Not asked
- Emotionally Abused: Not asked
- Physically Abused: Not asked
- Sexually Abused: Not asked

Housing Stability:

- Was there a time when you did not have a steady place to sleep: Not on file
- Worried that the place you are staying is making you sick: Not on file

History reviewed. No pertinent family history.

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

Allergies & Medications

No Known Allergies

Home Medications 12/8/21 0848

cholecalciferol, vitamin D3, 250 mcg (10,000 unit)
 Sig
 Take 10,000 Units by mouth

cyclobenzaprine (FLEXERIL) 5 MG tablet
 Take 5 mg by mouth 2 (two) times a day as needed

doxycycline (VIBRAMYCIN) 100 mg capsule
 100 mg by Oral/Gastric Tube route daily
 Indications: Rosacea

ergocalciferol (DRISDOL) 1,250 mcg (50,000 unit) capsule
 Take 50,000 Units once a week

gabapentin (NEURONTIN) 300 mg capsule
 Take 1 capsule (300 mg) 3 (three) times a day for 10 days Begin taking postoperatively.

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet
 Take 1 tablet by mouth every 4 (four) hours as needed

Ibuprofen (MOTRIN) 800 mg tablet
 Take 800 mg by mouth 3 (three) times a day as needed

methylPREDNISolone (MEDROL DOSEPACK) 4 mg tablet
 Not taking

miscellaneous medication
 Take by mouth daily 90 for Life multivitamin
 Last dose 10/12

naloxone (NARCAN) 4 mg/actuation nasal spray
 Place 1 spray (4 mg) into one nostril once, as needed for opioid overdose for up to 1 dose

naproxen (NAPROSYN) 500 mg tablet
 Not taking

ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet
 Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting

polyethylene glycol (MIRALAX) 17 gram packet
 Take 17 g by mouth daily as needed for constipation for up to 10 days

tadalafil (Cialis) 10 MG tablet
 Take 5 mg by mouth Indications: the inability to have an erection
 Place on the skin every morning

testosterone (AXIRON PUMP) 30 mg/actuation (1.5 mL)

ROS

Review of Systems

Constitutional: Negative for chills and fever.

Hinson, Troy W (MRN: 976399957) DOB: [REDACTED]

HENT: Negative for congestion and sore throat.
 Eyes: Negative for visual disturbance.
 Respiratory: Negative for cough and shortness of breath.
 Cardiovascular: Negative for chest pain and palpitations.
 Gastrointestinal: Negative for abdominal pain, nausea and vomiting.
 Endocrine: Negative for cold intolerance and heat intolerance.
 Genitourinary: Negative for dysuria and hematuria.
 Musculoskeletal: Negative for back pain.
 Skin: Positive for wound. Negative for rash.
 Neurological: Negative for dizziness and headaches.
 Hematological: Does not bruise/bleed easily.

Objective Data**Vital Signs:****Vitals:**

12/08/21 0843
 BP: 147/77
 Pulse: (I) 106
 Weight: 97.5 kg (215 lb)
 Height: 175.3 cm (69.02")

Ht: 175.3 cm (69.02") Wt: 97.5 kg (215 lb) BSA: Body surface area is 2.18 meters squared.
 Body mass index is 31.74 kg/m².

Physical Exam**Constitutional:**

General: He is not in acute distress.
 Appearance: Normal appearance.
 Comments: Smells like smoke

HENT:

Head: Normocephalic and atraumatic.

Eyes:

General: No scleral icterus.
 Conjunctiva/sclera: Conjunctivae normal.

Cardiovascular:

Rate and Rhythm: Normal rate.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: There is no distension.
 Palpations: Abdomen is soft.
 Tenderness: There is no abdominal tenderness.

Hinson, Troy W (MRN: 976399957) DOB: [REDACTED]

Patient Active Problem List**Diagnosis**

- Left inguinal hernia
- Tobacco abuse
- Non-recurrent femoral hernia of left side without obstruction or gangrene

Assessment & Plan:

Patient is 53 y.o. male with a PMHx significant for recent robotic left inguinal and femoral hernia repairs with mesh who presents in follow-up with concerns for possible surgical site infection of the left periumbilical incision. Hard to gauge what his incision looked like a week or 2 ago when he was prescribed the antibiotic and topical mupirocin. However on exam today there is no evidence of active infection. The slight bit of erythema around the incision is simply from tension on the skin closure, and there is no suggestion of underlying abscess or infection. Advised the patient that he can stop the antibiotics. Counseled that with ongoing tobacco use, surgical site events are more likely.

-Follow-up as needed

MDM

I spent a total of 20 minutes in both face-to-face and non-face-to-face activities for this visit on the date of this encounter.

David D. Moffat, II MD
Bariatric & General Surgery
12/8/2021
9:10 AM

Last edited by Moffat, David Douglas, MD at 12/12/2021 9:40 AM

Office Visit on 12/8/2021 Note shared with patient

Additional Documentation

Vitals: BP 147/77 Pulse 106 ? (Abnormal) Ht 175.3 cm (69.02") Wt 97.5 kg (215 lb)
BMI 31.74 kg/m² BSA 2.18 m²

Flowsheets: Travel and Exposure Screening

Encounter Info: Billing Info, History, Allergies, Detailed Report

Orders Placed

None

Medication Changes

As of 12/12/2021 9:39 AM

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

None

Medication List at End of Visit

1 - 12.

As of 12/12/2021 9:39 AM

	Refills	Start Date	End Date
cholecalciferol, vitamin D3, 250 mcg (10,000 unit) Take 10,000 Units by mouth			1/27/2022

- Oral

Patient-reported medication

cyclobenzaprine (FLEXERIL) 5 MG tablet Take 5 mg by mouth 2 (two) times a day as needed		9/16/2021	1/27/2022

- Oral

Patient-reported medication

doxycycline (VIBRAMYCIN) 100 mg capsule 100 mg by Oral/Gastric Tube route daily Indications: Rosacea - Oral/Gastric Tube Patient-reported medication			1/27/2022

1 - 12.

ergocalciferol (DRISDOL) 1,250 mcg (50,000 unit) capsule Take 50,000 Units once a week		5/29/2018	

- Oral

Patient-reported medication

gabapentin (NEURONTIN) 300 mg capsule Take 1 capsule (300 mg) 3 (three) times a day for 10 days Begin taking postoperatively. - Oral	0	11/17/2021	1/27/2022

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet Take 1 tablet by mouth every 4 (four) hours as needed		7/30/2021	

- Oral

Patient-reported medication

ibuprofen (MOTRIN) 800 mg tablet Take 800 mg by mouth 3 (three) times a day as needed		7/30/2021	1/27/2022

- Oral

Patient-reported medication

methylPREDNISolone (MEDROL DOSEPACK) 4 mg tablet Not taking		8/14/2021	1/27/2022

Patient-reported medication

miscellaneous medication

Take by mouth daily 90 for Life multivitamin

Last dose 10/12 - Oral

Patient-reported medication

naloxone (NARCAN) 4 mg/actuation nasal spray	0	10/29/2021	

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

	Refills	Start Date	End Date
Place 1 spray (4 mg) into one nostril once as needed for opioid overdose for up to 1 dose - One Nare			
Notes to Pharmacy: Dispense retail package.			
Renewals			
Renewal requests to authorizing provider (Moffat, David Douglas, MD) prohibited			
naproxen (NAPROSYN) 500 mg tablet		8/17/2021	1/27/2022
Not taking			
Patient-reported medication			
tadalafil (Cialis) 10 MG tablet			1/27/2022
Take 5 mg by mouth Indications: the inability to have an erection - Oral			
Patient-reported medication			
testosterone (AXIRON PUMP) 30 mg/actuation (1.5 mL)			
Place on the skin every morning - Transdermal			
Patient-reported medication			

Visit Diagnoses

Primary: S/P left inguinal hernia repair Z98.890, Z87.19

Hinson, Troy W (MRN: 976399957) DOB: 5/11/1968



Prisma Health Surgery - Hinson, Troy W
 Laurel St. MRN: 976399957, DOB: 5/11/1968, Sex: M
 1850 Laurel St Visit date: 1/26/2022
 COLUMBIA SC 29201-
 2627

Hinson, Troy W

MRN: 976399957

Moffat, David Douglas, MD
 Physician
 Specialty: General Surgery

Progress Notes
 Signed

Encounter Date: 1/26/2022



Department of Surgery

Service Date:
 1/25/2022

Established Patient Note

Patient Name: Troy W Hinson
 DOB:
 Age: 53 y.o.
 MRN: 976399957

HPI

Troy W Hinson is a 53 year old male with history of robotic left inguinal and femoral hernia repair with mesh (TAPP - Dextile mesh) who presents in follow up with concerns regarding some pain in the left inguinal region.

Patient states that he returned to his maintenance type job around the 6 to 7-week postop point. He states that he has had several injuries related to returning to work. 1 such instance, he reports having to scrub floors while on his hands and knees. Doing this type work resulted in significant pain in his left inguinal region. Described as a tearing and sharp burning sensation. He denies seeing any bulge in the groin. He also denies any obstructive symptoms including abdominal distention, obstipation, nausea, emesis. He has been placing ice packs over the left groin and taking his gabapentin medicine as prescribed. He feels that the gabapentin does help with the burning/tingling sensation that he feels. He does still have some breakthrough pain largely along the course of the left inguinal ligament, left scrotum, and medial portion of the left thigh.

He states that he has had a couple of these of these type work related issues over the last few weeks, and that he was fired from his job yesterday. He is apprehensive to return to this type of work which requires manual labor, due to his current flare of pain and concern that he has injured his hernia repair. He also states that his wife recently underwent an operation, and she is getting home health therapy.

Medical History**Past Medical History:****Diagnosis****Date**

- Degenerative disc disease, lumbar
- Inguinal hernia

Hinson, Troy W (MRN: 976399957) DOB: [REDACTED]

- Left inguinal hernia
- Nephrolithiasis
- Tobacco abuse

Past Surgical History:**Procedure**

- SHOULDER ARTHROSCOPY

Laterality Date

Left

Social History**Socioeconomic History**

- Marital status: Married

Tobacco Use

- Smoking status: Current Every Day Smoker
- Packs/day: 0.50
- Types: Cigarettes
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: Never
- Drug use: Not Currently

Social Determinants of Health**Social Connections: Unknown**

- Frequency of Communication with Friends and Family: Not asked
- Frequency of Social Gatherings with Friends and Family: Not asked

Intimate Partner Violence: Unknown

- Fear of Current or Ex-Partner: Not asked
- Emotionally Abused: Not asked
- Physically Abused: Not asked
- Sexually Abused: Not asked

No family history on file.

Allergies & Medications

No Known Allergies

Home Medications 12/12/21 0939

Sig

cholecalciferol, vitamin D3, 250 mcg (10,000 unit) Take 10,000 Units by mouth

cyclobenzaprine (FLEXERIL) 5 MG tablet

Take 5 mg by mouth 2 (two) times a day as needed

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

doxycycline (VIBRAMYCIN) 100 mg capsule	100 mg by Oral/Gastric Tube route daily Indications: Rosacea
ergocalciferol (DRISDOL) 1,250 mcg (50,000 unit) capsule	Take 50,000 Units once a week
gabapentin (NEURONTIN) 300 mg capsule	Take 1 capsule (300 mg) 3 (three) times a day for 10 days Begin taking postoperatively.
HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	Take 1 tablet by mouth every 4 (four) hours as needed
ibuprofen (MOTRIN) 800 mg tablet	Take 800 mg by mouth 3 (three) times a day as needed
methylPREDNISolone (MEDROL DOSEPACK) 4 mg tablet	Not taking
miscellaneous medication	Take by mouth daily 90 for Life multivitamin Last dose 10/12
naloxone (NARCAN) 4 mg/actuation nasal spray	Place 1 spray (4 mg) into one nostril once as needed for opioid overdose for up to 1 dose
naproxen (NAPROSYN) 500 mg tablet	Not taking
ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet	Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting
polyethylene glycol (MIRALAX) 17 gram packet	Take 17 g by mouth daily as needed for constipation for up to 10 days
tadalafil (Cialis) 10 MG tablet	Take 5 mg by mouth Indications: the inability to have an erection
testosterone (AXIRON PUMP) 30 mg/actuation (1.5 mL)	Place on the skin every morning

ROS**Review of Systems**

Constitutional: Negative for chills and fever.

HEENT: Negative for congestion and sore throat.

Eyes: Negative for visual disturbance.

Respiratory: Negative for cough and shortness of breath.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for constipation, nausea and vomiting.

Left groin pain

Endocrine: Negative for cold intolerance and heat intolerance.

Genitourinary: Negative for dysuria and hematuria.

Musculoskeletal: Negative for back pain.

Skin: Negative for rash.

Neurological: Negative for dizziness and headaches.

Hematological: Does not bruise/bleed easily.

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

Objective Data**Vital Signs:**

There were no vitals filed for this visit.

Ht: Wt: BSA: There is no height or weight on file to calculate BSA.

There is no height or weight on file to calculate BMI.

Physical Exam**Constitutional:**

General: He is not in acute distress.

Appearance: Normal appearance.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

General: No scleral icterus.

Conjunctiva/sclera: Conjunctivae normal.

Cardiovascular:

Rate and Rhythm: Normal rate.

Pulmonary:

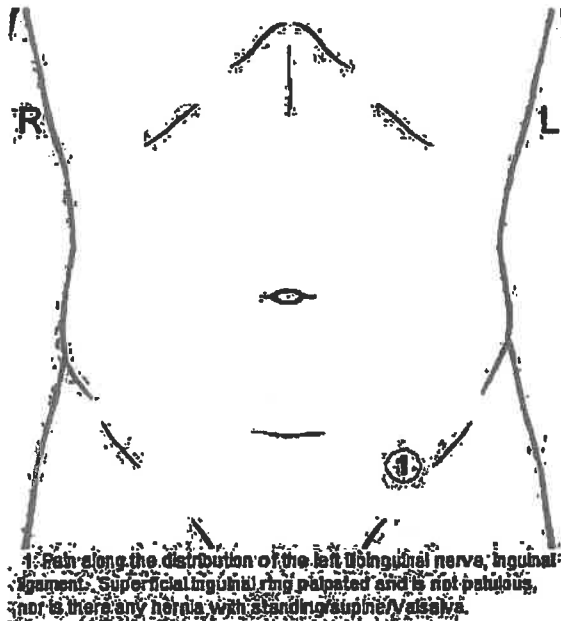
Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: There is no distension.

Palpations: Abdomen is soft.

Tenderness: There is abdominal tenderness (Along left inguinal ligament).

**Comments: Well-healed robotic incisions without concern for infection.****Musculoskeletal:**

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

General: No swelling.

Cervical back: Neck supple.

Skin:

General: Skin is warm and dry.

Coloration: Skin is not jaundiced.

Neurological:

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time.

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Pertinent Labs:**Lab Results**

Component	Value	Date
HGB	18.3 (H)	11/01/2021
HCT	55.5 (H)	11/01/2021
PLT	191	11/01/2021
CREATININE	1.14	11/01/2021
ALBUMIN	3.9	11/01/2021
INR	1.1	11/01/2021

No results found for: MG, PHOS, FERRITIN, TRANSFERRIN, TIBC, FOLATE, COPPER, VITA, VITC

Imaging:

None

Assessment/Plan**Patient Active Problem List****Diagnosis**

- Left inguinal hernia
- Tobacco abuse
- Non-recurrent femoral hernia of left side without obstruction or gangrene
- S/P left inguinal hernia repair

Assessment & Plan:

Patient is 53 y.o. male with a PMHx significant for tobacco abuse who is almost 3 months postop from robotic left inguinal and femoral hernia repair with mesh (TAPP), and presents with worsening left inguinodynia after resuming work. On exam, there is no concern for hernia recurrence. His symptoms are largely along the distribution of the left ilioinguinal nerve. He does get some relief with gabapentin and ice packs, but the repetitive stress on this repair from his job seems to be impacting his quality of life and ability to do his job. He previously had a CT of the abdomen/pelvis in the early postoperative period, which did not reveal any recurrence of his hernia. However, given his recent issues reported at work and his new/worsening pain, we will repeat some cross-sectional imaging with a new CT scan today. He should continue taking his gabapentin and ice packs several times per day. I will also refer him to anesthesia/pain management clinic, where we can attempt a left ilioinguinal nerve block to see if this offers some relief.

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

In the interim, it does not seem advisable for him to return to a maintenance type job with manual labor given his symptoms and its impact on his quality of life.

MDM**Number of Diagnoses or Management Options**

Left inguinal pain: established, worsening

Amount and/or Complexity of Data Reviewed

Clinical lab tests: reviewed

Risk of Complications, Morbidity, and/or Mortality

Presenting problems: moderate

Diagnostic procedures: low

Management options: moderate

I spent a total of 35 minutes in both face-to-face and non-face-to-face activities for this visit on the date of this encounter.

David D. Moffat, II MD
Metabolic & General Surgery
1/25/2022
9:10 PM

Last edited by Moffat, David Douglas, MD at 1/26/2022 4:51 PM

Office Visit on 1/26/2022 *Note shared with patient*

Additional Documentation

Vitals: BP 135/88 Pulse 108 ! (Abnormal)
Flowsheets: Travel and Exposure Screening
Encounter Info: Billing Info, History, Allergies, Detailed Report

Orders Placed

CT Abdomen Pelvis w/o Contrast (Resulted 2/7/2022)
Ambulatory Referral to Pain Management -Columbia/Sumter Closed

Medication Changes

As of 1/26/2022 4:50 PM

None

Medication List at End of Visit

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

As of 1/26/2022 4:50 PM

	Refills	Start Date	End Date
cholecalciferol, vitamin D3, 250 mcg (10,000 unit) Take 10,000 Units by mouth			1/27/2022

- Oral

Patient-reported medication

cyclobenzaprine (FLEXERIL) 5 MG tablet Take 5 mg. by mouth 2 (two) times a day as needed	9/16/2021	1/27/2022

- Oral

Patient-reported medication

doxycycline (VIBRAMYCIN) 100 mg capsule 100 mg by Oral/Gastric Tube route daily Indications: Rosacea - Oral/Gastric Tube Patient-reported medication		1/27/2022

ergocalciferol (DRISDOL) 1,250 mcg (50,000 unit) capsule Take 50,000 Units once a week	5/29/2018	

- Oral

Patient-reported medication

gabapentin (NEURONTIN) 300 mg capsule Take 1 capsule (300 mg) 3 (three) times a day for 10 days Begin taking postoperatively. - Oral	0	11/17/2021	1/27/2022

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet Take 1 tablet by mouth every 4 (four) hours as needed	7/30/2021	

- Oral

Patient-reported medication

ibuprofen (MOTRIN) 800 mg tablet Take 800 mg by mouth 3 (three) times a day as needed	7/30/2021	1/27/2022

- Oral

Patient-reported medication

methylPREDNISolone (MEDROL DOSEPACK) 4 mg tablet Not taking	8/14/2021	1/27/2022

Patient-reported medication

miscellaneous medication

Take by mouth daily 90 for Life multivitamin
Last dose 10/12 - Oral

Patient-reported medication

naloxone (NARCAN) 4 mg/actuation nasal spray Place 1 spray (4 mg) into one nostril once as needed for opioid overdose for up to 1 dose - One Nare Notes to Pharmacy: Dispense retail package. Renewals	0	10/29/2021	

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

	Refills	Start Date	End Date
Renewal requests to authorizing provider (Moffat, David Douglas, MD) prohibited			
naproxen (NAPROSYN) 500 mg tablet		8/17/2021	1/27/2022
Not taking			
Patient-reported medication			
tadalafil (Cialis) 10 MG tablet			1/27/2022
Take 5 mg by mouth Indications: the inability to have an erection - Oral			
Patient-reported medication			
testosterone (AXIRON PUMP) 30 mg/actuation (1.5 mL)			
Place on the skin every morning - Transdermal			
Patient-reported medication			

Visit Diagnoses

Primary: Left inguinal pain R10.32

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.wcc.sc.gov



Physician's Statement

Claimant's Name: Tray Hinson Employer's Name: _____
Physician's Name: David D. Moffat, MD Insurance Carrier: _____
Practice/Clinic: Prisma Health Surgery SCWCC File No: _____
Preparer's Name: David Moffat, MD Phone: _____

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her work injury or illness pursuant to South Carolina Code Sections 42-15-60, 42-15-60, 42-1-172, or 42-11-10.

Date of Injury: _____ Date of first office visit: 9/22/2021 Date of last office visit: 1/26/2022

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

Diagnosis or nature of injury or illness: Left inguinal hernia

Body part(s) Injured: _____ Body part(s) affected: Left groin

Date of maximum medical improvement: 12/24/2021

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

If so, the permanent physical impairment is: _____ % medical impairment to the _____ (Injured body part).

If there is a permanent physical impairment to other body part(s) as a result of the work injury, please indicate below:
_____ % medical impairment to the _____ (additional body part injured or affected).

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

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

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

If so, the permanent physical limitations are: _____

Does the Claimant possess retained hardware as a result of the injury? ☒ Yes _____ No

If so, the retained hardware is: polypropylene inguinal hernia mesh

Is there medical, surgical, hospital or other treatment that the Claimant needs as a result of the injury for an additional time that will tend to lessen the period of disability or maintain the current level of function: _____ Yes ☒ No

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

*An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.

I certify that I am a physician or other licensed healthcare provider, I have personally read and prepared this document, and the opinions reflected above are mine.

David D. Moffat II, MD
Treating or Evaluating Physician

3/24/2022
Date

WCC Form #14B
12/2016

14B

Physician's Statement

Richard C. Morrow, M.D., Adult and Pediatric Urology

32654

Name: <u>TROY HINSON</u>		Birthdate: <u>5-11-68</u>	Age: <u>33</u>	Sex: <u>M</u> ☒ <u>F</u>
Address: <u>[REDACTED]</u>		City, State: <u>[REDACTED]</u>	Zipcode: <u>[REDACTED]</u>	
Home Phone: <u>[REDACTED]</u>		Social Security: <u>[REDACTED]</u>	Marital Status: <u>(M)</u> ☐ <u>(S)</u> ☐ <u>(D)</u> ☐ <u>(W)</u>	
Cell Phone: <u>803-754-8821</u>		Employed By: <u>Monnell Gardens</u>		Phone: <u>[REDACTED]</u>
Business Address: <u>2205 Gregg St Bl. S.C. 29201</u>				
Spouse's Name: <u>Marie</u>	Phone: <u>803-319-1807</u>	Date of Birth: <u>9-20-60</u>	Employed by: <u>Carlin Cardos</u>	
If patient is a child, parent name		Parent SSN and DOB		Parent Phone
Family ID: <u>DR. Mattie</u>		If Known, Their Address: <u>Gregg St. Col. S.C.</u>		Phone: <u>[REDACTED]</u>
Whom may we thank for referring you? <u>DR. Mattie</u>		If known, their Address: <u>same</u>		
Someone outside your home we may contact in an emergency: <u>Tammy Hinson</u>				Phone: <u>803-754-7183</u>
Primary Insurance: <u>BCBS</u>	Policy #: <u>[REDACTED]</u>	Policy holder/ Birthday: <u>[REDACTED]</u>		
Tricare Sponsor	Social Security #: <u>247-517-386</u>	Date of Birth: <u>5-11-68</u>		
Secondary Insurance	Policy	Policy holder/ Birthday		
Pharmacy Name: <u>Blythewood Pharmacy</u>	City: <u>Blythewood</u>	Phone: <u>[REDACTED]</u>		

1. ALL INSURANCE CO-PAYMENTS MUST BE PAID AT THE TIME OF SERVICE
2. BY SIGNING BELOW, I AUTHORIZE DR. RICHARD MORROW TO PROVIDE TREATMENT FOR MY ILLNESS OR INJURY.
3. MY SIGNATURE ALSO AUTHORIZES THAT PAYMENT OF MEDICARE OR OTHER INSURANCE BENEFITS BE MADE TO RICHARD C. MORROW, M.D. MY SIGNATURE WILL AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PAY MY INSURANCE CLAIM. MY SIGNATURE ALSO ALLOWS RECORDS FROM ANY OTHER PHYSICIAN TO BE RELEASED TO DR. MORROW AS NEEDED FOR MY MEDICAL TREATMENTS.
4. MY SIGNATURE AUTHORIZES DR. MORROW AND OR THE OFFICE STAFF TO RELEASE MEDICAL RECORDS ONCE A SIGNED RELEASE IS RECEIVED FROM THE REQUESTING PARTY.


 PATIENT SIGNATURE

9-28-21
 DATE

 Phone: (803) 926 - 0507 Fax: (803) 926 - 0536
 200 Caughman Farm Lane Suite 100 Lexington SC 29072

Richard C. Morrow, M.D.
Adult and Pediatric Urology
200 Caughman Farm Lane
Suite 100

Lexington, S.C. 29072

Phone: 803-926-0507 Fax: 803-926-0536

Patient Name: Hinson, Troy W
Chart Number: 32654
DOB: ~~08-11-1962~~ Age: 53 Years

Date of Visit: 10-05-2021
Attending Physician: Richard C. Morrow, M.D.

TYPE of VISIT: New/Established patient consultation.
CONSULTING PHYSICIAN: John Mattei M.D.

CHIEF COMPLAINT: "Work injury & CT scan showed something swollen in my urinary tract. Dr. Mattie sent me here".

HISTORY of PRESENT ILLNESS: The patient recently was injured at work. In evaluation a CT scan in July of this year showed dilated ureters before they enter the bladder. He denies any prior urinary tract history of any significance other than STD many years ago. He voids normally and is sexually active.

Presently he complains of pain in the area of the pelvis particularly when bending or squatting. He is to have a left inguinal hernia repair at Palmetto Richland October 19, 2021. Also's, scheduled for therapy for his back issues.

He has no history of urolithiasis all a stone was seen on the recent CT on his left kidney.

PAST MEDICAL HISTORY: No significant PMH.

PAST SURGICAL HISTORY: Right shoulder surgery.

OCCUPATIONAL HISTORY: Merrill Gardens.

SOCIAL HISTORY: Married. Smokes cigarettes: 1/2ppd. Denies use of alcohol.

ALLERGIES: No known drug allergies/intolerances.

MEDICATIONS: Flexeril. Hydrocodone W/Acetaminophen. Ibuprofen. Naproxen. Tramadol.

REVIEW OF SYSTEMS: History given by patient.
see History and present illness including the pmh and surgical history (reviewed by this examiner).

PHYSICAL EXAM: Height: 5 ft. 8 in. Weight: 219. General Appearance: appears his/her stated age.
Personality: pleasant and polite.

ABDOMEN/FLANK: Not much of an inguinal hernia appreciated on the left no hernia on the right.

ANORECTAL/PERINEUM: Visual inspection of the anus and perineum is normal. There is normal anal sphincter tone with no palpable/visible hemorrhoids or rectal masses.

PROSTATE: 35gm, symmetric and no tenderness. Texture: Rounded and smooth, clinically benign.

LAB: U/A: CHEMSTIX: pH 5, negative protein, nitrate, wbc and blood; MICROSCOPIC exam normal with no cellular elements.

XRAY: We reviewed the CT that was done Providence Northeast on July 30, 2021.

He does have a left renal stone approximately 7 mm in the lower pole.

The distal ureters are dilated to the UVJ but appear to empty normally. His bladder is not thickened and his prostate is of normal size.

The most important and impressive finding is his marked atherosclerotic disease just below the bifurcation of the aorta. The lumen of both arteries is very compromised do to the plaque. The aorta is somewhat spared as are the renal arteries.

Patient Name: Hinson, Troy W
Chart Number: 32654
DOB: ~~05-11-1968~~
Date of Visit: 10-05-2021

IMPRESSION/DIAGNOSIS: Dilated lower third of both ureters as they entered the bladder. This is not obstructive but more than likely physiologic and he is probably had this all of his life. He probably had reflux as a child that resolved but he is unaware of this.

Do not think this is pathologic but physiologic.

IMPRESSION/DIAGNOSIS: Pelvic pain with squatting likely back in origin although one must consider the vascular supply to his lower extremities which is compromised and seen readily on CT.

IMPRESSION/DIAGNOSIS: His cigarette smoking is the etiology to the vascular disease and some consideration towards quitting is highly recommend.

MEDICATIONS PRESCRIBED: None.

DISCUSSION/TREATMENT: As far as the ureteral dilation towards the bladder do believe this is physiologic not pathologic. No work-up necessary at this time.

He does need to strongly consider somehow to quit smoking before the iliacs close.

FOLLOWUP and INSTRUCTIONS: Come See Us, If You Need Us. Fxing office note to Dr. John Mattei.

Richard C. Morrow M.D.

Richard C. Morrow, M.D.

Your Medication List as of September 22, 2021 10:51 AM

① If you have any questions, ask your nurse or doctor.

cholecalciferol (vitamin D3) 250 mcg (10,000 unit)

Take 10,000 Units by mouth

cyclobenzaprine 5 MG tablet
Commonly known as: FLEXERILTAKE ONE TABLET BY MOUTH AS NEEDED AS
DIRECTED AS NEEDED FOR SPASMS**ergocalciferol 1,250 mcg (50,000 unit) capsule**
Commonly known as: DRISDOL

TAKE 1 CAPSULE BY MOUTH EVERY WEEK

HYDROcodone-acetaminophen 5-325 mg per tablet
Commonly known as: NORCOTAKE 1 TABLET EVERY 4 HOURS AS NEEDED FOR
PAIN. DO NOT DRIVE WHILE TAKING.**ibuprofen 800 mg tablet**
Commonly known as: MOTRINTAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN.
SAFE TO DRIVE.**methyLPREDNISolone 4 mg tablet**
Commonly known as: MEDROL DOSEPACK**naproxen 500 mg tablet**
Commonly known as: NAPROSYN

CHIEF COMPLAINT (The reason you are here to see Dr. Morrow): Went every + CT scan showed something swollen in my urinary tract. Dr. Blathie sent me here.

MEDICAL HISTORY (Please check all that apply)

	Self	Mother	Father	Brother/Sister	Grandparent
☒ Arthritis					
☐ CAD Heart Disease					
☐ Cancer, Bladder					
☐ Cancer, Kidney					
☐ Cancer, Prostate					
☐ Cancer, Colon					
☐ Cancer, Skin					
☐ Cholesterol Problems					
☐ COPD / Asthma					
☐ CVA Stroke					☒
☐ Diabetes					
☐ Emotional Problems					
☐ Hepatitis or HIV					
☐ High Blood Pressure					☒
☐ Kidney Stones					☒

DO YOU...

Smoke? ☒ Yes / ☐ No How much? 1/2 pack or How long ago did you quit? _____

Drink Alcohol? Yes / ☒ No How Often? _____

Number of Pregnancies: _____ **Live Births:** _____

PAST SURGICAL HISTORY (List any surgery you have had and which side): None
Shoulder orthoscopy-decompression

MEDICATIONS you are CURRENTLY TAKING: Hydrocodone, Ibuprofen
800 mg. Flexeril, Toladol TRAMADOL 50 mg
Naproxen 500 mg

MEDICATION ALLERGIES: None

HINSON, TROY (id #3287144, 5/11/1968)

Encounter Date: 10/14/2021

Patient

Name HINSON, TROY (53yo, M) ID# 3287144 **Appt. Date/Time** 10/14/2021 02:30PM

DOB 05/11/1968 **Service Dept.** Therapy_Blanding

Provider JASON VEGA, PT

Insurance Med Worker's Comp: CHURCH MUTUAL INSURANCE COMPANY
Employer Name : MERRILL GARDENS
Case # : 1452850
Case Injury Date : 07/29/2021
Prescription: EXPRESS SCRIPTS - Member is eligible. details
Prescription: EXPRESS SCRIPTS - Member is eligible. details

Chief Complaint

None recorded.

Physical Therapy Episodes

Episode: PT: low back pain, bilateral hip & groin pain

Patient's Care Team

Insurance Adjuster (Worker's Comp): DANIELLE BRAND: Ph (715) 804-7131, Fax (715) 539-4651

Patient's Pharmacies

HAWTHORNE PHARMACY- TAYLOR (ERX): 1520 A TAYLOR STREET, COLUMBIA, SC 29201, Ph (803) 227-4451, Fax (803) 256-9727

Vitals

Vitals are not configured.

Allergies

Allergies not reviewed (last reviewed 09/16/2021)

NKDA

Medications

Medications not reviewed (last reviewed 09/16/2021)

cyclobenzaprine 5 mg tablet 09/16/21 filled
TAKE ONE TABLET BY MOUTH AS NEEDED AS DIRECTED AS NEEDED FOR SPASMS

HYDROcodone 5 mg-acetaminophen 325 mg tablet 07/30/21 filled
TAKE 1 TABLET EVERY 4 HOURS AS NEEDED FOR PAIN. DO NOT DRIVE WHILE TAKING.

ibuprofen 800 mg tablet 07/30/21 filled
TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN. SAFE TO DRIVE.

methocarbamol 750 mg tablet 07/29/21 filled
TAKE 1 TABLET AT BEDTIME.

naproxen 500 mg tablet 08/17/21 filled

tramadol 50 mg tablet 08/14/21 filled

Problems

Problems not reviewed (last reviewed 09/16/2021)
• Hypercholesterolemia - Onset: 09/16/2021
• Arthritis - Onset: 09/16/2021

Family History

HINSON, TROY (id #3287144, 5777777777)

Family History not reviewed (last reviewed 09/16/2021)

Father - No current problems or disability

Mother - No current problems or disability

Social History

Reviewed Social History

Substance Use

Do you or have you ever smoked tobacco?: Unknown if ever smoked

How much tobacco do you smoke?: None

What is your level of alcohol consumption?: None

Marriage and Sexuality

What is your relationship status?: Married

Diet and Exercise

What type of diet are you following?: Regular

Education and Occupation

Are you currently in school?: No

Are you currently employed?: Yes

Who is your employer?: Merrille Gardens

What is your occupation?: Maintenance

Other

Marital status: Married

Gender Identity and LGBTQ Identity**Surgical History**

Reviewed Surgical History

Shoulder Arthroscopy - LEft 07/1998

Past Medical History

Discussed Past Medical History

Bladder Disease: Y

Elevated Cholesterol: Y

Screening

Name	Score	Notes
Oswestry Disability Index	62	31/50

HPI

Patient is a y/o male. Patient presents to the Physical Therapy clinic with complaint of bilateral hip groin and low back pain . Patient rates the pain in groin as a 6. patient rates the pain in the hip is 2. patient rates the pain in the back as 4. the 0-10 scale. Pain location is over the bilateral groin, bilateral lower back pain. bilateral hp pain . patient states that he was pushing a cart (dumpster) to the compactor and was pushing up an incline. The cart caught on something and he felt a pain in the front of both groins and he knew he injured something and then the pain in the back started later. Patient has been in significant pain since the date of injury Patient c/o pain with sitting. states can only sit for 30 minutes. Patient c/o pain with standing. Patient states can only stand for 30 minutes. Patient states that pain interferes with lifting ability Patient c/o pain and trouble with sleeping. Patient c/o pain with walking. states can only walk 100 yards

Patient relates the pain to a work related injury

Patient goal of therapy is to decrease c/o pain and get back to normal work, recreational and household duties . .

Date of accident: 7-28- 2021

Occupation: Patient works as a . Patient's job requirements include: sitting, standing, walking, pushing, pulling, climbing ladders, lifting, & desk work. Patient is currently working light duty

Medical History: the patient's medical history in Athena was reviewed by the therapist. shoulder scope, baldder disease, elevated cholesterol, patient is scheduled for hernia repair surgery next week

Imaging: X-ray: hip x-ray

Prior level of Function: Independent without any limitation or problems.

Other: patient lives with family.

ROS

ROS as noted in the HPI

Physical Exam

HINSON, TROY (Id #3287144, 570171223)

Patient is a 53-year-old male.

Gait: Patient presents to therapy ambulating independently without any assistive device. patient has a slow gait and leans forward with gait.

Function /Transfers: Patient transfers: Independently with pain, discomfort. Sit to supine. Supine to sit.

Posture: Patient has a very guarded posture. patient is leaning forward with gait and standing to take pressure off of the anterior groin region

Lumbar ROM: Flexion: slight decrease, painful, tightness, . finger tips to mid shin

Lumbar ROM: Extension: moderate decrease, painful

Lumbar ROM: side-bend: Right: slight decrease, discomfort, tightness.

Lumbar ROM: side-bend: Left: slight decrease, discomfort, tightness

Thoracic ROM: slight decrease

Thoracic ROM: moderate decrease

Thoracic ROM: Rotation: right: 40% decrease & Rotation: left: 50% decrease

Knee ROM: flexion:right : 104 left: 135

Hip ROM: Flexion: right: ER: 45 IR: 12 left: ER: 45 IR: 8

Strength: Lower extremity: Some weakness in bilateral LE's can not accurately test due to hernias

Strength: abdominals: could not test accurately because patient has pain with increased intra-abdominal pressure pain if tightens stomach

Strength:back extensors: 3+/5

SLR: right: + 32 SLR: left: +40

Palpation: Patient has tenderness to palpation over the bilateral PSIS, over the facet joints of L3, L4, L5, S1 , right and left lateral hip region and over the inguinal ligament

Sensation: light touch present in bilateral LE

LE Flexibility: hip flexors: could not test due to pain from hernia: hamstrings: tight bilaterally

Log Roll: hip passive IR: Right: some discomfort in the groin Left: some discomfort in the groin

Dural Tension Testing: right: - Left: + pain in the back

Functional Testing: Oswestry: 31/50 = 62%

Exercise Flowsheet

None recorded.

Procedure Documentation

97161 PT New Eval, Low Complexity:

PT 97161: Physical therapy evaluation performed, low complexity.

OT/PT Time In/Out:

Time in: 2: 40 Time out: 3:30

Assessment / Plan

Troy Hinson Physical Therapy Plan of Care

Patient can not do therapy at this time due to the fact that he has hernia repair surgery scheduled for next week.

Patient's Problem List:

1. Patient has complaints of bilateral hip , bilateral groin and Low back pain
2. Patient has decreased pain-free lumbar ROM & thoracic ROM

HINSON, TROY (id #3287144, [REDACTED])

3. Patient has bilateral hernias which must be repaired which will delay therapy
4. Patient has pain with sustained posture: sitting (30 min) & standing (30 min)
5. Patient has pain with walking. pain limits walking to 100 yards
6. Patient has limited lifting ability due to pain.
7. Patient has weakness in the core, legs and back extensors.
8. Patient has decreased activity due to pain: Oswestry score of: = 62%
9. patient is unable to do his normal job duties

Goals: Short Term Goal: 2 weeks:

1. Patient to have decrease c/o low back and hip pain
2. Patient to be educated in and independent in postural correction in sitting
3. Patient to be educated in and independent in home program.
4. Patient to be educated in and independent in proper lifting technique.

Goals: Long Term Goals: 4 weeks:

1. Through the use of strengthening, manual techniques, modalities and stretching. Decrease c/o low back to 0-2
2. Patient able to stand for 60 minutes without c/o pain.
3. Patient to have 5/5 strength in the core and lumbar musculature
4. Patient able to sit for 60 minutes without c/o pain
5. Oswestry score of 10% or less
6. Patient able to walk for 1/2 mile without c/o pain
7. Patient to have increase in lumbar and thoracic pain free ROM.
8. Patient able to return to normal work duties
9. Patient able to return to normal recreational activities
10. Patient to have increase in LE flexibility to decrease pull on the lumbar spine with ADL's
11. Patient able to lift 30# from waist to shoulder without c/o pain. to allow patient to lift materials at work
13. Patient to have no trouble with sleeping

Treatment Plan: patient to come in for skilled PT for 2 x a week for 4 weeks. Treatment to consist of : postural education, lifting education, strengthening exercises, stretching program, and ROM exercises, spinal stabilization exercises, home program, pain modalities as needed.

Rehab potential: will depend on hernia surgery and when patient can begin exercising.

Criteria for D/C transition: attains max rehab potential, and or further PT not indicated

Patient participates in planning treatment plan, goals and patient education:

Patient received information about rehab plan and potential benefits and risk of therapy services

Patient's personal goals identified and taken into consideration in development of plan

patient verbalizes understanding and demo proper technique for Home exercise program

HINSON, TROY (id #3287144, c 5/11/1968)

Provider Certification/Prescription: This is to certify that the above named patient, who is under my care, requires skilled Physical Therapy services as described in the above treatment plan. I further certify that the services outlined in this plan are skilled and medically necessary. I have reviewed this plan for rehabilitation services and I recommend and prescribe that these services continue from 10-14-2021 to (can not set the date until know when patient will be released to exercise)

- 1. Low back pain**
M54.50: Low back pain, unspecified
- 2. Pain in right hip joint**
M25.551: Pain in right hip
- 3. Pain of left hip joint**
M25.552: Pain in left hip
- 4. Muscle weakness**
M62.81: Muscle weakness (generalized)

Return to Office

- James O'Leary, MD for ROV 5 at Blanding on 11/09/2021 at 03:50 PM

Encounter Sign-Off

Encounter signed-off by Jason Vega, PT, 10/14/2021.

Encounter performed and documented by Jason Vega, PT

Encounter reviewed & signed by Jason Vega, PT on 10/14/2021 at 10:40pm

Letters

MIDLANDS
orthopaedics
& NEUROSURGERY

1910 Blanding Street

Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Troy Hinson

ACCOUNT: 3287144

DATE OF BIRTH: 05/11/1968

EMPLOYER: MERRILL GARDENS

PROVIDER'S NAME: JAMES O'LEARY, MD

DOS: 12/14/2021

CARRIER: CHURCH MUTUAL INSURANCE CO

DOA: 07/29/2021

WC CLAIM#: 1452850

DX CODE(S) & DESCRIPTION: BIL HIP

WORK STATUS:

☐ Regular duty as of with no restrictions.

Midlands Orthopaedics and Neurosurgery • 1910 Blanding Street, COLUMBIA, SC 29204 • 803-720-3520
HINSON, Troy (Id #32144, dob: 05/11/1968)

Encounter Date: 03/16/2022

Patient

Name

HINSON, TROY (53yo, M) ID#
3287144

Appt. Date/Time 03/16/2022 11:00AM

DOB

05/11/1968

Service Dept. Lexington

Provider

IVAN E. LAMOTTA, MD

Insurance

Med Worker's Comp: CHURCH MUTUAL INSURANCE COMPANY
Employer Name : MERRILL GARDENS
Case # : 1452850
Case Injury Date : 07/29/2021
Prescription: EXPRESS SCRIPTS - Member is eligible. details

Chief Complaint

Low Back

Patient's Care Team

Insurance Adjuster (Worker's Comp): DANIELLE BRAND: Ph (715) 804-7131, Fax (715) 539-4651

Patient's Pharmacies

BLYTHEWOOD PHARMACY (ERX): 710-C UNIVERSITY VILLAGE DR, BLYTHEWOOD, SC 29016, Ph (803) 786-8110, Fax (803) 786-8110
HAWTHORNE PHARMACY- TAYLOR (ERX): 1520 A TAYLOR STREET, COLUMBIA, SC 29201, Ph (803) 227-4451, Fax (803) 256-9727

Vitals

03/16/2022 11:16 am

Ht: 5 ft 8 in (172.72
cm)

Wt: 210 lbs (95.25 kg)

BMI: 31.9

Pain Scale: 9

Allergies

Reviewed Allergies

NKDA

Medications

HINSON, Troy (id #3214, dob: 09/16/2021)**Reviewed Medications****cyclobenzaprine 10 mg tablet**
One po qhs pm spasms

02/08/22 prescribed

gabapentin 300 mg capsule
Take 2 capsules by mouth three times daily

02/01/22 filled

ibuprofen 800 mg tablet
Take 1 tablet(s) twice a day by oral route with meals.

02/08/22 prescribed

sulfamethoxazole 800 mg-trimethoprim 160 mg tablet
TAKE 1 TABLET TWICE DAILY FOR 10 DAYS.

12/16/21 filled

tadalafil 5 mg tablet
TAKE 1 TABLET EVERY DAY.

11/10/21 filled

Ultram 50 mg tablet
Take 1 tablet(s) every 6-8 hours by oral route with meals.

02/08/22 prescribed

Vitamin D2 1,250 mcg (50,000 unit) capsule
Take 1 capsule by mouth once weekly

02/01/22 filled

Problems**Reviewed Problems**

- Hypercholesterolemia - Onset: 09/16/2021
- Arthritis - Onset: 09/16/2021

Family History**Reviewed Family History**

Father - No current problems or disability
Mother - No current problems or disability

Social History**Reviewed Social History****Substance Use**

Do you or have you ever smoked tobacco?: Unknown If ever smoked

How much tobacco do you smoke?: None

What is your level of alcohol consumption?: None

Marriage and Sexuality

What is your relationship status?: Married

Diet and Exercise

What type of diet are you following?: Regular

Education and Occupation

Are you currently in school?: No

Are you currently employed?: Yes

Who is your employer?: Merrill Gardens

What is your occupation?: Maintenance

Activities of Daily Living

Which of your hands is dominant?: Right

Other

Marital status: Married

Gender Identity and LGBTQ Identity**Surgical History****Reviewed Surgical History**

- Shoulder Arthroscopy - Left 07/1998
- Shoulder Arthroscopy - 07/1998

Past Medical History

Midlands Orthopaedics and Neurosurgery • 1910 Blanding Street, COLUMBIA SC 29204-2520
HINSON, Troy (id #328) 4, dob: 02-27-1968

Reviewed Past Medical History
 Bladder Disease: Y
 Elevated Cholesterol: Y
 Gout: Y

Screening

None recorded.

HPI

General HPI

Reported by patient.

Location: posterior
 Severity: pain level 9/10
 Duration: date of onset: (7/29/21)
 Context: work injury
 Alleviating Factors: lying down
 Aggravating Factors: sitting; standing; walking; twisting; bending/squatting
 Prior Imaging: MRI
 Previous Injections: did not help

Mr. Troy Hinson is a 53-year-old male who comes to clinic for an initial Workers' Compensation evaluation. The patient presents today reporting a work-related injury on 07/28/2021 where he was pushing a 4-foot height dumpster across the road and the ramp hit him and caused him to twist his back. He felt like he had herniated himself. He describes pain in the groin area bilaterally and down the lower abdomen area below his stomach. He also relates constant low back pain. The patient notes the more he walks, the more he feels the leg pain on the left leg. He also relates intermittent numbness of his toes on the left foot. He had an MRI and CT scan of the lumbar spine, which revealed a herniated disc. The patient was seen by Dr. O'Leary, who referred the patient here. He has received an injection in his back, which did not do any good to him. He participated in 1 month of physical therapy and started back 2 weeks ago. The patient was informed by Dr. O'Leary that the nerve is causing a lot of pain in the abdomen. The patient has not been able to return to work. He has a history of previous inguinal and femoral hernia surgery in the past.

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 53-year-old male.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Gait and Station: Gait And Stance heel to shin test normal and and toe test normal and fluid gait, normal stance, no limp, ambulating with no assistive devices, and tandem gait test normal.

Cardiovascular System: Arterial Pulses Right: femoral normal, posterior tibial normal, dorsalis pedis normal, and popliteal normal. Arterial Pulses Left: femoral normal, posterior tibial normal, dorsalis pedis normal, and popliteal normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

Lymph Nodes: Inspection/Palpation Right: no inguinal LAD. Inspection/Palpation Left: no inguinal LAD.

Skin: Lumbosacral Spine: normal skin.

Lumbar Spine: Inspection: no induration, ecchymosis, or swelling and normal alignment. Bony Palpation of the Lumbar Spine: no tenderness of the spinous process, the transverse process, the sacral promontory, the sacrum, or the coccyx. Bony Palpation of the Right Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Bony Palpation of the Left Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Soft Tissue Palpation on the Right: no tenderness of the supraspinous ligament, the paraspinal region, the lumbolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Soft Tissue Palpation on the Left: no tenderness of the supraspinous ligament, the paraspinal region, the lumbolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Active Range of Motion: flexion normal, extension normal, lateral flexion normal, rotation normal, and no pain with motion. Passive Range of Motion: flexion normal, extension normal, lateral flexion normal, rotation normal, and no pain with motion.

Motor Strength: L1-2 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1-2 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 5/5. L5 Motor Strength on the Right: ankle dorsiflexion tibialis anterior 5/5 and

Midlands Orthopaedics and Neurology - 1910 Blanding Street, COLUMBIA SC 29204
HINSON, Troy (id #328, 4, dob: 02/28/1968)

great toe extension extensor hallucis longus 5/5. L5 Motor Strength on the Left: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

Neurological System: Babinski Reflex Right: plantar reflex absent. Babinski Reflex Left: plantar reflex absent. Special Tests: Valsalva's test negative. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Sensation on the Left: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Special Tests on the Right: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee. Special Tests on the Left: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee.

INITIAL LUMBAR SPINE EXAMINATION

Guarded gait.

Markedly decreased lumbar range of motion.

Assessment / Plan

IMPRESSION:

Work-related injury on 07/28/2021.

Lumbar sprain.

Low back pain.

Aggravation of lumbar spinal stenosis at L3-4.

Left-sided lumbar radicular syndrome.

DISPOSITION:

It looks like the patient sprained his back and aggravated one little area where he has pinching of the nerves in his back. It is not bad enough to consider any type of surgery. I do not see any contraindications for the patient to participate in light duty work with lifting up to 15 pounds. Future medical care includes comprehensive pain management.

Based on a reasonable degree of medical certainty, the patient does qualify for a 5% whole-person impairment based on the Fifth Edition AMA Guidelines. I see no surgical pathology.

An additional 5-10 minutes was spent with the case manager, Jamie Richardson, updating them of the patient's progress and condition.

1. Low back pain

M54.50: Low back pain, unspecified

- BACK CARE AND PREVENTING INJURIES: CARE INSTRUCTIONS
- GETTING BACK TO NORMAL AFTER LOW BACK PAIN: CARE INSTRUCTIONS
- LEARNING ABOUT RELIEF FOR BACK PAIN
- XR, LUMBAR SPINE

Views (X-RAY, LUMBAR SPINE): 3 View

- XR, PELVIS

Views (X-RAY, PELVIS): Standing AP Pelvis

- PAIN MANAGEMENT REFERRAL - Schedule Within: provider's discretion Note to Provider: CCAMP

XR, LUMBAR SPINE

- Views (X-RAY, LUMBAR SPINE): 3 View

Lumbar radiographs performed today reveal slight curvature, spondylotic changes, otherwise normal. These images are being interpreted from the orthopedic and musculoskeletal standpoint only.

XR, PELVIS

- Views (X-RAY, PELVIS): Standing AP Pelvis

AP pelvis radiographs performed today are normal. These images are being interpreted from the orthopedic and musculoskeletal standpoint only.

MRI, THORACIC SPINE, W/O CONTRAST

MRI of the thoracic spine performed at Providence Health on 08/16/2021 reveals multiple hemangiomatous manifestations within the vertebral bodies of T6, T11, and T12. No cord compression identified otherwise. No other abnormalities.

MRI, CERVICAL SPINE, W/O CONTRAST

MRI of the cervical spine performed at Providence Health on 08/16/2021, reviewed by me today, reveals degenerative disc disease at C5-6 and C6-7, which do result in severe bilateral neural foraminal stenosis, left greater than right at C5-6 and severe at C6-7.

MRI, LUMBAR SPINE, W/O CONTRAST

MRI of the lumbar spine performed at Providence Health dated 08/16/2021 reveals disc protrusion at left L3-4,

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HINSON, Troy (Id #328. 4, dob: 03/17/1988)

mild lateral recess stenosis, disc bulge at L4-5, no significant stenosis.

Return to Office

- James O'Leary, MD for ROV 5 at Blanding on 03/21/2022 at 12:30 PM

Encounter Sign-Off

Encounter signed-off by Ivan E. LaMotta, MD, 03/16/2022.

Encounter performed by Ivan E. LaMotta, MD

Encounter scribed for Ivan E. LaMotta, MD by James Francis

Encounter signed by James Francis as scribe at 03/16/2022 at 4:12pm

Encounter reviewed & signed by Ivan E. LaMotta, MD on 03/16/2022 at 4:51pm

MIDLANDS
orthopaedics
& NEUROSURGERY

1910 Blanding Street
Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676
WORK STATUS INFORMATION

NAME: Troy Hinson
DATE OF BIRTH: 03/16/1966
PROVIDER'S NAME: Ivan E. LaMotta, MD
CARRIER: CHURCH MUTUAL INS CO
WC CLAIM#: 1452850
DX CODE(S) & DESCRIPTION: M54.16 RADICULOPATHY,
LUMBAR REGION

ACCOUNT: 3287144
EMPLOYER: MERRIL GARDENS
DOS: 03/16/2022
DOA: 07/29/2021

WORK STATUS:

- ☐ Regular duty as of _____ with no restrictions.
(Availability of light duty is determined by the employer and not the physician).
☐ Medium physical demands as of _____ with restrictions.
☒ Light physical demands as of 03/16/2022 with restrictions.
☐ Patient is to remain out of work until : _____
☐ Part-time (whether regular duty or light duty)
☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

☐ None	☒ No kneeling, squatting, crawling
☐ No walking	☒ Pushing or pulling limit 15 (lbs)
☐ No climbing	☒ Lifting and carrying limit 15 (lbs)
☐ No standing	☐ Sedentary duties only
☒ No prolonged standing	☐ No overhead work
☒ No twisting	☐ No stretching
☒ No work at heights	☐ Specific restrictions per FCE date: _____

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

Ivan E. LaMotta, MD for ROV 5 at Lexington as needed, pending referral to pain management.



Electronically Signed by: IVAN E. LAMOTTA, MD
On: 03/16/2022

HINSON, TROY (id #3287144, dob: 05/11/1968)

Consult Orders

Referral Order

03/16/2022

To Provider	From Provider
Phone: Fax:	IVAN E. LAMOTTA, MD Midlands Orthopaedics & Neurosurgery 109 Park Place Court LEXINGTON, SC 29072-6690 Phone: (803) 256-4107 Fax: (803) 933-6100

Referral Order Information

Diagnosis	Low back pain ICD-10: M54.50: Low back pain, unspecified
Order Name	PAIN MANAGEMENT REFERRAL
Notes	CCAMP

Patient Information

Patient Name	HINSON, TROY
Sex - DOB - Age	M - 05/11/1968 53yo
Address	800 EDWARD VINEYARD COLUMBIA, SC 29203
Phone	M: (803) 743-6664 H: (803) 743-6664
Primary Insurance	CHURCH MUTUAL INSURANCE COMPANY Policy Holder: MERRILL GARDENS
Secondary Insurance	None recorded.

Electronically Signed by: IVAN E. LAMOTTA, MD



IVAN E. LAMOTTA, MD

Indiana Orthopaedic and Spine Center • 1930 Main Street, Columbus, IN 47202-1715

HINSON, Troy (id #3287144, dob: [REDACTED])

Admin Documents

South Carolina Workers' Compensation Commission
1933 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.WCC.SC.gov



Physician's Statement

Claimant's Name:	<u>Troy Hinson</u>	Employer's Name:	<u>Merrill Gardens</u>
Physician's Name:	<u>Frank LaMotta, MD</u>	Insurance Carrier:	<u>Church Mutual</u>
Provider/Office:	<u>Midlands Orthopaedics & Neurosurgery</u>	SCWCC File No:	<u>claim #1457250</u>
Provider's Name:	<u>Carla Watts, Farmer</u>	Phone:	<u>803-452-3514</u>

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her work injury or illness pursuant to South Carolina Code Sections 47-15-60, 42-15-80, 42-1-172, or 42-11-10.

Date of injury: 07/26/2021 Date of first office visit: 03/16/2022 Date of last office visit: 03/16/2022

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

Diagnosis or nature of injury or illness: M54.50

Body part(s) injured: lumbar spine Body part(s) affected: _____

Date of maximum medical improvement: 03/16/2022

Has the Claimant sustained permanent physical impairment as a result of the work injury? ☒ Yes ☐ No

If so, the permanent physical impairment is: 15 % medical impairment to the whole person (injured body part).

If there is a permanent physical impairment to other body part(s) as a result of the work injury, please indicate below: _____ % medical (additional body part injured or affected)

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

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

Does the Claimant have permanent physical limitations as a result of the injury? ☒ Yes ☐ No

If so, the permanent physical limitations are: I do not see any contraindications for the patient to participate in light duty work with lifting up to 15 pounds.

Does the Claimant possess retained hardware as a result of the injury? ☐ Yes ☒ No

If so, the retained hardware is: _____

Is there medical, surgical, hospital or other treatment that the Claimant needs as a result of the injury for an additional time that will end to lessen the period of disability or maintain the current level of function? ☒ Yes ☐ No

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

Future medical care includes comprehensive pain management.
An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.

I certify that I am a physician or other licensed healthcare provider, I have personally read and prepared this document, and the opinions reflected above are mine.

Treating or Evaluating Physician

04/04/2022
Date

WCC Form #14B
12/2016

14B

Physician's Statement



MERRILL GARDENS

ENJOY MORE

MAINTENANCE DIRECTOR

JOB IDENTIFICATION

Job Title: MAINTENANCE DIRECTOR

Department: Administration

FLSA Status: Non-Exempt

TB Requirements: ALL STATES

SUPERVISORY RELATIONSHIPS

Reports To: General Manager

Supervises: Maintenance Assistant

BASIC FUNCTION

The Maintenance Director is responsible for the overall integrity of the building. These responsibilities include the mechanical/physical plant as well as maintaining the interior and exterior aesthetics of the community. The Maintenance Director will also help in the direction, training and support of direct support staff. The goal is to maintain the building and its furnishings and finishes in good repair and ensure all systems follow applicable safety and fire regulations and federal, state and local building codes to ensure a safe, comfortable environment. Adheres to customer service philosophy by providing excellent customer service to residents and their families, and Team Members.

ESSENTIAL DUTIES AND RESPONSIBILITIES

Provide a high level of customer service to residents and Team Members by achieving the standards as outlined in the MG Cares program.

- Perform general maintenance projects as scheduled or assigned, including installations and repairs involving plumbing and electrical equipment, fire and sprinkler equipment, H.V.A.C., landscape, carpentry work, painting, and equipment repair.
- Ensure walls, floor coverings, doors, windows, furniture, woodwork in the common areas of the community are properly maintained and repaired.
- Repair and maintain vacated rooms in a timely manner which includes painting walls and cleaning carpets.
- Responsible for all in-house plumbing, e.g. sinks, toilets and bathtubs.
- Responsible for minor electrical work within units and in common areas, e.g. light switches, wall outlets, garbage disposals, etc.
- Responsible for painting of all apartments and common areas.
- Repair, clean and maintain all carpet, floor coverings and furniture.
- Responsible for completing all work orders in a timely manner – noting any other work completed at the location but not listed on work order.
- Document safety issues as well as physical plan deficiencies related to local, county, state and federal guidelines.
- Preventative maintenance and cleaning of the community vehicles (busses, cars, and vans).
- Inspect apartments at time notice to vacate is given for any necessary work (i.e. carpet replacement).
- Conduct monthly, quarterly, semi-annual and annual testing and maintenance to community equipment as appropriate. Examples: Kitchen equipment, hot water heater, exhausts systems, etc.
- Conduct and document emergency evacuation drills as required by state and federal laws.
- Responsible for coordinating fire drills for all shifts and documenting each fire drill each shift once a month.
- Responds immediately and appropriately to all accidents and emergencies, based on established protocol.



MERRILL GARDENS

ENJOY MORE

MAINTENANCE DIRECTOR

ESSENTIAL DUTIES AND RESPONSIBILITIES (CONTINUED)

- Maintain and test all emergency call systems including pendants or any other accessory type devices.
- Test all emergency call peripheral equipment prior to move in.
- Where applicable conduct weekly checks and maintenance to back up permanent mounted or portable generator.
- Assist with training and development of safety procedures and hazard communications.
- Responsible for the direction, training and support of all other direct report staff as assigned.

OTHER DUTIES

- Other duties as assigned.

JOB QUALIFICATIONS

Education:

- H.S. Diploma or equivalent.

Experience:

- 1-3 years related experience or training; or equivalent combination of education and experience required.
- Proven ability to manage vendors for maintenance projects as needed.
- Demonstrated knowledge of building maintenance, electrical, mechanical, painting, plumbing, floor care, heating and HVAC skills.
- HVAC Certification preferred.
- Prior supervisory or managerial experience preferred.
- Senior living maintenance experience preferred.

Other Knowledge, Skills, Abilities or Certifications:

- Must have basic prep and painting abilities.
- Must have basic appliance knowledge.
- Must be able to maintain reports, logs and file systems as well as meet required deadlines.
- Must have working knowledge of budgets.
- Must understand alarms, E-Call systems or the ability to be trained.
- Must be able to communicate in written and spoken English.
- Must be able to successfully prioritize, multitask and be adaptable to changing demands.
- Must be able to work independently.
- Must be at least 25 years of age.
- Must have compassion for and desire to work with the elderly.
- Must be able to work evenings and weekends as necessary.
- Must have basic computer skills.
- Regular and timely attendance.
- Must be able to obtain First Aid and CPR certification within 30 days, where required.
- Must meet standard requirements such as background checks, drug screening, physical, and TB testing, where required.
- Basic knowledge of elevator maintenance and operations preferred.
- Knowledge of motor vehicle maintenance preferred.
- Knowledge of fire suppression and irrigation systems preferred.
- Ability to obtain EPA certification within 90 days of hire (if applicable).

MAINTENANCE DIRECTOR

PHYSICAL DEMANDS

The physical demands and work environment described below represent the activities and surroundings of the position:

- Must be able to lift up to 60 lbs. on a frequent basis and 100 lbs. on an occasional basis, push/pull up to 40lbs., carry up to 30 lbs. for up to 100 yards, and constantly stand and walk.
- Must be physically able to climb stairs and ladders. Must be able to climb on top of and walk on a roof.
- Must be able to work within crawl spaces.
- This job requires occasional stooping, bending, twisting, crouching, kneeling and crawling.
- Specific vision abilities required by this job are close, distance, color and peripheral vision; depth perception; and the ability to adjust focus.
- This position is frequently required to communicate with clients and Team Members through talking and listening.
- While performing the duties of this job, the employee is regularly required to see, hear, and use hands to handle and feel. Specific vision abilities required by this job include close vision and color vision.
- Able to smell as necessary to discern resident's needs and building emergencies.
- Physically able to handle, grasp, and reach throughout the workday.

MERRILL GARDENS CORE COMPETENCIES

- **Customer Focus:** Knows and understands internal and external customer needs and responds accordingly; can anticipate customer needs, with a high priority to customer satisfaction and customer service. Shows genuine interest in residents', family members' and fellow Team Members' feelings and thoughts, and responds quickly and appropriately. Delivers information clearly in an effective, timely manner. Seeks and accepts frequent feedback to ensure high levels of customer satisfaction.
- **Attention to Detail/Commitment to Quality:** Takes responsibility for a thorough and detailed method of working. Checks his/her work carefully and often.
- **Teamwork:** Works as a productive member of the Community Team; working toward common goals by contributing to team growth, and effective team unity.
- **Integrity:** Upholds social, moral, and Company defined standards in job-related activities and behaviors.
- **Strategic Decision Making & Problem Solving:** Draws correct and realistic conclusions and makes timely decisions based on available information. Understands a given situation or problem by combining information that is readily available; identifying patterns or connections between situations that are not obviously related; identifies key or underlying issues in complex situations. Has and uses knowledge of systems, situations, procedures, and culture inside the organization to identify potential problems and opportunities; analyzes and thinks through the impact and implications of decisions regarding other components of the organization.
- **Financial Awareness:** Actively seeks opportunities to optimize financial costs within predetermined budgetary parameters when making decisions that have financial implication. Actively looks for ways to reduce costs in the department/organization or allocation of resources.
- **Bold Leadership:** Achieves results through people/Team Members by successfully setting objectives, conducting consistent and regular performance feedback, motivates, delegates, commits to teambuilding, and empowerment.

Closure: Flycatcher approved fast analysis and light duty assignments

9:00 ☒ AM ☐ PM TO 5:00 ☐ AM ☐ PM

(5) ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☐ Friday ☐ Saturday ☐ Sunday

DATE: 8/18/21 TIME: 9 AM

Q3) you will receive \$ 3.6 per hour.

Name: Wilson Anwar
 Address: 2725 E. 1st St.
 City: San Antonio, TX 78204
 Phone: 214-241-1111
 Email: Wilson.Aнвар@usps.gov

Name: Wilson Anwar
 Address: 2725 E. 1st St.
 City: San Antonio, TX 78204
 Phone: 214-241-1111
 Email: Wilson.Aнвар@usps.gov

Dear Sir,

Please find enclosed the report of the medical examination conducted on 8/18/21. The report indicates that you are fit to perform the duties of the position of Mail Carrier, Grade GS-11, Step 1, with the following restrictions:

1. You must wear your seat belt at all times while operating a vehicle. 2. You must not drink and drive. 3. You must not use alcohol or drugs while operating a vehicle. 4. You must not operate a vehicle if you are feeling drowsy or fatigued. 5. You must not operate a vehicle if you are under the influence of any medication. 6. You must not operate a vehicle if you are experiencing any medical condition that may impair your ability to drive safely. 7. You must not operate a vehicle if you are experiencing any physical condition that may impair your ability to drive safely. 8. You must not operate a vehicle if you are experiencing any mental condition that may impair your ability to drive safely. 9. You must not operate a vehicle if you are experiencing any other condition that may impair your ability to drive safely.

If you have any questions, please feel free to contact me. We look forward to your response.

Sincerely,

[Signature]

Special Agent

Your light duty assignment will be Performing your daily assignments with the exception of Lifting, Pushing, and Pulling anything over 10 lbs. ALSO, for your doctor's orders, you will be limit your driving and Do NOT perform any tasks that require signaling or kneeling. You must ask for help anytime these are needed.

Enclosure: Physician approved task analysis and light duty assignments

Shift: 9:00 ☒ AM ☐ PM TO 5:00 ☐ AM ☒ PM

(Y/S): ☐ Monday ☐ Tuesday ☒ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☒ Sunday

ART DATE: 8/18/21 TIME: 9 AM

Department: Maintenance

RATES: You will receive \$ 30 per hour.

Our Workers' Compensation carrier will pro-rate your time loss benefits if this salary is less than your regular wage.

OUT TO (Supervisor's Name): Wilson Anwar

Phone: 803-826-5203

I agree to work within these restrictions and I accept the above salary offered. ☐ Yes ☒ No

Employee Signature

Date

Wanda Powell

From: Mark Davis <mdavis@mgclaw.com>
Sent: Tuesday, December 21, 2021 1:23 PM
To: Wanda Powell
Subject: Troy Hinson v. Merrill Gardens, LLC (Claim No.: 1452850)
Attachments: modified duty job offer from Employer.pdf

modified duty job offer from Employer



GEORGIA | MISSISSIPPI | NORTH CAROLINA | SOUTH CAROLINA | TENNESSEE | VIRGINIA

Mark Davis, Attorney
mdavis@mgclaw.com
735 Johnnie Dodds Blvd. Ste 200
Mt. Pleasant, SC 29464
Main: 843-576-2900 | Direct: 843-576-2782 | Fax: 843-534-0601
VCARD | BIO

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Please consider the environment before printing this email.



VALID JOB OFFER LETTER

Letter is to be hand delivered to the employee OR sent by Certified mail

Community: Columbia

Date: 12/20/21

Employee: Troy Hinson
Address: <u>2005 Gregg St.</u>
<u>Columbia SC 29201</u>
Phone: <u>(803) 828-5203</u>
Email: <u>TroyH@MerrillGardens.com</u>

Community: Merrill Gardena at Columbia
Address: <u>2205 Gregg St.</u>
<u>Columbia SC 29201</u>
Phone: <u>(803) 828-5203</u>
E-mail: <u>Dougalk@MerrillGardens.com</u>

Dear Mr. Hinson:

Merrill Gardens supports early return to work for employees who are injured on-the-job. Light duty jobs are offered to employees injured on-the-job only when: (1) there is work available and (2) the injured employee may safely perform the available work assignments without risk of exacerbating the injury.

Your treating physician has released you for temporary, modified work with restrictions per the attached documentation. This light duty assignment will provide you with modified work for up to 90 days or longer, depending on your medical progress and on availability of work that meets your restrictions. While on light duty, you may work up to 8 hours per shift, 5 days per week. Overtime will not be allowed, nor will the working of double shifts. The specifics of the temporary, modified work assignment are shown at the bottom of this notice.

If you have any questions, please feel free to contact me. We look forward to seeing you.

Sincerely,



General Manager

Your light-duty assignment will be: All duties from the Maintenance Director job description that do not require you to twist, stretch, and/or push, pull, lift, and/or carry more than five (5) pounds. This will include, but not limited to, general maintenance projects and repairs as scheduled and assigned, painting, plumbing, minor electrical work, and preventive maintenance. Other general maintenance duties will also include documenting safety issues, ensuring community is compliant with Federal, state and local regulations; inspect vacant apartments, schedule and coordinate outside contractors and vendors, conduct scheduled testing and emergency drills, respond appropriately to all accidents and emergencies, and conduct team member trainings. Other duties in other departments may be assigned as needed.

Enclosure: *Physician approved task analysis and light duty assignments*

SHIFT: 9:00	☒ AM ☐ PM	TO 5:00	☐ AM ☒ PM
DAY(S): ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☐ Friday ☐ Saturday ☒ Sunday			
START DATE: <u>12/20/21</u>		TIME: <u>9:00am</u>	Department: <u>Administration</u>
WAGES: You will receive \$ <u>30.00</u> per hour.			
*Your Workers' Compensation carrier will pro-rate your time loss benefits if this salary is less than your regular wage.			
REPORT TO (Supervisor's Name): <u>Dougalk Kear</u>		Phone: <u>(803) 730-6639</u>	

I agree to work within these restrictions and I accept the above jobs offered. ☐ Yes ☐ No

Employee Signature

Date

Wanda Powell

From: Mark Davis <mdavis@mgclaw.com>
Sent: Wednesday, December 22, 2021 3:03 PM
To: Wanda Powell
Cc: Chris Morrow; David Beale; Stephen Samuels; Lauren Dodson; Christina Bell
Subject: RE: Troy Hinson v. Merrill Gardens LLC
Attachments: Maintenance Director.pdf; 34616580.pdf

Hi Wanda,

I have attached the job description for a maintenance director. This is for his regular pre-injury job.

The attached job offer letter describes the modified position and states:

"All duties from the Maintenance Director job description that do not require you to twist, stretch, and/or push, pull, lift, and/or carry more than five (5) pounds."

Please let me know if Mr. Hinson will accept this offer.

Thank you,

Mark



GEORGIA | MISSISSIPPI | NORTH CAROLINA | SOUTH CAROLINA | TENNESSEE | VIRGINIA

Mark Davis, Attorney
mdavis@mgclaw.com
735 Johnnie Dodds Blvd. Ste 200
Mt. Pleasant, SC 29464
Main: 843-576-2900 | Direct: 843-576-2782 | Fax: 843-534-0600
VCARD | BIO

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Please consider the environment before printing this email.

From: Wanda Powell <wpowell@samuelsreynolds.com>
Sent: Tuesday, December 21, 2021 1:52 PM
To: Mark Davis <mdavis@mgclaw.com>
Cc: Chris Morrow <chris.morrow@mgclaw.com>; David Beale <david@samuelsreynolds.com>; Stephen Samuels <stephen@samuelsreynolds.com>; Lauren Dodson <ldodson@samuelsreynolds.com>; Christina Bell

<christina@samuelsreynolds.com>

Subject: Troy Hinson v. Merrill Gardens LLC

Good afternoon Mark

Thank you for speaking with me today. As you know, Mr. Hinson followed up with Dr. O'Leary. At the time of the visit, Dr. O'Leary told Mr. Hinson that he would remain out of work which is why he is confused now to find out that Dr. O'Leary placed him on light duty status. When he called Dr. O'Leary's office yesterday, he did not ask to be put out of work. He asked Dr. O'Leary's office to provide clarification on his work status. While Mr. Hinson is willing to return to work and we have no doubt the employer will try to work within the restrictions of the doctor, we do not believe that is possible. There is only one Maintenance Director and that is Troy. The employer mentioned that they need him specifically for painting and plumbing work which would most definitely be outside of his restrictions. With that being said, can you please provide us with the Maintenance Director's job description for Merrill Gardens as well as a modified job description based on Troy's current restrictions?



Wanda Powell

Workers' Compensation Paralegal
Samuels Reynolds Law Firm, LLC
1320 Richland Street, Columbia, SC. 29201
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www.SamuelsReynolds.com
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MERRILL GARDENS

ENJOY MORE

MAINTENANCE DIRECTOR

JOB IDENTIFICATION

Job Title: MAINTENANCE DIRECTOR

Department: Administration

FLSA Status: Non-Exempt

TB Requirements: ALL STATES

SUPERVISORY RELATIONSHIPS

Reports To: General Manager

Supervises: Maintenance Assistant

BASIC FUNCTION

The Maintenance Director is responsible for the overall integrity of the building. These responsibilities include the mechanical/physical plant as well as maintaining the interior and exterior aesthetics of the community. The Maintenance Director will also help in the direction, training and support of direct support staff. The goal is to maintain the building and its furnishings and finishes in good repair and ensure all systems follow applicable safety and fire regulations and federal, state and local building codes to ensure a safe, comfortable environment. Adheres to customer service philosophy by providing excellent customer service to residents and their families, and Team Members.

ESSENTIAL DUTIES AND RESPONSIBILITIES

Provide a high level of customer service to residents and Team Members by achieving the standards as outlined in the MG Cares program.

- Perform general maintenance projects as scheduled or assigned, including installations and repairs involving plumbing and electrical equipment, fire and sprinkler equipment, H.V.A.C., landscape, carpentry work, painting, and equipment repair.
- Ensure walls, floor coverings, doors, windows, furniture, woodwork in the common areas of the community are properly maintained and repaired.
- Repair and maintain vacated rooms in a timely manner which includes painting walls and cleaning carpets.
- Responsible for all in-house plumbing, e.g. sinks, toilets and bathtubs.
- Responsible for minor electrical work within units and in common areas, e.g. light switches, wall outlets, garbage disposals, etc.
- Responsible for painting of all apartments and common areas.
- Repair, clean and maintain all carpet, floor coverings and furniture.
- Responsible for completing all work orders in a timely manner – noting any other work completed at the location but not listed on work order.
- Document safety issues as well as physical plan deficiencies related to local, county, state and federal guidelines.
- Preventative maintenance and cleaning of the community vehicles (busses, cars, and vans).
- Inspect apartments at time notice to vacate is given for any necessary work (i.e. carpet replacement).
- Conduct monthly, quarterly, semi-annual and annual testing and maintenance to community equipment as appropriate. Examples: Kitchen equipment, hot water heater, exhausts systems, etc.
- Conduct and document emergency evacuation drills as required by state and federal laws.
- Responsible for coordinating fire drills for all shifts and documenting each fire drill each shift once a month.
- Responds immediately and appropriately to all accidents and emergencies, based on established protocol.



MERRILL GARDENS

ENJOY MORE

MAINTENANCE DIRECTOR

ESSENTIAL DUTIES AND RESPONSIBILITIES (CONTINUED)

- Maintain and test all emergency call systems including pendants or any other accessory type devices.
- Test all emergency call peripheral equipment prior to move in.
- Where applicable conduct weekly checks and maintenance to back up permanent mounted or portable generator.
- Assist with training and development of safety procedures and hazard communications.
- Responsible for the direction, training and support of all other direct report staff as assigned.

OTHER DUTIES

- Other duties as assigned.

JOB QUALIFICATIONS

Education:

- H.S. Diploma or equivalent.

Experience:

- 1-3 years related experience or training; or equivalent combination of education and experience required.
- Proven ability to manage vendors for maintenance projects as needed.
- Demonstrated knowledge of building maintenance, electrical, mechanical, painting, plumbing, floor care, heating and HVAC skills.
- HVAC Certification preferred.
- Prior supervisory or managerial experience preferred.
- Senior living maintenance experience preferred.

Other Knowledge, Skills, Abilities or Certifications:

- Must have basic prep and painting abilities.
- Must have basic appliance knowledge.
- Must be able to maintain reports, logs and file systems as well as meet required deadlines.
- Must have working knowledge of budgets.
- Must understand alarms, E-Call systems or the ability to be trained.
- Must be able to communicate in written and spoken English.
- Must be able to successfully prioritize, multitask and be adaptable to changing demands.
- Must be able to work independently.
- Must be at least 25 years of age.
- Must have compassion for and desire to work with the elderly.
- Must be able to work evenings and weekends as necessary.
- Must have basic computer skills.
- Regular and timely attendance.
- Must be able to obtain First Aid and CPR certification within 30 days, where required.
- Must meet standard requirements such as background checks, drug screening, physical, and TB testing, where required.
- Fully vaccinated for COVID-19 to ensure the health and safety of our residents and team members.
- Basic knowledge of elevator maintenance and operations preferred.
- Knowledge of motor vehicle maintenance preferred.
- Knowledge of fire suppression and irrigation systems preferred.
- Ability to obtain EPA certification within 90 days of hire (if applicable).



MERRILL GARDENS

ENJOY MORE

MAINTENANCE DIRECTOR

PHYSICAL DEMANDS

The physical demands and work environment described below represent the activities and surroundings of the position:

- Must be able to lift up to 60 lbs. on a frequent basis and 100 lbs. on an occasional basis, push/pull up to 40 lbs., carry up to 30 lbs. for up to 100 yards, and constantly stand and walk.
- Must be physically able to climb stairs and ladders. Must be able to climb on top of and walk on a roof.
- Must be able to work within crawl spaces.
- This job requires occasional stooping, bending, twisting, crouching, kneeling and crawling.
- Specific vision abilities required by this job are close, distance, color and peripheral vision; depth perception; and the ability to adjust focus.
- This position is frequently required to communicate with clients and Team Members through talking and listening.
- While performing the duties of this job, the employee is regularly required to see, hear, and use hands to handle and feel. Specific vision abilities required by this job include close vision and color vision.
- Able to smell as necessary to discern resident's needs and building emergencies.
- Physically able to handle, grasp, and reach throughout the workday.

MERRILL GARDENS CORE COMPETENCIES

- **Customer Focus:** Knows and understands internal and external customer needs and responds accordingly; can anticipate customer needs, with a high priority to customer satisfaction and customer service. Shows genuine interest in residents', family members' and fellow Team Members' feelings and thoughts, and responds quickly and appropriately. Delivers information clearly in an effective, timely manner. Seeks and accepts frequent feedback to ensure high levels of customer satisfaction.
- **Attention to Detail/Commitment to Quality:** Takes responsibility for a thorough and detailed method of working. Checks his/her work carefully and often.
- **Teamwork:** Works as a productive member of the Community Team; working toward common goals by contributing to team growth, and effective team unity.
- **Integrity:** Upholds social, moral, and Company defined standards in job-related activities and behaviors.
- **Strategic Decision Making & Problem Solving:** Draws correct and realistic conclusions and makes timely decisions based on available information. Understands a given situation or problem by combining information that is readily available; identifying patterns or connections between situations that are not obviously related; identifies key or underlying issues in complex situations. Has and uses knowledge of systems, situations, procedures, and culture inside the organization to identify potential problems and opportunities; analyzes and thinks through the impact and implications of decisions regarding other components of the organization.
- **Financial Awareness:** Actively seeks opportunities to optimize financial costs within predetermined budgetary parameters when making decisions that have financial implication. Actively looks for ways to reduce costs in the department/organization or allocation of resources.
- **Bold Leadership:** Achieves results through people/Team Members by successfully setting objectives, conducting consistent and regular performance feedback, motivates, delegates, commits to teambuilding, and empowerment.

Wanda Powell

From: Stephen Samuels
Sent: Wednesday, December 22, 2021 4:07 PM
To: Mark Davis
Cc: Wanda Powell; Chris Morrow; David Beale; Lauren Dodson; Christina Bell
Subject: Re: Troy Hinson v. Merrill Gardens LLC

Hi Mark.

What exactly will Troy be doing that benefits the employer?

There are no actual jobs within this restrictions. We don't want him out in a punitive or retaliatory position.

Stephen B. Samuels
Samuels Reynolds Law Firm
1320 Richland Street
Columbia, SC 29201
(803) 779-4000

On Dec 22, 2021, at 8:03 PM, Mark Davis <mdavis@mgclaw.com> wrote:

Hi Wanda,

I have attached the job description for a maintenance director. This is for his regular pre-injury job.

The attached job offer letter describes the modified position and states:

"All duties from the Maintenance Director job description that do not require you to twist, stretch, and/or push, pull, lift, and/or carry more than five (5) pounds."

Please let me know if Mr. Hinson will accept this offer.

Thank you,

Mark

<0.png>

Mark Davis, Attorney
mdavis@mgclaw.com
735 Johnnie Dodds Blvd. Ste 200
Mt. Pleasant, SC 29464

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<1.png>

From: Wanda Powell <wpowell@samuelsreynolds.com>

Sent: Tuesday, December 21, 2021 1:52 PM

To: Mark Davis <mdavis@mgclaw.com>

Cc: Chris Morrow <chris.morrow@mgclaw.com>; David Beale <david@samuelsreynolds.com>; Stephen Samuels <stephen@samuelsreynolds.com>; Lauren Dodson <ldodson@samuelsreynolds.com>; Christina Bell <christina@samuelsreynolds.com>

Subject: Troy Hinson v. Merrill Gardens LLC

Good afternoon Mark

Thank you for speaking with me today. As you know, Mr. Hinson followed up with Dr. O'Leary. At the time of the visit, Dr. O'Leary told Mr. Hinson that he would remain out of work which is why he is confused now to find out that Dr. O'Leary placed him on light duty status. When he called Dr. O'Leary's office yesterday, he did not ask to be put out of work. He asked Dr. O'Leary's office to provide clarification on his work status. While Mr. Hinson is willing to return to work and we have no doubt the employer will try to work within the restrictions of the doctor, we do not believe that is possible. There is only one Maintenance Director and that is Troy. The employer mentioned that they need him specifically for painting and plumbing work which would most definitely be outside of his restrictions. With that being said, can you please provide us with the Maintenance Director's job description for Merrill Gardens as well as a modified job description based on Troy's current restrictions?

<image001.png>

Wanda Powell

Workers' Compensation Paralegal

Samuels Reynolds Law Firm, LLC

1320 Richland Street, Columbia, SC. 29201

O:803.779.4000 F:803.779.4004

www.SamuelsReynolds.com

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<Maintenance Director.pdf>

<34616580.pdf>



MERRILL GARDENS

ENJOY MORE

MAINTENANCE DIRECTOR

All positions are required to follow the focus of our Falls Policy which states the following:

911 must be called for medical evaluation if the resident has a visible injury to the head or complains of headache or vision problems or is not acting as they normally do within 24 hours of the fall. If the resident's emergency contact is present with the resident and the resident prefers they take them immediately to be evaluated medically, this would be acceptable in place of calling 911. We will not wait for the emergency contact to arrive if they are not already at the community. The head includes any part of the body above the neck. Even if no head injury is apparent, there may be a serious injury requiring medical attention.

If you need clarification on any items outlined in this job description bring them to the attention of Human Resources or the Senior Vice President. Your signature below indicates that you have received a copy of this job description and that you understand and are willing to perform the duties outlined in it.

Team Member Print Name

Team Member Signature

Date

The above statements are intended to describe the general nature and level of work performed by most people assigned to this job. They are not intended to be an exhaustive list of all duties, responsibilities and requirements.



VALID JOB OFFER LETTER

Letter is to be hand delivered to the employee OR sent by Certified mail

Community: Columbia

Date: 12/20/21

Employee: <u>Troy Hinson</u>
Address: <u>208 Edward View Rd.</u>
<u>Columbia SC 29203</u>
Phone: <u>(803) 743-8884</u>
E-mail: <u>Troy.H@MerrillGardens.com</u>

Community: <u>Merrill Gardena at Columbia</u>
Address: <u>2205 Gregg St.</u>
<u>Columbia SC 29201</u>
Phone: <u>(803) 828-5203</u>
E-mail: <u>DougalK@MerrillGardens.com</u>

Dear Mr. Hinson:

Merrill Gardens supports early return to work for employees who are injured on-the-job. Light duty jobs are offered to employees injured on-the-job only when: (1) there is work available and (2) the injured employee may safely perform the available work assignments without risk of exacerbating the injury.

Your treating physician has released you for temporary, modified work with restrictions per the attached documentation. This light duty assignment will provide you with modified work for up to 90 days or longer, depending on your medical progress and on availability of work that meets your restrictions. While on light duty, you may work up to 8 hours per shift, 5 days per week. Overtime will not be allowed, nor will the working of double shifts. The specifics of the temporary, modified work assignment are shown at the bottom of this notice.

If you have any questions, please feel free to contact me. We look forward to seeing you.

Sincerely,


General Manager

Your light-duty assignment will be: All duties from the Maintenance Director job description that do not require you to twist, stretch, and/or push, pull, lift, and/or carry more than five (5) pounds. This will include, but not limited to, general maintenance projects and repairs as scheduled and assigned, painting, plumbing, minor electrical work, and preventive maintenance. Other general maintenance duties will also include documenting safety issues, ensuring community is compliant with Federal, state and local regulations; inspect vacant apartments, schedule and coordinate outside contractors and vendors, conduct scheduled testing and emergency drills, respond appropriately to all accidents and emergencies, and conduct team member trainings. Other duties in other departments may be assigned as needed.

Enclosure: *Physician approved task analysis and light duty assignments*

SHIFT: 9:00	☒ AM ☐ PM	TO 5:00	☐ AM ☒ PM
DAY(S): ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☐ Friday ☐ Saturday ☒ Sunday			
START DATE: <u>12/20/21</u>		TIME: <u>9:00am</u>	Department: <u>Administration</u>
WAGES: You will receive \$ <u>30.00</u> per hour.			
*Your Workers' Compensation carrier will pro-rate your time loss benefits if this salary is less than your regular wage.			
REPORT TO (Supervisor's Name): <u>Dougal Kear</u>		Phone: <u>(803) 730-6639</u>	

I agree to work within these restrictions and I accept the above jobs offered. ☐ Yes ☐ No

Employee Signature

Date

Stephen Samuels

From: Stephen Samuels
Sent: Tuesday, January 25, 2022 1:24 PM
To: Mark Davis
Cc: Wanda Powell; Christina Bell; David Beale
Subject: RE: Troy Hinson v. Merrill Gardens

Importance: High

Tracking:	Recipient	Read
	Mark Davis	
	Wanda Powell	
	Christina Bell	
	David Beale	Read: 1/25/2022 2:34 PM

Good afternoon Mark.

Your client terminated Troy's employment this morning. As you know, I had previously expressed concerns over the fact he is physically unable to do the work and was concerned that they might fire him. They have now done so.

Would you please confirm for me that TTD will be restarted effective today?

I appreciate it and look forward to hearing from you.



Stephen B. Samuels

Attorney at Law
Samuels Reynolds Law Firm, LLC
1320 Richland Street, Columbia, SC. 29201
O:803.779.4000 F:803.779.4004
www.SamuelsReynolds.com
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From: Mark Davis <mdavis@mgclaw.com>
Sent: Monday, January 17, 2022 3:57 PM
To: Stephen Samuels <stephen@samuelsreynolds.com>

Cc: Wanda Powell <wpowell@samuelsreynolds.com>; Christina Bell <christina@samuelsreynolds.com>; David Beale <david@samuelsreynolds.com>
Subject: RE: Troy Hinson v. Merrill Gardens

Hi Stephen. My apologies for not responding sooner. I am behind on my emails thanks to a mild bout with COVID-19. I have reached out to my clients for additional information and direction. I will let you know what I find out.

Thanks,

Mark



GEORGIA | MISSISSIPPI | NORTH CAROLINA | SOUTH CAROLINA | TENNESSEE | VIRGINIA

Mark Davis, Attorney
mdavis@mgclaw.com
735 Johnnie Dodds Blvd. Ste 200
Mt. Pleasant, SC 29464
Main: 843-576-2900 | Direct: 843-576-2782 | Fax: 843-534-06
VCARD | BIO

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Please consider the environment before printing this email.

From: Stephen Samuels <stephen@samuelsreynolds.com>
Sent: Wednesday, January 12, 2022 10:11 AM
To: Mark Davis <mdavis@mgclaw.com>
Cc: Wanda Powell <wpowell@samuelsreynolds.com>; Christina Bell <christina@samuelsreynolds.com>; David Beale <david@samuelsreynolds.com>
Subject: Troy Hinson v. Merrill Gardens

Hi Mark.

Troy Hinson called me this morning. Apparently his boss has told him he needs to go on disability because he cannot do the work that needs to be done.

I think the problem is that Troy is on work restrictions which preclude him from working as the maintenance man for the apartment complex. In short, there is no economic benefit to the employer by having him there given his restrictions.

Would you please call me? I don't want Troy to get fired over this (not that he has given me any expectation that is actually going to happen) and end up in a battle over TTD. Seems as if the employer doesn't really have work within his restrictions, then he needs to go back on TTD.

Thoughts? Can you call me about this? Thanks.



Stephen B. Samuels

Attorney at Law

Samuels Reynolds Law Firm, LLC

1320 Richland Street, Columbia, SC. 29201

O:803.779.4000 F:803.779.4004

www.SamuelsReynolds.com

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1/25/22

Troy Hinson

~~200 Edwards View Rd~~
~~Columbia SC 29208~~

Dear Mr. Hinson:

Due to instances of insubordination, failure to complete tasks, lack of communication to the GM, other team members, business tenant, and residents, actions that jeopardized life-safety, and continuing performance issues that have been discussed with you, we made the decision to end your employment with us effective today 1/25/22.

I hope we answered many of your questions during our meeting, and I want to make certain you have the following important information.

1. Last Paycheck

Your final paycheck will be provided on the next regular payday. Please verify that we have your correct information.

2. Company Property

Please return all company property to your supervisor no later than the end of the day today. This includes: keys, name badge, P-Card, and any other company property you may have in your possession.

3. Benefits

Vacation

You will be paid for any unused vacation you have earned as of your last day of work.

Health Insurance

Your health insurance coverage will end on 1/31/22. However, you will be notified by mail of your ability to continue coverage, at your expense, under COBRA. If you or your eligible dependents plan to elect COBRA, please retain your current insurance card(s). Your insurance ID number and the group plan number will remain the same. If you need a new insurance card, please contact the insurance carrier directly.

If you have questions regarding medical insurance coverage or COBRA, contact Gallagher at 425-454-6000.

401(k)

For information regarding your 401(k) account, please call ADP at 800.695.7526.

We wish you the best in your future endeavors.

Sincerely,

A handwritten signature in black ink, appearing to read 'DK', written over the word 'Sincerely,'.

Dougal Kear
General Manager

PRISMA HEALTH.

PRM-1000

Summary of Activity

Pay By Phone	844-644-3160
Pay Online	https://mychart.prismahealth.org
Statement Date	12/30/2021
Due Date	01/30/2022
Patient Name	TROY W HINSON
Guarantor Number	102542037
Patient Charges This Statement	\$206.00
Insurance Payments/Adjustments	\$0.00
Account Payments/Adjustments	-\$61.80
Balance	\$144.20
Amount Due:	\$144.20



Payment Plans

You can now set-up and manage payment plans online! mychart.prismahealth.org



7 Independence Pointe STE 140 | Greenville SC, 29615

Physician Statement

Have questions about your bill?
Call us: 844-644-3160

ADDRESSEE:



Troy W Hinson

200 EDWARD AVE

COLUMBIA SC 29203-5120

000022 - 6835



000102542037800000144201

219

Amount Due
\$144.20



ACCOUNT FINAL NOTICE

This is your FINAL NOTICE. Your account is at risk of being placed in collections. Please pay your balance in full immediately.

Manage Your Account



Online Bill Pay

Make a one-time payment on our secure payment portal.
mychart.prismahealth.org



24/7 Payment Line

Easy, automated phone payments at your convenience.
844-644-3160



Paperless Billing

A convenient way to view and manage your bill online. Sign up today!
mychart.prismahealth.org

Guarantor Number: 102542037
Due Date: 01/30/2022
Amount Due: \$144.20
Amount Paid: \$



Pay Online: mychart.prismahealth.org

MAKE CHECKS PAYABLE AND REMIT TO:



PRISMA HEALTH

PO BOX 100279

COLUMBIA SC 29202-3279

271

PRISMA HEALTH.

7 Independence Pointe STE 140 | Greenville SC, 29615

Page:

2

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
	<i>Provider: Moffat, David Douglas, MD</i>			
12/8/21	POST-OP FOLLOW-UP VISIT	\$0.00		
	Date of Service Total	\$0.00	\$0.00	\$0.00
	<i>Provider: Moffat, David Douglas, MD</i>			
8/22/21	OFFICE/OUTPATIENT NEW LOW MDM or 30-44 MINUTES	\$206.00		
9/22/21	Patient Adjustment		-\$61.80	
	Date of Service Total	\$206.00	-\$61.80	\$144.20
	Statement Total	\$206.00	-\$61.80	\$144.20

Change of Address

Name (Last, First, Middle Initial)

Address

City

State

ZIP

Telephone

If Paying By Credit Card, Fill Out Below

CHECK CARD USING FOR PAYMENT



CARD NUMBER

SIGNATURE

PRINT NAME

EXP. DATE
M / Y

CVV CODE

AMOUNT PAID

Primary Insurance Updates

Primary Insured Name

Primary Insurance Name

Effective Date

Primary Insurance Street Address

City

State

ZIP

Telephone

Employer Name

Group Number

Subscriber ID #

Policyholder's Date of Birth

Secondary Insurance Updates

Secondary Insured Name

Secondary Insurance Name

Effective Date

Secondary Insurance Street Address

City

State

ZIP

Telephone

Employer Name

Group Number

Subscriber ID #

Policyholder's Date of Birth

219

220

272

Prisma Health Medical Group
dba Dept of Radiology
PO Box 602284
Charlotte NC 28260

Phone: (877) 277-2561

PAYMENT DUE UPON RECEIPT

**Thank You For Your
Prompt Remittance**

STATEMENT DATE
03/15/22

ACCOUNT #
1262142

\$244.44

10000000126214200000244446

00498

TROY W HINSON 1262142
Columbiana SC 29203-9120

MAKE CHECK PAYABLE AND REMIT TO:

Prisma Health Medical Group
dba Dept of Radiology
PO Box 602284
Charlotte NC 28260

DATE	DESCRIPTION	CHARGE	PYMTS	ADJMTS	BALANCE
11/01/21	74177 - CT, ABD AND PEL; W/ CONTRAST MATERIAL(S) Location: 138-PH MIDLANDS BAPTIST HOSPITAL (BCH)	\$271.00			\$244.44
01/30/22	BCBS SOUTH CAROLINA Applied to Deductible			\$26.56	
02/07/22	74176 - CT, ABD AND PEL; W/O CONTRAST MATERIAL Location: 137-PH MIDLANDS RICHLAND HOSPITAL (RH)	\$258.00			\$258.00*

*** This is your FINAL NOTICE ***

Failure to pay this balance in full within 15 days may result in further collection action.

Account Information

Statement Date: 03/15/2022
Account: 1262142
Patient: TROY W HINSON
Total Balance: \$502.44
* = Insurance Pending: \$258.00
Patient Balance: \$244.44

DUE NOW
\$244.44

Pay Online At:

www.ePayitOnline.com
Code ID: MSN00001R Access#: 12398603-1-509
Or Call (877) 277-2561

SCAN FOR
MOBILE
PAYMENT



Primary Insurance: ---7386 - Tpt - Church Mutual Auto Ins
Secondary Insurance: ---366594801 - Bcbs South Carolina
To Chat live with a representative or to update insurance please visit us at click2pay.us

221

MSN00001R-0884689-0000000-12398603-001-000509-#000567-0042

Prisma Health Medical Group
dba Dept of Radiology
PO Box 602284
Charlotte NC 28260
(877) 277-2561

DM-RCP-R-0042

THE PRACTICE, LLC
1910 GREGG ST
COLUMBIA, SC 29201-2618



007797
0101

Statement ID: a33.7584

|||||
TROY HINSON
~~600 EDWARD VIEW RD~~
~~COLUMBIA, SC 29203-2129~~

ACCOUNT NUMBER 8320 HINSON, TROY	
PAGE 1	STATEMENT DATE 03/25/22
☐ MASTERCARD ☐ VISA ☐ AM EXP ☐ DISCOVER	
PAY THIS AMOUNT \$ 65.00	AMOUNT ENCLOSED \$
IF PAYING BY CREDIT CARD, PLEASE SEE REVERSE SIDE 652886C (PC1)	

|||||
THE PRACTICE, LLC
1910 GREGG ST
COLUMBIA, SC 29201-2618

TRANSACTIONS AFTER THE CLOSING DATE WILL APPEAR ON YOUR NEXT STATEMENT

☐ Please check box if above addressee is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT OF ACCOUNT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

01/31/22 MATTEI TROY 10060 INCISION Y 198.00 -133.00 0.00 65.00

FOR QUESTIONS REGARDING THIS STATEMENT, OR TO MAKE A PAYMENT,
PLEASE CALL US AT (844) 351-2043 X5039.

"Y" IN INS COLUMN = INSURANCE FILED, "*" AFTER BALANCE = PENDING INSURANCE

MAKE CHECKS PAYABLE TO:				THE PRACTICE, LLC			
PROVIDER/ PRACTICE NAME		THE PRACTICE, LLC		FOR BILLING INQUIRIES, CALL		844-351-2043	
*AN ASTERISK APPEARS ON CHARGES FILED FOR INSURANCE		ACCOUNT NUMBER	8320 HINSON, TROY	DATE OF LAST PAYMENT	02/14/22	INSURANCE PENDING	0.00
03/25/22	65.00	0.00	0.00	0.00	0.00	65.00	
STATEMENT DATE	CURRENT	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days	PLEASE PAY THIS AMOUNT	

34495*TAPOV85NC000435 6APOVBLJN:1.1



PRISMA HEALTH.

PRM-1000

Summary of Activity

Pay By Phone	844-644-3160
Pay Online	https://mychart.prismahealth.org
Statement Date	03/27/2022
Due Date	04/27/2022
Patient Name	TROY W HINSON
Guarantor Number	102542037
Patient Charges This Statement	\$552.00
Insurance Payments/Adjustments	\$152.30
Account Payments/Adjustments	\$0.00
Balance	\$704.30
Amount Due:	\$704.30



Online Bill Pay

Make a one-time payment on our secure payment portal. mychart.prismahealth.org



**PRISMA
HEALTH.**

7 Independence Pointe STE 140 | Greenville SC, 29615

Physician Statement

Have questions about your bill?
Call us: 844-644-3160

ADDRESSEE:



Troy W Hinson

600 EDWARD VIEW RD

COLUMBIA SC 29205-0120

000019-5194

000102542037800000704306

Amount Due
\$704.30

Payment Plans

You can now set-up and manage payment plans online!

mychart.prismahealth.org



Manage Your Account



Online Bill Pay

Make a one-time payment on our secure payment portal.
mychart.prismahealth.org



Self-Service Payment Plans

You can now set-up and manage payment plans online!
mychart.prismahealth.org



Financial Assistance

You may be eligible for financial assistance if you meet certain income guidelines. 864-454-9604

Guarantor Number: 102542037

Due Date: 04/27/2022

Amount Due: \$704.30

Amount Paid: \$

Pay Online: mychart.prismahealth.org

MAKE CHECKS PAYABLE AND REMIT TO:



PRISMA HEALTH

PO BOX 100279

COLUMBIA SC 29202-3279

255 Enterprise Blvd | Suite 210 | Greenville, SC 29615-3556

HOSPITAL STATEMENT

i For billing questions or to make a payment, contact our 24-hour Customer Service line at 864-454-9604 or 844-302-8298 (toll free). Please have your guarantor number available when calling.

Addressee

Page 1 of 1

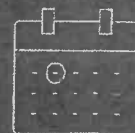
Troy W Hinson

~~298 EDWARD VIEW RD~~
~~COLUMBIA SC 29206-0420~~

00010254203700003108305

Payment Plans

Need a little more time to pay?
Simply call (864) 454-9604 to
create a plan today.



Guarantor Number 102542037	Due Date 04/16/2022	Amount Due \$3,108.30	Amount Paid \$

Please make checks payable and remit to:

Prisma Health
P.O. Box 100147
Columbia SC 29202-3147

Please detach and return top portion with payment.

Guarantor Number	Patient Name	Statement Date	Due Date
102542037	Troy W Hinson	03/16/2022	04/16/2022

Date	Service Description	Status	Charges	Payments/ Adjustments	Insurance Balance	Patient Balance
Account Not on A Payment Plan						
02/07/2022	Location: Richland Hospital Account #: 451001196221 Balance Forward Patient Balance	Past Due	\$3,108.30			\$3,108.30



YOUR ACCOUNT IS PAST DUE

Financial Assistance

You may be eligible for financial assistance if you meet certain income guidelines. See the back of your statement for more details.

AMOUNT DUE: \$3,108.30



PATHOLOGY ASSOC OF GREENVILLE
5700 SOUTHWYCK BLVD
TOLEDO, OH 43614-1509

Billing questions or changes to insurance coverage?
Visit: myaccount.apsmedbill.com
Please contact Patient Accounts at 1-800-627-7081
Monday - Friday 9:00 AM - 7:00 PM

PAYMENT DUE UPON RECEIPT

STATEMENT DATE	PAY THE AMOUNT
02/21/22	\$56.00
ACCOUNT NUMBER	SHOW AMOUNT PAID HERE
085464572	\$

Page 1 of 1

* **FORWARDING SERVICE REQUESTED**

TROY W HINSON
200 EDWARD AVE W RD
COLUMBIA SC 29203-3420

REMIT TO

PATHOLOGY ASSOC OF GREENVILLE
5700 SOUTHWYCK BLVD
TOLEDO, OH 43614-1509

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

Please detach and return this portion with payment.

> **IMPORTANT INFORMATION**

FOR PROFESSIONAL PATHOLOGY SERVICES RENDERED AT PALMETTO BAPTIST MEDICAL CNTR

> **INSURANCE INFORMATION**

PRIMARY
Insurance Name BCBS COLUMBIA SVC CTR OF SC
Name of Insured HINSON, TROY W
Policy Number MGD60366594801
SECONDARY
Insurance Name None on file
Policy Number

> **ACCOUNT SUMMARY**

11/05/21	GROSS & MICRO, LEVEL III	88304-26	150.00
	Adjustments		-94.00
	Balance Due		56.00

> **QUESTIONS?**

Billing questions or changes to insurance coverage? Please contact Patient Accounts at 1-800-627-7081
 Monday - Friday 9:00 AM - 7:00 PM

CREDIT CARD?

TO PAY YOUR BILL ONLINE, PLEASE VISIT
[HTTPS://PAYYOURBILL.APSMEDBILL.COM](https://payyourbill.apsmedbill.com)

Oct 29 Dr. Moffat

Account Information

PATIENT NAME TROY HINSON
ACCOUNT NUMBER 085464572
CLIENT NUMBER 1000186647531/PGRB
STATEMENT DATE 02/21/22

DUE NOW

\$56.00

This amount is your responsibility

BALANCE DUE \$56.00

Pay Online or by Phone

Pay Online @

<https://payyourbill.apsmedbill.com>

Pay by Phone

800-627-7081



SCAN FOR
MOBILE
PAYMENT



226

278



PATHOLOGY ASSOC OF GREENVILLE
5700 SOUTHWYCK BLVD
TOLEDO, OH 43614-1509

Billing questions or changes to insurance coverage?
Visit: myaccount.apsmedbill.com
Please contact Patient Accounts at 1-800-627-7081
Monday - Friday 9:00 AM - 7:00 PM

PAYMENT DUE UPON RECEIPT

STATEMENT DATE	PAY THIS AMOUNT
12/09/21	\$150.00
ACCOUNT NUMBER	SHOW AMOUNT PAID HERE
085464572	\$

Page 1 of 1

* FORWARDING SERVICE REQUESTED
ADDRESSEE

TROY W HINSON
200 EDWARD VIEW RD
COLUMBIA SC 29203-9120

REMIT TO

PATHOLOGY ASSOC OF GREENVILLE
5700 SOUTHWYCK BLVD
TOLEDO, OH 43614-1509

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

Please detach and return this portion with payment.

> IMPORTANT INFORMATION

* THIS IS THE FINAL NOTICE ON YOUR ACCOUNT. WE REQUIRE *
* PAYMENT IN 10 DAYS OR WE MAY REFER YOUR ACCOUNT TO A *
* COLLECTION AGENCY. FINAL RESPONSIBILITY FOR THIS ACCOUNT *
* IS YOURS. IF YOU'VE ALREADY SENT PAYMENT IN FULL, PLEASE *
* DISREGARD THIS NOTICE. *

FOR PROFESSIONAL PATHOLOGY SERVICES RENDERED AT PALMETTO BAPTIST MEDICAL CNTR

> INSURANCE INFORMATION

PRIMARY
Insurance Name SELF PAY
Name of Insured HINSON, TROY W
Policy Number 1452850
SECONDARY
Insurance Name BCBS COLUMBIA SVC CTR OF
SC
Policy Number MGD60366594801

> ACCOUNT SUMMARY

11/05/21 GROSS & MICRO, LEVEL III	88304.26	150.00
Balance Due		150.00

> QUESTIONS?

Billing questions or changes to insurance coverage? Please contact Patient Accounts at 1-800-627-7081
Monday - Friday 9:00 AM - 7:00 PM

CREDIT CARD?

TO PAY YOUR BILL ONLINE, PLEASE VISIT
[HTTPS://PAYYOURBILL.APSMEDBILL.COM](https://payyourbill.apsmedbill.com)

Account Information
PATIENT NAME TROY HINSON
ACCOUNT NUMBER 085464572
CLIENT NUMBER 1000186647531/PGRB
STATEMENT DATE 12/09/21

DUE NOW

\$150.00

This amount is your responsibility

BALANCE DUE \$150.00

Pay Online or by Phone

Pay Online @
<https://payyourbill.apsmedbill.com>
Pay by Phone
800-627-7081



SCAN FOR
MOBILE
PAYMENT



279

P.O. Box 91059
Seattle, WA 98111-9159

1149 1 MB 0.485 242546.38 10013251 NNNNNN

February 19, 2022

TROY W HINSON

~~200 EDWARD VIEW RD~~
~~COLUMBIA SC 29203~~

Customer Service
800-722-1471 (TTY 711)

Member Identification #
60366594801

Claim # / Payment Reference ID
858517794600 / 2022021910214750

Group Name / Group #
R.D. MERRILL COMPANY / 1029288

Your Total Responsibility **\$56.00**

This is Not a Bill

This is the amount you owe your healthcare provider

The summary below is intended to help you understand cost and coverage for Medical services received.

Explanation of Benefits (EOB)

Claim Summary for TROY W. HINSON
Claim # 858517794600

For services provided by PATHOLOGY ASSOCIATES on 11/05/2021 through 11/05/2021

Amount Billed	\$150.00	Full amount billed by your provider to your health plan.
Premera Network Discount	\$94.00	Premera negotiates discounts with in-network providers on your behalf to help save you money.
Amount Paid by your Health Plan	\$0.00	Your health plan paid this portion of the Amount Billed.
Your Total Responsibility	\$56.00	This is the total you owe the provider. It doesn't reflect any amounts you may have already paid. The provider will bill you for any balance due.
Amount you Saved	\$94.00	You saved 63% of the Amount Billed. This amount includes the Premera Network Discount and Amount Paid by your Health Plan.

To see the amount applied to your out-of-pocket maximum for the year, log in to www.premera.com or go to the mobile app.

This is Not a Bill

Explanation of Benefits (EOB)

Claim Summary for TROY W. HINSON
Claim # 858517794600

For services on 11/05/2021 - 11/05/2021

For services provided by
PATHOLOGY ASSOCIATES
Premera received this claim on
February 10, 2022
Processing completed on
February 11, 2022
Your Total Responsibility \$56.00

Service/Product	Dates of Service	Amount Billed	YOUR PLAN DISCOUNTS & PAYMENTS				YOUR TOTAL RESPONSIBILITY				Claim Notes
			Premiera Network Discount	Amount Paid By Your Health Plan	Amount From Another Source	Total Plan Discounts & Payments	Copay	Deductible	Coinsurance	Amount Not Covered	
Lab Test: Tissue	11/05 - 11/05	\$150.00	\$94.00	\$0.00	\$0.00	\$94.00	\$0.00	\$56.00	\$0.00	\$56.00	IAA*
Totals		\$150.00	\$94.00	\$0.00	\$0.00	\$94.00	\$0.00	\$56.00	\$0.00	\$56.00	

Claim Notes

- *IAA Charges exceed the contract fee schedule/maximum allowable.
- *V47 Processed through the BlueCard program for out of area services.

Please Keep in Mind

- Go paperless. To receive your EOBs by email, visit www.premera.com.
- Use the "Find a Doctor" tool to find an in-network provider.
- You should always ask your provider to check with Premera before scheduling a medical procedure.
- We welcome your feedback at premeralistens.com.

Safeguarding your personal information is very important to Premera. If you believe you have been deceived to provide personal information to an unknown party or would like resources on how you can protect yourself from fraud and email scams such as "phishing," see our Fraud and Abuse page on www.premera.com.



PREMERA | 

BLUE CROSS

P.O. Box 91059
Seattle, WA 98111-9159

1199 1 MB 0.485 232734.4 10012770 NNNNNN

February 12, 2022

TROY W HINSON

208 EDWARD VIEW DR
COLUMBIA SC 29203

Customer Service
800-722-1471 (TTY 711)

Member Identification #
60366594801

Claim # / Payment Reference ID
858411200400 / 2022021210224346

Group Name / Group #
R.D. MERRILL COMPANY / 1029288

Your Total Responsibility **\$85.00**

This is Not a Bill

This is the amount you owe your healthcare provider

The summary below is intended to help you understand
cost and coverage for Medical services received.

Explanation of Benefits (EOB)

Claim Summary for TROY W. HINSON
Claim # 858411200400

For services provided by THE PRACTICE on 01/31/2022 through 01/31/2022

Amount Billed	\$341.00	Full amount billed by your provider to your health plan.
Premera Network Discount	\$204.50	Premera negotiates discounts with in-network providers on your behalf to help save you money.
Amount Paid by your Health Plan	\$51.50	Your health plan paid this portion of the Amount Billed.
Your Total Responsibility	\$85.00	This is the total you owe the provider. It doesn't reflect any amounts you may have already paid. The provider will bill you for any balance owed.
Amount you Saved	\$256.00	You saved 75% of the Amount Billed. This amount includes the Premera Network Discount and Amount Paid by your Health Plan.

To see the amount applied to your out-of-pocket maximum for the year,
log in to www.premera.com or go to the mobile app.



This is Not a Bill

Explanation of Benefits (EOB)

Claim Summary for TROY W. HINSON
Claim # 858411200400

For services on 01/31/2022 - 01/31/2022

For services provided by
THE PRACTICE
Premera received this claim on
February 02, 2022
Processing completed on
February 04, 2022
Your Total Responsibility \$85.00

Service/Product	Dates of Service	Amount Billed	YOUR PLAN DISCOUNTS & PAYMENTS				YOUR TOTAL RESPONSIBILITY				Claim Notes
			Premiera Network Discount	Amount Paid By Your Health Plan	Amount From Another Source	Total Plan Discounts & Payments	Copay	Deductible	Coinsurance	Amount Not Covered	
Office Visit	01/31 - 01/31	\$143.00	\$71.50	\$51.50	\$0.00	\$123.00	\$20.00	\$0.00	\$0.00	\$0.00	IAA*
Incision/Drain: Skin	01/31 - 01/31	\$198.00	\$133.00	\$0.00	\$0.00	\$133.00	\$0.00	\$65.00	\$0.00	\$0.00	IAA*
Totals		\$341.00	\$204.50	\$51.50	\$0.00	\$256.00	\$20.00	\$65.00	\$0.00	\$0.00	IAA*

Claim Notes

*IAA Charges exceed the contract fee schedule/maximum allowable.
*V47 Processed through the BlueCard program for out of area services.

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Discrimination Is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。

CHÚ Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំណប់ឱ្យអ្នក។ ចូរទូរស័ព្ទ 800-722-1471 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY: 711) まで、お電話にてご連絡ください。

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በእኛ ሊያገኙዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711)፡፡

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711). **ملحوظة:** إذا كنت تتحدث أحدى اللغات، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ប្រែសម្រួល: បើ អ្នក រៀន ភាសា ខ្មែរ, អ្នក អាច ទទួល បាន ការ ជំនួយ ភាសា ដោយ មិន គិត ថ្លៃ។ តេឡេហ្វូន 800-722-1471 (TTY: 711)។

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجہ: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.

An independent licensee of the Blue Cross Blue Shield Association

037397 (11-06-2019)



PATHOLOGY ASSOC OF GREENVILLE
5700 SOUTHWYCK BLVD
TOLEDO, OH 43614-1509

Billing questions or changes to insurance coverage?
Visit: myaccount.apsmedbill.com
Please contact Patient Accounts at 1-800-627-7081
Monday - Friday 9:00 AM - 7:00 PM

PAYMENT DUE UPON RECEIPT

STATEMENT DATE	PAY THIS AMOUNT
10/31/21	\$22.00
ACCOUNT NUMBER	SHOW AMOUNT PAID HERE
083307149	\$

Page 1 of 1

* FORWARDING SERVICE REQUESTED
ADDRESSEE
TROY HINSON
~~205 EDWARDS VIEW RD~~
~~COLUMBIA, SC 29209-9120~~

REMIT TO

PATHOLOGY ASSOC OF GREENVILLE
5700 SOUTHWYCK BLVD
TOLEDO, OH 43614-1509

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

Please detach and return this portion with payment.

> IMPORTANT INFORMATION

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* PAYMENT IN 10 DAYS OR WE MAY REFER YOUR ACCOUNT TO A *
* COLLECTION AGENCY. FINAL RESPONSIBILITY FOR THIS ACCOUNT *
* IS YOURS. IF YOU'VE ALREADY SENT PAYMENT IN FULL, PLEASE *
* DISREGARD THIS NOTICE. *

FOR PROFESSIONAL PATHOLOGY SERVICES RENDERED AT PROVIDENCE HOSPITAL NORTHEAST

> INSURANCE INFORMATION

PRIMARY
Insurance Name CHURCH MUTUAL INSURANCE
CO
Name of Insured HINSON, TROY
Policy Number 1452850
SECONDARY
Insurance Name None on file
Policy Number

> ACCOUNT SUMMARY

07/30/21	BASIC METABOLIC PANEL	80048-26	12.00
07/30/21	CBC PLATELET AUTO DIFF	85025-26	10.00
	Balance Due		22.00

> QUESTIONS?

Billing questions or changes to insurance coverage? Please contact Patient Accounts at 1-800-627-7081
Monday - Friday 9:00 AM - 7:00 PM

CREDIT CARD?

TO PAY YOUR BILL ONLINE, PLEASE VISIT
[HTTPS://PAYYOURBILL.APSMEDBILL.COM](https://payyourbill.apsmedbill.com)

Account Information
PATIENT NAME TROY HINSON
ACCOUNT NUMBER 083307149
CLIENT NUMBER E10002681725/PGPN
STATEMENT DATE 10/31/21

DUE NOW

\$22.00

This amount is your responsibility

BALANCE DUE \$22.00

Pay Online or by Phone

Pay Online @

<https://payyourbill.apsmedbill.com>

Pay by Phone

800-627-7081



SCAN FOR
MOBILE
PAYMENT



233

PAYMENTSMD
DO NOT MAIL PAYMENTS HERE
PO BOX 8788
CORAL SPRINGS, FL 33075-8788

Patient: **TROY HINSON**
Account number: **5684897**
Bill ID: **2886 - 1217 - 9624**
Printed on: **Oct 31, 2021**

STMT ▲ 016037

Troy Hinson
2886 Edward W. Way, Suite
Columbia SC 29208-0120

Difficulty paying your bill?

Visit bill.paymentsmd.com to learn about 0% interest payment plans and more ways to resolve your balance.

Your total is \$935.00

You have one bill that is ready to pay. The total amount is due by Nov 22, 2021.

SEE BACK FOR DETAILS →

Total billed	\$935.00
Total due	\$935.00

Visit bill.paymentsmd.com to add your insurance and we will reprocess your bill.



DETACH AREA BELOW AND SEND WITH PAYMENT

Ways to Pay

Online

Pay via desktop or mobile:
bill.paymentsmd.com

Bill ID: 2886 - 1217 - 9624



Scan to pay online.

Just point your phone's camera at the code to scan. Some phones may require a QR code app.

Phone

To pay by phone, call toll-free
24/7: (877) 308-6738

Mail

Mail check or money order
with this part of the bill to the
address on the reverse side.
Do not send cash.

Need Help?



Call our team toll-free
(Mon-Fri 9AM to 5PM EDT)
(877) 308-6738

11/10/2021

12:44pm

07/29/2021

12:57pm

Blythewood Pharmacy

710-C University Village Drive
 BLYTHEWOOD, SC 29016
 Phone: (803) 786-8110
 www.blythewoodpharmacy.com

1 RX6849146_0 HINSON, TROY	\$0.00
1 RX6849145_0 HINSON, TROY	\$0.00

	\$0.00
Sales Tax	\$0.00
Amount Due:	\$0.00
Tendered:	\$0.00
Change Due:	\$0.00

Items: 2
 Clerk ID: 2540
 Register #: 1
 Drawer #: 1

**Call your doctor for medical
 advice about side effects.
 You may report side effects
 to FDA at: 1-800-FDA-1088.**

Counseling Declined

*** Thank You ***



5 0 3 9 6 2

Blythewood Pharmacy

710-C University Village Drive
 BLYTHEWOOD, SC 29016
 Phone: (803) 786-8110
 www.blythewoodpharmacy.com

1 RX2074153_0 HINSON, TROY	\$10.00
1 RX4126887_0 HINSON, TROY	\$4.68
1 RX6860110_0 HINSON, TROY	\$36.30
1 RX6860113_0 HINSON, TROY	\$10.00
1 RX6860114_0 HINSON, TROY	\$2.28
1 RX6858017_1 HINSON, TROY	\$10.00

	\$73.26
Sales Tax:	\$0.00
Amount Due:	\$73.26

Items: 6
 Clerk ID: 2502
 Register #: 2
 Drawer #: 1

**Call your doctor for medical
 advice about side effects.
 You may report side effects
 to FDA at: 1-800-FDA-1088.**

US DEBIT
 A00000009980840
 Merchant Id: 529000159760
 Terminal Id: 0001

DEBIT

Approved Sale

\$73.26

Charged to: HINSON/TROY W
 Visa

Entry: Contactless

XXXXXXXXXXXX8342

Approval Code: 264131

Transaction Id: 936377697

Response Code: 00

TC AC7763E3B9DE5315

Pin Verified

*** Thank You ***



5 1 8 3 8 7

Customer Copy

Employee Timecards

12/22/2021 - 1/23/2022 1 Employee(s) Selected Loaded: 2:52 PM

Share View Pending Save

n	Out	Transfer	In	Out	Transfer	Pay Code	Amount	Shift	Daily	Period
9:00 AM	1:30 PM	Transitional Duty/Work	1:30 PM	5:08 PM				7.63	7.63	7.63
8:28 AM	1:50 PM	Transitional Duty/Work	2:20 PM	4:29 PM				7.52	7.52	15.16
									8.00	23.15
										23.15
8:27 AM	2:07 PM	Transitional Duty/Work	2:07 PM	2:38 PM	Transitional Duty/Work					
2:38 PM	4:31 PM	Transitional Duty/Work						8.07	8.07	31.22
8:27 AM	2:10 PM	Transitional Duty/Work	2:52 PM	4:37 PM	Transitional Duty/Work			7.47	7.47	38.68
8:30 AM	1:00 PM	Transitional Duty/Work						4.50	4.50	43.18
8:30 AM	1:36 PM	Transitional Duty/Work	2:07 PM	4:46 PM	Transitional Duty/Work			7.75	7.75	50.93
8:30 AM	1:39 PM	Transitional Duty/Work						4.55	4.55	55.48
236									8.00	63.48
										63.48
										63.48
8:24 AM	1:37 PM	Transitional Duty/Work	1:37 PM	2:08 PM	Transitional Duty/Work					
2:38 PM	4:37 PM	Transitional Duty/Work						8.22	8.22	71.70
8:26 AM	1:01 PM	Transitional Duty/Work						4.42	4.42	76.12
8:24 AM	1:26 PM	Transitional Duty/Work	1:56 PM	4:34 PM	Transitional Duty/Work			7.67	7.67	83.78

Actuals

Audits

Employee Timeliness

12/22/2021 - 1/23/2022 1 Employee(s) Selected Loaded: 2:52 PM

Share View Refresh Save

Out	Transfer	In	Out	Transfer	Pay Code	Amount	Shir	Daily	Period
1:00 PM	Transitional Duty/Work	1:00 PM	8:08 PM				7.83	7.83	7.83
1:59 PM	Transitional Duty/Work	2:00 PM	4:29 PM				7.82	7.82	15.15
								8.00	23.15
2:07 PM	Transitional Duty/Work	2:07 PM	2:58 PM	Transitional Duty/Work					23.15
4:31 PM	Transitional Duty/Work						8.07	8.07	31.22
2:10 PM	Transitional Duty/Work	2:58 PM	4:37 PM	Transitional Duty/Work			7.47	7.47	38.69
1:08 PM	Transitional Duty/Work						4.50	4.50	43.18
1:58 PM	Transitional Duty/Work	2:07 PM	4:46 PM	Transitional Duty/Work			7.75	7.75	50.93
1:03 PM	Transitional Duty/Work						4.55	4.55	55.48
								8.00	63.48
									63.48
2:37 PM	Transitional Duty/Work	1:27 PM	2:08 PM	Transitional Duty/Work			8.22	8.22	71.70
4:37 PM	Transitional Duty/Work						4.42	4.42	76.12
1:01 PM	Transitional Duty/Work						7.57	7.57	83.78
1:28 PM	Transitional Duty/Work	1:58 PM	4:34 PM	Transitional Duty/Work					

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Hinson, Troy W



List View



Zoom



Go To



Share

View
Pending

		Date	Absence	In	Out	
+		Wed 12/22		9:00 AM	1:00 PM	transit
+		Thu 12/23		8:28 AM	1:50 PM	transit
+		Fri 12/24				...
+		Sat 12/25				...
+		Sun 12/26		8:27 AM	2:07 PM	transit
+				2:38 PM	4:31 PM	transit
+		Mon 12/27		8:27 AM	2:10 PM	transit
+		Tue 12/28		8:30 AM	1:00 PM	transit
+		Wed 12/29		8:30 AM	1:36 PM	transit
+		Thu 12/30		8:30 AM	1:03 PM	transit
+		Fri 12/31				...
+		Sat 1/01				...
+		Sun 1/02				...
+		Mon 1/03		8:24 AM	1:37 PM	transit
+				2:08 PM	4:37 PM	transit
+		Tue 1/04		8:36 AM	1:01 PM	transit
+		Wed 1/05		8:24 AM	1:26 PM	transit

Hinson, Troy W



List View



Zoom



Go To



Share

View
Pending

		Date	Absence	In	Out	
+		Tue 1/11		8:28 AM	1:07 PM	Transit
+		Wed 1/12		8:26 AM	1:10 PM	a/Garc
+				1:47 PM	4:40 PM	Transit
+		Thu 1/13		8:28 AM	1:02 PM	a/Garc
+		Fri 1/14				...
+		Sat 1/15				...
+		Sun 1/16		8:21 AM	1:28 PM	Transit
+				2:00 PM	4:30 PM	Transit
+		Mon 1/17		8:27 AM	1:00 PM	Transit
+				1:30 PM	4:30 PM	Transit
+		Tue 1/18		8:42 AM	1:00 PM	Transit
+		Wed 1/19				...
+		Thu 1/20		8:28 AM	1:01 PM	Transit
+				4:30 PM	5:50 PM	Transit
+		Fri 1/21				...
+		Sat 1/22				...
+		Sun 1/23		8:27 AM	1:47 PM	Transit

Hinson, Troy W



List View Zoom Go To

Share View Pending

		Date	Absence	In	Out	
+	🗑️	Sat 1/01				...
+	🗑️	Sun 1/02				...
+	🗑️	Mon 1/03		8:24 AM	1:37 PM	transit
+	🗑️			2:08 PM	4:37 PM	transit
+	🗑️	Tue 1/04		8:36 AM	1:01 PM	transit
+	🗑️	Wed 1/05		8:24 AM	1:26 PM	transit
+	🗑️	Thu 1/06		8:23 AM	1:00 PM	a/Hou
+	🗑️	Fri 1/07				...
+	🗑️	Sat 1/08				...
+	🗑️	Sun 1/09		8:25 AM	8:56 AM	transit
+	🗑️	Mon 1/10				...
+	🗑️	Tue 1/11		8:28 AM	1:07 PM	transit
+	🗑️	Wed 1/12		8:26 AM	1:10 PM	a/Garc
+	🗑️			1:47 PM	4:40 PM	transit
+	🗑️	Thu 1/13		8:28 AM	1:02 PM	a/Garc
+	🗑️	Fri 1/14				...
+	🗑️	Sat 1/15				...

Hinson, Troy W



List View Zoom Go To

Share View Pending

		Date	Absence	In	Out	
+	🗑️	Sun 1/02	8hr			...
+	🗑️	Mon 1/03		8:24 AM	1:37 PM	transit
+	🗑️			2:08 PM	4:37 PM	transit
+	🗑️	Tue 1/04		8:36 AM	1:01 PM	transit
+	🗑️	Wed 1/05		8:24 AM	1:26 PM	transit
+	🗑️	Thu 1/06		8:23 AM	1:00 PM	a/Hou
+	🗑️	Fri 1/07				...
+	🗑️	Sat 1/08				...
+	🗑️	Sun 1/09	SICK	8:25 AM	8:56 AM	transit
+	🗑️	Mon 1/10	- DR. 8hr			...
+	🗑️	Tue 1/11		8:28 AM	1:07 PM	transit
+	🗑️	Wed 1/12		8:26 AM	1:10 PM	a/Gar
+	🗑️			1:47 PM	4:40 PM	transit
+	🗑️	Thu 1/13		8:28 AM	1:02 PM	a/Gar
+	🗑️	Fri 1/14				...
+	🗑️	Sat 1/15				...



Non-Exempt Time Off

(Hourly Employee)

Date: 1-23-22

Employee: Tray Hinson

Employee #: 1004020

Supervisor: Douglas

Dept.: _____

Approval for time off will be submitted to your immediate Supervisor at least two weeks in advance of time off. Employees are responsible for submitting the *Time Off* form for all time off taken without prior approval upon their return to work. Details concerning leave of absence policies can be found in the Employee Handbook.

Type of Leave	Dates Requested	Hours per Day	Total Time Off (Hours)
☒ ~~Vacation~~ <u>Holiday</u> (Must use in increments of at least 2 hours)	<u>1-2-22</u>	<u>8</u>	<u>8</u> <i>New Years</i>
☐ Sick or Sick/Safe Ordinance (Available in 1-minute increments)			
☐ Supplemental COVID Sick (Available in 1-minute increments)			
☐ Bereavement (Attach necessary documentation)			
☐ Jury Duty (Attach necessary documentation)			
☐ Unpaid Time Off			

Employee and Supervisor signatures are mandatory for this form to be processed.

Employee Signature

Date

Supervisor Signature

Date

August 2021

Hinson, Troy W

📅 👤 ↻

☰ List View 🔍 Zoom ➡ Go To

➡ Share ⏸ View Pending

		Date	Absence	In	Out	
+	🗑️	Sun 1/16		8:21 AM	1:28 PM	Transit
+	🗑️			2:00 PM	4:30 PM	Transit
+	🗑️	Mon 1/17		8:27 AM	1:00 PM	Transit
+	🗑️			1:30 PM	4:30 PM	Transit
+	🗑️	Tue 1/18		8:42 AM	1:00 PM	Transit
+	🗑️	Wed 1/19	MLK - 8 hr			...
+	🗑️	Thu 1/20		8:28 AM	1:01 PM	Transit
+	🗑️			4:30 PM	5:50 PM	Transit
+	🗑️	Fri 1/21				...
+	🗑️	Sat 1/22				...
+	🗑️	Sun 1/23		8:27 AM	1:47 PM	Transit
+	🗑️	Mon 1/24				...
+	🗑️	Tue 1/25				...
+	🗑️	Wed 1/26				...
+	🗑️	Thu 1/27				...
+	🗑️	Fri 1/28				...
+	🗑️	Sat 1/29				...

111 - L02 -
Sve Hadeywell - 322



Non-Exempt Time Off

(Hourly Employee)

Date: 1-23-22

Employee: Troy Hinson

Employee #: 1004020

Supervisor: Douglas

Dept.: _____

Approval for time off will be submitted to your immediate Supervisor at least two weeks in advance of time off. Employees are responsible for submitting the *Time Off* form for all time off taken without prior approval upon their return to work. Details concerning leave of absence policies can be found in the Employee Handbook.

Type of Leave	Dates Requested	Hours per Day	Total Time Off (Hours)
☒ Vacation <u>Holiday</u> (Must use in increments of at least 2 hours)	<u>1-19-22</u>	<u>8</u>	<u>8</u>
☐ Sick or Sick/Safe Ordinance (Available in 1-minute increments)			
☐ Supplemental COVID Sick (Available in 1-minute increments)			
☐ Bereavement (Attach necessary documentation)			
☐ Jury Duty (Attach necessary documentation)			
☐ Unpaid Time Off			

Employee and Supervisor signatures are mandatory for this form to be processed.

Troy Hinson
Employee Signature

1-23-22
Date

Supervisor Signature

Date

August 2021

MENU

Myself
Benefits

Troy Hinson ▼ | To Do | Help | Logout

Benefits Summary

Beneficiaries/Dependents

PTO Plans

PTO Requesters

COBRA

Health Care Eligibility

1095-C

Links

Find...

Benefits Summary

print help

Status

Active

Benefit Seniority Date 06/08/2021

				Deduction			Coverage		Employee		Employer	
History	Benefit	Plan	Benefit Status	Start	Stop	Coverage	Start	Stop	Last	YTD	Last	YTD
	Deferred Comp(USA)	401K Contribution	Active	06/08/2021		0.00 %	01/01/2022		\$0.00	\$0.00	\$0.00	\$0.00
	Dental	Dental Plan	Active	08/23/2021		Employee and Spouse	09/01/2021		\$13.00	\$13.00	\$26.21	\$26.21
	Group Term Life Insurance	MIG Group Life and AD&D - Corp	Active	09/01/2021		\$35,000.00	09/01/2021		\$0.00	\$0.00	\$0.00	\$0.00
	Medical	Medical Plan 1	Active	08/23/2021		Employee and Spouse	09/01/2021		\$196.50	\$196.50	\$448.51	\$448.51
	Employee Supplemental Life	Employee Voluntary Life	Active	08/23/2021		\$100,000.00	09/01/2021		\$26.00	\$26.00	\$0.00	\$0.00
	Spousal Supplemental Life	Voluntary Life Spouse	Active	08/23/2021		\$50,000.00	09/01/2021		\$30.25	\$30.25	\$0.00	\$0.00

Things I Can Do

For This Tab Set

[Add PTO Request](#)[Change Form 1095-C Consent](#)

Learning Resources ⓘ

[Benefits Resources for Employees](#)

Beneficiary/Dependent Detail - Marie cervantes Hinson

back print help

Relationship Domestic Partner

SSN 263-51-2086

Date of birth 07/20/1959

Former last

☐ Dependent
☒ Beneficiary
☐ Full time student

Things I Can Do

For This Tab Set

[Add PTO Request](#)

[Change Form 1095-C Consent](#)

Learning Resources [ⓘ]

[Benefits Resources for Employees](#)

Beneficiary Benefits

ian	Designation	Allocation
MG Group Life and AD&D - Corp	Primary	100.00 %
Employee Voluntary Life	Primary	100.00 %

Dependent Benefits

ian	Start	Stop
Dental Plan	09/01/2021	
Medical Plan 1	09/01/2021	

PTO Plans

Length of service as of 01/01/2022
6 months 23 days

Plan	Earned	Processed	Available	Last	Unprocessed	Approved	Estimated Total Plan	Earned Through	Reset Date
COVID Sick Hrly	80.0000	0.0000	80.0000	0.0000		0.0000	80.0000	01/01/2022	09/10/2021
Sick Comm Hrly	24.6400	8.0000	16.6400	1.5400		0.0000	41.5800	01/01/2022	06/08/2021
vac FT Comm	40.5600	0.0000	40.5600	3.3800		0.0000	77.7400	01/01/2022	06/08/2021

print help

Things I Can Do

For This Tab Set
[Add PTO Request](#)
[Change Form 1095-C Consent](#)

Learning Resources ⓘ

[Benefits Resources for Employees](#)

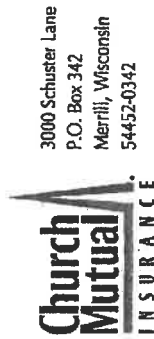
Detach before depositing - Please cash within 30 days

Account/Policy No.: 0269066-07-184649
Claim No.: 1452850
Date of Loss: 07/29/21
Date of Check: 11/04/21
Check No.: 4282471

Insured: MERRILL GARDENS LLC MG PEO LLC
SEATTLE, WA 98102-3650

Claimant: TROY WESLEY HINSON
Description of Loss: Workers Compensation

Mail To: TROY WESLEY HINSON
208 EDWARD VIEW ROAD
Columbia SC 29203



The above check reflects payment for the following:

Payment:	\$457.16	Indemnity Dates:	07/29/21 To 08/01/21
INDEMNITY - TT OR TPD			
Ttd - temporary total disability			

For questions concerning your claim, please call 1-800-554-2642. Select option 2 and enter my extension number; Danielle R. Brand, Ext. 7131.

TD 7/29/21-8/1/21

Control No: 5488122

Detach before depositing - Please cash within 30 days

Account/Policy No.: 0269066-07-184649
Claim No.: 1452850
Date of Loss: 07/29/21
Insured: MERRILL GARDENS LLC MG PEO LLC
SEATTLE, WA 98102-3650
Claimant: TROY WESLEY HINSON
Description of Loss: Workers Compensation
Mail To: TROY WESLEY HINSON
208 EDWARD VIEW ROAD
Columbia SC 29203

Date of Check: 11/04/21
Check No.: 4282473



3000 Schuster Lane
P.O. Box 342
Merrill, Wisconsin
54452-0342

The above check reflects payment for the following:

Payment:	\$1,257.20	Indemnity Dates:	08/13/21 To 08/22/21
INDEMNITY - TT OR TPD			
Ttd - temporary total disability			

For questions concerning your claim, please call 1-800-554-2642. Select option 2 and enter my extension number; Danielle R. Brand, Ext. 7131.

TD 8/13/21-8/22/21

Control No: 5488127

Detach before depositing - Please cash within 30 days

Account/Policy No.: 0269066-07-184649
Claim No.: 1452850
Date of Loss: 07/29/21
Insured: MERRILL GARDENS LLC MG PEO LLC
SEATTLE, WA 98102-3650
Claimant: TROY WESLEY HINSON
Description of Loss: Workers Compensation
Mail To: TROY WESLEY HINSON
208 EDWARD VIEW ROAD
Columbia SC 29203

Date of Check: 11/04/21
Check No.: 4282474



3000 Schuster Lane
P.O. Box 342
Merrill, Wisconsin
54452-0342

The above check reflects payment for the following:

Payment: \$800.04 Indemnity Dates: 10/29/21 To 11/04/21
INDEMNITY - TT OR TPD
Ttd - temporary total disability

For questions concerning your claim, please call 1-800-554-2642. Select option 2 and enter my extension number; Danielle R. Brand, Ext. 7131.

TD 10/29/21-11/4/21

Control No: 5488129

Detach before depositing - Please cash within 30 days

Account/Policy No.: 0269066-07-184649
Claim No.: 1452850
Date of Loss: 07/29/21
Insured: MERRILL GARDENS LLC MG PED LLC
SEATTLE, WA 98102-3650
Claimant: TROY WESLEY HINSON
Description of Loss: Workers Compensation
Mail To: TROY WESLEY HINSON
208 EDWARD VIEW ROAD
Columbia SC 29203

Date of Check: 11/10/21
Check No.: 4285261



3000 Schuster Lane
P.O. Box 342
Merrill, Wisconsin
54452-0342

The above check reflects payment for the following:

Payment:	\$800.04	Indemnity Dates:	11/05/21 To 11/11/21
INDEMNITY - TT OR TPD			
Ttd - temporary total disability			

For questions concerning your claim, please call 1-800-554-2642. Select option 2 and enter my extension number; Danielle R. Brand, Ext. 7131.

11/5/21-11/11/21

Control No: 5491483

MENU

Myself
Pay

Troy Hinson ▾ | To Do | Help | Logout

Current Pay Statement

Pay History

YTD Summary

Total Compensation

Direct

Find...

Pay Statement

back download print help

Things I Can Do

This is a statement of earnings and deductions. This pay statement is non-negotiable.

For This Tab Set

K <

 MERRILL GARDENS 2018-2019		Deposit Add/Change Withholding Form Pay Statement Period Start Date 07/04/2021 Period End Date 07/17/2021 Pay Date 07/28/2021 Document 147595 Net Pay \$2,295.15			
Merrill Gardens, LLC 1938 Fairview Ave E Ste. 300 Seattle, WA 98102-3650					
Pay Details					
Troy Wesley Hinson 208 Edward View Road columbia, SC 29203 USA	Employee Number 1004020 SSN XXX-XX-XXXX Job Maintenance Director (SC) Pay Rate \$30.0000 Pay Frequency Biweekly	Pay Group Merrill Gardens LLC Location Columbia Work Group MGCOMM - MG Communities Location- Org 290 - Columbia Department 780 - Maintenance	Learning Resources Pay Resources for Employees		
Earnings					
Pay Type	Hours	Pay Rate	Current	YTD	
Cell Phone Reim			\$35.00	\$70.00	
Holiday	8.0000	\$30.0000	\$240.00	\$240.00	
OverTime	9.8300	\$45.0000	\$442.35	\$622.35	
Regular	40.0000	\$30.0000	\$1,200.00		
Regular	32.7800	\$30.0000	\$983.40	\$5,598.90	
Training	0.0000	\$0.0000	\$0.00	\$1,042.50	
Total Hours Worked 82.6100		Total Hours 90.6100			
Deductions					
Deduction	Pre-Tax	Employee Current	YTD	Employer Current	YTD
Taxes					
Tax			Current		YTD
Federal Income Tax			\$216.94		\$515.40

Pay Statement



MERRILL GARDENS

Merrill Gardens, LLC
1938 Fairview Ave E Ste. 300
Seattle, WA 98102-3650

Pay Statement

Period Start Date 07/18/2021
Period End Date 07/31/2021
Pay Date 08/06/2021
Document 150940
Net Pay \$1,491.63

Pay Details

Troy Wesley Hinson 208 Edward View Road Columbia, SC 29203 USA	Employee Number SSN Job Pay Rate Pay Frequency	1004020 XXX-XX-XXXX Maintenance Director (SC) \$30.0000 Biweekly	Pay Group Location Work Group Location- Org Department	Merrill Gardens LLC Columbia MGCOMM - MG Communities 290 - Columbia 780 - Maintenance

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
Cell Phone Reim			\$35.00	\$105.00
Holiday	0.0000	\$0.0000	\$0.00	\$240.00
OverTime	0.0000	\$0.0000	\$0.00	\$622.35
Regular	24.2000	\$30.0000	\$726.00	
Regular	24.7800	\$30.0000	\$743.40	
Regular	3.0000	\$30.0000	\$90.00	
Regular	7.0300	\$30.0000	\$210.90	\$7,369.20
Training	0.0000	\$0.0000	\$0.00	\$1,042.50

Total Hours Worked 59.0100 Total Hours 59.0100

Deductions

Deduction	Pre-Tax	Employee Current	YTD	Employer Current	YTD

Taxes

Tax	Current	YTD
Federal Income Tax	\$85.48	\$600.88
Employee Medicare	\$26.18	\$136.00
Social Security Employee Tax	\$111.93	\$581.50
SC State Income Tax	\$90.08	\$511.36

Paid Time Off

Plan	Taken	Current	Balance	Account Number	Account Type	Amount
No records found				xxxxxxx5568	Checking	\$1,491.63
				Total		\$1,491.63

Net Pay Distribution

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$1,805.30	\$1,805.30	\$213.67	\$0.00	\$1,491.63

8/31/2021

Print Preview

CURRENT	\$1,000.00	\$1,000.00	\$0.00	\$0.00	\$1,000.00
YTD	\$9,379.05	\$9,379.05	\$1,829.74	\$0.00	\$7,549.31

MENU

Myself
Pay

Troy Hinson ▾ | To Do | Help | Logout

Current Pay Statement

Pay History

YTD Summary

Total Compensation

Dire

Find...

Pay Statement

download print help

Things I Can
Do

This is a statement of earnings and deductions. This pay statement is non-negotiable.

For This Tab Set



Merrill Gardens, LLC
1938 Fairview Ave E Ste. 300
Seattle, WA 98102-3650

[Add Direct](#)[Deposit](#)

Pay Statement

Period Start [Add/Change](#)Period End [Withholding Form](#)

Pay Date (W-4) 09/03/2021

Document 157593

Net Pay [Change W-2](#)

Pay Details

Troy Wesley Hinson	Employee Number	1004020	Pay Group	Merrill Gardens LLC
208 Edward View Road	SSN	XXX-XX-XXXX	Location	Columbia
columbia, SC 29203	Job	Maintenance Director (SC)	Work Group	MGCOMM - MG Communities
USA	Pay Rate	\$30.0000	Location-Org	290 - Columbia
	Pay Frequency	Biweekly	Department	780 - Maintenance

Learning Resources ⓘ

[Pay Resources for](#)

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
Cell Phone Reim			\$35.00	\$175.00
Holiday	0.0000	\$0.0000	\$0.00	\$240.00
Overtime	0.0000	\$0.0000	\$0.00	\$622.35
Regular	28.4200	\$30.0000	\$852.60	\$9,443.10
Training	0.0000	\$0.0000	\$0.00	\$1,042.50

Total Hours Worked 28.4200

Total Hours 28.4200

Deductions

Deduction	Pre-Tax	Employee		Employer	
		Current	YTD	Current	YTD
Dental	Yes	\$13.00	\$13.00	\$26.21	\$26.21
Medical Plan 1	Yes	\$196.50	\$196.50	\$448.51	\$448.51
Vol Life Spouse	No	\$30.25	\$30.25	\$0.00	\$0.00
Voluntary Life	No	\$26.00	\$26.00	\$0.00	\$0.00

Taxes

Tax	Current	YTD



Claimant's Name: Troy Hinson SSN: 015-51-7886
Address: [REDACTED]
Home Phone: _____ Work Phone: _____
Preparer's Name: R. Mark Davis

Employer's Name: Merrill Gardens, LLC
Address: 1938 Fairview Avenue
Seattle, Washington 98102
Carrier: Church Mutual Insurance Company
Preparer's Phone #: (843) 576-2782

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Comp. Rate: \$ 800.04 2. AWW: \$ 1,200.00 Date of Injury: 7/29/21
3. Type of injury and body part(s): Inguinal hernia and low back.
4. Facts in controversy: This hearing is set on Claimant's Form 15, Section III to determine if TTD benefits were properly terminated. Claimant was offered a job within his light duty restrictions on 12/20/21, and returned to work on or about that date. He was subsequently terminated for cause on 1/24/22, due to several material safety violations. Defendants assert had Claimant not been terminated due to his actions, light duty would continue to be available and TTD is not owed. Subsequently, Claimant reached MMI on 3/16/22.
5. Legal issues involved: See #4 above.; §42-9-35; §42-15-60; Hartzell v. Palmetto Collision; §42-9-260.
6. Unusual aspects: None anticipated.
7. Witnesses (designate if expert):* Dougal Kear, David Dixon, Jeff Waddell and/or other representatives of the Employer may be called to testify; Claimant and any witnesses called by Claimant.
8. Exhibits: Personnel and payroll records; valid job offer letter dated 12/20/21; Form 15 Section III; Maintenance Director Job Description pre-injury job analysis; Incident Report; medical records; APA submissions; termination documentation form and other document concerning Claimant's termination and job performance.
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance):
Medical records from Dr. Ivan LaMotta, Midlands Orthopaedics & Neurosurgery (neurosurgeon) dated 3/16/22 – 4/4/22; Dr. David Moffat, Prisma Health (hernia surgeon) dated 11/18/21; Dr. Charles McElmurray (PCP) dated 2/4/20 – 2/25/21.
10. Name, address, and specialty, if any, of the treating physician:

James A. O'Leary, M.D. (orthopaedist)
Midlands Orthopaedics & Neurosurgery
1910 Blanding Street
Columbia, South Carolina 29201

David D. Moffat, II, M.D. (hernia surgeon)
Prisma Health Surgery
Department of Surgery
Bariatric & General Surgery
1850 Laurel Street
Columbia, South Carolina 29201-2627

Ivan E. LaMotta, M.D. (neurosurgeon)
Midlands Orthopaedics & Neurosurgery
109 Park Place Court
Lexington, South Carolina 29072
11. Impairment rating(s); body part(s); physician and date of opinion: 5% impairment of the whole person (back) per Dr. Ivan LaMotta on 3/16/22.
12. I am amending my Form 50/51 in the following manner: N/A.

☐ **Mediation**

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

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Stephen B. Samuels, Esquire, Samuels Reynolds Law Firm

address 1320 Richland Street
Columbia, South Carolina 29201 on the 11th day of April 20 22
by ☐ first class postage ☐ certified mail ☐ personal service ☒ electronic service

Signature: 
Date of Hearing: April 25, 2022

Email: mdavis@mgclaw.com
Time needed for hearing: 45 minutes

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211, 67-211, and Regulation 67-601 through 67-615; as well as Reg. 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. *Commissioners reserve the right to admit expert witnesses at hearings.
WCC FORM # 58
Revised 7/15

PRE-HEARING BRIE

58

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 2111920

TROY HINSON,

Employee,

Claimant,

vs.

MERRILL GARDENS, LLC,

Employer,

AND

CHURCH MUTUAL INSURANCE
COMPANY,

Carrier,

Defendants.

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

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND STEPHEN
B. SAMUELS, ESQUIRE:

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

APA#	DOCTOR	PRACTICE	DATES	PAGES
1.	Dr. Ivan LaMotta	Midlands Orthopaedics & Neurosurgery	03/16/22 to 04/04/22	1-10
2.	Dr. David Moffat	Prisma Health	11/18/21	11-16
3.	Dr. Charles McElmurray		02/04/20 to 02/25/21	17-25
4.		Personnel and payroll records		26-32
5.		Valid job offer letter	12/20/21	33
6.		Form 15, Section III	02/08/22	34

7.		Maintenance Director Job Description		35-38
8.		Pre-Injury Job Analysis	08/12/21	39
9.		Incident Report		40-42
10.		Termination Document Form	01/21/22	43-50

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

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Dougal Kear, David Dixon, Jeff Waddell and/or other representatives of the Employer may be called to testify; Claimant and any witnesses called by Claimant.



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

Charleston, South Carolina
April 11, 2022

HINSON, TROY (id #3287144, dob: 05/17/1958)

Consult Orders

Referral Order

03/16/2022

To Provider	From Provider
Phone: Fax:	IVAN E. LAMOTTA, MD Midlands Orthopaedics & Neurosurgery 109 Park Place Court LEXINGTON, SC 29072-6690 Phone: (803) 256-4107 Fax: (803) 933-6100

Referral Order Information

Diagnosis	Low back pain ICD-10: M54.50: Low back pain, unspecified
Order Name	PAIN MANAGEMENT REFERRAL
Notes	CCAMP

Patient Information

Patient Name	HINSON, TROY
Sex - DOB - Age	M 05/17/1958 53yo
Address	200 EDWARD VIEW RD COLUMBIA, SC 29203
Phone	Cell: (803) 743-8894 Home: (803) 743-8894
Primary Insurance	CHURCH MUTUAL INSURANCE COMPANY Policy Holder: MERRILL GARDENS
Secondary Insurance	None recorded.

Electronically Signed by: IVAN E. LAMOTTA, MD



IVAN E. LAMOTTA, MD

Encounters and Procedures 1910 Harding Street, Columbia, SC 29204

HINSON, TROY (id #3287144, dob: 05/11/1966)

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 03/16/2022

HINSON, TROY (id #3287144, dob: 05/11/1968)

Encounter Date: 03/16/2022

Patient

Name HINSON, TROY (53yo, M) ID# 3287144 Appt. Date/Time 03/16/2022 11:00AM

DOB 05/11/1968 Service Dept. Lexington

Provider IVAN E. LAMOTTA, MD

Insurance Med Worker's Comp: CHURCH MUTUAL INSURANCE COMPANY
Employer Name : MERRILL GARDENS
Case # : 1452850
Case Injury Date : 07/29/2021
Prescription: EXPRESS SCRIPTS - Member is eligible. details

Chief Complaint

Low Back

Patient's Care Team

Insurance Adjuster (Worker's Comp): DANIELLE BRAND: Ph (715) 804-7131, Fax (715) 539-4651

Patient's Pharmacies

BLYTHEWOOD PHARMACY (ERX): 710-C UNIVERSITY VILLAGE DR, BLYTHEWOOD, SC 29016, Ph (803) 786-8110, Fax (803) 786-8110
HAWTHORNE PHARMACY- TAYLOR (ERX): 1520 A TAYLOR STREET, COLUMBIA, SC 29201, Ph (803) 227-4451, Fax (803) 256-9727

Vitals

03/16/2022 11:18 am

Ht: 5 ft 8 in (172.72 cm)

Wt: 210 lbs (95.25 kg)

BMI: 31.9

Pain Scale: 9

Allergies

Reviewed Allergies

NKDA

Medications

Medication Order Summary and Prescription - 1700 Bladen Street, Columbia, SC 29201-1521

HINSON, TROY (id #3287144, dob: 07/11/1978)

Reviewed Medications

cyclobenzaprine 10 mg tablet One po qhs prn spasms	02/08/22 prescribed
gabapentin 300 mg capsule Take 2 capsules by mouth three times daily	02/01/22 filled
ibuprofen 800 mg tablet Take 1 tablet(s) twice a day by oral route with meals.	02/08/22 prescribed
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET TWICE DAILY FOR 10 DAYS.	12/16/21 filled
tadalafil 5 mg tablet TAKE 1 TABLET EVERY DAY.	11/10/21 filled
Ultram 50 mg tablet Take 1 tablet(s) every 6-8 hours by oral route with meals.	02/08/22 prescribed
Vitamin D2 1,250 mcg (50,000 unit) capsule Take 1 capsule by mouth once weekly	02/01/22 filled

Problems

Reviewed Problems

- Hypercholesterolemia - Onset: 09/16/2021
- Arthritis - Onset: 09/16/2021

Family History

Reviewed Family History

Father - No current problems or disability
Mother - No current problems or disability

Social History

Reviewed Social History

Substance Use

Do you or have you ever smoked tobacco?: Unknown if ever smoked

How much tobacco do you smoke?: None

What is your level of alcohol consumption?: None

Marriage and Sexuality

What is your relationship status?: Married

Diet and Exercise

What type of diet are you following?: Regular

Education and Occupation

Are you currently in school?: No

Are you currently employed?: Yes

Who is your employer?: Merrill Gardens

What is your occupation?: Maintenance

Activities of Daily Living

Which of your hands is dominant?: Right

Other

Marital status: Married

Gender Identity and LGBTQ Identity

Surgical History

Reviewed Surgical History

• Shoulder Arthroscopy - Left 07/1998

• Shoulder Arthroscopy - 07/1998

Past Medical History

HINSON, TROY (id #3287144, dob: 02/17/1968)

Reviewed Past Medical History
 Bladder Disease: Y
 Elevated Cholesterol: Y
 Gout: Y

Screening

None recorded.

HPI**General HPI**

Reported by patient.

Location: posterior
 Severity: pain level 9/10
 Duration: date of onset: (7/29/21)
 Context: work Injury
 Alleviating Factors: lying down
 Aggravating Factors: sitting; standing; walking; twisting; bending/squatting
 Prior Imaging: MRI
 Previous Injections: did not help

Mr. Troy Hinson is a 53-year-old male who comes to clinic for an Initial Workers' Compensation evaluation. The patient presents today reporting a work-related injury on 07/28/2021 where he was pushing a 4-foot height dumpster across the road and the ramp hit him and caused him to twist his back. He felt like he had herniated himself. He describes pain in the groin area bilaterally and down the lower abdomen area below his stomach. He also relates constant low back pain. The patient notes the more he walks, the more he feels the leg pain on the left leg. He also relates intermittent numbness of his toes on the left foot. He had an MRI and CT scan of the lumbar spine, which revealed a herniated disc. The patient was seen by Dr. O'Leary, who referred the patient here. He has received an injection in his back, which did not do any good to him. He participated in 1 month of physical therapy and started back 2 weeks ago. The patient was informed by Dr. O'Leary that the nerve is causing a lot of pain in the abdomen. The patient has not been able to return to work. He has a history of previous inguinal and femoral hernia surgery in the past.

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 53-year-old male.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.**Psychiatric:** Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.**Gait and Station:** Gait And Stance heel to shin test normal and toe test normal and fluid gait, normal stance, no limp, ambulating with no assistive devices, and tandem gait test normal.**Cardiovascular System:** Arterial Pulses Right: femoral normal, posterior tibial normal, dorsalis pedis normal, and popliteal normal. Arterial Pulses Left: femoral normal, posterior tibial normal, dorsalis pedis normal, and popliteal normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.**Lymph Nodes:** Inspection/Palpation Right: no inguinal LAD. Inspection/Palpation Left: no inguinal LAD.**Skin:** Lumbosacral Spine: normal skin.

Lumbar Spine: Inspection: no induration, ecchymosis, or swelling and normal alignment. Bony Palpation of the Lumbar Spine: no tenderness of the spinous process, the transverse process, the sacral promontory, the sacrum, or the coccyx. Bony Palpation of the Right Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Bony Palpation of the Left Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Soft Tissue Palpation on the Right: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Soft Tissue Palpation on the Left: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Active Range of Motion: flexion normal, extension normal, lateral flexion normal, rotation normal, and no pain with motion. Passive Range of Motion: flexion normal, extension normal, lateral flexion normal, rotation normal, and no pain with motion.

Motor Strength: L1-2 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1-2 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 5/5. L5 Motor Strength on the Right: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. L5 Motor Strength on the Left: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

Neurological System: Babinski Reflex Right: plantar reflex absent. Babinski Reflex Left: plantar reflex absent. Special Tests:

HINSON, TROY (id #3287144, dob: [REDACTED])

Valsalva's test negative. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Sensation on the Left: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Special Tests on the Right: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee. Special Tests on the Left: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee.

INITIAL LUMBAR SPINE EXAMINATION

Guarded gait.

Markedly decreased lumbar range of motion.

Assessment / Plan

IMPRESSION:

Work-related injury on 07/28/2021.

Lumbar sprain.

Low back pain.

Aggravation of lumbar spinal stenosis at L3-4.

Left-sided lumbar radicular syndrome.

DISPOSITION:

It looks like the patient sprained his back and aggravated one little area where he has pinching of the nerves in his back. It is not bad enough to consider any type of surgery. I do not see any contraindications for the patient to participate in light duty work with lifting up to 15 pounds. Future medical care includes comprehensive pain management.

Based on a reasonable degree of medical certainty, the patient does qualify for a 5% whole-person impairment based on the Fifth Edition AMA Guidelines. I see no surgical pathology.

An additional 5-10 minutes was spent with the case manager, Jamie Richardson, updating them of the patient's progress and condition.

1. Low back pain

M54.50: Low back pain, unspecified

- BACK CARE AND PREVENTING INJURIES: CARE INSTRUCTIONS
- GETTING BACK TO NORMAL AFTER LOW BACK PAIN: CARE INSTRUCTIONS
- LEARNING ABOUT RELIEF FOR BACK PAIN
- XR, LUMBAR SPINE

Views (X-RAY, LUMBAR SPINE): 3

View

- XR, PELVIS

Views (X-RAY, PELVIS): Standing AP

Pelvis

- **PAIN MANAGEMENT REFERRAL -** Schedule Within: provider's discretion Note to Provider: CCAMP

XR. LUMBAR SPINE

- Views (X-RAY, LUMBAR SPINE): 3 View

Lumbar radiographs performed today reveal slight curvature, spondylotic changes, otherwise normal. These images are being interpreted from the orthopedic and musculoskeletal standpoint only.

XR, PELVIS

- Views (X-RAY, PELVIS): Standing AP Pelvis

AP pelvis radiographs performed today are normal. These images are being interpreted from the orthopedic and musculoskeletal standpoint only.

MRI, THORACIC SPINE, W/O CONTRAST

MRI of the thoracic spine performed at Providence Health on 08/16/2021 reveals multiple hemangiomatous manifestations within the vertebral bodies of T6, T11, and T12. No cord compression identified otherwise. No other abnormalities.

MRI, CERVICAL SPINE, W/O CONTRAST

MRI of the cervical spine performed at Providence Health on 08/16/2021, reviewed by me today, reveals degenerative disc disease at C5-6 and C6-7, which do result in severe bilateral neural foraminal stenosis, left greater than right at C5-6 and severe at C6-7.

MRI, LUMBAR SPINE, W/O CONTRAST

MRI of the lumbar spine performed at Providence Health dated 08/16/2021 reveals disc protrusion at left L3-4, mild lateral recess stenosis, disc bulge at L4-5, no significant stenosis.

Return to Office

- James O'Leary, MD for ROV 5 at Blanding on 03/21/2022 at 12:30 PM

Encounter Sign-Off

HINSON, TROY (id #3287144, dob: 05/11/1968)

Encounter signed-off by Ivan E. LaMotta, MD, 03/16/2022.

Encounter performed by Ivan E. LaMotta, MD

Encounter scribed for Ivan E. LaMotta, MD by James Francis

Encounter signed by James Francis as scribe at 03/16/2022 at 4:12pm

Encounter reviewed & signed by Ivan E. LaMotta, MD on 03/16/2022 at 4:51pm

Letters

MIDLANDS
orthopaedics
& NEUROSURGERY

1910 Blanding Street

Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676**WORK STATUS INFORMATION****NAME:** Troy Hinson**ACCOUNT:** 3287144**DATE OF BIRTH:** 05/11/1968**EMPLOYER:** MERRIL GARDENS**PROVIDER'S NAME:** Ivan E. LaMotta, MD**DOS:** 03/16/2022**CARRIER:** CHURCH MUTUAL INS CO**DOA:** 07/29/2021**WC CLAIM#:** 1452850**DX CODE(S) & DESCRIPTION:** M54.16 RADICULOPATHY,
LUMBAR REGION**WORK STATUS:**☐ Regular duty as of with no restrictions.

Midland Orthopedics and Sports Center, 1200 Broadway Street, Suite 100, Midland, TX 79701

HINSON, TROY (id #3287144, dob: 03/17/1968)

(Availability of light duty is determined by the employer and not the physician).

- ☐ Medium physical demands as of " " with restrictions.
☒ Light physical demands as of 03/16/2022 with restrictions.
☐ Patient is to remain out of work until
☐ Part-time (whether regular duty or light duty)
☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

☐ None	☒ No kneeling, squatting, crawling
☐ No walking	☒ Pushing or pulling limit 15 (lbs)
☐ No climbing	☒ Lifting and carrying limit 15 (lbs)
☐ No standing	☐ Sedentary duties only
☒ No prolonged standing	☐ No overhead work
☒ No twisting	☐ No stretching
☒ No work at heights	☐ Specific restrictions per FCE date: _____

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

Ivan E. LaMotta, MD for ROV 5 at Lexington as needed, pending referral to pain management.



Electronically Signed by: IVAN E. LAMOTTA, MD
On: 03/16/2022

~~Atlanta Orthodontics and Implants 1010 Harding Street, Atlanta, GA 30309~~

HINSON, TROY (id #3287144, dob: 05/11/1988)

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.WCC.SC.gov

HINSON, Troy (id #3287144, dob: 07/17/1968)

Admin Documents



Physician's Statement

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.WCC.SC.gov

Claimant's Name: Troy Hinson Employer's Name: Herrill Gardens
Physician's Name: Ivan LaMotta, MD Insurance Carrier: Church Mutual
Practice/Clinic: Midland Orthopaedics & Neurosurgery SCWCC File No: claim #1452850
Prescriber's Name: Carla White Farmer Phone: (803) 452-3514

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her work injury or illness pursuant to South Carolina Code Sections 42-15-60, 42-15-60, 42-1-172, or 42-13-10.

Date of injury: 07/29/2021 Date of first office visit: 03/16/2022 Date of last office visit: 03/16/2022

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

Diagnosis or nature of injury or illness: M54.80

Body part(s) injured: lumbar spine Body part(s) affected: _____

Date of maximum medical improvement: 03/16/2022

Has the Claimant sustained permanent physical impairment as a result of the work injury? ☒ Yes ☐ No

If so, the permanent physical impairment is: 5 % medical impairment to the whole person (injured body part).

If there is a permanent physical impairment to other body part(s) as a result of the work injury, please indicate below: _____ % medical (additional body part injured or affected)

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

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

Does the Claimant have permanent physical limitations as a result of the injury? ☒ Yes ☐ No

If so, the permanent physical limitations are: I do not see any contraindications for the patient to participate in light duty work with lifting up to 15 pounds.

Does the Claimant possess retained hardware as a result of the injury? ☐ Yes ☒ No

If so, the retained hardware is: _____

Is there medical, surgical, hospital or other treatment that the Claimant needs as a result of the injury for an additional time that will end to lessen the period of disability or maintain the current level of function: ☒ Yes ☐ No

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

Future medical care includes comprehensive pain management.
*An indication of statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.

I certify that I am a physician or other licensed healthcare provider, I have personally read and prepared this document and the opinions reflected above are mine.

Treating or Evaluating Physician

Date: 04/04/2022

Physician's Statement

WCC Form #14B
12/2016

14B

Hinson, Troy W (MRN: 976399957) DOB: 5/11/1968

PRISMA
HEALTHPrisma Health Surgery - Hinson, Troy W
Laurel St.
1850 Laurel St
COLUMBIA SC 29201-
2627MRN: 976399957, DOB: 5/11/1968, Sex: M
Visit date: 11/17/2021**Hinson, Troy W**

MRN: 976399957

Moffat, David Douglas, MD
PhysicianProgress Notes  
Signed

Encounter Date: 11/17/2021

Specialty: General Surgery

PRISMA
HEALTH

Department of Surgery

Service Date:
11/18/2021

Established Patient Note

Patient Name: Troy W Hinson
DOB: 5/11/1968
Age: 53 y.o.
MRN: 976399957**HPI**

Troy Hinson is a 53-year-old male who presents in follow-up from robotic left inguinal and femoral hernia repair with mesh in addition to robotic lysis of adhesions. He was seen 1 time in the emergency department on postoperative day 3 for poor pain control and a "gurgling" sound coming from his left groin. At that time CT scan was obtained and showed no evidence of recurrent hernia. But did show some very mild residual CO2 in the soft tissues, which was felt to be a benign postoperative finding. He was discharged home from the emergency department and presents today in routine follow-up. He does report that he is still quite sore, however, does feel that he is improving somewhat. Notes that the gabapentin was helping and he would like to keep taking this. Reports that he is tolerating a regular diet without difficulty, is having bowel function. Denies any fevers, chills, nausea, emesis.

Medical History**Past Medical History:**

Diagnosis	Date
• Degenerative disc disease, lumbar	
• Inguinal hernia	
• Left inguinal hernia	
• Nephrolithiasis	
• Tobacco abuse	

Past Surgical History:

Procedure	Laterality	Date
• SHOULDER ARTHROSCOPY	Left	

Hinson, Troy W (MRN: 976399957) ~~DOB: 05/11/1968~~**Social History****Socioeconomic History**

- Marital status: Married
- Spouse name: None
- Number of children: None
- Years of education: None
- Highest education level: None

Occupational History

- None

Tobacco Use

- Smoking status: Current Every Day Smoker
- Packs/day: 0.50
- Types: Cigarettes
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: Never
- Drug use: Not Currently
- Sexual activity: None

Other Topics

Concern

- None

Social History Narrative

- None

Social Determinants of Health**Financial Resource Strain:**

- Difficulty Paying Living Expenses: Not on file
- Difficulty Paying Medical Expenses: Not on file

Food Insecurity:

- Worried about Running Out of Food in the Last Year: Not on file
- Ran Out of Food in the Last Year: Not on file

Transportation Needs:

- Lack of Transportation: Not on file

Physical Activity:

- Days of Exercise per Week: Not on file
- Minutes of Exercise per Session: Not on file
- Total Minutes of Exercise per Week: Not on file

Stress:

- Feeling of Stress : Not on file

Social Connections: Unknown

- Frequency of Communication with Friends and Family: Not asked
- Frequency of Social Gatherings with Friends and Family: Not asked

Intimate Partner Violence: Unknown

- Fear of Current or Ex-Partner: Not asked
- Emotionally Abused: Not asked
- Physically Abused: Not asked
- Sexually Abused: Not asked

Housing Stability:

Hinson, Troy W (MRN: 976399957) DOB: ~~05/11/1968~~

- Was there a time when you did not have a steady place to sleep: Not on file
- Worried that the place you are staying is making you sick: Not on file

History reviewed. No pertinent family history.

Allergies & Medications

No Known Allergies

Home Medications 11/17/21 1118

cholecalciferol, vitamin D3, 250 mcg (10,000 unit)	Sig Take 10,000 Units by mouth
cyclobenzaprine (FLEXERIL) 5 MG tablet	Take 5 mg by mouth 2 (two) times a day as needed
doxycycline (VIBRAMYCIN) 100 mg capsule	100 mg by Oral/Gastric Tube route daily Indications: Rosacea
ergocalciferol (DRISDOL) 1,250 mcg (50,000 unit) capsule	Take 50,000 Units once a week
gabapentin (NEURONTIN) 300 mg capsule	Take 1 capsule (300 mg) 3 (three) times a day for 10 days Begin taking postoperatively.
HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	Take 1 tablet by mouth every 4 (four) hours as needed
ibuprofen (MOTRIN) 800 mg tablet	Take 800 mg by mouth 3 (three) times a day as needed
methyIPREDNISolone (MEDROL DOSEPACK) 4 mg tablet	Not taking
miscellaneous medication	Take by mouth daily 90 for Life multivitamin Last dose 10/12
naloxone (NARCAN) 4 mg/actuation nasal spray	Place 1 spray (4 mg) into one nostril once as needed for opioid overdose for up to 1 dose
naproxen (NAPROSYN) 500 mg tablet	Not taking
ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet	Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting
polyethylene glycol (MIRALAX) 17 gram packet	Take 17 g by mouth daily as needed for constipation for up to 10 days
tadalafil (Cialis) 10 MG tablet	Take 5 mg by mouth Indications: the inability to have an erection

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

testosterone (AXIRON PUMP) 30
mg/actuation (1.5 mL)

Place on the skin every morning

ROS**Review of Systems**

Constitutional: Negative for chills.

HENT: Negative for congestion and sore throat.

Eyes: Negative for visual disturbance.

Respiratory: Negative for cough and shortness of breath.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Positive for abdominal pain (Mild, incisional). Negative for constipation, nausea and vomiting.

Endocrine: Negative for cold intolerance and heat intolerance.

Genitourinary: Negative for dysuria and hematuria.

Musculoskeletal: Negative for arthralgias.

Skin: Negative for rash.

Neurological: Negative for dizziness and headaches.

Hematological: Does not bruise/bleed easily.

Objective Data**Vital Signs:****Vitals:**

11/17/21 1117

BP: (I) 144/91

Pulse: (I) 103

Ht: Wt: BSA: There is no height or weight on file to calculate BSA.
There is no height or weight on file to calculate BMI.**Physical Exam****Constitutional:**

General: He is not in acute distress.

Appearance: Normal appearance.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

General: No scleral icterus.

Conjunctiva/sclera: Conjunctivae normal.

Cardiovascular:

Rate and Rhythm: Normal rate.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: There is no distension.

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Hernia: No hernia is present.

Comments: Robotic incisions well-healing without evidence of trocar site hernia. Does

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

have one area of a palpable hematoma under the left mid abdomen incision. This is small and less than 1 cm.

Musculoskeletal:

General: No swelling.

Cervical back: Neck supple.

Skin:

General: Skin is warm and dry.

Coloration: Skin is not jaundiced.

Neurological:

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time.

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Pertinent Labs:Lab Results

Component	Value	Date
HGB	18.3 (H)	11/01/2021
HCT	55.5 (H)	11/01/2021
PLT	191	11/01/2021
CREATININE	1.14	11/01/2021
ALBUMIN	3.9	11/01/2021
INR	1.1	11/01/2021

No results found for: MG, PHOS, FERRITIN, TRANSFERRIN, TIBC, FOLATE, COPPER, VITA, VITC

Imaging:

None

Assessment/PlanPatient Active Problem ListDiagnosis

- Left inguinal hernia
- Tobacco abuse

Assessment & Plan:

Patient is 53 y.o. male who is 2 weeks status post robotic left inguinal and femoral hernia repair with adhesiolysis. Patient is recovering well without evidence of recurrence. He does have some ongoing groin discomfort, but no neuropathic symptoms to suggest nerve impingement/injury. He does feel that the gabapentin medicine is helping, and I have refilled this prescription today. Patient will call the office if he feels that his pain is not improving, however I did relate that this could take a full 6 weeks for all of the inflammation/healing process to resolve.

- patient advised to adhere to 6 weeks of no lifting > 15 lbs

Hinson, Troy W (MRN: 976399957) DOB: 05/11/1968

- may return to work with light duty as tolerated from a hernia perspective; note that he may still fatigue more quickly at work and should be accommodated until a full 6 weeks of postoperative healing has passed
- encouraged to call our clinic if concerns arise
- Follow-up as needed

New Medications Ordered This Visit

Medications

- gabapentin (NEURONTIN) 300 mg capsule
Sig: Take 1 capsule (300 mg) 3 (three) times a day for 10 days Begin taking postoperatively.
Dispense: 30 capsule
Refill: 0

MDM

Number of Diagnoses or Management Options

Left inguinal hernia; established, improving

Non-recurrent femoral hernia of left side without obstruction or gangrene: established, improving

Amount and/or Complexity of Data Reviewed

Clinical lab tests: reviewed

Risk of Complications, Morbidity, and/or Mortality

Presenting problems: low

Diagnostic procedures: low

Management options: low

I spent a total of 30 minutes in both face-to-face and non-face-to-face activities for this visit on the date of this encounter.

David D. Moffat, II MD
Bariatric & General Surgery
11/18/2021
7:41 AM

Last edited by Moffat, David Douglas, MD at 11/18/2021 7:50 AM

Office Visit on 11/17/2021 *Note shared with patient*

John A. Martin Primary Health Care
56 US Hwy 321 Bypass N
Winnsboro, SC 29180
(803) 635-6099 (803) 635-6343 Fax

Patient Chart
Hinson, Troy
Patient ID: 13279
DOB: 05/11/88
Age: 53 years Gender: M

Progress Notes

02/04/20 : 01:58pm
OFFICE VISIT

1

Date of Birth: 05/11/88

Chief Complaint: Medication refill, lower back pain, burning in buttock and neck

Subjective:

This 51 year old male presents for refill on his testosterone cream. He notes some low back pain after backing into a pole a couple of days ago. He denies any dysuria or difficulty with urinary stream or bowel function. He denies any chest pain, cough, or SOB. Some intermittent itching which is benefited by hydroxyzine.

Review of Systems:

Constitutional: No fevers, chills, or unexplained weight loss

Eyes: No visual changes or eye pain

Cardiovascular: No chest pain or palpitations.

Respiratory: No cough, shortness of breath or wheezing

Musculoskeletal: Low back pain

Neurological: No headaches, paresthesias, confusion, dysarthria or gait instability

Hematologic/Lymphatic: No easy bruising, easy bleeding or swollen glands

Past Medical History:

Chronic Illnesses: none

Hospitalizations: none

Surgeries: none

Significant Injury: none

Social History:

Marital status: married

Children: none

Lives with: spouse

Pets: No

Language: English

Educational level: 11th grade.

Hobbies: Worker

Employment: Full-time

Military Service: no

Years in SC: 50 Native

State(s) prior to SC: yes

Diet: good diet

Exercise: aerobic activity

Smoking: current smoker

Tobacco exposure: No smokers in home.

Alcohol: none

John A. Martin Primary Health Care
56 US Hwy 321 Bypass N
Winnsboro, SC 29180
(803) 635-6099 (803) 635-6343 Fax

Patient Chart
Hinson, Troy
Patient ID: 13279
DOB: [REDACTED]
Age: 53 years Gender: M

Family History:

Mother: alive unknown
Father: alive unknown
Sibling(s): 2

Current Medications:

DICLOFENAC SODIUM 1% Transdermal Gel, Ref: 2
Instructions: Take apply Gel Transdermal four times daily.
DOXYCYCLINE HYCLATE 100MG Oral Capsule, Ref: 1
Instructions: TAKE 1 CAPSULE DAILY.
HYDROCODONE-ACETAMINOPHEN 7.5-325MG oral Tablet, Ref: 0
Instructions: Take 1 Tablet oral four times daily as needed.
PRAVACHOL 40MG oral Tablet, Ref: 3
Instructions: Take 1 Tablet oral daily.
TESTOSTERONE 22% LIPODERM 22% 30gram oral, Ref: 3
Instructions: Apply 4 clicks daily to clean, dry skin as directed
VITAMIN D3 1.25 MG(50000 UT) ORAL Capsule, Ref: 3
Instructions: Take Capsule ORAL. Take 1 tab qweek

Medication Allergies:
STEROIDS**Objective:****Vital Signs:**

Bp: 145/93, Pulse: 97, Temperature: 98.1 F, Weight: 102.06 kg
BMI: 33.33 kg/m²
O2 Sat: 96 %

General: Well appearing, well nourished in no distress.

Skin: erythema improved

Head: normocephalic, atraumatic

Sinuses: non-tender

Throat: no erythema, exudates or lesions.

Neck: Supple without lymphadenopathy.

Heart: RRR, no murmur

Lungs: CTA bilaterally, no wheezes, rhonchi, rales. Breathing unlabored.

Abdomen: Soft, NT/ND, no HSM, no masses.

Back: spine normal without deformity, mild tenderness at iliac crest, good ROM

Extremities: No deformities, clubbing, cyanosis, or edema.

Musculoskeletal: Normal symmetry, tone, strength and ROM. No effusions, instability or tenderness to palpation

Assessment & Plan:

Low testosterone : ICD10 = R79.89 / ICD9 = 796.4 / SNOMED = 131078003

He continues to use topical testosterone replacement. This is refilled today. Previous PSA of 0.5.

Low back pain : ICD10 = M54.5 / ICD9 = 724.2 / SNOMED = 279039007

Some findings consistent with some low back strain from backing into pole. Moist heat. ROM exercises. Notify if symptoms not improving or any worsening of numbness or weakness.

Rosacea : ICD10 = L71.9 / ICD9 = 695.3 / SNOMED = 398909004

John A. Martin Primary Health Care
56 US Hwy 321 Bypass N
Winnisboro, SC 29180
(803) 635-6099 (803) 635-6343 Fax

Patient Chart
Hinson, Troy
Patient ID: 13279
DOB: 01-19-68
Age: 53 years Gender: M

Rash is largely controlled with doxycycline. Hydroxyzine as needed for itching.
Vitamin D deficiency : ICD10 = E55.9 / ICD9 = 268.9 / SNOMED = 34713006
He has been on weekly supplement with vitamin D.
Hyperlipidemia, unspecified : ICD10 = E78.5 / ICD9 = 272.4 / SNOMED = 55822004
Recent initiation of pravachol. Check lipids on return for any improvement.
Follow up: 3 months

Charles T. McElmurray, MD

OFFICE VISIT E/M: 89214

Rx: TESTOSTERONE 22% LIPODERM 22% topical, 80, Ref: 3, Apply 4 clicks daily to clean, dry skin as directed
Pravachol 40 mg tablet, 90, Ref: 3, Take 1 Tablet oral daily.
hydroxyzine HCL 50 mg tablet, 120, Ref: 1, take 1 tablet (50 mg) by oral route 4 times per day
HYDROcodone 7.5 mg-acetaminophen 325 mg tablet, 20, Ref: 0, Take 1 Tablet oral four times daily as needed.
doxycycline hyclate 100 mg capsule, 90, Ref: 1, TAKE 1 CAPSULE DAILY.
diclofenac 1 % topical gel, 6, Ref: 3, Take apply Gel Transdermal four times daily.
cyclobenzaprine 10 mg tablet, 30, Ref: 0, take 1 tablet (10 mg) by oral route 3 times per day
cholecalciferol (vitamin D3) 1,250 mcg (50,000 un*, 13, Ref: 3, Take Capsule ORAL. Take 1 tab qweek

SIGNED BY Charles T McElmurray, MD (1) 02/05/2020 12:59AM

Printed On: 03/10/2022

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John A. Martin Primary Health Care
56 US Hwy 321 Bypass N
Winnsboro, SC 29180
(803) 635-6099 (803) 635-6343 Fax

Patient Chart
Hinson, Troy
Patient ID: 13279
DOB: 05/11/68
Age: 53 years Gender: M

Progress Notes

06/09/20 : 03:53pm

OFFICE VISIT

1

Date of Birth: 05/11/68

Chief Complaint: FU Lower Back Pain

Subjective:

This 52 year old male presents with complaint of some low back pain after lifting something at work. He has been using some heat and cold packs and has been taking his norco and flexeril with some benefit. He notes initially some problems with bending, but he notes some improvement in his flexibility now. He has been able to continue work but is avoiding lifting. He is doing well with his breathing and denies any cough or SOB at this time.

Review of Systems:

Constitutional: No fevers, chills, or unexplained weight loss

Eyes: No visual changes or eye pain

Nose/Mouth/Throat: No nasal congestion, rhinorrhea, oral lesions, postnasal drip or sore throat

Cardiovascular: No chest pain or palpitations.

Respiratory: No cough, shortness of breath or wheezing

Gastrointestinal: No diarrhea, constipation, blood in stools, abdominal pain, vomiting or heartburn

Genitourinary: No urinary frequency, hematuria, incontinence, or dysuria

Musculoskeletal: low back pain

Skin: bisters in sacral region

Hematologic/Lymphatic: No easy bruising, easy bleeding or swollen glands

Past Medical History:

Chronic Illnesses: Cholesterol, Seasonal Allergies

Hospitalizations: Birth

Surgeries: Circumcision

Significant Injury: None

Social History:

Marital status: married

Children: none

Lives with: spouse

Pets: No

Language: English

Educational level: 11th grade.

Hobbies: Worker

Employment: Full-time

Military Service: no

Years in SC: 50 Native

State(s) prior to SC: yes

Diet: good diet

Exercise: aerobic activity

Smoking: current smoker

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John A. Martin Primary Health Care
56 US Hwy 321 Bypass N
Winnsboro, SC 29180
(803) 635-6099 (803) 635-6343 Fax

Patient Chart
Hinson, Troy
Patient ID: 13279
DOB: 02/11/1968
Age: 53 years Gender: M

Tobacco exposure: No smokers in home.
Alcohol: none

Family History:
Mother: alive unknown
Father: alive unknown
Sibling(s): 2

Current Medications:
cholecalciferol (vitamin D3) 1,250 mcg (50,000 unit) capsule Ref: 3
Instructions: Take Capsule ORAL . Take 1 tab qweak
cyclobenzaprine 10 mg tablet Ref: 0
Instructions: take 1 tablet (10 mg) by oral route 3 times per day
diclofenac 1 % topical gel Ref: 3
Instructions: Take apply Gel Transdermal four times daily.
doxycycline hyclate 100 mg capsule Ref: 1
Instructions: TAKE 1 CAPSULE DAILY.
hydroxyzine HCL 50 mg tablet Ref: 1
Instructions: take 1 tablet (50 mg) by oral route 4 times per day
Pravachol 40 mg tablet Ref: 3
Instructions: Take 1 Tablet-oral daily.
TESTOSTERONE 22% LIPODERM 22% topical Ref: 3
Instructions: Apply 4 clicks daily to clean , dry skin as directed
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler Ref: 0
Instructions: inhale 1 - 2 puffs (90 - 180 mcg) by inhalation route every 4 hours as needed
HYDROcodone 7.5 mg-acetaminophen 325 mg tablet Ref: 0
Instructions: Take 1 Tablet oral four times daily as needed.

Medication Allergies:
STEROIDS

Objective:

Vital Signs:

Bp: 130/88, Pulse: 76, Regular, Temperature: 98.3 F, Oral, Weight: 100.90 kg
BMI: 32.95 kg/m2
O2 Sat: 98 %

General: Well appearing, well nourished in no distress.
Skin: no blisters noted, but area in sacral area that could have been blistered
Head: normocephalic, atraumatic
Eyes: conjunctiva clear, EOM intact, PERRL.
Throat: no erythema, exudates or lesions.
Neck: Supple without lymphadenopathy.
Heart: RRR, no murmur
Lungs: CTA bilaterally, no wheezes, rhonchi, rales. Breathing unlabored.
Abdomen: Soft, NT/ND, no HSM, no masses.
Back: spine normal without deformity but some SI tenderness bilaterally, decreased forward flexion
Extremities: No edema.

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John A. Martin Primary Health Care
56 US Hwy 321 Bypass N
Winnsboro, SC 29180
(803) 635-6099 (803) 635-6343 Fax

Patient Chart
Hinson, Troy
Patient ID: 13279
DOB: 08/11/1968
Age: 53 years Gender: M

Tobacco exposure: No smokers in home.
Alcohol: none

Family History:
Mother: alive unknown
Father: alive unknown
Sibling(s): 2

Current Medications:
cholecalciferol (vitamin D3) 1,250 mcg (50,000 unit) capsule Ref: 3
Instructions: Take Capsule ORAL . Take 1 tab qweek
cyclobenzaprine 10 mg tablet Ref: 0
Instructions: take 1 tablet (10 mg) by oral route 3 times per day
diclofenac 1 % topical gel Ref: 3
Instructions: Take apply Gel Transdermal four times daily.
doxycycline hyclate 100 mg capsule Ref: 1
Instructions: TAKE 1 CAPSULE DAILY.
hydroxyzine HCL 50 mg tablet Ref: 1
Instructions: take 1 tablet (50 mg) by oral route 4 times per day
Pravachol 40 mg tablet Ref: 3
Instructions: Take 1 Tablet-oral daily.
TESTOSTERONE 22% LIPODERM 22% topical Ref: 3
Instructions: Apply 4 clicks daily to clean , dry skin as directed
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler Ref: 0
Instructions: inhale 1 - 2 puffs (90 - 180 mcg) by inhalation route every 4 hours as needed
HYDROcodone 7.5 mg-acetaminophen 325 mg tablet Ref: 0
Instructions: Take 1 Tablet oral four times daily as needed.

Medication Allergies:
STERIODS

Objective:

Vital Signs:

Bp: 130/88, Pulse: 76, Regular, Temperature: 98.3 F, Oral, Weight: 100.90 kg
BMI: 32.95 kg/m²
O2 Sat: 98 %

General: Well appearing, well nourished in no distress.
Skin: no blisters noted, but area in sacral area that could have been blistered
Head: normocephalic, atraumatic
Eyes: conjunctiva clear, EOM intact, PERRL.
Throat: no erythema, exudates or lesions.
Neck: Supple without lymphadenopathy.
Heart: RRR, no murmur
Lungs: CTA bilaterally, no wheezes, rhonchi, rales. Breathing unlabored.
Abdomen: Soft; NT/ND, no HSM, no masses.
Back: spine normal without deformity but some SI tenderness bilaterally, decreased forward flexion
Extremities: No edema.

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John A. Martin Primary Health Care
56 US Hwy 321 Bypass N
Winnsboro, SC 29180
(803) 635-6099 (803) 635-6343 Fax

Patient Chart
Hinson, Troy
Patient ID: 13279
DOB: ~~01/01/1968~~
Age: 53 years Gender: M

Neurologic: A/O x 3. No focal deficits. Gait WNL.

Assessment & Plan:

Low back pain : ICD10 = M54.5 / ICD9 = 724.2 / SNOMED = 279039007
Findings consistent with some low back strain especially considering history of some back strain in past. Continue with Moist heat / cold packs and lidocaine patches as needed. Continue with ROM exercises. Notify if symptoms not improving or any worsening of numbness or weakness. He has some norco that he is taking occasionally.
Rosacea : ICD10 = L71.9 / ICD9 = 695.3 / SNOMED = 398909004
Rash is largely controlled with doxycycline. Hydroxyzine as needed for itching.
Vitamin D deficiency : ICD10 = E55.9 / ICD9 = 268.9 / SNOMED = 34713006
He has been on weekly supplement with vitamin D.
Hyperlipidemia, unspecified : ICD10 = E78.5 / ICD9 = 272.4 / SNOMED = 56822004
Check lipids on return for any improvement.
Low testosterone : ICD10 = R79.89 / ICD9 = 786.4 / SNOMED = 131078003
He continues to use topical testosterone replacement.
Follow up: 1 month or sooner if back pain persists

Charles T. McElmurray, MD

OFFICE VISIT E/M: 99213

cyclobenzaprine 10 mg tablet, 30, Ref: 1, take 1 tablet (10 mg) by oral route 3 times per day

SIGNED BY Charles T McElmurray, MD (1) 06/09/2020 04:48PM

John A. Martin Primary Health Care
56 US Hwy 321 Bypass N
Winnsboro, SC 29180
(803) 635-6099 (803) 635-6343 Fax

Patient Chart
Hinson, Troy
Patient ID: 13279
DOB: 05/11/68
Age: 53 years Gender: M

Progress Notes

02/25/21 : 09:15am
TELEHEALTH VISIT

1

Date of Birth: 05/11/68

Chief Complaint: TeleHealth: Mid & Lower Back Pain; Desires Refills All Rx's

Subjective:

This 52 year old male presents for a remote evaluation by telephone, despite our office's Audio and Visual option, due to the patient's lack of internet access at this time. He verbally consents to remote evaluation.

Date of last office visit: 06.09.2020

He presents needing a refill on his medications. He notes he recently lost his job. He has been doing some odd jobs around his home and notes developing some low back pain. He has been using some heat and cold packs and using some ibuprofen. He notes initially some problems with bending, but he notes some improvement in his flexibility now. He is doing well with his breathing and denies any cough or SOB at this time. He needs a refill on testosterone replacement and doxycycline for his rosecea.

Review of Systems:

Constitutional: No fevers, chills, or unexplained weight loss

Cardiovascular: No chest pain or palpitations.

Respiratory: No cough, shortness of breath or wheezing

Gastrointestinal: No diarrhea, constipation, blood in stools, abdominal pain, vomiting or heartburn

Genitourinary: No urinary frequency, hematuria, incontinence, or dysuria

Musculoskeletal: low back pain

Skin: rash controlled with medication

Hematologic/Lymphatic: No easy bruising, easy bleeding or swollen glands

Past Medical History:

Chronic Illnesses: Cholesterol, Seasonal Allergies

Hospitalizations: Birth

Surgeries: Circumcision

Significant Injury: None

Social History:

Marital status: married

Children: none

Lives with: spouse

Pets: No

Language: English

Educational level: 11th grade.

Hobbies: Worker

Employment: Full-time

Military Service: no

Years in SC: 50 Native

State(s) prior to SC: yes

Diet: good diet

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2022/03/10 15:19:39 22 /90

John A. Martin Primary Health Care
56 US Hwy 321 Bypass N
Winnsboro, SC 29180
(803) 635-6099 (803) 635-6343 Fax

Patient Chart
Hinson, Troy
Patient ID: 13279
DOB: 06/14/1956
Age: 53 years Gender: M

Exercise: aerobic activity
Smoking: current smoker
Tobacco exposure: No smokers in home.
Alcohol: none

Family History:
Mother: alive unknown
Father: alive unknown
Sibling(s): 2

Current Medications:
cholecalciferol (vitamin D3) 1,250 mcg (50,000 unit) capsule Ref: 3
Instructions: Take Capsule ORAL . Take 1 tab qweek
diclofenac 1 % topical gel Ref: 3
Instructions: Take apply Gel Transdermal four times daily.
doxycycline hyclate 100 mg capsule Ref: 1
Instructions: TAKE 1 CAPSULE DAILY.
hydroxyzine HCL 50 mg tablet Ref: 1
Instructions: take 1 tablet (50 mg) by oral route 4 times per day
Pravachol 40 mg tablet Ref: 3
Instructions: Take 1 Tablet oral daily.
TESTOSTERONE 22% LIPODERM 22% topical Ref: 3
Instructions: Apply 4 clicks daily to clean , dry skin as directed
albuterol sulfate HFA 90 mcg/actuation aerosol Inhaler Ref: 0
Instructions: Inhale 1 - 2 puffs (90 - 180 mcg) by inhalation route every 4 hours as
needed
HYDROcodone 7.5 mg-acetaminophen 325 mg tablet Ref: 0
Instructions: Take 1 Tablet oral four times daily as needed.
cyclobenzaprine 10 mg tablet Ref: 1
Instructions: take 1 tablet (10 mg) by oral route 3 times per day

Medication Allergies:
STEROIDS

Objective:
In no acute distress

Assessment & Plan:
Low back pain : ICD10 = M54.5 / ICD9 = 724.2 / SNOMED = 279039007
Findings consistent with some low back strain. Continue with Moist heat / cold packs and lidocaine patches as needed.
Continue with ROM exercises. Add some cyclobenzaprine 10mg tid as needed. Notify if symptoms not improving or
any worsening of numbness or weakness.
Rosacea : ICD10 = L71.9 / ICD9 = 695.3 / SNOMED = 398909004
Rash is largely controlled with doxycycline.
Vitamin D deficiency : ICD10 = E55.9 / ICD9 = 268.9 / SNOMED = 34713006
He has been on weekly supplement with vitamin D.
Hyperlipidemia, unspecified : ICD10 = E78.5 / ICD9 = 272.4 / SNOMED = 55822004

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2022/03/10 15:19:39 23 /90

John A. Martin Primary Health Care
56 US Hwy 321 Bypass N
Winnsboro, SC 29180
(803) 635-6099 (803) 635-6343 Fax

Patient Chart
Hinson, Troy
Patient ID: 13279
DOB: 01/01/1968
Age: 53 years Gender: M

Check lipids on return for any improvement.
Low testosterone : ICD10 = R79.89 / ICD9 = 796.4 / SNOMED = 131078003
He continues to use topical testosterone replacement. Needs to have testosterone level, PSA, CMP, Lipids, and CBC checked.
Follow up: 1 month or sooner if back pain persists

Start Time: 9:18
End Time: 9:28
Duration: 10 min

Charles T. McElmurray, MD

OFFICE VISIT E/M: 99212

Rx: TESTOSTERONE 22% LIPODERM 22% topical, 90, Ref: 3, Apply 4 clicks daily to clean, dry skin as directed
Rx: Pravachol 40 mg tablet, 90, Ref: 3, Take 1 Tablet oral daily.
Rx: doxycycline hyclate 100 mg capsule, 90, Ref: 1, TAKE 1 CAPSULE DAILY.
Rx: cyclobenzaprine 10 mg tablet, 30, Ref: 1, take 1 tablet (10-mg) by oral route 3 times per day
Rx: cholecalciferol (vitamin D3) 1,250 mcg (50,000 unⁱ, 13, Ref: 3, Take Capsule ORAL. Take 1 tab qweek

SIGNED BY Charles T McElmurray, MD (1) 02/25/2021 01:18PM

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Merrill Gardens, LLC
1938 Fairview Ave E Ste. 300
Seattle, WA 98102-3650

Pay Statement

Period Start Date 06/06/2021
Period End Date 06/19/2021
Pay Date 06/25/2021
Document 140685
Net Pay \$1,865.13

Pay Details

Troy Wesley Hinson	Employee Number	1004020	Pay Group	Merrill Gardens LLC
~~Columbia, SC 29206~~	SSN	XXX-XX-XXXX	Location	Columbia
USA	Job	Maintenance Director (SC)	Work Group	MGCOMM - MG Communities
	Pay Rate	\$30.0000	Location- Org	290 - Columbia
	Pay Frequency	Biweekly	Department	780 - Maintenance

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
OverTime	1.6000	\$45.0000	\$72.00	\$72.00
Regular	40.0000	\$30.0000	\$1,200.00	\$1,200.00
Training	34.7500	\$30.0000	\$1,042.50	\$1,042.50

Total Hours Worked 76.3500 Total Hours 76.3500

Deductions

Deduction	Based On	Pre-Tax	Employee		Employer	
			Current	YTD	Current	YTD
401(k) EligWage	\$2,314.50	No	\$0.00	\$0.00	\$2,314.50	\$2,314.50

Taxes

Tax	Based On	Current	YTD
Federal Income Tax	\$2,314.50	\$146.59	\$146.59
Employee Medicare	\$2,314.50	\$33.56	\$33.56
Social Security Employee Tax	\$2,314.50	\$143.50	\$143.50
SC State Income Tax	\$2,314.50	\$125.72	\$125.72

Paid Time Off

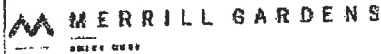
Plan	Taken	Current	Balance
No records found			

Net Pay Distribution

Account Number	Account Type	Amount
XXXXXXXX5568	Checking	\$1,865.13
Total		\$1,865.13

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$2,314.50	\$2,314.50	\$449.37	\$0.00	\$1,865.13
YTD	\$2,314.50	\$2,314.50	\$449.37	\$0.00	\$1,865.13



Merrill Gardens, LLC
1938 Fairview Ave E Ste. 300
Seattle, WA 98102-3650

Pay Statement

Period Start Date 06/20/2021
Period End Date 07/03/2021
Pay Date 07/09/2021
Document 144209
Net Pay \$1,897.40

Pay Details

Troy Wesley Hinson 608 Edward View Road Columbia, SC 29203 USA	Employee Number	1004020	Pay Group	Merrill Gardens LLC
	SSN	XXX-XX-XXXX	Location	Columbia
	Job	Maintenance Director (SC)	Work Group	MGCOMM - MG Communities
	Pay Rate	\$30.0000	Location- Org	290 - Columbia
	Pay Frequency	Biweekly	Department	780 - Maintenance

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
Cell Phone Reim			\$35.00	\$35.00
OverTime	2.4000	\$45.0000	\$108.00	\$180.00
Regular	33.8500	\$30.0000	\$1,015.50	
Regular	40.0000	\$30.0000	\$1,200.00	\$3,415.50
Regular	0.0000	\$0.0000	\$0.00	\$1,042.50
Training				

Total Hours Worked 76.2500

Total Hours 76.2500

Deductions

Deduction	Based On	Pre-Tax	Employee		Employer	
			Current	YTD	Current	YTD
401(k) EligWage	\$2,358.50	No	\$0.00	\$0.00	\$2,358.50	\$4,673.00

Taxes

	Based On	Current	YTD
Tax	\$2,358.50	\$151.87	\$298.46
Federal Income Tax	\$2,358.50	\$34.20	\$67.76
Employee Medicare	\$2,358.50	\$146.23	\$289.73
Social Security Employee Tax	\$2,358.50	\$128.80	\$254.52
SC State Income Tax			

Paid Time Off

Plan	Taken	Current	Balance
No records found			

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxx5568	Checking	\$1,897.40
Total		\$1,897.40

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$2,358.50	\$2,358.50	\$461.10	\$0.00	\$1,897.40
YTD	\$4,673.00	\$4,673.00	\$910.47	\$0.00	\$3,762.53



Merrill Gardens, LLC
1938 Fairview Ave E Ste. 300
Seattle, WA 98102-3660

Pay Statement

Period Start Date 07/04/2021
Period End Date 07/17/2021
Pay Date 07/23/2021
Document 147595
Net Pay \$2,295.15

Pay Details

Troy Wesley Hinson 208 Edward View Road Columbia, SC 29203 USA	Employee Number SSN Job Pay Rate Pay Frequency	1004020 XXX-XX-XXXX Maintenance Director (SC) \$30.0000 Biweekly	Pay Group Location Work Group Location- Org Department	Merrill Gardens LLC Columbia MGCOMM - MG Communities 290 - Columbia 780 - Maintenance

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
Cell Phone Reim			\$35.00	\$70.00
Holiday	8.0000	\$30.0000	\$240.00	\$240.00
OverTime	9.8300	\$45.0000	\$442.35	\$622.35
Regular	40.0000	\$30.0000	\$1,200.00	
Regular	32.7800	\$30.0000	\$983.40	\$5,598.90
Training	0.0000	\$0.0000	\$0.00	\$1,042.50

Total Hours Worked 82.6100 Total Hours 90.6100

Deductions

Deduction	Based On	Pre-Tax	Employee Current	YTD	Employer Current	YTD
401(k) EligWage	\$2,900.75	No	\$0.00	\$0.00	\$2,900.75	\$7,573.75

Taxes

Tax	Based On	Current	YTD
Federal Income Tax	\$2,900.75	\$216.94	\$515.40
Employee Medicare	\$2,900.75	\$42.06	\$108.82
Social Security Employee Tax	\$2,900.75	\$179.84	\$469.57
SC State Income Tax	\$2,900.75	\$166.76	\$421.28

Paid Time Off

Plan	Taken	Current	Balance
No records found			

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxx5568	Checking	\$2,295.15
Total		\$2,295.15

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$2,900.75	\$2,900.75	\$605.60	\$0.00	\$2,295.15
YTD	\$7,573.75	\$7,573.75	\$1,516.07	\$0.00	\$6,057.68



Merrill Gardens, LLC
1938 Fairview Ave E Ste. 300
Seattle, WA 98102-3650

Pay Statement

Period Start Date 07/18/2021
Period End Date 07/31/2021
Pay Date 08/06/2021
Document 150940
Net Pay \$1,491.63

Pay Details

Troy Wesley Hinson Columbia, SC 29206 USA	Employee Number	1004020	Pay Group	Merrill Gardens LLC
	SSN	XXX-XX-XXXX	Location	Columbia
	Job	Maintenance Director (SC)	Work Group	MGCOMM - MG Communities
	Pay Rate	\$30.0000	Location- Org	290 - Columbia
	Pay Frequency	Biweekly	Department	780 - Maintenance

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
Cell Phone Reim			\$35.00	\$105.00
Holiday	0.0000	\$0.0000	\$0.00	\$240.00
OverTime	0.0000	\$0.0000	\$0.00	\$622.35
Regular	24.2000	\$30.0000	\$726.00	
Regular	24.7800	\$30.0000	\$743.40	
Regular	3.0000	\$30.0000	\$90.00	
Regular	7.0300	\$30.0000	\$210.90	\$7,369.20
Regular	0.0000	\$0.0000	\$0.00	\$1,042.60
Training				

Total Hours Worked 59.0100 Total Hours 59.0100

Deductions

Deduction	Based On	Pre-Tax	Employee		Employer	
			Current	YTD	Current	YTD
401(k) EligWage	\$1,805.30	No	\$0.00	\$0.00	\$1,805.30	\$9,379.05

Taxes

	Based On	Current	YTD
Tax	\$1,805.30	\$85.48	\$600.88
Federal Income Tax	\$1,805.30	\$26.18	\$136.00
Employee Medicare	\$1,805.30	\$111.93	\$581.50
Social Security Employee Tax	\$1,805.30	\$90.08	\$511.36
SC State Income Tax			

Paid Time Off

Plan	Taken	Current	Balance
No records found			

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxx5568	Checking	\$1,491.63
Total		\$1,491.63

Pay Summary

Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay

8/25/2021

Print Preview

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$1,805.30	\$1,805.30	\$313.67	\$0.00	\$1,491.63
YTD	\$9,379.05	\$9,379.05	\$1,829.74	\$0.00	\$7,549.31



Merrill Gardens, LLC
1938 Fairview Ave E Ste. 300
Seattle, WA 98102-3650

Pay Statement

Period Start Date 08/01/2021
Period End Date 08/14/2021
Pay Date 08/20/2021
Document 154274
Net Pay \$1,076.95

Pay Details

Troy Wesley Hinson 206 Edwards Way Road Columbia, SC 29208 USA	Employee Number	1004020	Pay Group	Merrill Gardens LLC
	SSN	XXX-XX-XXXX	Location	Columbia
	Job	Maintenance Director (SC)	Work Group	MGCOMM - MG Communities
	Pay Rate	\$30.0000	Location - Org	290 - Columbia
	Pay Frequency	Biweekly	Department	780 - Maintenance

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
Cell Phone Reim			\$35.00	\$140.00
Holiday	0.0000	\$0.0000	\$0.00	\$240.00
OverTime	0.0000	\$0.0000	\$0.00	\$622.35
Regular	16.5800	\$30.0000	\$497.40	
Regular	24.1300	\$30.0000	\$723.90	\$8,580.50
Regular	0.0000	\$0.0000	\$0.00	\$1,042.50
Training				

Total Hours Worked 40.7100

Total Hours 40.7100

Deductions

Deduction	Based On	Pre-Tax	Employee		Employer	
			Current	YTD	Current	YTD
401(k) EllgWage	\$1,256.30	No	\$0.00	\$0.00	\$1,256.30	\$10,635.35

Taxes

Tax	Based On	Current	YTD
Federal Income Tax	\$1,256.30	\$29.09	\$629.97
Employee Medicare	\$1,256.30	\$18.21	\$154.21
Social Security Employee Tax	\$1,256.30	\$77.89	\$659.39
SC State Income Tax	\$1,256.30	\$54.16	\$565.52

Paid Time Off

Plan	Taken	Current	Balance	Net Pay Distribution		
Sick Leave	0.0000	0.0000	6.1600	Account Number	Account Type	Amount
				xxxxxxx5568	Checking	\$1,076.95
				Total		\$1,076.95

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$1,256.30	\$1,256.30	\$179.35	\$0.00	\$1,076.95
YTD	\$10,635.35	\$10,635.35	\$2,008.09	\$0.00	\$8,626.26

WORKERS' COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP) Merrill Gardens 1900 Fairview Ave Seattle WA 98102		CARRIER/ADMINISTRATOR CLAIM NUMBER	OSHA LOG NUMBER	REPORT PURPOSE CODE
INDUSTRY CODE		EMPLOYER FEIN	JURISDICTION	JURISDICTION CLAIM NUMBER
INSURED REPORT NUMBER		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) 2205 Gregg St Columbia SC 29201		
LOCATION #		PHONE # 803-828-5211		
CARRIER/CLAIMS ADMINISTRATOR				
CARRIER (NAME, ADDRESS, & PHONE #) Church Mutual Ins(non WA) PO Box 342 Merrill WI 54452 800-554-2642		POLICY PERIOD TO CHECK IF APPROPRIATE ☐ SELF INSURANCE		
CARRIER FEIN		POLICY/SELF-INSURED NUMBER		ADMINISTRATOR FEIN
AGENT NAME & CODE NUMBER				
EMPLOYEE/WAGE				
NAME (LAST, FIRST, MIDDLE) Troy Wesley Hinson		DATE OF BIRTH 04/14/1988	SOCIAL SECURITY NUMBER	DATE HIRED 6/8/2021
ADDRESS (INCL ZIP) 280 Edmund Hwy Rd SC 29203		SEX ☒ Male ☐ Female ☐ Unknown	MARITAL STATUS ☐ Unmarried/Single/Divorced ☐ Married ☐ Separated ☐ Unknown	OCCUPATION/JOB TITLE Maintenance Supervisor
PHONE		# OF DEPENDENTS	EMPLOYMENT STATUS Full Time	
RATE PER: ☐ DAY ☐ MONTH ☐ WEEK ☐ OTHER:		DAYS WORKED/WEEK	FULL PAY FOR DAY OF INJURY? ☐ YES ☐ NO DID SALARY CONTINUE? ☐ YES ☐ NO	
OCCURRENCE/TREATMENT				
TIME EMPLOYEE BEGAN WORK ☐ AM ☐ PM	DATE OF INJURY/ILLNESS 7/29/2021	TIME OF OCCURRENCE 8:10 (☐) CANNOT BE DETERMINED ☐ AM ☐ PM	LAST WORK DATE	DATE EMPLOYER NOTIFIED DATE DISABILITY BEGAN
CONTACT NAME/PHONE NUMBER	TYPE OF INJURY/ILLNESS Musculoskeletal Symptoms		PART OF BODY AFFECTED Groin/Inguinal - Left	
DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☒ YES ☐ NO	TYPE OF INJURY/ILLNESS CODE		PART OF BODY AFFECTED CODE	
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED Other		ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED Steep ramp		
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED Push dumpster up steep ramp		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL EE alleges 15 min ago he was in the compact room pushing dumpster up a steep ramp, he was having tr		CAUSE OF INJURY CODE		
DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? ☐ YES ☐ NO	WERE THEY USED? ☐ YES ☐ NO	
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS) EE to Advise		HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS)		
INITIAL TREATMENT		☐ 0 NO MEDICAL TREATMENT ☐ 1 MINOR: BY EMPLOYER ☐ 2 MINOR CLINIC/HOSP ☐ 3 EMERGENCY CARE ☐ 4 HOSPITALIZED > 24 HOURS ☐ 5 FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED		
OTHER				
WITNESSES (NAME & PHONE #)				
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE	PHONE NUMBER	

WCC FORM 12-A
REV. DATE 04/08

SEE INSTRUCTIONS FOR IMPORTANT INFORMATION

REPRINTED WITH PERMISSION OF IAIABC

1452850



VALID JOB OFFER LETTER

Letter is to be hand delivered to the employee OR sent by Certified mail

Community: Columbia

Date: 12/20/21

Employee: Troy Hinson
Address: ~~208 Edward View Rd.~~ ~~Columbia SC 29209~~
Phone: ~~(803) 743-8884~~
E-mail: TroyH@MerrillGardens.com

Community: Merrill Gardena at Columbia
Address: 2205 Gregg St. Columbia SC 29201
Phone: (803) 828-5203
E-mail: DougalK@MerrillGardens.com

Dear Mr. Hinson:

Merrill Gardens supports early return to work for employees who are injured on-the-job. Light duty jobs are offered to employees injured on-the-job only when: (1) there is work available and (2) the injured employee may safely perform the available work assignments without risk of exacerbating the injury.

Your treating physician has released you for temporary, modified work with restrictions per the attached documentation. This light duty assignment will provide you with modified work for up to 90 days or longer, depending on your medical progress and on availability of work that meets your restrictions. While on light duty, you may work up to 8 hours per shift, 5 days per week. Overtime will not be allowed, nor will the working of double shifts. The specifics of the temporary, modified work assignment are shown at the bottom of this notice.

If you have any questions, please feel free to contact me. We look forward to seeing you.

Sincerely,


General Manager

Your light-duty assignment will be: All duties from the Maintenance Director job description that do not require you to twist, stretch, and/or push, pull, lift, and/or carry more than five (5) pounds. This will include, but not limited to, general maintenance projects and repairs as scheduled and assigned, painting, plumbing, minor electrical work, and preventive maintenance. Other general maintenance duties will also include documenting safety issues, ensuring community is compliant with Federal, state and local regulations; inspect vacant apartments, schedule and coordinate outside contractors and vendors, conduct scheduled testing and emergency drills, respond appropriately to all accidents and emergencies, and conduct team member trainings. Other duties in other departments may be assigned as needed.

Enclosure: Physician approved task analysis and light duty assignments

SHIFT: 9:00	☒ AM ☐ PM	TO 5:00	☐ AM ☒ PM
DAY(S):	☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☐ Friday ☐ Saturday ☒ Sunday		
START DATE: 12/20/21	TIME: 9:00am	Department: Administration	
WAGES: You will receive \$30.00 per hour.			
*Your Workers' Compensation carrier will pro-rate your time loss benefits if this salary is less than your regular wage.			
REPORT TO (Supervisor's Name): Dougall Kear		Phone: (803) 730-6639	

I agree to work within these restrictions and I accept the above job as offered. ☐ Yes ☐ No

Employee Signature

Date

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 2111920
Carrier File #: 1452859
Carrier Code #: _____
Employer FEIN #: 273658318

Claimant's Name: TROY WESLEY HINSON Employer's Name: MERRILL GARDENS AT COLUMBIA
Address: 208 EDWARD VIEW ROAD Address: 2205 GREGG STREET
City: COLUMBIA State: SC Zip: 29201
Home Phone: 803-742-8894 Work Phone: _____ Insurance Carrier: CHURCH MUTUAL INSURANCE COMPANY
Preparer's Name: DANIELLE BRAND Law Firm: _____ Preparer's Phone #: 800 554-2642 X 7131

Date of Injury: _____ (m/d/yyyy) Date of Notice to Employer of Injury: _____ (m/d/yyyy)

I. **Payment of Temporary Compensation** Check one: ☐ Initial period ☐ Additional period ☐ Corrected compensation rate
(choose A, B, or C)

- ☐ A. Temporary Total at the compensation rate of _____ per week. For this period of disability, disability began on _____ (m/d/yyyy) and the date of first payment was _____ (m/d/yyyy).
- ☐ B. Temporary Partial at the compensation rate of _____ per week. Note: When the Temporary Partial compensation rate will vary, report the first payment here. Supplement this report throughout the period of Temporary Partial compensation by filing a Form 15S with the Form 18, which shall be filed six months after the date of injury and each six months thereafter until the file is closed. For this period of disability, disability began on _____ (m/d/yyyy), and the date of first payment was _____ (m/d/yyyy).

Calculation of Temporary Partial Rate:

Average weekly wage before injury

Current weekly wage _____

■ Difference in wages before injury and now _____

x .6667

Temporary Partial Compensation Rate _____

- ☐ C. Salary in lieu of Temporary ☐ Total ☐ Partial (choose one) compensation in the amount of _____ per week. For this period of disability, disability began on _____ (m/d/yyyy) and the date of first payment of salary in lieu of temporary compensation was _____ (m/d/yyyy).

THIS SECTION MAY BE USED ONLY WITHIN 150 DAYS AFTER NOTICE TO EMPLOYER OF INJURY. ATTACH DOCUMENTATION AS TO THE REASON OF THE TERMINATION.

II. **Termination of Temporary Compensation** Temporary compensation payments were stopped on _____ (m/d/yyyy) for the following reason:

- ☐ Claimant has returned to work at least 15 days and no temporary partial compensation is due.
- ☐ Claimant agrees he/she is able to return to work and has signed a Form 17.
- ☐ Based on a good faith investigation, the claim is denied. Reason for denial: _____
- ☐ Claimant has been released to return to work without restrictions and employment has been offered.
- ☐ Claimant has been released to work at limited duty and employer has provided limited duty work consistent with the terms upon which the Employee has been released.
- ☐ Claimant has refused medical treatment, examination, or evaluation. Note: Benefits must be resumed if claimant accepts the treatment, examination, or evaluation. Additional report must be filed if compensation is resumed.

I certify that this form has been served on the claimant per R.67-211.

DANIELLE BRAND
Signature of Claims Administrator

1/4/2022
Date (m/d/yyyy)

III. **Notice to Injured Worker or Legal Representative when Temporary Compensation Has Been Stopped:**

The employer's representative may stop temporary compensation within 150 days of the date of notice of injury for the above reasons. However, if you believe that the temporary compensation should not have been stopped, you may request a hearing by signing below and returning this form to SCWCC Judicial Department at the address at the top of this form. A hearing will be held within 60 days of receipt of your request to determine if temporary compensation has been properly terminated.

MY SIGNATURE BELOW INDICATES THAT I DO NOT AGREE WITH THE TERMINATION OF TEMPORARY COMPENSATION.
I REQUEST A HEARING TO DETERMINE WHETHER I AM ENTITLED TO FURTHER TEMPORARY COMPENSATION PAYMENTS.

Check one: Form 15(II) ☒ Has ☐ Has not been received.

[Signature]
Signature of Claimant or Legal Representative

2/8/2022
Date (m/d/yyyy)

Employer's representative must complete and file Form 15 with Claims Department within ten days after compensation begins or is terminated. Employer's representative must serve the Form 15 on the claimant when compensation begins per R.67-211. Employer's representative must prepare and serve Form 20 within thirty days of beginning compensation per R.67-1603. Employer's representative must serve per R.67-211 two copies of the Form 15 on claimant immediately on termination of compensation with documentation attached as to the reason for the termination. Injured worker may contest termination of compensation by completing section III of the Form 15 and filing it with Judicial Department.

WCC Form # 15
Rev. 01/2014

15

TEMPORARY COMPENSATION REPORT