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THE STATE OF SOUTH CAROLINA
In The Supreme Court

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SC Supreme Court

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Full Commission Appellate Panel Review

Unpublished Opinion No 2012-UP-153 (S C Ct App Filed Mar 7, 2012)

Donna L McCall, Employee,

Respondent,

v

Sandvik, Inc , Employer, and
Sentry Insurance Company, Carrier,

Petitioners

APPENDIX - VOLUME 3 OF 4

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1 described to me and annular tears can result from an
2 acute injury So from my clinical evaluation and
3 the history obtained I felt that they were likely to
4 be as a result of the injury As well as the fact
5 that they were not mentioned in the previous MRI
6 So that led me to believe that

7 Q Well, doctor, why did the radiologist then indicate
8 on the third line of that 8/6/07 MRI cervical spine
9 that he was unable to clearly identify a site of
10 acute cervical extrusion type disc herniation?

11 A The radiologist, as indicated, it says acute
12 cervical extrusion type herniation So the
13 radiologist could not identify an acute cervical
14 extrusion type disc herniation He did not mention
15 whether he could not identify any other acute
16 changes such as the annular tear

17 Q The fact of the matter is he didn't identify
18 anywhere in his conclusion that he found any acute
19 changes, did he, in his report? In other words,
20 under conclusion would you agree that every single
21 one of the conclusions drawn by a Dr Jeff Shramek
22 from Seneca Diagnostic Imaging deal with
23 degenerative and chronic and arthritic types of
24 problems? Every single one of those conclusions?

25 A Can you repeat the question please?

- 1 Q Yes, sir The conclusions drawn or identified by
2 this Dr Shramek on August 6th, 2007, would you
3 agree with me that every single one of his
4 conclusions deal with either degenerative or chronic
5 or arthritic or longstanding types of problems? He
6 has not identified any acute problems in his
7 conclusions, would you agree with that?
- 8 A He has not mentioned if -- any acute problems, yes
- 9 Q And in fact, the only mention he makes of the word
10 acute, he indicates that he cannot identify an acute
11 site, is that correct?
- 12 A Yes And he's stating specifically that he cannot
13 identify a certain type of acute problem
- 14 Q Okay Now, an annular tear, for it to be acute as
15 you mentioned, what would acute mean? How long
16 after an accident would an acute annular tear be
17 seen on an MRI scan, for it to be acute?
- 18 A Typically immediately
- 19 Q Okay So if the date of accident or the fall that
20 we're all here for actually happened in June of
21 2006, then how can you say that on August the 6th of
22 2007, fourteen months later, that these are acute
23 findings relative -- and in fact if you say they are
24 acute annular tears, wouldn't that have to have been
25 something else occurred after June of 2006 to cause

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1 the acute annular tears that are seen in August of
2 2007? You do realize that we're fourteen months
3 later when we're looking at these MRI scans?

4 A Yeah Okay The, the thing is this Annular
5 tears, once they occur -- they can occur acutely
6 Once they occur they can remain present for many
7 years And if one understands that, then that
8 essentially answers that question And that's how
9 they could be present in the MRI in 2007 and have
10 occurred in 2006

11 Q Well, in actuality then they could have occurred
12 anywhere after 1999 when she had the first MRI
13 scans, couldn't they, under that theory that you
14 just gave?

15 A They could have

16 Q Okay Now, if the chronological medical treatment
17 for Ms McCall occurred as follows, she was injured
18 in June of 2006 when she fell off a -- fell doing
19 her job, okay Are you aware that she sought
20 absolutely no medical treatment whatsoever for
21 nearly two months?

22 A Let me review my records

23 Q And I'll represent to you while you're looking for
24 that, the date of accident is June 29th of '06 Her
25 first medical treatment was August the 17th of 2006

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Appellate Panel Review

W C C File No 0722895

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Appellant

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and
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RECORD ON APPEAL
VOLUME 3 OF 4

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1 at Upstate Medical Associates

2 A Okay If that's the case, then yes, then that's

3 when she sought treatment

4 Q Okay As I understand your testimony, the first

5 time you really became aware of that was today

6 apparently when you received medical records from

7 opposing counsel's office, is that correct?

8 A Yes

9 Q Okay So before today you had never seen any

10 medical records from any other facility anywhere

11 relative to Ms McCall, is that correct?

12 A Yes Not that I recall

13 Q And that includes the doctor who apparently referred

14 her to you, Dr Kanos, the neurosurgeon, is that

15 correct? You don't have any of his and never have

16 seen his records, have you?

17 A I don't recall I may have Sometimes he sends

18 them I don't have them, certainly not with me

19 right now

20 Q Okay If you -- if they were part of your file,

21 would they not be contained in your file?

22 A Typically they should be, or in our computer system

23 And I can check if you'd like, but I don't see them

24 Q And I guess part of the problem and why lawyers end

25 up taking doctor depositions is Mr Simmons

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1 subpoenaed records from your office and he's got a
2 package of records I subpoenaed records from your
3 office and Dr Rogers and we don't get the same
4 records Do you know why that would be? Why he
5 would have one set of records that say one thing and
6 I would have a set of records that say something
7 else?

8 A It seems to me that there was just one record where
9 you had a -- sort of a preliminary note Otherwise
10 they seem to be the same records

11 Q Well, you mentioned that January the 11th, 2008
12 report which is nowhere in any of the information
13 that was ever provided to me before today The
14 first time I heard of January 11th of '08 was during
15 your deposition this afternoon

16 A Yeah I don't know why you don't have that record

17 Q As I understand, by way of your medical education
18 and how we got -- how you got to this office, this
19 is the first actual job you've had as a doctor,
20 correct?

21 A Uh-huh (affirmative) Well, residency training that
22 I've had for five years and fellowships is
23 considered a job You get paid and you get paid
24 forty-five thousand or fifty or whatever it is, but
25 it's a job The only thing is you have other

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1 doctors supervising you

2 Q Right And when I say it that way, what I mean is,
3 independent of the educational process this is --
4 residency and those things are part of the
5 educational process for a physician, is that
6 correct?

7 A Yes

8 Q Exclusive of that and outside of the academic and
9 educational part of being a medical doctor, this is
10 the first job you've had as a medical doctor,
11 correct?

12 A Correct

13 Q And you were here for, as I understood it, a little
14 over a year when you first saw Ms McCall, correct?

15 A Correct

16 Q Okay Now, and as we understand or as I heard you
17 say, she was referred here to you by Dr Kanos, the
18 neurosurgeon, correct?

19 A Correct

20 Q Before she comes to see you, I have a document in my
21 file from your office that says clinical history
22 form What is that document? And as part of that
23 looks like it says initial visit questionnaire would
24 be the next page

25 A Yeah So it's the form that the patient fills out

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1 when they first see, first see me and we use that to
2 obtain information

3 Q All right Now, this document here that is called
4 initial visit questionnaire dated September 18th of
5 '07, all the writing that's on this document, who
6 did that? Do you know?

7 A The majority of it is done by the patient, some is
8 done by our nursing staff, which are just notes, and
9 then some were done by me

10 Q Okay Underneath the picture of the human body, you
11 have the front, who wrote A and then whatever that
12 says after that?

13 A That looks like that was my writing

14 Q Can you tell me what you wrote there?

15 A These are basically scribbles It says, industrial
16 injury, no history of neck pain, works as a furnace
17 operator, fell backwards

18 Q Okay What does if mean when you write the words no
19 history of neck pain? What did that mean?

20 A It means that I did not receive any history that she
21 had neck pain previously

22 Q Does that mean she denied to you that she'd ever had
23 neck pain?

24 A No It means that -- yes Well, looking at it I
25 would think yes, it probably means that she had

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1 denied at that point

2 Q Okay And as we have learned based upon your review
3 of other documents today, including MRI scans
4 provided to you by Mr Simmons, in fact she has been
5 treated for significant cervical problems in the
6 past, is that correct?

7 A It appears that she was treated for a short period
8 in 1999 for cervical problems

9 Q Okay And you don't know why, do you, that she
10 stopped treating for those problems in 1999?

11 A No

12 Q Okay You didn't make any contact -- I assume,
13 since you found out about this today you haven't had
14 any contact with Lakeridge Neurological, I believe
15 is the facility, to find out why she stopped
16 treating with them back in '99?

17 A No

18 Q Okay What is a diagnosis of cervical and
19 lumbosacral radiculopathies mean?

20 A Are you referring to any specific ---

21 Q Yes, sir I'm referring to a letter from Dr Amaya
22 that I think saw in the documents forwarded to you,
23 to a Dr Carpenter on November the 12th of 1999

24 A And what's the date of that?

25 Q It says November 12, 1999 It's probably toward the

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1 back of the package And I'm just guessing because
2 I haven't seen what you have actually

3 A Might be ---

4 Q Let me just show you mine I've got a report that's
5 going to be submitted into evidence in this trial,
6 when it's ready to go to trial, it's a letter from
7 Dr Amaya to a Dr -- looks like it's Dr James
8 Carpenter, I think, I'll represent to you was the
9 family doctor for Ms McCall at one time What is a
10 cervical and lumbosacral radiculopathies, that's
11 what l/s means correct?

12 A Yes Radiculopathy is basically a nerve injury, to
13 make a long story short

14 Q And so reviewing this document would you agree that
15 at least at this time the doctor that wrote this
16 letter, a Dr Amaya, felt that Ms McCall had nerve
17 injuries in both her neck and her lumbar spine?

18 A No It says plus, minus, so it's whatever he means
19 by plus, minus

20 Q Okay So you don't know what that means?

21 A Well, I would presume it means that he thought she
22 may have had some evidence suggestive of that, but
23 certainly it seems to me that he didn't think that
24 she definitely had that, otherwise he wouldn't have
25 put the plus, minus

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- 1 Q All right And his plan was to do cervical and
2 lumbar spine studies to evaluate the possibility of
3 nerve root lesions, correct?
- 4 A Yes
- 5 Q And you've since seen, at least I think we've talked
6 about an MRI scan to the neck which clearly shows
7 evidence of some fairly significant problems or
8 degenerative problems, whatever you want to call
9 them in 1999?
- 10 A Degenerative problems, yes
- 11 Q Okay Well, for them to have been degenerative in
12 1999, does that mean that they would have actually
13 been in existence even before that period of time?
- 14 A Probably
- 15 Q Okay What is the natural progression of
16 degenerative disc disease in both the neck and the
17 low back?
- 18 A Very slowly, it can progress
- 19 Q Okay Does it in fact -- is the normal natural
20 progression or the predominate natural progression
21 of degenerative disc disease in the spine at any
22 level, that it will tend to deteriorate as time goes
23 by and as we age?
- 24 A Degeneration can progress, yes
- 25 Q Okay And once someone is known to have

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1 degenerative disc disease or whatever other term
2 that doctors use for degenerative disc disease,
3 spondylosis I believe, would that be the same?

4 A Yes

5 Q Okay Those types of conditions, once they are
6 known to be in a patient's spine, is it fair to say
7 that virtually any type of activity or any type of a
8 trauma, walking, sleeping, coughing, anything can
9 cause exacerbations or aggravations of that
10 condition, to the point that it creates symptoms
11 that require medical attention?

12 A Not necessarily with respect to the degenerative
13 changes What you said regarding walking, sleeping,
14 et cetera, any activity can cause acute symptoms

15 Q Okay Included under the assessment of this
16 particular doctor was entrapment syndromes in the
17 extremities plus, minus What does that mean?

18 A Entrapment syndromes means -- generally would refer
19 to a nerve entrapment and he hasn't specified it,
20 but typically that's what it would mean And then
21 plus, minus means, again, I would presume that he
22 thought maybe she had it, but certainly didn't think
23 she definitely had it

24 Q Which is why he probably was planning to do these
25 studies to try to make a full determination on that?

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1 A Correct

2 Q Okay And the last thing he says is peripheral
3 neuropathy, there is no plus or minus I assume
4 then that was one of his diagnoses What is
5 peripheral neuropathy?

6 A It's a condition where some of the peripheral nerves
7 can get in neuropathy which is a degenerative change
8 of the nerves

9 Q Okay Can peripheral neuropathy cause the types of
10 symptoms that Ms McCall displayed when she came to
11 see you?

12 A Highly unlikely

13 Q Okay Now, the recommended studies were the imaging
14 studies We've seen the cervical Do you have an
15 MRI scan from 1999 of the low back?

16 A No

17 Q What are EP studies of the right upper extremities
18 and bilateral lower extremities? What are EP
19 studies?

20 A Electric physiology studies

21 Q Would that be like EMG nerve conduction?

22 A Yes

23 Q Okay Recently, and included in Dr Rogers -- were
24 you aware that Dr Rogers had been deposed in this
25 case?

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1 A Yes

2 Q Okay Recently in Dr Rogers' deposition, and I
3 think I've noticed today, that Ms McCall has some
4 sort of tremoring in her hands, is that correct?

5 A Yes

6 Q Okay What is causing that?

7 A I have not gone into that at all I've let Dr
8 Rogers handle that

9 Q Do you know from reviewing his records or through
10 any communications with him what he believes to be
11 the cause of that?

12 A I haven't addressed that

13 Q Okay Were you aware that in 1999 Ms McCall was
14 having a chief complaint of tremors?

15 A I'm aware now

16 Q Okay Aware now because I'm showing you a report?

17 A Correct

18 Q All right And again this is Dr Amaya, it's the
19 actual report attached of November the 12th of '99
20 that is attached to the letter that he sent to the
21 other doctor And according to this it says she had
22 been presenting describing tremors of all her
23 extremities progressing for approximately two years
24 She also complains of constant headaches, mostly
25 felt in the back of the head without any known

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1 relationship to exertion or trauma Now, my
2 question to you is, isn't that the same type of
3 headache and symptomatology that she presented to
4 both you and to Dr. Rogers with?

5 A She presented to me with back pain, neck pain ---

6 Q What about headaches?

7 A -- and some headaches

8 Q Okay And weren't the headaches located in the back
9 of the head? The occipital?

10 A Let me review my records

11 Q Okay

12 A Can you repeat the question please?

13 Q Yes, sir The report indicates that she was
14 complaining of constant headaches mostly felt in the
15 back of her head, and I mentioned the word occipital
16 headaches My question was, isn't that the same
17 type of symptomatology that Ms. McCall presented to
18 both you and Dr. Rogers with?

19 A Per the notes that I have, we don't have a specific
20 area, but yes, occipital Typically patients who
21 have what she has, she likely had occipital
22 headaches, but she may have had headaches in areas
23 other than occipital area But the records -- I
24 don't have specifically from the records

25 Q And obviously, doctor, all we've got are the reports

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1 at least from Dr Amaya at this period in time
2 Don't you agree that the presentation and the
3 symptomatology that is expressed in this report is
4 quite similar to what Ms McCall presented to you?
5 A No
6 Q Okay You don't agree with that?
7 A No
8 Q Why do you not agree with that? What's different?
9 A She presented with neck pain and back pain
10 Q Well, we don't have that? I mean, why else would we
11 be doing cervical and lumbosacral x-rays and MRIs?
12 A Says she denied LBP, which is low back pain
13 Q Okay
14 A So I'm not sure why he ordered the lumbosacral x-
15 rays when he -- but she denied low back pain
16 Q Well, let's go to the next one which we are going to
17 talk about, November 30th of '99, which would have
18 been about three weeks later He actually diagnosed
19 her with cervical and lumbosacral nerve root
20 lesions
21 A Okay
22 Q Okay Would that be similar to what was found on
23 the MRI scans that you reviewed from 2007?
24 A The lumbosacral MRIs did not specifically comment on
25 any nerve root lesions She basically had a

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1 herniated disc from what I recall I'd have to look
2 at the MRI

3 Q Okay What's the difference between a herniated
4 disc and a nerve root lesion? Or is that semantics
5 for some radiologists?

6 A Let me take a look at the report

7 Q And what I've read is we have protruding discs and
8 bulging discs and herniated discs Are those
9 semantics for some doctors or do they all mean
10 different things?

11 A They can mean different things, but the --
12 specifically what we're talking about, the nerve
13 root lesion, is different from the disc A disc is
14 a disc A nerve root is a nerve So they're two
15 different things Let me look at the MRI that she
16 had recently So the MRI from 2007 doesn't comment
17 on any nerve lesion and so in that sense they're not
18 similar, it's not similar to what she presented with
19 before

20 Q Okay Well, explain to me how they are different
21 What does that mean? What would the report say if
22 we were talking about a nerve root lesion?

23 A Well, first of all we don't have an MRI from 2000
24 We don't have the same test Well, we have ---

25 Q Let's get the '99 one We do have the '99 MRI scan

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1 A We don't have a '99 MRI scan of the lumbar spine

2 Q Well, let's look at the one for the cervical spine

3 A Okay I think some of this is getting jumbled up

4 here Yes Okay Go ahead

5 Q Okay And let me -- again, this is something I

6 don't have

7 A Okay

8 Q All right And my review of the actual MRI scan

9 does not in any way, shape or form, does it ever say

10 the word lesion on the MRI scan?

11 A Uh-huh (affirmative)

12 Q It does say the word lesion?

13 A No, it doesn't

14 Q Okay Well, what then on this MRI scan would you

15 consider to be a nerve root lesion?

16 A You can't really -- I can't -- a nerve root lesion

17 can be identified in various ways You don't have

18 to have an MRI scan to diagnose a nerve root lesion

19 It could be something clinical, could be with the

20 assistance of an MRI, with the nerve studies,

21 physical exam, so various things can diagnose that

22 Q Would you disagree with me, doctor, if I told you

23 some physicians use the word lesion to include

24 something such as a disc protrusion?

25 A A lesion is a very general term that could mean

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1 anything It just means -- essentially a lesion
2 means something is abnormal

3 Q Okay Which means Dr Amaya in 1999 noted that the
4 cervical and lumbar spine were abnormal in Ms
5 McCall, correct?

6 A Correct The nerve root, yeah, nerve roots

7 Q Okay Do you have any idea why Ms McCall didn't
8 bring that to the attention of either you or Dr
9 Rogers when you saw her?

10 A Not specifically However, it could be that her
11 symptoms were in '99 and they improved and they
12 weren't significant Sometimes patients do that
13 where they've had pain many years ago and they say
14 that they've only had recent pain

15 Q Okay Did you specifically ask in your
16 questionnaires or do you ask in your initial visits
17 with your patients whether they have a history of or
18 any pre-existing problems to the area of the lumbar
19 or cervical spine if that's the area you're
20 treating?

21 A Yes

22 Q Wouldn't you have expected her to tell you about
23 that when you asked her that question, given that
24 she had had actual scans?

25 A General -- not necessarily Many patients -- for

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1 whatever reason, many patients sometimes forget or
2 don't know, or rather will not -- not that they
3 don't but they forget And sometimes they don't
4 It's not uncommon for that to happen

5 Q Did Ms McCall tell you that Dr Amaya in December
6 of 1999 essentially stopped treating her because she
7 was not compliant with his treatment
8 recommendations?

9 A I'd like to review the records I have a copy of
10 those as well What date is that record?

11 Q It's a letter to Dr James Carpenter from Dr Amaya
12 dated December the 10th of 1999 In the second ---

13 A Yeah I see that I don't see how that conclusion
14 can be drawn It says, she has unfortunately not
15 been compliant with treatment Also she has not
16 been able to follow instructions So it doesn't --
17 you cannot -- I cannot conclude from that that he
18 stopped treating her for non-compliance Secondly,
19 it appears that she -- it states that she was not
20 able to follow instructions It doesn't necessarily
21 mean that she did not want to follow instructions

22 Q Okay Well, what would the difference mean? I
23 mean, what does that mean? That she didn't want to,
24 but she was unable to follow instructions to rest
25 What does that mean?

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1 A Well, for example if -- for example, a doc --
 2 physician can give a patient instructions to rest
 3 yet the patient feels the need to do some activity
 4 or work or to pay the bills and they continue to
 5 work, despite being recommended to rest

6 Q Okay So is it fair to say that there are times
 7 that patients have to put the pocketbook ahead of
 8 the physical body?

9 A Yes

10 Q And that it appears that that's what Ms McCall did
 11 back in 1999, based on this paragraph?

12 A I can't conclude either way I can only conclude
 13 what's written, which says that she was not able to
 14 follow the instructions

15 Q Okay Does Dr Amaya indicate that her symptoms are
 16 most likely the result of chronic stress on her neck
 17 and her lumbar spine regions?

18 A Yes

19 Q Does he also indicate that she has a job that
 20 demands a lot of heavy lifting and moving?

21 A Yes

22 Q Okay And then he finally diagnoses her with, he
 23 uses the word, severe cervical and lumbar spine
 24 degenerative joint disease with nerve root lesions,
 25 is that correct?

1 A Uh-huh (affirmative)

2 Q What does severe mean to a medical doctor?

3 A Severe means, means severe It's the same way you'd
4 use severe in a lay term

5 Q Okay What are different levels? Is there anything
6 worse than severe? To a medical doctor? In other
7 words, I know there's mild, there's moderate, is
8 severe the worse you get?

9 A Typically You can -- there's various gradations of
10 severe depending on how the doctor wishes to
11 characterize it, but severe is a broad category

12 Q He also diagnosed her at that time as having mild
13 right carpal tunnel syndrome, correct?

14 A Uh-huh (affirmative)

15 Q Okay And just for the record, that's yes? You
16 need to say the words yes or no ---

17 A Yes

18 Q -- instead of uh-huh because of the tape recording
19 And I apologize

20 A Yes

21 Q Did he also advise Ms McCall to assume light duty
22 job if not complete rest and to eliminate any heavy
23 lifting for a period of time?

24 A That's what it states

25 Q And you agree when given the opportunity through

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1 questioning by your office and by you specifically
2 about the history of any prior problems, none of
3 this was ever provided to you by Ms McCall,
4 correct?

5 A I did not have it, yes

6 Q Now, I mentioned earlier the accident happened on
7 June the 29th of '06 The first medical treatment
8 sought at all was in August of '06, nearly a period
9 of two months, correct?

10 A Yes

11 Q Now, if the fall that you have just testified your
12 opinion is the cause of all of the problems that she
13 -- or most of the problems that she has been
14 treating with your office for, if that fall was so
15 significant that treatment is now being rendered
16 almost two years later by your office, wouldn't you
17 think that she would have gone to medical treatment
18 or sought medical treatment for that pretty quickly
19 after that accident?

20 A Sometimes patients -- it's hard to -- I don't know
21 from the records as to why she didn't seek treatment
22 earlier It is sometimes possible that a patient
23 has an injury That injury initially, it seems to
24 the patient that it will subside and for whatever
25 reason the patient doesn't want to seek medical

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1 care Then at a later point, perhaps several weeks
2 later, sometimes several months later, the patient
3 realizes that this is continuing and ongoing and
4 that they should seek medical treatment

5 Q Were you aware that after the visits in August of
6 2006 that Ms McCall had a short period of physical
7 therapy to return to work, regular duty, following
8 that for almost a year with no further medical
9 treatment, until August of 2007?

10 A So you're saying she had physical therapy for about
11 a year?

12 Q No, sir She had physical therapy for less than a
13 month, several visits, then returned to her regular
14 duty work in August of 2006, did not return to a
15 doctor, specifically did not return back to the
16 doctors down at Oconee Family Practice until July
17 the 24th of 2007, almost a year later Were you
18 aware she had no medical treatment at all for a
19 year?

20 A No

21 Q Okay Isn't that significant, Dr Patel, if in fact
22 the fall was the cause of the problems that she's
23 here to see you for now? Wouldn't you think that
24 during that one year period of time she would have
25 had some sort of medical treatment or complaints to

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1 doctors about her problems, if they were related to
2 that event?

3 A It's difficult to speculate as to why she didn't
4 continue with medical treatment It may sometimes
5 be that patients have pain which is not
6 significantly improving or they basically decide
7 that they're just going to continue living with it
8 and continue with their activity and for whatever
9 reason decide not to follow up with their physician
10 And then after some time of doing that they once
11 again decide that they'd like to continue care with
12 it So that's certainly a possibility

13 Q Okay Let me show you actually a report from a
14 chiropractor visit she had on June the 19th of 2007
15 Okay?

16 (By Mr Simmons)

17 Grady, if you don't mind, can I take a
18 look at that real quick I want to make sure I'm on
19 the same one

20 (By Mr Beard)

21 Chiropractor Finley

22 (By Mr Simmons)

23 Okay

24 (Cross examination continued by Mr Beard)

25 Q On June the 19th of 2007, she apparently, after not

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1 seeking any medical treatment for nearly a year,
2 went to Chiropractor Finley and filled out this
3 particular form Okay?

4 A Uh-huh (affirmative)

5 Q It says date when symptoms first appeared What
6 does that say?

7 A It says three days

8 Q Okay Now you would agree three days before June
9 the 19th of '07 would be June the 16th of '07,
10 correct?

11 A Uh-huh (affirmative)

12 Q Okay That's a long time after June of 2006 and the
13 -- June 29th of '06 which is the date of the
14 accident that she came in here to see you for
15 correct?

16 A Yes

17 Q Okay Would you agree that if in fact she was doing
18 heavy lifting that progressively over time caused
19 her to have problems that that would be some sort of
20 event that would not have anything to do with the
21 accident where she fell on her head and hit the
22 concrete?

23 A Can you clarify the question?

24 Q Sure She indicates that three days earlier, she is
25 having problems that progressed over time, is that

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1 correct?

2 A Yes

3 Q Okay And she said, what made the symptoms
4 increase, it says, heavy lifting

5 A Uh-huh (affirmative)

6 Q Can we assume that she is saying that heavy lifting
7 has made her have symptomatology that sent her to
8 the chiropractor?

9 (Objection by Mr Simmons)

10 I object to the form of the question

11 (Cross examination continued by Mr Beard)

12 A Can I read the note here?

13 Q Sure

14 A I would say it also indicate that the symptoms
15 progressed over time, which patients often have pain
16 for sometimes years, yet put three days or one
17 month, which means they're saying that in that
18 recent time that the symptoms have been worse

19 Q Right And wouldn't you agree with me, Dr Patel,
20 that the condition of degenerative disc disease and
21 the findings that we see on the MRI scan in 2007 for
22 both her lumbar and cervical spine are the types of
23 conditions that virtually any kind of lifting, heavy
24 lifting and things of that nature are going to
25 aggravate or exacerbate symptomatology?

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1 A They can aggravate or exacerbate

2 Q Okay And in fact does it not appear they did so in
3 this case because she went to a chiropractor and
4 told them three days ago that that was the case,
5 correct? Is that not what the form says?

6 A Can you rephrase or repeat the question?

7 Q Did she not -- did I not just show you a form where
8 she went to the chiropractor and indicated on June
9 the 19th of '07 that her symptoms first appeared
10 three days earlier?

11 A Yes And it also says progressive over time Yes

12 Q All right And she said heavy lifting is what makes
13 the symptoms increase correct?

14 A Correct

15 Q And in fact in 1999 she was told by a doctor at that
16 time that she needed to avoid heavy lifting and she
17 needed to get away from that type -- because of the
18 condition in her neck and low back, is that correct?

19 A Yes

20 Q Okay Is there any indication on this particular
21 history or patient form that indicates this is
22 related to her -- to any kind of incident at
23 Valenite back in June of '06?

24 A Is this the entire record?

25 Q I have no idea

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1 A There may be other pages Okay This is an
 2 extremely brief record and I don't know that I can
 3 draw much conclusion from it But can you ask me
 4 your exact question again?
 5 Q Sure Was there any indication on what you just
 6 read that related her problems that she went to the
 7 chiropractor for on June the 19th of '07, to the
 8 incident of June the 29th of '06 where she fell
 9 being a furnace operator?
 10 A It's not indicated on that page
 11 Q And you would agree that June the 19th of 2007 is
 12 between the time of June the 26th of '06 and when
 13 she first came to see you, correct?
 14 A Uh-huh (affirmative)
 15 Q That's yes?
 16 A Yes
 17 Q Okay Did Ms McCall tell you that she had been to
 18 the chiropractor?
 19 A I would have to take a look at the notes Yes The
 20 records indicate that she did tell us that
 21 Q Okay Which records are you looking at?
 22 A This is the form that we fill out -- says
 23 chiropractor Yeah
 24 Q Well, that says -- oh, okay
 25 A If it was prescribed, was it helpful

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1 Q Right

2 A And it says, no it was not helpful

3 Q Okay All right Did you seek or request any
4 medical records from any of -- the chiropractor or
5 any of the other doctors after you started seeing
6 Ms McCall?

7 A I don't recall No, not that I recall

8 Q When she presented to you on -- or when she filled
9 out the questionnaire on September the 18th of '07,
10 there's a mention in writing over to the right, it
11 says, she feels something and I'm using the word --
12 I'm quoting the word strange because that's the
13 quotes that are on this form It says she feels
14 something strange behind her left ear? Do you have
15 any idea what that was?

16 A Do I have an idea of what now?

17 Q Where it's -- someone wrote and I don't know who
18 wrote this -- whatever she felt like, she had a
19 weight on her head, bilateral shoulder, arm and hand
20 pain, and what does that symbol mean? With or
21 without? A C with a little line over it

22 A That means with

23 Q Okay With numbness, she feels something and then
24 word in quotes strange behind her left ear What
25 was the strange feeling behind her left ear? Did

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1 anyone ever determine what that was?

2 A I don't recall, but patients occasionally use that
3 type of word when they can't describe a feeling
4 They just say it's a strange feeling

5 Q What is -- when you use the word axial cervical
6 pain, what does that mean? What does the word
7 axial, when you use that word

8 A It can mean that the source of the pain is likely
9 from the center of the spine It can mean that the
10 pain can radiate or be affected into other parts of
11 the body but appears to be more from the center of
12 the spine rather than say the shoulder But

13 sometimes patients may have pain that's in the neck
14 and in the shoulder but more in the shoulder So
15 this means, basically means it's more in the neck

16 Q Okay Under your number two assessment on the first
17 time you saw her on September 19th of '07, it says,
18 has had no prior history of persistent axial neck
19 pain or headaches Is that true based upon the new
20 evidence and medical records that have been provided
21 to you today? Is that an accurate statement?

22 A Well, it does appear that she had headaches that
23 were persistent prior The neck pain, it appears to
24 have been existing at least for several months in
25 '99 And that's how I'd qualify that

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Q Okay And then it appears from '99 that the medical records kind of ended even though treatment and a plan had been identified for Ms McCall back then, correct?

A Yeah The medical records that we have ended Yes

Q Okay And the treatment plan included that she was to avoid basically doing her job, whatever her job may have been at that time, she was to avoid that job for, it looks like at least a six to eight weeks -- or almost two month period of time, correct?

A Yeah That was the doctor's recommendation

Q And then we don't have anymore medical records after that, at least that we've been able to determine correct?

A Yes

Q Okay You then indicated that there was MRI evidence of, and you quoted and used the word in your report, severe C5-6 and C6-7 degenerative disc disease, is that correct?

A Yes

Q Now, would you agree that that's the same words that were used by Dr Amaya, he didn't use those levels, he didn't identify levels, but he did indicated the word severe in his report, correct?

A Yes But let me please review the record This is

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1 referring to -- hang on I think -- let me compare
2 the MRI reports Comparing the MRI reports, I do
3 not see the word severe in the MRI report from '99

4 Q But do you see the word severe in the actual report
5 of the doctor who was treating her in 1999?

6 A He's referring to -- yes, nerve root lesions -- Yes
7 Yes I do see that

8 Q It says also degenerative joint disease?

9 A Correct

10 Q Okay So he used the same word severe that you used
11 in your report, correct?

12 A Yes

13 Q Okay Now, you mentioned that you had encouraged
14 physical therapy after that first visit of September
15 the 19th of '07 for Ms McCall, correct?

16 A Uh-huh (affirmative) Yes

17 Q Were you aware that Dr Rogers in fact discouraged
18 physical therapy for Ms McCall?

19 A He apparently -- Dr Rogers had seen her after that,
20 after that visit

21 Q He saw her in November

22 A He saw her in November?

23 Q Yes, sir

24 A Okay Okay I'm aware now

25 Q Okay You weren't aware before now? And I'm

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533

1 telling you that based on what he testified to in
2 his deposition

3 A Not that I recall

4 Q Okay

5 A It may have been in his notes or he may have made
6 that -- I didn't specifically know that

7 Q All right Now when you give restrictions -- and
8 again, I don't have any of these restriction sheets
9 that you -- these documents None of that was
10 provided to me in my subpoena But when you give
11 these restrictions that say -- it looks like you are
12 pretty specific about her lifting limit of ten
13 pounds Repetitive bending, stooping, what does
14 that mean? When you say no repetitive bending,
15 stooping, I mean, is that specific? How does an
16 employer know what that means?

17 A They are general terms If they wanted to know more
18 specifically about a specific job function they
19 could possibly ask the physician about a specific
20 job function They're general terms

21 Q All right Then you -- we learned that you
22 undertook a series of injections into the C7-T1 area
23 of the cervical spine, thoracic spine area, correct?

24 A Yes

25 Q And if I understood you correctly it says you give

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1 these injections for, and I think I'm quoting what
2 you said, for various chronic back and neck pain, is
3 that what you said?

4 A Absolutely not

5 Q Okay Well, what did you say?

6 A You could give it for various neck or back
7 conditions, including chronic or acute conditions

8 Q Okay And then on October the 5th of 2007, pursuant
9 to your request, it looks like EMG and nerve
10 conduction studies were done and that you signed the
11 particular report, is that correct?

12 A Yes

13 Q Who actually performed the tests?

14 A To my recollection it was our -- John, who is our
15 physical therapist

16 Q Okay I mean, they don't identify themselves when
17 they actually administer these tests?

18 A Well, there is another note from that where he
19 identifies himself This is the final note, so that
20 should be in our -- in the records You may not
21 have them but I ---

22 Q I don't All I've got is this

23 A Okay

24 Q Which is a 10/5/07 report that's actually signed by
25 you

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1 A So that's the report that the physician -- basically
2 in this case, what happens is that a physical
3 therapist, at least the way we had it done here, he
4 acts as a technician and performs the actual test
5 He submits the findings to the physician and of
6 course during the test if he has any questions,
7 concerns, then he calls the physician in with him
8 during the test If he doesn't, then he submits the
9 findings to the physician Then the physician
10 interprets the findings and prepares a final report
11 So he performed it and the findings were interpreted
12 by me and his name is on the report which contain
13 the actual findings

14 Q Okay The actual typed report is that something
15 that you actually dictated?

16 A Yes

17 Q Okay And as I read the report essentially you
18 determined that she had bilateral carpal tunnel
19 syndrome?

20 A Yes

21 Q And we know that she had right carpal tunnel
22 syndrome back in 1999, ---

23 (By Mr Simmons)

24 Object to the form of the question

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1 (Cross examination continued by Mr Beard)

2 Q -- is that correct? Wasn't she diagnosed in 1999
3 with right carpal tunnel syndrome by Dr Amaya?

4 A Yes

5 Q Okay Does carpal tunnel syndrome go away?

6 A It can

7 Q Just goes away by itself?

8 A It can

9 Q Okay Do you treat carpal tunnel syndrome?

10 A I diagnose it and treat it -- one of the treatments
11 is surgery I don't do surgery But other than
12 that, yes, I treat it

13 Q Would it surprise you, doctor, that I've had a
14 neurologist recently testify under oath that carpal
15 - tunnel syndrome cannot just independently go away?

16 A Well, you have to understand in terms of what
17 conditions -- for example, if they have a condition
18 that is causing it and if that condition goes away,
19 then certainly the carpal tunnel syndrome can
20 improve

21 Q All right The report that you signed also says
22 under number three, no electrodiagnostic evidence
23 conclusive for the presence of cervical
24 radiculopathy, brachial plexopathy, or other focal
25 neuropathy or generalized peripheral neuropathy

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1 What does that mean in layman's terms?

2 A It means that the EMG nerve conduction study showed
3 us that she had carpal tunnel syndrome It did not
4 reveal any other abnormalities

5 Q Okay It did not show that she had any sort of
6 radicular problems stemming from her neck, is that
7 correct?

8 A Correct

9 Q Okay How about from the low back? Was that
10 included in this EMG nerve conduction?

11 A No No

12 Q Okay There's a note that I was provided in our
13 subpoenaed records dated 10/23 of '07 and it says
14 that all of the office visits were faxed to someone
15 named Leah in disability Do you have any idea what
16 that is? It's signed by a Donna Stevens, so maybe
17 that's one of your nurses

18 A Correct

19 Q Okay Do you have any idea what that means? Faxed
20 all OV to Leah, disability, then there's a fax
21 number I assume that's what that is

22 A I don't -- it seems to me that they faxed office
23 visits to that person

24 Q Okay In the reports that we've reviewed from your
25 office, under work, Mr Simmons asked you several

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1 times about a statement that she should not resume
2 operating furnace job in the future Do you know
3 what the operating furnace job requires at Valenite?

4 A I recall, I recall that she said something regarding
5 a significant amount of lifting Beyond that I
6 don't recall the other specifics

7 Q Okay Is the basis of that note or that statement
8 that you put on each one of your reports, and I'm
9 looking specifically and this says since February
10 the 4th of '08, don't anticipate that she'll be able
11 to operate furnace again Is that based
12 specifically on what Ms McCall told you the job
13 required as opposed to you actually seeing or
14 knowing what the job requires?

15 A It was mainly based on what, yes, what she told me

16 Q Okay Was there any indication or any attempt by
17 you or your office to contact Valenite to find out
18 what the actual job required?

19 A I don't recall doing that

20 Q Have you ever referred Ms McCall for a functional
21 capacity evaluation?

22 A No

23 Q Do you believe in functional capacity evaluations?
24 Do you believe they serve any purpose?

25 A Yes

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1 Q Have you ever referred patients for functional
2 capacity evaluations?

3 A Yes

4 Q In reviewing the epidural steroid injections that
5 you performed, the first one on October the 1st of
6 '07, it says, she had a beginning pain of four which
7 was reduced to a three and then later in November
8 she had a beginning pain of eight which didn't
9 decrease at all Why had her pain symptoms
10 increased so much from a three to an eight between
11 October the 1st and November the 13th of '07?

12 A Symptoms can fluctuate, they can wax and wane and
13 it's not unusual for symptoms to increase or
14 decrease, especially after an injection An
15 injection is done, symptoms improve and sometimes a
16 month, several months later, or sometime later the
17 symptoms can become worse

18 Q All right Mr Simmons asked you some questions
19 about your educational history and your licensing
20 and that you are obviously a licensed medical doctor
21 in the state of South Carolina Are you board
22 certified?

23 A Yes

24 Q Okay What are you board certified in?

25 A Physical medicine and rehabilitation

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1 Q Doctor, could I ask you, at the end of this
2 deposition, and I may have a paralegal contact your
3 office to follow up to make a more complete copy of
4 everything in your file, specifically the reports
5 that we have that are different, like February the
6 4th, your report versus my report And then we'll
7 also need a copy of the March 3rd, '08 report
8 because we don't have that either I think Mr
9 Simmons said he did not have that one either Just
10 so we can complete the record

11 A Sure

12 Q Okay And the records that were provided to you
13 earlier today to review from Mr Simmons included,
14 as I understood your testimony, some reports from
15 Oconee Family Practice, is that correct?

16 A Yes

17 Q A 1999 MRI scan of the cervical spine?

18 A Yes

19 Q Okay There was also something about Anderson
20 Radiology and I think you said that ended up being
21 just an x-ray report of the lumbar spine and was not
22 an MRI scan, is that correct?

23 A That is correct

24 Q Okay And to your knowledge there's not an MRI scan
25 on the low back, or you haven't been provided one?

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1 A From the -- from '99?

2 Q Yes, sir?

3 A Yes I don't see one

4 Q Okay All right You testified that based upon
5 your treatment, I believe you testified that the
6 back and neck conditions and pain of Ms McCall had
7 actually improved since when she first came to see
8 you, is that correct?

9 A That's correct

10 Q And then the question was asked of you whether you
11 felt she had reached maximum medical improvement,
12 and as I understood your answer, it was basically,
13 it depends on her symptoms in the future, is that
14 correct?

15 A Yes

16 Q Well, let me ask a specific question, Dr Patel Do
17 you at this time know of any medical treatment or
18 have any plans to administer medical treatment which
19 you believe will tend to lessen or improve Ms
20 McCall's current condition? Is there any specific
21 treatment currently that you know of or that you
22 intend to use or administer?

23 A There are other treatments that could be used if she
24 desires, yes

25 Q Do you believe to within a reasonable degree of

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1 medical certainty that these other treatments would
2 in fact make her better?

3 A At this point, I'd say it's difficult to say as to
4 what the outcome of the treatments would be
5 There's a possibility that they could make her
6 better There's also a possibility that they could
7 cause no improvement at all

8 Q What is your definition of maximum medical
9 improvement?

10 A Generally maximum medical improvement is when
11 patients had the treatments that are typically done
12 and there's no further improvement, generally, for
13 at least four to six months

14 Q So assuming she hasn't reached maximum medical
15 improvement, in your opinion at this time, when
16 would you anticipate that maximum medical
17 improvement would be reached?

18 A Within perhaps the next two to three months,
19 perhaps

20 Q Yet, as I understand your testimony she's currently
21 on, and I'll use the terms P R N , as far as
22 treating with you, as needed basis?

23 A Correct

24 Q Okay So there is no specific return to see you for
25 any particular treatment?

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1 A Yeah The reason for that primarily from what I can
2 understand is that she seems to be dealing with her
3 current symptoms and at this point we had not
4 planned for any specific other treatments But if
5 she so desired we could initiate further treatment

6 Q And I think I understood you to testify that you
7 have no specific recommendations or diagnostic
8 testing that you believe is necessary in your
9 opinion at this point in time into the future,
10 correct?

11 A Correct I just want to add that there is a
12 subjectivity to the maximum medical improvement

13 Q What do you mean by that? Subjectivity as to who?

14 A As to the physicians or whoever is determining that
15 You asked me for my definitions, I'm going back, I'm
16 saying that there may be

17 Q Okay Can you tell from looking in your computer or
18 at the chart when the last time Ms McCall was seen
19 by Dr Rogers would be?

20 A February 12th

21 Q Do you agree with Dr Kanos's opinion that Ms
22 McCall is not a surgical candidate for either her
23 neck or her low back?

24 A Generally I let the neurosurgeons make that opinion
25 regarding her being a surgical candidate, and Dr

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1 Kanos is a surgeon So I ---
2 Q You would defer to his opinion?
3 A I would defer to his opinion
4 Q Okay Were you aware that Dr Kanos indicated that
5 the lumbar MRI scan for Ms McCall in August of 2007
6 was, and I'm quoting his report, unremarkable?
7 A I don't know if I had that specific note but -- so
8 no, I don't think I had that specific note
9 Q Okay Would you defer to his opinion regarding his
10 review of the lumbar MRI scan and his opinion that
11 it is an unremarkable MRI?
12 A No I would defer to him with regards to whether
13 surgery is indicated Unremarkable is a very broad
14 term Sometimes something that one physician finds
15 pathologic, another physician says -- calls
16 unremarkable
17 Q Dr Patel, did you actually see the MRI scans
18 themselves or did you rely completely upon the
19 reports from the radiologist?
20 A I don't recall At times, if the MRI scans are
21 available I do look at them myself Oftentimes
22 patients don't bring them or can't bring them, in
23 which case I do rely on the radiologist report So
24 in her case I don't recall whether I looked at them
25 or not

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1 Q Would you agree that the best review a doctor can
2 give regarding an interpretation of an MRI scan is
3 to actually view the radiograph itself and not rely
4 upon a radiologist's interpretation?

5 A Ultimately the radiologist's interpretation is what
6 needs to -- is what is typically relied on They're
7 the ones who are best trained The physician -- any
8 physician can modify that if they so choose by
9 reading it themselves

10 Q Can you tell me what in the MRI scan of August 2007
11 you find to be significant?

12 A You're referring to the cervical MRI?

13 Q No, sir I'm referring to the lumbar spine where
14 Dr Kanos said it was an unremarkable MRI scan?

15 A It refers to L4-5 small left foraminal disc
16 protrusion, once again a small annular tear

17 Q So you -- do you disagree with Dr Kanos's
18 interpretation that that is an unremarkable MRI
19 scan?

20 A I would say that an annular tear can certainly be
21 significant and certainly be a cause of pain and
22 that's been well documented in the literature

23 Q So do you disagree with Dr Kanos's report where he
24 specifically says the lumbar spine is unremarkable?

25 A As I said, unremarkable, some physicians may look at

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1 an annular tear and call it unremarkable I don't
2 know what they mean by that All I can say is that
3 an annular tear is -- it can be significant and can
4 be a cause of pain, which was on the MRI

5 Q So do you believe that the MRI scan is remarkable?

6 A Yes

7 Q So you disagree then with Dr Kanos's interpretation
8 that it is not remarkable?

9 A I would leave it at that I would say it is
10 remarkable and I would say that the terms remarkable
11 and unremarkable are not necessarily black and
12 white Different physicians use them differently

13 Q Are you -- do you know Dr Kanos's reputation as a
14 neurosurgeon?

15 A Yes

16 Q Okay What is his reputation as a neurosurgeon?

17 A Generally he has a very good reputation and is well
18 known

19 Q Is it your understanding that he has been a
20 neurosurgeon for quite some time in South Carolina?

21 A Yes I would also add that when neurosurgeons look
22 at MRIs they're often, as a general -- these are
23 general comments -- are looking at any surgical
24 lesions and if they are non-surgical they let other
25 physicians treat them and it could mean for any

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1 particular neurosurgeon that something that's
2 unremarkable is non-surgical and may not necessarily
3 mean that there is no pathology on that MRI

4 Q So it is your testimony then we would need Dr Kanos
5 to explain what he meant by his interpretation as
6 opposed to you trying to interpret for him?

7 A Yeah Certainly You'd have to ask Dr Kanos to
8 ask his interpretation

9 Q And if what you just said is correct that doctors --
10 if they're non-surgical, they may say this
11 unremarkable comment that you just made, why would
12 he make comments about the cervical spine being very
13 specific about the MRI scan, yet indicate the lumbar
14 MRI is unremarkable? That doesn't make sense to me
15 what you just said and then reviewing what he said
16 about the MRI scans

17 A Basically you'd have to ask Dr Kanos

18 Q Okay

19 A I would add that annular tears as a -- since we're
20 talking about the subject, among physicians,
21 radiologists, were often considered for many years,
22 decades, to be insignificant or not necessarily a
23 cause of pain It has been well documented in
24 recent literature that they can be a cause of pain

25 Q If Ms McCall testified under oath in her deposition

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1 that she never had prior problems with her neck
2 before June of 2006, based upon your review of the
3 medical records provided to you by her attorney
4 today, is that a true statement?

5 (By Mr Simmons)

6 I object to the form of that question It's based
7 upon an assumption that we don't know is true

8 (Cross examination continued by Mr Beard)

9 Q You can answer the question

10 A Can you repeat the question?

11 Q Yes, sir If you assume with me that Ms McCall
12 testified in her deposition under oath that prior to
13 June of 2006, she never had problems with her neck,
14 based upon the medical records provided to you today
15 by her attorney, is that a true statement?

16 A She did have problems with her neck before

17 Q So the answer is, no, that's not a true statement?

18 A Yes

19 Q My last question, Dr Patel, is, you testified this
20 is your first deposition Do you find it difficult
21 or does it cause you any concern to be frank and
22 give answers, cautious answers because Ms McCall
23 and her husband are present during your deposition?

24 A No

25 Q Okay I think that's all I've got

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1 (By Mr Simmons)

2 I have nothing in follow-up

3 (By Mr Beard)

4 We're done

5 Deposition ended at 7 00 p m

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STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO 0527287

DONNA MCCALL,)
)
 Claimant,)
)
 vs)
)
 SANDVIK/VALENITE,)
)
 Employer,)
)
 and)
)
 SENTRY CLAIMS SERVICE,)
)
 Carrier,)
 Defendants)

DEPOSITION

OF

WILLIAM W WOODRUFF, III, M D

High Point, North Carolina
July 11, 2008
10 53 a m

Court Reporter Cindy A Fletcher

STIPULATIONS

It is hereby stipulated and agreed between the parties to this action, through their respective counsel of record, as follows

1 The deposition of WILLIAM W WOODRUFF, III, M D , may be taken pursuant to notice and agreement on Friday, July 11, 2008, beginning at 10 53 a m , in the offices of High Point Radiological Services, Inc , 1208 Eastchester Drive, Suite 200, High Point, North Carolina, before Cindy A Fletcher, Court Reporter and Notary Public

2 Said deposition shall be taken for the purpose of discovery or for use as evidence in the above-entitled action or for both purposes

3 Any objections of any party hereto as to notice of the taking of said deposition or as to the time or place thereof or as to the competency of the person before whom the same shall be taken are deemed to have been met

4 Objections to questions and motions to strike answers need not be made during the taking of this deposition but may be made for the first time during the progress of the trial of this case or at any pretrial hearing held before any judge for the purpose of ruling thereon or at any other hearing of

1 said case at which said deposition might be used,
2 except that an objection as to the form of the
3 question must be made at the time such question is
4 asked or objection is waived as to the form of the
5 question

6 5 The sealed original of this deposition
7 will be mailed first-class postage or hand delivered
8 to Daniel W Hayes, Esq , Sowell Gray, L L C 1310
9 Gadsden Street Columbia, South Carolina, 29201 and
10 notice of filing is hereby waived

11 6 The reading and signing of the deposition
12 are waived

13 *****

14 Thereupon

15 WILLIAM W WOODRUFF, III, M D ,
16 being first duly sworn in the above cause, was
17 examined and testified under oath as follows

18 EXAMINATION BY MR HAYES

19 Q Okay Doctor, we had a chance to meet a
20 few minutes ago for the first time--

21 A Yes, we did

22 Q --but for the record my name's Daniel
23 Hayes I'm with the law firm Sowell Gray Stepp &
24 Laffitte out of Columbia, South Carolina, and we
25 represent the employer and carrier in Ms McCall's

1 workers' compensation claim

2 A Yes

3 Q Her attorney Todd Simmons is on the
4 telephone joining us And we're here today just to
5 take your deposition and talk about your role in the
6 evaluation of Ms McCall

7 You've provided a CV report for me

8 MR HAYES Todd, you don't have the
9 benefit of seeing this, but you may have a copy I
10 don't know

11 MR SIMMONS I don't have a copy

12 THE WITNESS Todd, I will e-mail you a
13 copy I can e-mail it to you when I get home today

14 MR SIMMONS Take your time I'm in no
15 hurry

16 THE WITNESS All right

17 MR HAYES Todd, if you don't have any
18 objection, I'll just make this a joint exhibit or a
19 defendants' exhibit, and that will save us a few
20 minutes going through background information

21 MR SIMMONS Yeah, I think that's a good
22 idea If he'll e-mail it to me, we'll just make it
23 an exhibit to the deposition, and it will save you
24 the trouble

25 MR HAYES Okay Well, why don't we

1 make this a joint exhibit from both parties, and I'll
2 do that now

3 (Deposition Exhibit Number 1 is marked)

4 Q (By Mr Hayes) All right Dr Woodruff,
5 looking--

6 A Yes, sir

7 Q --at actually your letterhead, I see that
8 you're a board certified diagnostic radiologist Is
9 that correct?

10 A That is correct

11 Q Okay Do you have one or two business
12 addresses?

13 A Well, let me just say that, this kind of
14 work I do independently, so that's why I'm using a
15 separate letterhead

16 Q Okay

17 A I mean, my main job is as a shareholder
18 radiologist with High Point Radiological Services,

19 P A This is our billing office where we are right
20 now

21 Q Okay

22 A Now, I actually do my practice out of
23 High Point Regional Health System and Lexington
24 Memorial Hospitals My practice has contracts to
25 provide imaging services with those hospitals

1 Q Okay

2 A Reviewing cases like this, I do
3 independently, and, again, like, you know, with my
4 own separate tax ID number

5 Q Okay And I notice now that your home
6 address is on your letterhead--

7 A Right

8 Q --for this report

9 A Yes, sir And that's--like I said, I do
10 that to keep it separate from my main job

11 Q Okay In your main job, what do you
12 primarily do?

13 A Well, I'm a general diagnostic
14 radiologist, which means that I am involved with
15 interpretation of pretty much all images--all type of
16 imaging studies Plain films, mammography,
17 ultrasound, CT, MR, nuclear medicine, bone
18 densitometry, you know, some limited interventional
19 work, though I'm not--I don't do really any catheter
20 angiography

21 Q Okay So, for example, I know you've
22 been asked to review some prior MRI reports and
23 films?

24 A And images, yes, sir That's what I do
25 for a living

1 Q Let me just pull up one of these All
2 right And I'm looking at the 8/6/2007 MRI of the
3 cervical spine--

4 A Yes, sir

5 Q --from Seneca Diagnostic Imaging In
6 your normal practice, would you be the person
7 generating this type of report?

8 A Yes, sir

9 Q Okay And I think this one is from
10 Dr Shramek

11 A Yes, sir That looks correct

12 Q Okay But in your normal practice, you
13 would actually prepare a report like that and give
14 your interpretation of the films?

15 A That is correct

16 Q Okay What percentage of your overall
17 practice is devoted to reviewing cases like this?

18 A You mean--you mean independent of my main
19 job?

20 Q Yes, sir

21 A Oh, it would be probably in the--maybe 1
22 to 2 percent max I mean, it's a very small
23 percentage

24 Q Okay And how did you come upon this
25 particular referral from Mr Simmons?

11

1 A Well, Mr Simmons contacted me

2 Q Okay Have you done any work for
3 Mr Simmons in the past?

4 A I had done some work for Mr Brandt, his
5 partner

6 Q Okay That's his partner?

7 A Larry Brandt, yes, sir

8 Q Okay

9 MR SIMMONS And just for the record--I
10 don't mean to interrupt--I'm an associate of Larry,
11 not his partner

12 MR HAYES Okay

13 Q (By Mr Hayes) How much work had you
14 done for Mr Brandt in the past?

15 A I have reviewed maybe two or three cases
16 over the--I can't remember the first time for
17 Mr Brandt It's probably been four or five years
18 ago he contacted me, and I reviewed--I'm going to say
19 it's--maybe three cases over several years It has
20 been not a lot, but, I mean, when Mr Simmons told me
21 he was with Larry Brandt, I at least remembered who
22 that was and that they were in Walhalla I knew that
23 much

24 Q Okay About how many independent reviews
25 do you perform, let's say, in a year?

12

1 A It varies Most of what I'm asked to do
2 is actually standard of care type of-- Well, first
3 of all, let me say-- We're talking about, I assume,
4 apart from my main job--

5 A That's correct

6 Q --of course Because, I mean, we
7 certainly see lots of workman's comp in my--in the
8 general course of my practice with High Point
9 Radiological

10 Q Yes, sir

11 A But as far as independently, anywhere
12 from 10 to 40 cases I mean, most of it is, you
13 know, questions of, "Is this a case where the
14 standard of care has been deviated?" And I get cases
15 from both plaintiff and defense firms, and, of
16 course, as you can well imagine, the majority of the
17 time there is no deviation of standard of care and--
18 but, nonetheless, that requires a review So my
19 number of, say, 40 cases certainly doesn't mean that
20 I'm doing 40 depositions or 40 testimonies

21 Q Okay And you had indicated off the
22 record this is your first deposition in a workers'
23 comp case related to an independent review?

24 A I believe that to be so

25 Q Okay Would you say about 50-50 would be

1 a good split of plaintiff and defense?

2 A Actually, it's probably about 75-25
3 plaintiff versus defense, but that's just an
4 estimate

5 Q Okay So 75 percent on the plaintiff's
6 side?

7 A I would guess that

8 Q Okay And that's not necessarily in the
9 outcome of your opinion?

10 A Oh, no, no Not at all It's just who
11 contacts me

12 Q Got you Do you do much work in South
13 Carolina cases?

14 A I have done some

15 Q Okay So that's not much?

16 A Well--

17 Q How would you quantify that?

18 A I have--there are several firms that have
19 sent me work I have done, I believe--I want to say
20 it's like--it's like four depositions previously out
21 of the state of South Carolina, and I'm not counting
22 today

23 Q Okay Do you recall the names of any of
24 those firms that have referred you work out of South
25 Carolina?

1 A Of course Furr, Henshaw and Ohanesin at
2 Myrtle Beach Ellis Kahn in Charleston, Joe Mooneyham
3 in Greenville, South Carolina, of course Larry
4 Brandt I've never done a deposition for
5 Mr Brandt's firm before today, but, as I told you,
6 those are probably the four that come to mind I did
7 one for a small firm in Greenville, and I don't
8 remember the name of that But the four that I just
9 named would probably be the four that I've done the
10 most work for

11 Q Okay And how much do you charge in a
12 review?

13 A Yeah My standard--like to review
14 medical records, I charge 325 an hour To review
15 films, I--I'm a little bit looser on that because of
16 just the nature of it, so that's a little bit--I kind
17 of come to an agreement with--depending on how many
18 images and so forth there are in a case, because, I
19 mean, all cases are not equal

20 Normally for a deposition, I will charge
21 a flat fee of a thousand dollars

22 Q Okay And we discussed this off the
23 record, but you've agreed to abide by the South
24 Carolina workers' comp fee schedule for this
25 deposition?

1 A I have done that

2 Q Okay And I've agreed to start the clock
3 at 10 o'clock and not when we actually started

4 A That is correct

5 Q Okay How much did you charge
6 Mr Simmons for this review?

7 A I honestly don't remember

8 Q Okay But it would be in line with the
9 fees we talked about?

10 A It would be in line with that I mean,
11 there were four complete MRs that were involved So
12 it was--it was several hundred, but it was not in the
13 thousands, by any means

14 Q Okay All right And let me go through
15 the--

16 MR HAYES Todd, it may make it easier
17 to make the reports from the prior MRIs as exhibits,
18 just so we can reference them that way

19 MR SIMMONS That's all right I have
20 no objection

21 MR HAYES And I pulled these out of
22 your last set of APAs, so I will tell you what pages
23 I'm pulling out

24 MR SIMMONS All right Can you give me
25 just one second to grab that in that folder?

1 MR HAYES Certainly

2 MR SIMMONS Hold on one second

3 MR HAYES We're off the record

4 THE WITNESS Sure

5 (Brief pause)

6 MR HAYES We'll go back on the record

7 I'm going to mark some exhibits, and I guess this
8 will be Defendants' Exhibit 1 since the other was a
9 joint exhibit Is that the way you want to do it?

10 THE COURT REPORTER That will be fine

11 MR HAYES This will be Dr Woodruff's
12 letter of 2/23/08

13 (Defendants' Exhibit Number 1 is marked)

14 MR HAYES Number 2 is going to be--it's
15 actually an X-ray report from Anderson Radiology,
16 11/17/99 Todd, this your APA page 171

17 MR SIMMONS Okay

18 (Defendants' Exhibit Number 2 is marked)

19 MR HAYES All right Then
20 Defendants' 3, an MRI of cervical spine, 8/6/07, and
21 this was claimant's APA pages 27 and 28

22 (Defendants' Exhibit Number 3 is marked)

23 MR HAYES Okay And Defendant's
24 Exhibit 4, an MR of the lumbar spine, 8/6/07,
25 claimant's APA page 26

1 (Defendants' Exhibit Number 4 is marked)

2 Q (By Mr Hayes) All right Doctor, you
3 indicated that you actually reviewed the films from
4 the prior 1999 MRIs and the 2007 MRIs?

5 A That is correct And my findings are
6 summarized in that letter

7 Q Okay And did you have those on disks?

8 A I can--I think so Either films or
9 disks, and if--however Mr Simmons remembers sending
10 them, I would-- I get so much from both ways, but
11 I'm assuming it was a disk

12 Q Okay And we talked a little bit about
13 Defendants' Exhibit 2 from Anderson Radiology and--

14 A I never saw those images

15 Q Okay Could you confirm that that's a
16 report from X rays--

17 A Yes, sir, I can

18 Q --and not MRIs?

19 A Yes, sir, I can

20 Q Okay Are X rays important at all to you
21 in your evaluation?

22 A Well, it depends on the specific case
23 In this particular case, I think that there
24 was--based on what I read up on that report, there's
25 nothing on there that I wouldn't have seen on the MR

1 that would been contributory

2 Q What does an MRI show that an X ray would
3 not show?

4 A All right An MRI will show--will--
5 Let's-- Can I talk about what a plain film will show
6 first, and then I can--it might be easier?

7 Q Yes, sir

8 A The plain film will show the bony detail
9 It will show me again are the bones intact, are there
10 fractures, are there, you know, tumors, you know,
11 destructive lesions or areas of too much what we call
12 sclerosis, you know? I can tell alignment, in other
13 words, are the vertebral bodies and the different
14 parts of the spine aligned with each other normally?
15 I can see the soft tissues around it, to make sure
16 there's not any, like, abnormal swelling in front of
17 the spine, which I will sometimes see with trauma or
18 an abscess or something Those are the kind of
19 things that I will see

20 Now, with MR, I can--I see the bone
21 marrow I can infer some of the same things, but, I
22 mean, don't actually see the bony detail And, you
23 know, if that was an issue of fracture, actually the
24 MR will show that But, I mean, there are certain
25 bony things that a plain film might contribute to

1 But in addition to being able to see really the bones
2 in a slightly different way, I can see the soft
3 tissues Like I can actually see the cord I can
4 see the spinal cord itself I will not see that on
5 plain film I will be able to see the disks to see
6 if they're in the normal place or if they're bulging
7 or herniated, extruded, whatever word you want to
8 use I can see the ligaments that connect the bones
9 to each other I mean, I can make inferences on
10 plain film, but I can actually see ligaments on the
11 plain films [sic]

12 You'll notice in my report we talk about
13 T-1 and T-2 weighted sequences, and, I mean, I know
14 we don't need to go into a major physics lecture
15 here, but suffice it to say, those allow me to see
16 different things with different levels of
17 conspicuity, if you will And, you know, basically
18 we have sort of a standard technique, which was
19 followed in these cases, to optimize--like, for
20 instance, T-2 images will show the cord better T-1s
21 will show the--some of the marrow type of potential
22 defects better

23 In other words, put it altogether, and I
24 have a complete study, which was done in these cases
25 I mean, the technical issues--there's no negative

1 technical issues with any of these MRs

2 Q Okay So the older MRI technically--

3 A Is adequate

4 Q Okay And you were able to make a
5 reasonable comparison?

6 A I believe I could

7 Q Okay So with an MRI, you can actually
8 see the disk material extruding if it's there?

9 A That's correct That's is correct

10 Q Okay The X-ray report, have you seen
11 this at all before today?

12 A I don't remember it It's very
13 straightforward, and I don't see anything about this
14 report that is not commensurate with the MR based on
15 my report from the time

16 Q Okay And it would appear that X-ray
17 report is dated what?

18 A 11/17/99

19 Q Okay And the MRI you reference
20 from 1999 in your report--?

21 A The same date

22 Q Same date?

23 A Yes

24 Q And you indicated consistent findings on
25 both?

1 A I don't remember May I look at my
2 report, please

3 Q Sure

4 (Witness reviews document)

5 Q Or no inconsistent findings?

6 A I see nothing that is inconsistent here
7 at all

8 Q Okay Thank you

9 Are your opinions, as provided in your
10 written report, at all inconsistent with what was
11 provided in the written reports to you?

12 A No, sir

13 Q Okay Going back to the 1999 MRIs, is
14 there anything to suggest that the degenerative disk
15 disease found in the cervical MRI was caused by an
16 accident? And by "accident," I mean a fall or some
17 type of trauma

18 A Well, we saw no evidence--direct evidence
19 of trauma There's no fracture There is no what we
20 call "spondylolisthesis" or slippage of the
21 subluxation, is one word, slippage of the vertebral
22 bodies The soft tissues were not abnormally
23 widened I didn't see any major tears in any of the
24 ligaments Those are things that--I mean, they don't
25 have to be seen with an accident, but that make me

1 tend to think trauma I don't remember seeing
2 anything that I--that made me specifically focus on
3 trauma per se

4 Q Okay And the patient was approximately
5 48 years old back in 1999?

6 A I'd have to check the date, sir I mean,
7 I know that's--

8 Q Basically, I'll show you Exhibit 2,
9 the X-ray report It does--assuming that's correct,
10 she was 48 then?

11 A It says her date of birth "10/27/51 "
12 That would have made her 48 in 1999 That is
13 correct

14 Q Are the findings per the 1999 cervical
15 MRI age-appropriate?

16 A That is really an impossible question
17 because there is not like--I mean, there is so much
18 variation between individuals I really don't know
19 how to answer that question I mean, I see 48 year
20 olds who have less I see some with more I don't
21 really think I can give you a fair answer to that
22 question

23 Q Okay Was there anything that you
24 noticed that would be startling for somebody that
25 age?

1 A Not in my opinion I'm not sure
2 "startling" is such a subjective word I'm loath to
3 say But there was nothing that would have--there
4 was nothing that would have alarmed me that would
5 have made me feel that I needed to call the referring
6 physician and alert him to it apart from a routine
7 report

8 Q Okay Thank you

9 And is it correct that the only MRIs for
10 comparison purposes, that you were aware of, were
11 from August of 2007?

12 A Well, those were the later ones So I
13 guess you could say, I compared the later to the
14 earlier I think that would be the logical way to do
15 it But I was not aware of any MRs beyond the four
16 that were submitted to me I saw no other reports

17 Q Okay And are you aware that she had an
18 accident on the job on 6/29/06?

19 A No, sir, I know nothing about her
20 clinical history

21 Q Okay So you basically compared the four
22 MRIs, the prior and the latter, and just noted
23 differences?

24 A Correct I basically--I looked at every
25 individual level and commented upon it, looking for

1 basically, you know, change or lack thereof between
2 the two

3 Q Okay And you didn't make any kind of
4 opinion on causation?

5 A That's really not in my domain of
6 expertise

7 Q Okay Assuming Ms McCall had an
8 accident on the job on 6/29/06, as a radiologist,
9 what would be the best way to determine the damage
10 caused to her spine?

11 A Well, I mean-- You're talking about just
12 from what I do?

13 Q Yes, sir

14 A Really, I think that the MR was the
15 correct study to perform

16 Q Would you agree that the best way to
17 determine would be to have a set of MRIs from the day
18 before and then a set of MRIs from just after the
19 accident?

20 A Well, first of all, you could do it--in a
21 perfect world, that would be ideal, and maybe not
22 like an hour after Maybe a couple days after,
23 because occasionally-- For instance, I can't
24 honestly tell you how quickly after an accident I'm
25 going to see the edema in the bone marrow from a

1 bruise I mean, it's hours, but I can't tell you if
2 it's six or 10 But, generally--so in other words,
3 in a perfect world, maybe you'd have one the day
4 before, the day after, and then a week after I
5 mean, just--but, again, let's face it That's not
6 the world, and so, obviously the more information you
7 have the more potential information you have, but I
8 don't know that it's necessarily required It's
9 certainly not what happens

10 Q You indicated in a perfect world if you
11 had a set of MRIs a week later that could be helpful?

12 A Potentially

13 Q Potentially How would that accuracy
14 decrease, if at all, if an MRI didn't occur until a
15 year later?

16 A Well, for instance, I mean, we do heal,
17 and, for instance, at the time of an acute accident,
18 I may see abnormality in the bone marrow That can
19 happen not from an actual fracture, which may last
20 the rest of the patient's life, but maybe from what
21 is called a "bone bruise," if you will That can be
22 a very painful, very significant, debilitating injury
23 that may show up for months, but eventually with the
24 natural body healing, that will return to normal So
25 the patient could have had a significant injury to

1 the bone marrow that over time will no longer be
2 appreciated That is possible

3 Q Okay And do you have an opinion as to
4 what injuries as shown on the 2007 MRIs were--
5 problems or conditions are attributed to the work
6 accident?

7 A Now, you're getting back to causation,
8 and, again, my role in this and really my domain of
9 expertise in radiology is to describe findings, to
10 indicate, I mean, if they were consistent-- Like for
11 instance, if it was a fracture, it's consistent with
12 a fracture

13 In her case, I mean, I see degenerative
14 or--degenerative arthritis, osteoarthritis, the same
15 thing I mean, I can comment upon that As far as
16 causation, whether it was due to trauma or due to
17 wear and tear of another nature, that is not in my
18 domain, and so I really can't answer that question

19 Q Okay And that's fair enough
20 Going to the 2007 MRI of the cervical
21 spine--

22 A Yes, sir

23 Q --in the report from Seneca--

24 A From Seneca, yes

25 Q --it describes, I guess under Impression

1 Number 1, "Severe degenerative disc disease "

2 A Yes

3 Q Would it be accurate to say that
4 from 1999 to 2007, she went from moderate to severe
5 degenerative disk disease? And I reference--it's
6 actually the X-ray report for the cervical that
7 describes it as "moderate chronic--"

8 A May I see my report?

9 Q Sure

10 A I mean, I--again, you know, I--since I
11 reviewed it myself, I want to make sure that I'm
12 consistent with myself here

13 Q Okay

14 A I mean, I describe severe--in so many
15 words, I describe severe degenerative change There
16 has been a definite change from the two studies
17 There has been a progression of degenerative
18 arthritis Now, that's asking me why that occurred
19 That is not something I can glean from the
20 radiographs, so that's not a question that I can
21 answer But I mean as far as you saying, "Is there
22 evidence that there's been progression?"--and
23 actually I do mention--I also say there has been from
24 moderate to severe at that level in my report I use
25 those specific words

1 So, yes, I would concur with the narrow
2 nature of the question, but I can't take it any
3 further than to say there has been progression of
4 degenerative arthritis at C6-7

5 Q Okay And just by looking at the film
6 from 2007, is there any indication that progression
7 was caused by an accident?

8 A I can't exclude it, but I can't--I mean,
9 there is nothing that is specific to an accident but
10 is not inconsistent

11 Q Okay Based upon her condition at
12 age 48, that you saw on the MRI film and that
13 progression, are the findings from 2007
14 age-appropriate?

15 A Again, there is such a range in age that
16 that really is not an answerable question What I
17 can say is that there has been a notable--and that's
18 sort of--when I say "significant" in my report, I
19 mean, to me significant is radiologically significant
20 by obvious--without, you know, to the naked eye, so
21 to speak, that there has been a progression

22 In my experience, this is a relatively
23 rapid progression, but I don't know--I can't really
24 cite you a literature article with a bell-shaped
25 curve that would give you more to quantitate, if I'm

1 anticipating where you're going with this But--so
2 there has been a different, measurable, notable
3 change in this period of time, but, again, do I see
4 people with a lot less at her age, yes Have I seen
5 worse, yes

6 Q Doctor, is there a cure for what she had
7 in 1999, the degenerative condition?

8 A Again, I'm more of a--I'm a diagnostic
9 radiologist, so I'm not a treating radiologist, but
10 to my knowledge, the answer is no

11 Q Okay So, in that case, is that
12 something that would just naturally progress and
13 worsen--

14 A Well, it--

15 Q --or maintain?

16 A Well, it varies, depending on the
17 individual and any events, like a potential accident,
18 for instance It's certainly a fact that that can
19 hasten and worsen degenerative arthritis That is a
20 known fact, and to that, I can say yes from general,
21 you know, knowledge and personal evaluation of many,
22 many cases

23 Again, in an individual case, not having
24 examined her, and that's really--you know, I can't,
25 again, go into causality beyond just a general topic

1 Q So would it be impossible for you to
2 comment on how much you would have expected her
3 condition to worsen in those six, seven, or eight
4 years--

5 A Well, again--

6 Q --without any intervening trauma?

7 A That is not--again, that would require
8 really someone whose specialty again is the clinical
9 evaluation and tying it altogether Again, I'm sort
10 of one piece of the puzzle, if you will It may be a
11 big piece, but that really requires someone with
12 special expertise in that area

13 Q Have you had an opportunity to review any
14 records from Dr Charles Kanos?

15 A No, sir

16 Q Okay I'd like to show you--

17 MR HAYES Todd, for your reference,
18 this is the 8/29/07 report from Dr Kanos, claimant's
19 APAs--APA pages 29 through 31

20 MR SIMMONS Okay I have it

21 MR HAYES Specifically, I'm looking at
22 page 31

23 Q (By Mr Hayes) Dr Kanos is the
24 neurosurgeon involved in this patient's care And as
25 far as his impression and recommendations, is there

1 anything in that report inconsistent with what you
2 found?

3 A The date of this is 8/29/07 Her MRs,
4 just from my--was 8/6/07

5 Q Yes, sir

6 A Well, in my opinion--I mean, when he says
7 she has "mild degenerative changes"-- I see on her
8 images what I would call significantly more I don't
9 know if--you know, since I'm not a neurosurgeon, I
10 don't know if he's talking about from some other
11 aspect of her evaluation If he's talking about mild
12 degenerative based on a review of her cervical MR, I
13 will definitely differ with his interpretive opinion

14 Q Okay Do you have any comment on whether
15 she would be a surgical candidate?

16 A Oh, sir, that's not in my area of
17 expertise

18 Q Okay Would you agree the lumbar MRI is
19 unremarkable?

20 A My description shows some--what I
21 considered mild degenerative arthritis I mean, when
22 I say the word "unremarkable," that makes me think
23 stone-cold normal It's not stone-cold normal, but
24 I'm not seeing dramatic changes

25 Q Okay And, again, he might be expressing

1 that in terms of a neurosurgeon and whether or not
2 he's going to cut on her?

3 A Certainly, again, I can't respond from
4 that point of view

5 MR HAYES Okay Doctor, that's all I
6 have at this time If you can answer any questions
7 Mr Simmons may have

8 MR SIMMONS Doctor, I have no questions
9 for you

10 THE WITNESS All right

11 MR SIMMONS I appreciate your time this
12 morning

13 THE WITNESS Thank you

14 MR HAYES That concludes the
15 deposition

16 (Deposition concludes at 11 31 a m)

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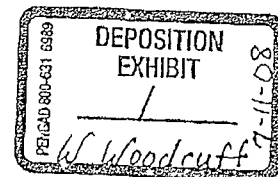
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CURRICULUM VITAE

Name William Walter Woodruff III

Business Address High Point Radiological Services, Inc
P O Box 5007
High Point, NC 27262
336-878 6037

Home Address 104 Pearce Drive
Jamestown, NC 27282-8444
336-869-3379

Education and Professional Training

University of North Carolina at Chapel Hill NC 1975-78 National Merit Scholar Phi Beta Kappa Bachelor of Arts, awarded May 1978 Chemistry major

Duke University School of Medicine, Durham, NC, 1978-82 Doctor of Medicine, awarded May 1982

Department of Surgery, Duke University Medical Center, Durham, NC, Internship, July 1982 – June 1983

Department of Diagnostic Radiology, Duke University Medical Center Durham, NC, Residency, July 1983 – June 1987

Department of Diagnostic Radiology, Durham Veterans Administration Medical Center, Durham, NC, Attending Radiologist, September 1986 – December 1986

Present Position

Radiologist, High Point Radiological Services, P A
High Point, NC since July 1, 1987

Licensure Physician, State of North Carolina (No 27350)

Specialty Board Certification Diagnostic Radiology
American Board of Radiology, June 11 1987

Hospital Affiliation

High Point Regional Health System
601 North Elm Street
High Point, NC 27261
Active Status, Department of Radiology

Lexington Memorial Hospital
250 Hospital Drive
Lexington, NC 27293
Active Status, Department of Radiology
Medical Director, Department of Radiology since
August 1, 1996

Professional Memberships

American College of Radiology
Radiological Society of North America
American Roentgen Ray Society
North Carolina Chapter, American College of Radiology
North Carolina Medical Society (member Communications and Membership
Advisory Committee)
High Point Medical Society (President 1995)
American Institute of Ultrasound in Medicine
Sigma Xi
Society for Clinical Densitometry
American Registry of Diagnostic Medical Sonographers as Registered Vascular
Technologist (RVT) since 1996

National Meeting Presentations

William W Woodruff, III, Barbara E Hoeck, W Randolph Chitwood, Jr, H Kim
Lyerly, David C Sabiston, Jr, and James T T Chen Radiographic findings in
pulmonary artery hypertension with chronic pulmonary embolism Radiological
Society of North America, Washington, D C, November 26, 1984

William W Woodruff, III, David F Merten, Milton L Wagner, and Donald R.
Kirks Chronic pulmonary embolism in children Radiological Society of North
America, Chicago, IL November 18, 1985

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Publications

- 1 William W Woodruff III and Richard Wolfenden Inhibition of ribose-5-phosphate isomerase by 4-phosphoerythronate *Journal of Biological Chemistry* 254 5866-5867 1979
- 2 Robert W Wheat, William W Woodruff, III, and Robert S Haltiwanger Occurrence of antigenic, (species specific?) partially 3-O-methylated heteromannans in cell wall and soluble cellular (non-wall) components of Coccidioides immitis mycelia *Infection and Immunity* 41 727-734 1983
- 3 William W Woodruff, III, Gregory Gabliani, and Augustus O Grant, Patent ductus arteriosus in the elderly *Southern Medical Journal* 76 1436-1437 1983
- 4 William W Woodruff, III C Edward Buckley, III, Harry A Gallis, John R Cohn, and Robert W Wheat Reactivity to spherule-derived coccidioidin in the southeastern United States *Infection and Immunity* 43 860-869, 1984
- 5 William W K Zung, David T George, William W Woodruff, III, and Steven L Mahorney Symptom perception by nonpsychiatric physicians in evaluating for depression *Journal of Clinical Psychiatry* 45(7 Sec 2) 26-29 1984
- 6 William W Woodruff, III, Barbara E Hoeck W Randolph Chitwood, Jr H Kim Lyerly, David C Sabiston, Jr, and James T T Chen Radiographic findings in pulmonary hypertension from unresolved embolism *American Journal of Roentgenology* 144 681-686, 1985
- 7 W W Woodruff III, D F Merten, and D R Kirks Pneumomediastinum an unusual complication of acute gastrointestinal disease *Pediatric Radiology* 15 196-198 1985
- 8 C Edward Buckley, III, William W Woodruff, III, Harry A Gallis, Robert W Wheat and John R Cohn Reactivity to spherule-derived coccidioidin in the southeastern United States In Coccidioidomycosis Proceedings of the 4th International Conference of Coccidioidomycosis The National Foundation for Infectious Diseases, Washington D C 1985 55-60
- 9 William W Woodruff, III, Jorge L Gamba, Charles E Putman, and James T T Chen Chronic tension pneumothorax presumably secondary to a 'ball valve' bronchopleural fistula *Southern Medical Journal* 79 510-512 1986
- 10 William W Woodruff, III, David F Merten, Milton F Wagner, and Donald R Kirks Chronic pulmonary embolism in children *Radiology* 159 511-514, 1986

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Publications (cont'd)

- 11 David E Tamas, Barry S Mahony, James D Bowie William W Woodruff, III and Helen H Kay Antenatal sonographic diagnosis of hemifacial microsomia (goldenhar-gorlin syndrome) *Journal of Ultrasound in Medicine* 5 461-463 1986
- 12 Steven K Sussman, Fernando F Illescas, William W Woodruff, III, and Cirrelda Cooper Angelchik anti-reflux device computed tomography appearance *CT The Journal of Computed Tomography* 11 212-215 1987
- 13 William W Woodruff, III and Barbara A Carroll Inadvertent iatrogenic introduction of air into myometrium sonographic demonstration *Journal of Ultrasound in Medicine* 7 49-51 1988
- 14 Mark A Khewer, William Woodruff III, and James D Bowie Mucinous cystadenoma simulating renal transplant lymphocele *Journal of Clinical Ultrasound* 17 119-122 1989
- 15 J P Ughetta, W W Woodruff III, E L Effmann and B A Carroll Duplex doppler ultrasound evaluation of calcified inferior vena cava thrombosis *Pediatric Radiology* 19 250-252 1989
- 16 William W Woodruff III, and Nancy J Brown Duplex sonographic detection of ascending pharyngeal artery arising from the internal carotid artery and supplying a dural arteriovenous malformation *Journal of Ultrasound in Medicine* 12 227-229, 1993
- 17 William W Woodruff, III, Vicki P Strunsky, and Nancy J Brown Separate origins of the left internal and external carotid arteries directly from the aortic arch duplex sonographic findings *Journal of Ultrasound in Medicine* 14 867-869 1995

Civic/Leadership Activities

Executive Board, Old North State Council, Boy Scouts of America, since 1992

Board of Directors, High Point Medical Center, 1994-2005, President 1996

Communications and Membership Advisory Committee, North Carolina Medical Society, 1995-current, Vice-Chair 1996

Page 5

Civic/Leadership Activities (cont'd)

Vascular/Cardiovascular Interventional Technology, CT, and MRI
Advisory Committee, Forsyth Technical Community College Winston-Salem
NC

National Eagle Scout Association (Life Member)

Eagle Scout Review Board Akela District, Old North State Council, since 1996

WILLIAM W WOODRUFF, III, M D

Board Certified Diagnostic Radiologist
104 Pearce Drive
Jamestown NC 27282-8444
336-869-3379 wwwrad@aol.com

Mr M Todd Simmons
Larry C Brandt, P A
P O Box 738
Walhalla SC 29691

Feb 23 2008

Re Donna L McCall

Dear Mr Simmons

Per your request, I have reviewed MRI examinations of your client's (Donna L McCall) cervical and lumbar spine dated Nov 17, 1999 and Aug 6, 2007 (total 4 MRI examinations) My findings are discussed below

The cervical spine MRI dated November 17, 1999 was performed on a 0.2 Tesla open magnet (so-called "low field") at Anderson (SC) Radiology. On that examination the cervical spinal cord itself appears normal. There is some mild generalized disc bulging at C 5-6 and C 6-7 as well as a degree of disc space narrowing at these levels. There is moderate narrowing at the exit foramen on the left at C 6-7 due to disc bulging and osteophytes. There is no evidence of bony marrow abnormality, and there is no disc herniation/extrusion or spinal stenosis.

The cervical spine MRI dated August 6, 2007 (7 years, 9 months later) was performed on a 1.5 Tesla superconductive magnet (so-called "high field") at Seneca (SC) Diagnostic Imaging. The same image orientations and what are called pulse sequences (the T1 and T2 weighted images suffice it to say that both studies were performed in what has become a fairly standardized manner) were performed for both studies. On this study, we see a significant progression of degenerative type arthropathy and spondylosis. At C 2-3, there is now a small central bulge of disc material which does not impress upon exiting nerve roots. A similar finding is present at C 3-4. These were not present in 1999. At C 4-5 there is a moderate central and right paracentral protrusion of disc material without frank disc extrusion or stenosis. This a finding not present in 1999. At C 5-6, there is a broad-based disc protrusion with narrowing of the exit foramen bilaterally, more severe on the right than on the left, due to a combination of disc protrusion in concert with osteophytes. The central spinal canal is not stenosed. There is significant progression of degenerative change at this level compared with 1999. At C 6-7, there is broad-based disc protrusion which does impress upon the origin of the left C 7 nerve root but does not actually efface it. There is severe exit foraminal narrowing on the left at C 6-7, due to disc protrusion and osteophyte, this narrowing has progressed since 1999. At C 7-T 1, there is fairly mild broad-based disc protrusion, which was not present in 1999. There is no nerve root edema or effacement at this level. There is no

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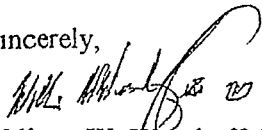
evidence of abnormality to the cervical cord on the Aug 6 2007 study In particular, there is no evidence of myelomalacia syrinx, or demyelination

Lumbar MRI dated November 17, 1999 was also performed on a 0.2 Tesla open magnet (so called "low field") at Anderson (SC) Radiology The images were performed in a "standard" manner with respect to physics parameters and image orientation This study shows some degree of disc degeneration at T 12-L 1 and L 1-2 The study is otherwise essentially normal There is no appreciable extradural defect No disc extrusion or stenosis Conus medullaris appears normal No bone marrow abnormality or ligamentous abnormality

Lumbar MRI dated August 6, 2007 was performed on a 1.5 Tesla superconductive magnet (so-called 'high field') at Seneca (SC) Diagnostic Imaging "Standard" image orientation and physics parameters were used as was the case with the 1999 study Compared to the 1999 study, there is now some disc degeneration at all levels in the lumbar region (On the sagittal orientation T2-weighted images, all the discs look dark, they should be bright as they were on the 1999 study [except at T 12- L 1 and L 1-2]) There is now relatively mild generalized disc bulging at L 4-5 which is a new finding compared to 1999 There is no nerve root edema or effacement from this disc bulging/protrusion at L 4-5 The studies otherwise appear unchanged

Thank you for this consultation Please feel free to call on me if you need any further review, clarification, or have questions related to this review

Sincerely,



William W Woodruff, III, M.D

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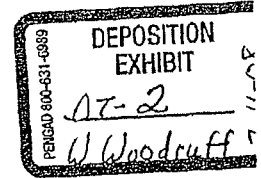
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Anderson Radiology

1011 Ella Street ♦ Anderson, South Carolina 29621
Telephone (864) 225 6286 ♦ Fax (864) 231 6738

Exam Date 11/17/99

Physician AMAYA
Patient Name: MCCALL, DONNA L n
DOB 10/27/51 Age 48 Sex F
Acct #: 44972



CERVICAL SPINE Views: 5
Clinical Indications: Neck pain

Moderate chronic degenerative disc narrowing is present at C5-6 and at C6-7. Mild osteophyte compromise of the neural foramina at C5-6 is demonstrated, right more than left. No neural foramen compromise is visible at C6-7. The remaining cervical vertebra, posterior elements, disc spaces, spinal canal, and paraspinal soft tissues are normally defined.

IMPRESSION: Moderate chronic degenerative disc disease C5-6 and C6-7 with bilateral neural foramen compromise at C5-6 by osteophytosis. No spinal canal compromise seen. Otherwise negative cervical spine.

LUMBAR SPINE Views: 5
Clinical Indications: Back pain

A Schmorl's node is present in the superior aspect of L1, a normal finding. The vertebral bodies are normal in height, density, and alignment and the intervertebral spaces are normal. The facet joints and posterior elements are preserved. The sacroiliac joints appear normal.

IMPRESSION: Normal lumbar spine.

Thank you for this consultation.

Edward Warren, III, M.D.

Wed Nov 17, 1999 04:10 PM

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General Radiology ♦ Fluoro ♦ Ultra Sound ♦ Mammography ♦ CT ♦ MRI

Received Feb-06-2008 01:18pm

From-

To-Larry C Brandt, P.A. Page 002

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SENECA DIAGNOSTIC IMAGING

111 Carter Park Drive
Seneca SC 29678
864 882 4565 p
864 882 4614 f

PATIENT McCall, Donna
DOB 10/27/1951
MRN 472122
PHYSICIAN Henry Ramirez, MD
DATE 8/6/2007

EXAM MRI OF THE CERVICAL SPINE

INDICATION Neck pain and headaches Patient is status post fall with trauma to the neck and base of the skull Date of injury 06 29 06

TECHNIQUE Sagittal T1 and T2 Axial T2 and T2 gradient echo Exam performed at 1.5 Tesla

FINDINGS Negative evaluation of the paramidline brainstem and cerebellum There is cervical straightening There are diffuse cervical disc degenerative changes Mild C2 3 and C3 4 degenerative disc disease Moderate C4 5 degenerative disc disease Severe C5 6 and C6 7 degenerative disc disease Moderate C7 T1 degenerative disc disease

C2 3 Moderate central disc protrusion

C3 4 Moderate central disc protrusion with anterior sac concavity

C4 5 Moderate caliber broad based posterior disc protrusion with annular tear

C5 6 Moderate caliber central disc protrusion or herniation with broad anterior sac concavity Narrowing of the ventral subarachnoid space Moderate endplate osteophytes Moderate caliber Luschka joint osteophytes with moderate caliber C 6 neural foraminal stenoses

C6 7 Moderate broad based posterior spondylotic disc displacement with broad anterior sac concavity and narrowing of the ventral subarachnoid space Small Luschka joint osteophytes with mild bilateral C 7 neural foraminal narrowings

C7 T1 Moderate caliber broad-based posterior spondylotic disc displacement with central disc protrusion Diffuse posterior annular tear

At C4 5 there are small Luschka joint osteophytes with mild right sided C 5 neural foraminal encroachment

No fracture or acute bone marrow edema Mild bilateral cervical facet arthropathy

CONCLUSION

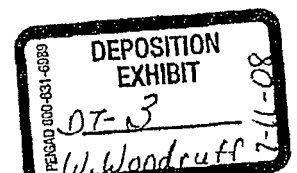
- 1 Severe C5 6 and C6 7 degenerative disc disease Less pronounced disc degenerative changes at other levels At C5 6 there are Luschka joint osteophytes which produce bilateral C 6 neural foraminal stenoses At this level, there is a moderate caliber broad-based posterior disc-osteophyte complex
- 2 Broad based posterior disc protrusion or disc-osteophyte complex also notable at C4 5 Central protrusions at C2 3 C3 4, and with somewhat broad based posterior disc osteophyte complexes at C6-7 and C7 T1
- 3 Unable to clearly identify a site of acute cervical extrusion type disc herniation.

Thank you for this consultation

Jeff Shramek, MD

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SENECA DIAGNOSTIC
IMAGING

111 Carter Park Drive
Seneca SC 29678
864 882 4565 p
864 882 4614 f

Patient McCall, Donna MRN 472122

Neuroradiologist
JS / kp

DD 8/7/2007
DT 8/7/2007
Job 4674925

This document has been electronically reviewed and signed

Jeffrey K. Stramek, MD



SENECA DIAGNOSTIC
IMAGING

111 Carter Park Drive
Seneca SC 29678
864 882 4565 p
864 882 4611 f

PATIENT McCall, Donna
DOB 10/27/1951
MRN 472122
PHYSICIAN Henry Ramirez, MD
DATE 8/6/2007

EXAM MRI OF THE LUMBAR SPINE

INDICATION Low back pain post fall with trauma to the lower back Date of injury 06 29 06

TECHNIQUE SAG/AX T1 and T2 Exam performed on a 1.5 Tesla Siemens Symphony high field closed MRI system

FINDINGS Small chronic Schmorl's nodes of the endplates at T11 12 through L2 3 There are no lumbar disc herniations Mild L1 2 disc bulge No fracture No acute subluxation Mild diffuse lumbar facet arthropathy No asymmetry of the paraspinal soft tissues

At L4-5 there is a small left foraminal disc protrusion This is associated with a small annular tear This does not displace or compress the left L-4 nerve root

Anteriorly at T11 12 through L4 5 there are disc bulges and endplate osteophytes

CONCLUSION

- 1 Small left foraminal disc protrusion at L4 5, which is non compressive
- 2 No lumbar disc herniation

Thank you for this consultation

Jeff Shramek, MD
Neuroradiologist
JS / kcp

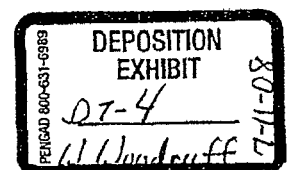
DD 8/7/2007
DT 8/7/2007
Job 4674953

This document has been electronically reviewed and signed

Jeffrey K Shramek, MD

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STATE OF SOUTH CAROLINA
BEFORE THE S C WORKERS' COMPENSATION COMMISSION
W C C FILE NO 0627287

Donna McCall, Employee,
Claimant,
vs
Sandvik / Valenite,
Employer,
and
Sentry Claims Service,
Carrier,
Defendants

DEPOSITION OF DR GEORGE R BRUCE

Pursuant to notice of deposition and/or
agreement in the above-entitled case, a deposition
was taken on the 11th day of February 2009,
commencing at approximately 4 00 p m , attended by
counsel as follows

1 APPEARANCES

2 M Todd Simmons, Esquire
3 Larry C Brandt, P A
4 3691 Blue Ridge Boulevard
5 P O Box 738
6 Walhalla, South Carolina 29691

7 appeared on behalf of the plaintiff,

8 Daniel W Hayes, Esquire
9 Sowell Gray Stepp & Laffitte, LLC
10 P O Box 11449
11 Columbia, South Carolina 29211

12 appeared on behalf of the defendants

13 ALSO PRESENT Donna McCall
14 Joseph McCall

15
16
17
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20
21 DEPOSITION REPORTED BY Ruth Anne Maciag, RPR
22 Depositions And , Inc
23 P O Box 10268
24 101 Broadus Avenue
25 Greenville, South Carolina 29603

I N D E X

WITNESS DR GEORGE R BRUCE
DATE FEBRUARY 11, 2009

	PAGE
Waiver	4
Direct examination by Mr Hayes	4
Cross examination by Mr Simmons	37
Certificate of Notary Public	40

DEFENDANTS' EXHIBITS

Defendants' Exhibit 1	15
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The attached 39 pages of testimony of DR GEORGE R BRUCE in the above matter is the work product of Depositions And , Inc , and not to be copied or utilized in any manner without the express written authorization of Depositions And , Inc

Pursuant to notice and/or agreement to take depositions, the within deposition was taken by the above reporter, a notary public, by consent of all parties, at Oconee Orthopedic Clinic, 10630 Clemson Boulevard, Seneca, South Carolina

** ** * ** *

Waiver

Counsel did agree that both the reading over of and signing of the deposition are hereby dispensed with and waived

The deponent did agree that both the reading over of and signing of the deposition are hereby dispensed with and waived

The deponent was duly sworn to tell the truth, the whole truth, and nothing but the truth of his own knowledge concerning the matter herein

DR GEORGE R BRUCE, BEING FIRST DULY SWORN, TESTIFIED AS FOLLOWS

DIRECT EXAMINATION BY MR HAYES

Q Dr Bruce, we met a few minutes ago, but for the record my name is Daniel Hayes, I'm with the Sowell-Gray law firm out of Columbia, and we represent Sandvik/Valenite and Sentry Insurance Company in Ms McCall's worker's compensation claim. She's here today with us, with her attorney,

1 also her husband

2 Just wanted to talk to you about an Independent
3 Medical Evaluation you provided, and I'm assuming
4 this was at the request of Ms McCall's attorney, is
5 that correct?

6 A That is correct

7 Q And you've got a copy of the report with you?

8 A I do

9 Q Do you have the entire file that you referred to?

10 A No I only have listed what I've seen We can't
11 keep all those records, they're voluminous, and they
12 can get lost here

13 Q Well, let me, I was going to ask you what records
14 you've listed?

15 A I've listed every one that I did

16 Q Did you get something, a packet of meds with an index
17 similar to the one I'm showing you? And these were
18 APA submissions for the previously scheduled hearing
19 Was it in this kind of order?

20 A I don't remember that But it looks like it would
21 fall into what I've got here, as far as what I saw
22 I looked at all the medical records that I was sent

23 Q Okay And I'm assuming those were provided to you by
24 Ms McCall's attorney?

25 A That is correct

1 Q And were they indexed by date with page numbers, do
2 you recall?

3 A They were not, that I remember But like I said, I
4 don't have that in front of me anymore

5 Q Is it correct that you were not provided a transcript
6 of Dr Woodruff's deposition? I didn't see it
7 listed, do you recall reading that --

8 A No

9 Q -- he's out of North Carolina

10 He's a radiologist out of High Point, North
11 Carolina

12 A I saw the report by William Woodruff, dated 2/23/08
13 I saw the depositions of treating physicians
14 Dr Kanos, Dr Patel, Dr Rogers I do not see a
15 deposition of Dr Woodruff

16 Q Okay And then you also had some prior medical
17 records before this work injury?

18 A That is correct

19 Q That was Dr Amaya, including an MRI that was done?

20 A That's a report, yes, that's all I saw

21 Q You didn't have a film from that report, did you?

22 A No

23 Q Let me get just a little bit of background
24 information on you

25 What would you consider your area of specialty,

1 how would you describe that?

2 A I'm an orthopedic surgeon with 40 years of
3 experience, 18 thousand procedures, and I've been
4 doing Independent Medical Evaluations since 1975
5 along with my orthopedic practice

6 Q Okay

7 A As well as legal testimony

8 Q Besides the Independent Medical Evaluations you're
9 currently performing, do you still have an active
10 medical practice?

11 A No, I do not now

12 Q How long have you not had an active medical practice?

13 A Last surgery I did was July of 2005

14 Q And I need to ask you, plaintiff's versus defense
15 work?

16 A Yes

17 Q Do you do any IMEs for the defense side?

18 A It's about 95 percent to 5 percent

19 Q 95 percent plaintiff?

20 A For plaintiff, 5 percent defendant

21 Q And is that in cases other than worker's comp, does
22 that include everything?

23 A That includes everything That's motor vehicle
24 accidents, worker's comp, everything that they wanted
25 looked at

1 Q What kind of, well let me ask you this Can you
2 recall any specific worker's comp IMEs you performed
3 for the defense side in the last year or two?

4 A I can't give you a name, sir, I really can't Very,
5 very few Most of them are insurance companies, when
6 that comes in

7 Q And what percent of your IMEs involve worker's comp
8 cases?

9 A I'd say at least 90 percent

10 Q Do you mostly do IMEs for cases arising out of the
11 Upstate?

12 A I'm sorry?

13 Q Cases arising out of the Upstate, this part of the --

14 A Anywhere in South Carolina, some in Georgia, some in
15 North Carolina

16 Q And as far as Mr Simmons' and Mr Brandt's law firm,
17 about how many IMEs do you do for them in a year?

18 A I can't remember more than three total my whole
19 experience

20 Q All right We talked about the medical records you
21 reviewed, were you provided anything else by
22 Ms McCall's attorney to review?

23 A Not that I know of, sir If it's not here from that
24 period of time, I would not recall it

25 Q And is it safe to say that most of the historical

1 information provided to you that is not found in a
2 medical record, was from Ms McCall herself?

3 A That's correct

4 Q Was her husband present during the examination?

5 A I cannot remember that I don't think so

6 MS McCALL He was in the waiting room

7 CONTINUED EXAMINATION BY MR HAYES

8 Q Any history from Ms McCall, would it be fair to say
9 that's subjective in nature as opposed to objective
10 information?

11 A Well all of it could be subjective, it was not
12 documented Her statements would only be her
13 statements to me

14 Q And as far as the medical records, you have to rely
15 on the accuracy of those --

16 A Yes, sir

17 Q -- as well

18 A What I try to do is correlate the medical records to
19 her history, and go over it with her to see if we've
20 got a double conclusion

21 Q Did you speak with her attorney or attorneys about
22 any specific goal they wanted out of this IME?

23 A No

24 Q And as far as the newer MRIs, the ones after 1999,
25 did you have those films?

1 A What did I say?

2 Q I think it said you reviewed the films

3 It's on the second page, first complete
4 paragraph I reviewed those films today

5 A Okay If I said that, then I did I always try to
6 put down whether I had the films Lot of times I say
7 it in front, along with report and film, but I didn't
8 say that

9 Yes

10 Q What is your understanding of the work injury she
11 sustained?

12 A I'm sorry?

13 Q What is your understanding of the nature of the
14 accident she sustained?

15 A Okay She had presented with a history of working at
16 Valenite, where she had been employed since 1985 as a
17 furnace operator Sustained an injury on or about
18 6/29/06 when she was standing on a stepstool, she was
19 reaching over, cleaning a furnace And when she
20 stepped back off the stool, she stepped onto a vacuum
21 hose which severely twisted her ankle, and she fell
22 backwards, injuring her neck, back, head, and right
23 elbow

24 Q And it's your understanding she didn't immediately
25 seek medical attention?

1 A That's correct

2 She was witnessed by her partner She tried to
3 go back to work She continued to have neck pain,
4 and then she seeked medical personnel on 8/17/06
5 which would be approximately six weeks after the
6 accident

7 Q She was directed to Dr Henry Ramirez, is that
8 correct?

9 A I'm sorry?

10 Q She was directed at that point to Dr Henry Ramirez?

11 A That's correct

12 He's not a doctor He's a PA

13 Q Okay

14 A But he handles most of the worker's comp in the area

15 She was referred to Henry She was complaining
16 of headaches, neck pain, low back pain And at that
17 point he treated her symptomatically with an
18 injection, cortisone injection

19 When she returned on the second visit, she was
20 sent for an x-ray of her neck and back, and referred
21 to physical therapy

22 The patient was seen six times in physical
23 therapy, and started she might be getting a little
24 bit better, stated she might be getting a little bit
25 better

1 She continued to work over the next year, with
2 most of the work being done by her partner Which
3 obviously they had a very close relationship, and he
4 did all the heavy work and she did all the gravy, to
5 keep going

6 The patient states her pain in her head just
7 kept getting worse when rotating her neck and down
8 into her low back, so much that she had to be seen by
9 another physician

10 Would you like me to go over the rest of her
11 history?

12 Q No, let me back you up a little bit

13 When she went to Henry Ramirez?

14 A Yes

15 Q Presented with headaches, neck and low back pain?

16 A Yes

17 Q Is it your understanding that the other initial
18 problems had resolved by that point?

19 A They weren't as important to her I don't know that
20 they were completely resolved

21 Q She had mentioned elbow, right elbow and ankle

22 A Yes

23 Q Is there any indication of treatment for those
24 problems since then?

25 A Those gradually resolved, as I remember the

1 situation

2 Q Okay All right So from the end of physical
3 therapy, and you know that she went to see a
4 Dr Finley on her own in June of 2007, there was no
5 medical treatment?

6 A That was a chiropractor?

7 Q That was

8 A Dr Finley is a chiropractor, and she went on her own
9 for headaches and adjustment type thing for her neck
10 And at that point it appears that he referred or
11 the company referred her back to Henry Ramirez

12 Q How did Ms McCall explain to you the absence of
13 treatment for almost a year?

14 A Just kept working Worried about losing her job
15 Her partner was doing most of the work She was just
16 taking symptomatic medication, and kept going

17 Q And you saw the records from the chiropractor?

18 A Did I?

19 Yes Dated 6/19/07, which looks like it's just
20 one visit

21 Q And she gave you a history to that chiropractic visit
22 based on continued headaches, neck and low back pain?

23 A That is correct, is the way I understood it, her neck
24 pain, neck pain and headaches I don't know about
25 low back

1 Q Do you recall seeing this patient history from the
2 chiropractor's records?

3 A No, sir, I don't remember seeing that

4 Q Do you know exactly what was presented to you from
5 the chiropractor?

6 A I think it was just his records, his notes

7 Q I'm going to show you, and this is

8 A But I'll be very honest with you, I don't put very
9 much emphasis on chiropractor's notes

10 Q Okay

11 A Lot of times their language is different than ours,
12 and I don't understand what they're saying and they
13 don't understand what I'm saying So we just don't,
14 I don't spend a whole lot of time with that

15 Q I understand These are from APAs that were
16 previously prepared to be submitted for a hearing
17 I'm looking at a cover letter to Commissioner Linden
18 dated October 17, 2008

19 Let me show you page 21 from that

20 MR SIMMONS Do you have an extra copy of that?

21 MR HAYES I don't have an extra copy, but --

22 MR SIMMONS I may have it

23 MR HAYES -- maybe we can --

24 BY THE WITNESS

25 A What's the date on that, is that 6/19/07?

1 Q 6/19/07

2 MR SIMMONS What's the Bates stamp at the
3 bottom?

4 MR HAYES 21

5 CONTINUED EXAMINATION BY MR HAYES

6 Q Actually, I'm going to --

7 A This was probably in my file, in my folder, if it
8 came in with a page number on it

9 Q These are three pages I'm going to show you And the
10 Bates numbers at the bottom are 21, 22 and 23

11 A Okay

12 MR HAYES Todd, if you don't have a problem,
13 I'll just make those an exhibit

14 MR SIMMONS No problem

15 (Defendants' Exhibit 1 marked for
16 identification, Bruce deposition,
17 2/11/09, RAM)

18 BY THE WITNESS

19 A Okay, question?

20 Q And this is not, you said the chiropractor's notes
21 aren't really helpful to you, but it's my
22 understanding this is information from the patient,
23 Ms McCall herself, and specifically is the history
24 of why she was there, and the onset of her problems?

25 A Yes

1 Q Is that consistent with what she told you during your
2 evaluation?

3 A No It's got here, the symptoms first began three
4 days, it would not be at that point in time

5 Q If you look at --

6 A Here the note says two months ago

7 Q Two months

8 A That would be 6/19/07, the same date, one history
9 here was different from what she wrote down on here

10 Q What would you put more stock in, what she put down
11 or what the chiropractor or the chiropractor's office
12 put down?

13 A Really I put more down to him, because they would be
14 discussing it And this is just a form you give
15 somebody to fill out She may have meant to put down
16 30 days and put down three days

17 I don't know that But I would put more in what
18 somebody's telling me I have them fill out forms
19 too, when they come, and I go over the forms, because
20 quite often they don't, don't get them filled out
21 right

22 Q Okay Assuming that on 6/19/07 she and the
23 chiropractor discussed a history of two months of
24 this problem --

25 A Correct

1 Q -- being present, would that be consistent with what
2 you were told?

3 A Two months, my date of injury is 6/29/06, and here it
4 is 6/19, so you're looking at almost a year And the
5 answer to that is no

6 Q Assuming she didn't have any treatment for a year
7 after 8/31/06?

8 A That's correct

9 Q Then she presented to the chiropractor a two-month
10 history of pain in June of '07, would that suggest to
11 you a new injury or a new problem?

12 A Or aggravating the preexisting one Either one could
13 happen

14 Q Okay

15 A Yes, sir

16 Q You have also had an opportunity to review the 1999
17 MRI report, with some updated MRI reports
18 Ultimately you concluded that there was an
19 exacerbation of some underlining degenerative --

20 A A considerative change between the two, much more
21 than than I would expect from just normal ordinary
22 living

23 Q Is it possible that that exacerbation could be the
24 result of this new problem described in the
25 chiropractor's report?

1 A Well, she could have kept, kept right on working and
2 kept right on lifting and kept right on hurting, and
3 that could have definitely exacerbated the problem

4 Q Okay

5 A Yes, sir

6 Q But if there was a new incident two months before
7 6/19/07, could that also be --

8 A Another fall or something like that? Could it?

9 Yes, it could Sure

10 Q But we would have to assume that she had a new
11 injury?

12 A That's right, which we don't have at this point

13 Q And that chiropractic visit, in your report it states
14 that that was for headaches, pain in the neck, and
15 back pain, was that based on information for the
16 patient, do you recall?

17 A Basically it's from the patient

18 But what we had here, she fell and complained of
19 headache and neck very tight, is part of this

20 Like I said, mostly from her

21 Q I'm going to continue on in your report

22 You described the return visit to doctor, or not
23 Dr Ramirez, but Mr Ramirez, in a discussion that
24 she reported to you about the degenerative changes
25 that were shown in the new MRI?

1 A That's correct

2 Q And her becoming upset?

3 A That's correct

4 Q Could you explain how she described that to you
5 more?

6 A Well, she had not been explained the fact that the
7 degeneration was as bad as it really was initially

8 And then when she kept having problems, and the
9 way I can understand it is, Henry tried to explain to
10 her more that this really is a bad x-ray, and that
11 just, that got her upset and she demanded to see
12 somebody else

13 That's the way I understand it

14 Q And then she was referred to Dr Kanos?

15 A That's correct

16 Q And are you familiar with Dr Kanos?

17 A Yes

18 Q What is his general reputation?

19 A He's a neurosurgeon and very good By report I've
20 never operated with him

21 Q Okay Have you ever referred patients to him?

22 A No

23 Q And you've read his deposition?

24 A I'm sorry? I read his deposition, yes I don't have
25 his deposition here with me, though

1 Q By your review of the MRI film, you indicated there
2 appeared to be nerve compression?

3 A Appeared to be nerve entrapment as they came out
4 through the foramina, yes That was a combination of
5 degenerative as well as bulging changes in the disks

6 Q Have you read through Dr Kanos' medical report and
7 his deposition, his impressions, and would you defer
8 to him on any kind of nerve involvement?

9 A I'd have to look at what you're talking about right
10 now, I don't have it memorized, I'm sorry, sir

11 Q Well, he did not recommend surgery on the neck

12 A Okay That's right

13 No, that doesn't surprise that he would
14 recommend no surgery on the neck

15 Even though you see some mild compression,
16 you're not so sure you're going to be able to help
17 it, any of us that do back surgery You've got to
18 see a real flattening But it looked like it was
19 enough to cause pain for me, not enough to need
20 surgery

21 Q In fact he recommended pain management?

22 A That's correct

23 Q So would that be consistent with your --

24 A That's correct, yes

25 Q As far as the low back, Dr Kanos has testified that

1 there wasn't anything that impressed him as being
2 wrong in the low back?

3 A That's correct Other than, but what he's going to
4 look at, which is disks and nerves I mean he
5 doesn't look, as orthopedist, at muscles and
6 ligaments and this type thing

7 Q Okay Would you tend to agree with his
8 characterization?

9 A I agree that there's no nerve damage there

10 Q Okay And as far as the level of further
11 degeneration, let's start with the cervical spine,
12 that you saw from '99 to the new MRIs, could that be
13 the result of a natural progression, or does it look
14 totally out of line with a natural progression?

15 A To me it was out of line for normal progression

16 Q Okay

17 A I mean when you say could? Anything could But to
18 me, it was accelerated for normal aging

19 Q And what types of things would cause that
20 acceleration?

21 A Increased muscle spasms or injury to the surrounding
22 tissues, that causes more compression of the bones to
23 each other And continued, continuing to work
24 through this

25 Q Same question with the low back?

1 A Same thing

2 Q Now was it as significant an increase in
3 degeneration?

4 A No No

5 Q And as far as that being a natural progression of
6 condition in the low back?

7 A That would be harder to determine if it was, it could
8 be normal progression

9 Q I'll just keep going down through the notes
10 You discussed her referral with Dr Patel, in
11 that she last worked on 9/20/07 because she was
12 unable to continue functioning or receive treatment
13 Did she discuss with you taking early retirement
14 from work?

15 A Where are you now?

16 Q This is second page, third full paragraph, the last
17 big paragraph

18 A The bottom paragraph?

19 Q Yes, sir

20 A Says, no additional treatment

21 If I remember correctly, she did take the
22 retirement

23 Q And did you two discuss work within her restrictions
24 being available?

25 A I'm sorry?

1 Q Did you two discuss work within restrictions?

2 A I don't remember that, sir, I don't remember that

3 Q All right And then you discussed the 10/5/07 nerve
4 conduction study and EMG of both arms

5 Let me ask you about the carpal tunnel syndrome
6 Is that something you treat in your practice?

7 A Yes

8 Q Or have treated?

9 A Oh, yes Thousands

10 Q Did you review the nerve conduction studies?

11 A Nerve conduction studies which showed bilateral
12 moderate to severe carpal tunnel, yes, I did see
13 those

14 Q Okay, you saw those reports?

15 A Yes

16 Q What do you recommend as far as further treatment for
17 that?

18 A I would recommend surgery on that

19 I know a lot of people just, for whatever
20 reason, and I've never understood this for forty
21 years, with excellent results from release of carpal
22 tunnel, which is a five-minute operation, why
23 everybody digs their heels in, and a lot of people
24 just don't want to do the surgery

25 And I don't understand that, because some of my

1 happiest patients I've had in forty years are the
2 ones I released their carpal tunnel

3 Q You're just talking about a simple carpal tunnel
4 release surgery?

5 A Sure Yeah

6 Q You talk about her work activities and her
7 complaining about this?

8 A Repetitive work

9 Q Repetitive?

10 A Yes

11 Q Are you relating that problem to this specific work
12 injury?

13 A No, not necessarily

14 This is a fall, she did not have a history of
15 falling directly on her out-extended hands with
16 compression, or holding onto a steering wheel in a
17 wreck But her repetitive work, which is all in her
18 work, where she would do it, is what causes that

19 Q So if it's related to her job, then in your opinion
20 it would be repetitive work activities?

21 A That's correct

22 Q And that's basically what she's telling you?

23 A Yes

24 Q You gave an impairment rating, 10 percent each upper
25 extremity for the carpal tunnel?

1 A That's correct That's just as she presented to me
2 that day That didn't necessarily say it came from
3 that particular accident

4 What she presented that day And that's the
5 unoperative situation

6 Q And would you agree that under the AMA Guides, Fifth
7 Edition, you would typically rate after decompression
8 surgery?

9 A Absolutely

10 The AMA Guides unfortunately has got a lot of
11 holes, and the Sixth Edition is even worse The
12 Fifth Edition has holes in it, and this is one they
13 did not appreciate

14 If you were to go to the rating of the carpal
15 tunnel pre-op, then you've got to go look at the
16 entire nerve in a decompression, you end up like 35
17 percent of the hand That's way out of line

18 So you know it's not the 5 percent that comes
19 from after the surgery So it's somewhere in
20 between And 10 percent is what I picked on her,
21 because it wasn't her main problem

22 Q Okay

23 A Some of it's got to be medical judgment, common
24 sense

25 Q Let's talk about the tremors And it's my

1 understanding she's seeing Dr Rogers for treatment
2 of that, is that correct?

3 A That's correct

4 Q And she indicated to you that she had the tremors to
5 some extent prior to this fall?

6 A Slight tremor Got much worse after her fall, which
7 could be due secondary to the stress, the anxiety,
8 the pain that comes from this

9 Tremors we don't know a whole lot about
10 Dr Rogers has not put a definite diagnosis on it,
11 and he's a neurologist

12 As an orthopedic surgeon, I wouldn't try to
13 fight that

14 Q Would you defer to the neurologist --

15 A On the tremors Yes

16 Q Okay, on the tremors?

17 A Yes

18 Q Have you seen any testing that would indicate any
19 definitive diagnosis?

20 A No, sir, I have not

21 Q And depending on --

22 A I mean she didn't have a stroke or anything like
23 that, so it's nothing to put it on

24 Q Okay Are we then speculating, at least to some
25 extent, as to whether or not the tremors are related

1 to the fall?

2 A I think it's exacerbated by the anxiety and all this
3 that came from the fall, and the pain, trying to work
4 through it

5 That's just my opinion, I can't document it

6 Q Who would be the best person to testify as to
7 causation, or the best physician?

8 A (Indicating)

9 Q Besides the ultimate expert upstairs?

10 A If Dr Rogers can't do it, if a neurologist can't do
11 it, I don't know who could

12 That's one of the hardest things to tie down to,
13 what causes tremors We know that people with
14 Parkinsonism have a certain amount of tremors, and we
15 can document that by studies of the head and this
16 type of thing

17 I don't think she's had any studies for
18 Parkinson's, I don't think she's had any studies of
19 her cerebellum, to determine if she'd gotten any of
20 that

21 That's out of my field

22 Q You also mention the psychological and psychiatric
23 evaluation and counseling she's received Is that
24 something else out of your area of expertise?

25 A Well, it's not as much out as the tremors are

1 We all have to deal with the psychology and
2 psychiatric problems of patients And the Fifth
3 Edition AMA Guides has given us a good, a nice
4 working part of that

5 But I usually rely on another test that comes
6 in, unless we know for a fact that activities of
7 daily living are being affected by their psychiatric
8 problems And then it's very clear-cut in there

9 Q The ticking that she described in her head, is that
10 more related to the neurological?

11 A That's more neurological, yes

12 And I suggested that she have additional
13 work-up, in my report I think she needed an EMG and
14 also a sleep MRI, to see if we can find out what's
15 going on in the head

16 The ticking most likely is a pulse that is
17 picked up on a different sound wave, is more likely
18 than anything else It's just for whatever reason
19 that part of it is becoming more active

20 Q All right Then you obviously did a physical
21 examination?

22 A Yes

23 Q What was the well-healed scar on her neck?

24 A I'm sorry?

25 Q You note this on page 4, near the bottom of that

1 first paragraph, that she has a well-healed
2 transverse scar on her neck Is that something
3 related to --

4 A Show me where you're talking about?

5 Q (Indicating)

6 A Okay This is where she had a cut, right here on her
7 neck And this was from -- let's see where we are
8 here -- this was from the cancer of the thyroid in
9 2007 requiring a thyroidectomy

10 Q Okay, of course

11 A Unrelated

12 Q And you did a lot of range-of-motion testing?

13 A That's correct

14 Q And are those the figures you plugged in to get the
15 impairment ratings?

16 A That's correct

17 Q For the neck and the low back?

18 A That's correct

19 Q With the extent of degeneration she had in her back,
20 going back to 1999, was she prone to aggravation and
21 exacerbation of that condition?

22 A She states she did not have any problems after she
23 finished seeing Dr Amaya until she had this injury
24 By her history That's all I have

25 I don't have any medical records indicating she

1 had any treatment

2 Q Even without any active symptoms, just having that
3 condition in your back, does it make you prone to
4 exacerbation, say, more than the normal person?

5 A Yes

6 Q And I don't know what the normal person would be as
7 far as a back, but --

8 A Any degenerative condition is worse

9 Q What would it take to exacerbate that kind of
10 condition?

11 A Just living Just moving Bending, picking up
12 anything There's no way, there's no specific thing
13 I've seen many ruptured disks from just bending
14 over, picking up a piece of paper And it's just
15 motion

16 Q What is it exactly anatomically that shows you
17 there's been an exacerbation?

18 A Well, it's a degenerative change Well, symptoms are
19 the main thing You have anybody come in there with
20 an exacerbation three weeks apart, there's not going
21 to be any change on x-ray

22 So it's just purely symptoms of, muscle spasms
23 are an objective finding I didn't see any of that
24 on her, but I'm talking in treating people

25 But her main problem was more the neck than it

1 was the low back, as far as her difficulty

2 Q So it's possible that she could have an exacerbation
3 with symptoms of pain, and then that can baseline
4 back to normal?

5 A Yes

6 Q And this could happen many, many times over her life?

7 A Yes

8 Q I want to run through the impairment ratings I've
9 got a pretty good handle of, I believe, what you did,
10 but I've just got a couple of questions

11 And again this was based on the AMA Guides Fifth
12 Edition?

13 A That's correct

14 Q Was the main reason you used range of motion, because
15 there were two different levels of the spine
16 involved?

17 A That's correct And the degenerative change was
18 present in the first study, and it was there in the
19 second study So it's the same area of the back has
20 been involved twice, and it's more than one level

21 The DRE is much more-so when you've had, in my
22 opinion, being a back surgeon, done over three
23 thousand back operations, it's much better to put in
24 an impairment rating DRE if you've had surgery and
25 correction of the problem or fusion of the problem

1 Otherwise, it just doesn't make sense, because
2 everybody does not respond the same way to
3 non-operative treatment or operative treatment, but
4 at least you've got a better handle

5 Q So you don't have any doubt that she had a specific
6 injury to the neck?

7 A That's correct

8 Q Do you have any doubt that she had a specific injury
9 also to the low back?

10 A I think it aggravated it I think it aggravated the
11 low back

12 The main thing is when she fell, she twisted,
13 and that can affect the entire spine That's my
14 opinion

15 Q And as far as we've got the result now with the range
16 of motion?

17 A Correct

18 Q We don't have anything to compare to pre-accident?

19 A No, we do not

20 Q Is there any way you can give an estimate of what her
21 impairment was before she fell down?

22 A No, sir I had to give you an impairment rating as
23 she appeared to me when she came in to me

24 Q If you were asked to hypothetically give DRE category
25 ratings to the cervical and lumbar, could you do

1 that?

2 A I couldn't do that either, before injury I'd have
3 to have seen her before and after

4 Q Okay What about in the state she presented to you
5 during the IME, could you give a DRE estimate
6 hypothetically?

7 A Well, hypothetically you could pick one out, but to
8 me it's not accurate

9 She didn't have a fusion, so that wouldn't put
10 it in 4 or 5 Didn't have a whole lot of
11 radiculopathy, so that gets out of 3 So then you're
12 already way below where her symptoms are

13 That's my opinion

14 Q So if you were forced to use the DRE categories, it
15 would probably be based on their criteria, more
16 likely in Category 2?

17 A Probably Category 2

18 Q But you don't obviously think that's appropriate in
19 this case?

20 A I do not

21 Q And you came up with --

22 A That was the last continuing medical education course
23 that I went on That was the biggest argument, went
24 on for half the day, right there, with everybody not
25 agreeing on anybody

1 Q I'm not surprised at all by that

2 So the total impairment based on the neck, let
3 me jump to that, looks like 14 percent whole person?

4 A Whole person, which equates to 18 percent impairment
5 of the cervical spine, and that's secondary to the
6 conversion

7 Q Okay Would you agree that the AMA Guides Fifth
8 Edition doesn't provide a method for converting whole
9 person impairment to the entire spine?

10 A It equals the same

11 Q Whole person --

12 A Whole person equals the whole spine Yes, yes
13 Always If you have 50 percent of whole person, it
14 equates to 50 percent of the spine, which equates to
15 total, from the old worker's compensation laws, which
16 have now changed, which was there, yeah, spine equals
17 whole person

18 Q Let me talk to you in terms of whole person for
19 cervical spine combined, 14 percent whole person, and
20 for lumbar a combined 19 percent whole person?

21 A That's correct

22 Q If you were to combine those two, would you have to
23 use the chart in the back?

24 A Yes That would be 21, let's see 19 and 14, 30
25 percent whole person

1 Q I came up with something different

2 You used page 604?

3 A Yes We've got 19 percent whole person for the
4 lumbar

5 Q So that would be the left side column?

6 A That's the left side column

7 And then 14 percent for the cervical, go across
8 the bottom, 14, come up to the two cross, it's 30
9 percent

10 Q Show me where you're at?

11 A 19 14 30

12 Q Okay I was looking at 14 up here

13 A Down here

14 Q That's why you're the doctor doing IMEs

15 All right, 30 percent whole person would be the
16 combined low back and cervical spine?

17 Q That's correct

18 There are some guidelines also when you're
19 actually doing the inclinometer?

20 A Yeah, that's a double inclinometer or single
21 inclinometer, whichever one is best in your hands

22 One inclinometer in your hand and trying to put
23 two at the same time, I prefer to do them separately,
24 and getting a position in the horizon from where
25 you're starting from

B L A N K P A G E

1 Q Did you do multiple testing?

2 A Yes Three

3 Q And as far as the straight leg raising?

4 A Supine straight-leg raising is lying down and raising
5 the leg I don't remember what I said on her, on the
6 medical

7 It didn't come into play in regards to the
8 impairment rating

9 Q I just wanted to make sure, you say on page 4, third
10 paragraph, last sentence The patient had basically
11 negative supine straight-leg raising test?

12 A That way, she did not have any evidence of
13 radiculopathy, that's what that means, nerve root
14 impingement in the low back

15 Q What about from the perspective of a validity test?

16 A Okay Validity test shows that you can have, your
17 validity test is sacral flexion angle, plus the
18 extension, in most people, has got to be something
19 like 15 degrees or whatever, within the straight leg
20 raising

21 That's what goes into the validity type test
22 So raising, her measurements, I'll have to get all
23 these out again

24 And unfortunately, when they just say that
25 they're pulling the muscles in the back, that's not a

1 straight-leg raising test Lot of people stop there,
2 say, Okay, this is a positive straight-leg raising

3 I don't remember what numbers we had in here

4 For instance, she would have had, if she'd had
5 radiculopathy that had come into play and made any
6 difference, she would have begun having symptoms at
7 17 plus 15, which would be approximately 35, 36
8 degrees of extension

9 But she didn't really come into that So in my
10 opinion she did not have, if I'd said she was
11 positive up to 40 degrees, that's where the validity
12 test falls out I said she's negative

13 Q Okay So, doctor, do you agree that she is at
14 maximum medical improvement as far as her spine is
15 concerned?

16 A As far as her injury, yes

17 MR HAYES That's all I've got Please answer
18 any questions Mr Simmons may have

19 CROSS EXAMINATION BY MR SIMMONS

20 Q Dr Bruce, do you feel that Ms McCall would benefit
21 from any type of pain management therapy or treatment
22 to her spine?

23 A Well, I think she's going to have to have ongoing
24 therapy in the future I'm not so sure if it's not
25 going to be just sustaining her rather than improving

1 her

2 I think she's at maximum medical improvement as
3 far as what she's going to get But it's not unusual
4 for her to have to have medication to continue, and
5 that comes from pain management

6 Q As part of your evaluation of Ms McCall, you did
7 take or make note of a closed-head syndrome that she
8 is suffering from Do you believe that she needs
9 continued treatment in that regard?

10 A My opinion was, she needed to have further
11 examination If it fell within the category of the
12 worker's comp at this point in time, or even if it
13 doesn't, so find out what the clicking is, and also
14 to see, make sure we don't have something developing
15 like Parkinsonism, which of course we don't know what
16 causes that

17 Q When you were discussing the impairment ratings with
18 Mr Hayes just a few minutes ago, you stated that the
19 combined impairment was 30 percent, is that correct?

20 A Whole person

21 Q Whole person?

22 A Or whole spine

23 Q That was going to be my question, would that then
24 correspond to a 30 percent impairment to the whole
25 spine?

1 A Yes

2 Q Are all of the opinions that you have rendered in
3 your report and also today, rendered to a reasonable
4 degree of medical certainty?

5 A They are, sir

6 MR SIMMONS I have no further questions

7 Thank you

8 MR HAYES I don't have anything further

9 (The deposition of Dr George R Bruce
10 ceased at 4 45 p m this date)
11
12
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PATIENT HISTORY

Date of Birth 10-27-51 Social Security Number
Last Name McCall First Name Diana MI L
Address Apt #
City ST SC Zip
Phone (H) (W) (Cell)
Spouse's Name Joseph McCall
Your Occupation Valenite Fur Operator Employer Valenite
Employer Address 2424 Sandifer Boulevard
Insurance Company Allied Policy Number
Have you ever been to another doctor for this problem? Y (N) Who?
Who referred you to this office? friend

DEFENDANT S
EXHIBIT

2/11/09

WHAT BRINGS YOU TO OUR OFFICE?

FIRST COMPLAINT

- Date when symptom first appeared 3 days
 Did it begin Gradual Sudden Progressive over time
 What makes the symptoms increase? Heavy lifting
 What relieves the symptoms? medication
 Type of Pain Sharp Dull Ache Burn Phrob
 Does the Pain Radiate into your Arm Leg back Does not radiate
 Do you experience Numbness or Tingling? Y N
 How often do you experience these symptoms?
100% 75% 50% 25% 10%
 PAIN INTENSITY Please put line on the scale describing the intensity of your pain

No Pun

Unbearable Pain

OTHER COMPLAINTS:

- 7 Date when symptom first appeared _____
 8 Did it begin _____ Gradual _____ Sudden _____ Progressive over time
 9 What makes the symptoms increase? _____
 10 What relieves the symptoms? _____
 11 Type of Pain _____ Sharp _____ Dull _____ Ache _____ Burn _____ Throb
 12 Does the Pain Radiate into your _____ Arm _____ Leg _____ Does not radiate
 13 Do you experience Numbness or Tingling? _____ Y _____ N
 14 How often do you experience these symptoms?
 _____ 100% _____ 75% _____ 50% _____ 25% _____ 10%
 15 PAIN INTENSITY Please put line on the scale describing the intensity of your pain

No Pain

Unbearable Pain

PATIENT SIGNATURE

DAIE

10-3-05. Tent, A.M. ✓ + touch

Arda for several days

200 Hecet or egg Lott

no Tent in feeding

8D > L

8D > L

5D >

head - L

6/19/07 2 months ago fell at work, landing on bottom + then head bounced off floor.

3 days later had Ht's + went to MD, they x-rays + gave @ pills. She still has dull Ht's neck very tight

↓ ROM ^{cervical} Ht's + rotation
" " lat flexion
↓ flexion

CC Bilat neck @ w/ Ht's

Tx mass, head, T10, T7, T5, T1, C5, C1, collar

DISABILITY CERTIFICATE

FINLEY CHIROPRACTIC CLINIC

209 Windsor St

Westminster SC 29693

Telephone (864) 647 9565

Drs H E Laura and Rhonda Finley

Date 10-11-07

This is to certify that

Donna McCall

has been under my professional care and was

☐ Totally Incapacitated

☐ Partially Incapacitated

from

to

Remarks

MS McCall was seen in our
office on 10-19-2007 due to work
related injury

Dr Rhonda L Finley

13101 - M A P 1-800-328-1179

POSITION SUMMARY

Job Title VUSC09 - Furnace Operator
Valenite Inc - South Carolina Operations

Job Family Machinist/Equipment Controller

EEO Category 006 (Craft)

Job Summary (Using a few paragraphs list the major tasks, roles, accountabilities, and programs assigned to this position)

Sintering Furnaces

Operate sintering furnaces using computerized control systems. This includes monitoring use of hydrogen, nitrogen, and argon, carbon monoxide gases. Monitoring water temperatures and furnace jacket temperatures and make necessary adjustments. Keep record of every furnace run.

- ❖ Assemble sinter furnace heat as scheduled
- Load and unload sinter run using hand lift truck
- Perform required maintenance on furnace. Drain wax traps, de-wax furnace by wiping down walls of chamber. Inspect door o-ring, insulation including felt and graphite boards. Inspect power ports and heat box supports
- Perform manual breakdown of sinter heats which includes flipping about 120 trays per shift. Clean graphite trays and spray coat the trays for re-use.
- Operate automated breakdown system

Coating Furnaces

- Operate coating furnaces using computerized control systems. This may include changing process parameters (such as gas flows), documenting the furnace run and monitoring process variables
- ❖ Troubleshoot and resolve, where possible, process problems. Perform coating recipe program changes as instructed by engineering or management
- ❖ Load and unload furnaces
- ❖ Perform and/or assist in performing routine and unscheduled furnace and support equipment maintenance. This may include changing mass flow controllers, repair or replacement of furnace heaters, replacement of furnace insulation, changing raw materials (such as cylinder gases and liquids) and changing thermocouples
- ❖ Document and track furnace maintenance
- ❖ Perform and/or assist, as directed, in the following processes:
 - set up of tools for coating
 - breakdown of coated tools
 - preliminary quality checks of coated product
 - receipt, packaging, and shipment of product from/to plants
- ❖ Complete operational checklists and inventories
- ❖ Notify appropriate personnel of process, product quality, and equipment issues

Job Summary *(continued)*

Sintering and Coating Furnaces

- ❖ Provide peripheral operations related to sintering and coating as required
- ❖ Perform each phase of the operation in full compliance with all company state and/or federal safety and environmental regulations
- ❖ Perform and assume full responsibility for work and service to assure it fully meets the internal and external customer requirements and expectations
- ❖ Notify designated personnel of any irregularities in materials, process or equipment
- ❖ Maintain orderliness and cleanliness of assigned area(s) and observe company policies at all times

Equipment Used Sintering/Coating furnace (CNC) and associated controls, devices chemicals and atmospheres waste treatment equipment, sinter unloader robot, spray coat equipment ball polish hand truck power lift hand truck(as required) fork truck (as required) cleaning equipment small hand tools maintenance tools and equipment respirator pack protective clothing control charts inventory board clerical supplies, data terminal (as required) DataMyte induction measuring system coercimeter magnetic saturation tester microderm safety equipment as required

Education required

- ❖ Minimum of high school diploma or GED preferred
- ❖ The ability to read comprehend write and perform mathematics involving fractions decimals multiplication division etc to the level necessary to perform the job
- ❖ Fully qualified furnace operator will have a minimum of 1 to 2 years experience

Licenses required

N/A

Competencies (Specify this job's requirements in fulfilling each of the values listed below Add a note onto any of the values not required by the job)

Leadership (Meaning proactively taking action based on one's own sense of what is needed to achieve objectives fostering development of a common vision and influencing organization values and goals)

- ❖ Offers assistance and support to other employees
- ❖ Impacts day-to-day operations
- ❖ Proactively takes action to achieve objectives
- ❖ May be assigned to train and coach other operation employees

Customer Focus (Approaching each activity as if the business depends on satisfying the customer Always looking for and doing everything possible to respond to customer needs Dealing openly and constructively with area of improvement in service delivery)

- ❖ Services and supports customers' (internal/external) day-to-day requests
- ❖ Meets customer needs by conveying an understanding of factual information

Scope of Responsibility (Amount of freedom exercised to complete work activities, pursue projects, or challenge/complexity of the job's responsibilities)

- ❖ Ability to perform the operator/set-up tasks of this position with minimal supervision and/or technical assistance
- ❖ Completes work responsibilities under standardized procedures
- ❖ Seeks advice on matters not covered by general policy. Notify designated personnel of any irregularities in materials/process or equipment
- ❖ Unless medically not approved, incumbent may be required to be a member of the the Emergency Response Team and be certified as a Powered Industrial Truck Operator

Knowledge (The requirements of understanding processes, operation, concepts, facts or theories)

- ❖ Ability to understand and work with product prints and specifications (knowledge of procedures/operations)
- ❖ Ability to perform a variety of activities
- ❖ Ability to gather, organize, verify, compose, and/or analyze data in the completion of several defined, multi-step processes
- ❖ Understands departmental and company policies/procedures
- ❖ Position requires incumbent to perform as follows:
10% on CNC programming, 40% on heat-treat, 10% as furnace tender, 20% as chemical preparer, and 20% on maintenance activities
- ❖ Ability to understand and work with and maintain multiple types of furnace systems

Teamwork (Willingly cooperating with others and placing shared goals before narrower interests. Being receptive and responsive to others' ideas and opinions. Being personally effective as a team member)

- ❖ Develops professional and pleasant working relationships
- ❖ Takes responsibility for own work, which, in turn, helps the team achieve goals
- ❖ Works as an active member of the team

Continuous Improvement (Sustaining a focus on ways to enhance business processes, products, and services. Looking for ways to go beyond the customary or adequate approach. Actively promoting the sharing of ideas and best practices throughout the year)

- ❖ Shares ideas within work group on how to improve operational processes
- ❖ Completes tasks within quality standards
- ❖ May occasionally educate work group on standards for measuring quality as it pertains to work processes

Employee Growth (Pursuing assignments, activities, and educational opportunities, which build one's capabilities. Seeking and being open to feedback from all sources. Incorporating the insight gained from experience into one's approach to future situations for enhanced performance)

- ❖ Take advantage of training relevant to job
- ❖ Demonstrates understanding of how job and department contribute to success of company
- ❖ Offers suggestions and ideas
- ❖ Takes initiative to ask questions and seek out information needed to do a good job

**ONLY REQUIRED FOR POSITIONS PERTAINING TO IMPLEMENTATION,
INTEGRATION, DIRECTION OR STRATEGY CAREER BANDS**

Scope (If applied provide information to each of the following items if the job is shared by more than one incumbent make sure that the numbers/values informed apply to each incumbent)

Number of employees supervised

N/A

- 1 Dollar Value that the incumbent is directly responsible for** (for example if the position is Sales Manager list the sales goal for the year if the job is Controller for a Division list the Divisions sales capital and financial data for the year if the job is Production Manager list the production output for the year if the position is Sales Engineer list the yearly sales quota the incumbent is responsible for etc)

N/A

- 2 Hierarchy** (list the positions that fall in between your position and the Group Vice President or Vice President)

N/A

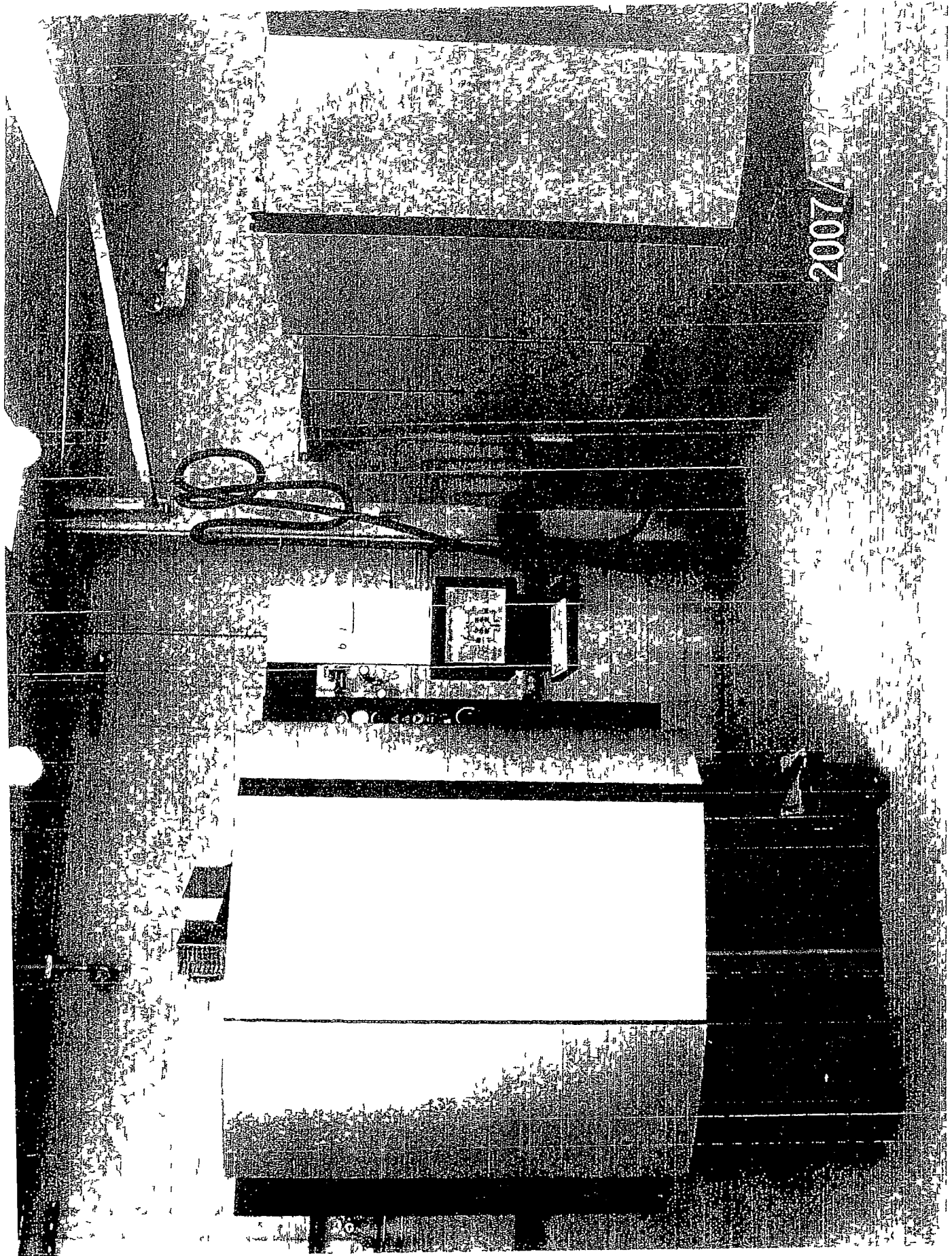
Prepared
By

5/17/99
Wanda Jones
Human Resources Adm
SC Operations

Approved by

Ed Santimaw Gen Manager Date
SC Operations

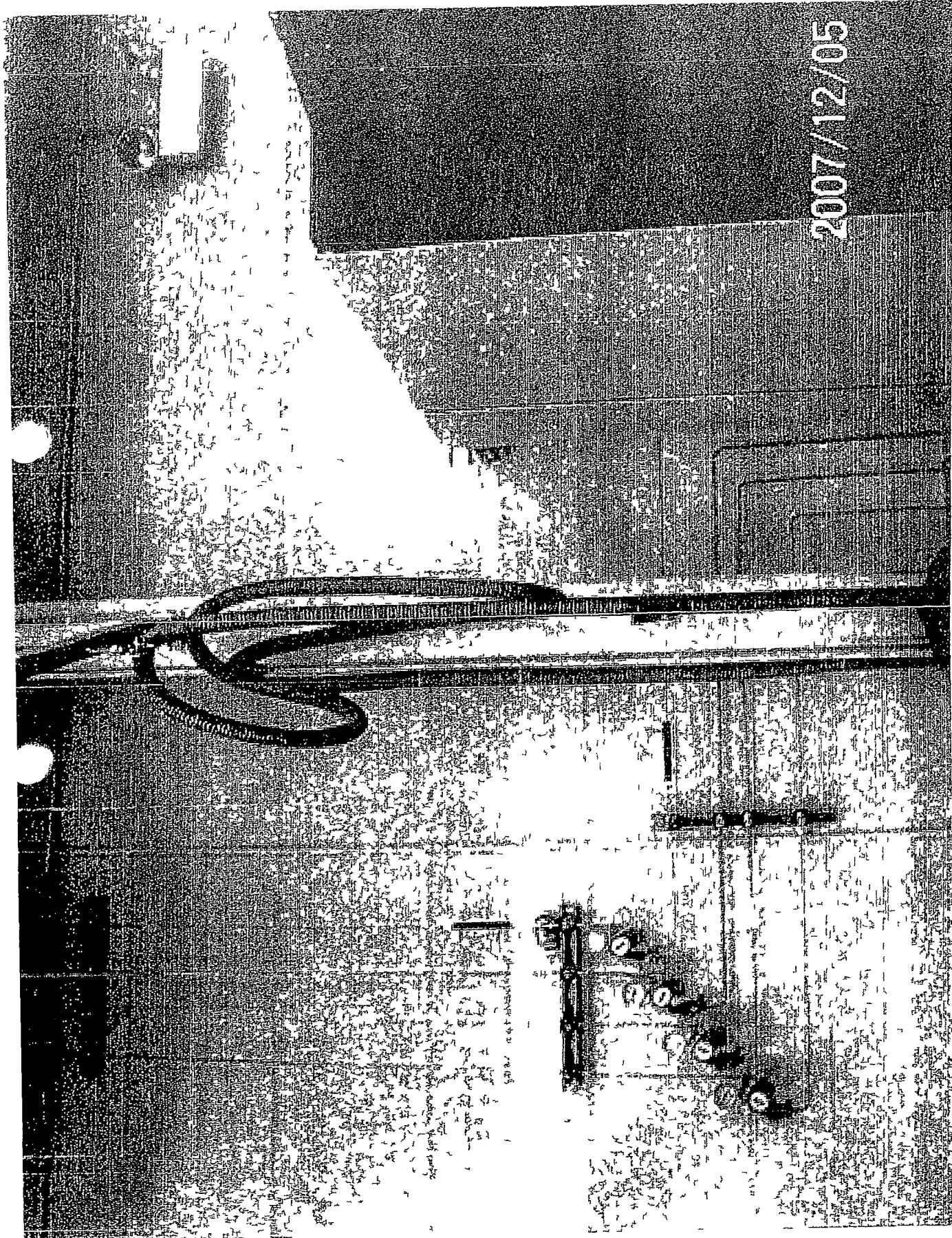
Christine McDermott Date
Human Resources Director
Valenite Inc



2007/12/27

639

2007/12/05



2007/12/05

Workers' Compensation File

LARRY C BRANDT P A
ATTORNEY AT LAW
3601 BLUE RIDGE BOULEVARD
WALHALLA SOUTH CAROLINA 29691
(864) 638 5406

LARRY C BRANDT
M TODD SIMMONS

FACSIMILE (864) 638 7873
e mail lbrandt@mindpring.com
e mail t.simmons@earthlink.net

MAILING ADDRESS
P O Box 738
WALHALLA SOUTH CAROLINA 29691

TO Ms Angela Spikes
Accenture HR Services
Fax No (210) 579 6927

Ms Wanda Jones
HR Services at Sandvik/Valenite
(864) 647 5854

Ms Diane Dieska
Sandvik / Valenite
(864) 647-5854

FROM M Todd Simmons
Attorney for Donna L McCall

SUBJECT Donna L McCall – Denied Workers Compensation Claim

DATE December 7 2007

PAGES 2 pages

Ladies

Attached is a work release statement from David S Rogers M D stating Ms McCall is currently under medical leave and is excused to be out of work until her next appointment in one month

M Todd Simmons

cc Mr Grady L Beard (Attorney for Employer/Carrier)
Sowell & Gray
Fax No (803) 929 0300

to
Angela 11-30 0
Spitzer

DAVID S. ROGERS, M.D.
NEUROLOGY
115 BRUSHY CREEK ROAD
EASLEY, SC 29641
(864) 855 1633 DEA # BR 6204109
NAME DORNA L McCall AGE _____
ADDRESS _____ DATE 11/29/07
Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

MS McCall will remain
ON medical leave
at least until next
appointment in one month

Refill _____ times

☐ Label

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

3JNE0201651



<angela.spikes@accenture.com>
12/05/2007 10:46 AM

To: <diana.dieska@sandvik.com>

cc

bcc

Subject: Donna McCall Note

Hi Diana

See attached. This is the most current note that I received from Donna McCall.

Angela Spikes
Absence Management
Tel: 210-699-2653
Fax: 210-579-6927

-----Original Message-----

From: eFax Corporate [mailto:message@inbound.efax.com]
Sent: Friday, November 30, 2007 11:19 AM
To: Spikes, Angela; Columbus, Darryl; Hernandez, Debra A
Subject: Corporate eFax from 18648884358 - 1 page(s)

You have received a 1 page fax at 2007-11-30 17:19:13 GMT

* The reference number for this fax is
dall_did13-1196443109-2105796927-8

Please visit <https://www.efaxcorporate.com/corp/twa/page/customerSupport>
if you have any questions regarding this message or your service. You
may also e-mail our corporate support department at
corporatesupport@mail.efax.com

Thank you for using the eFax Corporate service!

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proprietary, or otherwise private information. If you have received it in
error, please notify the sender immediately and delete the original. Any
other use of the email by you is prohibited.



5046118.tif

Angela 11-30-07
Spikes

(884) 855 1633

DEA # BR 6204108

NAME Doreen L. McCall AGE 41
ADDRESS 11111 1st St. N. Minneapolis, MN 55412 DATE 11/29/88
R# 11111 ILLEGAL IF NOT SAFETY BLUE BACKGROUND

RE ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

MS McCall will answer
on medical leave
at least until next
appointment in one month

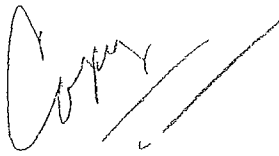
Repl _____ times

☐ Label

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

3JNE0201651



*Attachment to Subpoena to Human Resource Manager,
Sandvik / Valenite, Inc. dated November 30, 2007*

Employee Donna L. McCall
Employer Sandvik / Valenite, Inc
Employee SSN
Date of Injury 06/29/06
WCC File No 0627287

YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession custody or control at the place date and time specified on the attached Subpoena

- a A copy of Employee/Employer Handbook and/or Employment Policies,
- ~~b~~ Any and all copies of long term and short term disability policies
- ~~c~~ Any and all copies of life accidental death, dismemberment and dependent life insurance policies
- ~~d~~ Any and all payroll records or other documents in your possession showing the total wages paid to Donna L. McCall as reported to the employment security commission on the employer quarterly contribution and wage reports during the 1st and 2nd quarter of 2006 and the 2nd 3rd and 4th quarters of 2005 Please include any reports showing the total number of weeks worked during each of the above-referenced quarters along with the gross wages paid to Ms. McCall during each pay period in each of the above-referenced quarters,
- DPD (e) A detailed summary of Ms. McCall's job description at the time she was injured
- DPD (f) A copy of any reported accidents/injuries and/or safety violation reports which involved Ms. McCall,
- g A copy of any employee disciplinary reports involving Ms. Donna L. McCall
- h A copy of Ms. McCall's entire employee file,
- DPH (i) A photograph of the furnace machine and the floor area around the furnace machine where Ms. McCall's injury occurred

* If the requested documents are produced, via U S First Class Mail or hand delivered to the Law Office of Larry C. Brandt, P A prior to the specified date, you will not be required to personally appear with documents. If the documents are mailed, you must mail them to PO Box 738, Walhalla, SC 29691

LARRY C BRANDT, P A
ATTORNEY AT LAW
3491 BLUE RIDGE BOULEVARD
WALHALLA SOUTH CAROLINA 29681
(864) 638 5406

FACSIMILE (864) 638 7273
e mail lcbrandt@mindspring.com
e mail t-simmons@earthlink.net

MAILING ADDRESS
P O Box 738
WALHALLA SOUTH CAROLINA 29681

LARRY C BRANDT
M TODD SIMMONS

TO Ms Wanda Jones
Sandvik / Valenite Inc
Fax No (864) 647-5854

FROM M Todd Simmons
Attorney for Donna L McCall

SUBJECT Donna L McCall - Denied Workers' Compensation Claim

DATE November 30 2007

PAGES 4 pages

Wanda

Attached is the subpoena which you discussed with Dawn earlier. If you have any questions please let me know.

LARRY C BRANDT, P A
ATTORNEY AT LAW
3691 BLUE RIDGE BOULEVARD
WALHALLA SOUTH CAROLINA 29691
(864) 638 5406
FACSIMILE (864) 638 7873
e mail lcbrandt@mindpring.com
e mail tsimmons@earthlink.net

LARRY C BRANDT
M TODD SIMMONS

MAILING ADDRESS
P O Box 738
WALHALLA SOUTH CAROLINA 29691

November 30 2007

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

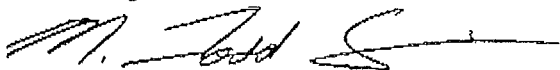
Sandvik / Valenite Inc
ATTN WANDA JONES – HUMAN RESOURCE MANAGER
2424 Sandifer Boulevard
Westminster South Carolina 29693

Re Employee Donna L McCall
Employee s SSN
Employee s DOB 10/27/51
Date of Injury or Disability 06/29/06

Dea Wanda

This is to advise you that I have been retained to represent Ms Donna L McCall for injuries which she sustained during the course and scope of her employment with Sandvik / Valenite Inc on June 29 2006 Enclosed please find a Subpoena for you to produce certain requested documents no later than December 15, 2007 at 4 00 P M together with my Certificate of Service which are herewith served upon you by mail

With kindest regards



M Todd Simmons
Larry C Brandt P A
Attorney for Employee/Claimant

MTS/dnw
Enclosures
cc Ms Diana Dieska
Sandvik / Valenite Inc

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803)737-5700

WC File # 062737
Carrier File # 51C593019
Carrier Code #
Employer FEIN

Dorina L. McCall				Sandvik / Valenite			
Claimant's Name				Employer's Name			
Address				Address			
City				City			
State				State			
Zip				Zip			
Home Phone #				Sentry Insurance			
Work Phone #				Insurance Carrier			
M. Todd Simmons, Larry C. Brandt, P.A. Attorney for Claimant (864) 638 5406							
Preparer's Name				Phone #			

TO: Wanda Jones, HR Manager, Sandvik/Valenite Inc, 2424 Sandifer Blvd, Westminster SC 29693

☐ YOU ARE COMMANDED to appear before the above named Commission at the place, date and time specified below to testify in the above case

PLACE OF TESTIMONY _____ ROOM _____
DATE AND TIME _____

☐ YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION _____ DATE AND TIME _____

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects)

PLACE _____ DATE AND TIME _____
Larry C. Brandt, P.A. 3691 Blue Ridge Blvd, Walhalla SC 29691 12/15/07 4:00 PM
(See attachment)

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below

PREMISES: _____ DATE AND TIME _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.



Attorney for Claimant
ISSUING OFFICER'S SIGNATURE AND TITLE

(864) 638-5406 11/30/2007
PHONE # DATE

Serve this form according to R.67-21213. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803/737-5675)

WCC FORM # 27 REV DATE 3/96

27

SUBPOENA

LARRY C BRANDT P A
ATTORNEY AT LAW
3691 BLUE RIDGE BOULEVARD
WALHALLA SOUTH CAROLINA 29691
(864) 638 5406

COPY

LARRY C BRANDT
M TODD SIMMONS

FACSIMILE (864) 638 7873
e mail lcbrandt@mindpring.com
e mail tsimmons@earthlink.net

MAILING ADDRESS
P O Box 738
WALHALLA SOUTH CAROLINA 29691

November 16 2007

Certified Mail, Return Receipt Requested

Mr Herman B Lightsey Jr
South Carolina Workers Compensation Commission
Post Office Box 1715
Columbia South Carolina 29202 1715

Re Donna L McCall vs Sandvik / Valenite
Date of Injuries 06/29/06
W C C File No 0627287

Dear Mr Lightsey

This letter is to formally advise you that I have been retained to represent Ms Donna L McCall for injuries which she sustained during the course and scope of her employment on June 29 2006 I hereby request that any and all future correspondence regarding this matter be sent directly to me Enclosed is a **Form 50 (Employee's Notice of Claim and/or Request for Hearing)** and my Certificate of Service to be filed in the above referenced matter Please return the filed copies to me in the self addressed stamped envelope which I have provided

I trust you will find everything in order however if you have any questions or need additional information please advise

With kindest regards



M Todd Simmons
Larry C Brandt P A
Attorney for Claimant

MTS/dnw

Enclosures

cc Mr George Hoang
Senary Insurance
PO Box 26363
Richmond VA 23260 6363

Ms Diana Dieska
Sandvik / Valenite
2424 Sandifer Blvd
Westminster SC 29693

Attachment to Claimant's WCC Form 50

1a Part of body in Each neck shoulders head arms and right ankle

1b Description of accident While on stool cleaning parts coating furnace with vaccum Claimant stepped backwards off of stool and stepped on vaccu n hose causing her right ankle to twist which caused Claimant to fall backwards onto concrete floor hitting her head back and right elbow

6b (See 1a)

11b List of Medical Providers

Henry Rameriz P A	Ocoree Famil, Practice P A	12010 N Ramo Station Rd Seneca SC 29678	864 882 7225
Jeff Hummel P T	Hummel Physical Therapy	135 E Eagles Nest Park Seneca SC 29678	864 882 7965
Jeff Shramck M D	Seneca Diagnostic Imaging	111 Carter Park Drive Seneca SC 29678	864 882 4565
Charles C Kanos M D	S E Neurosurgical & Spine	890 W Falls Rd Suite 220 Greenville SC 29605	864 455 8570
Rhonda L Finley	Finley Chiropractic Clinic	209 Windsor St Westminster SC 29693	864-647 9565
Jay Patel M D	Pain Management Associates	115 Brushy Creek Rd Easley SC 29642	864-855 1633

BEFORE THE
SOUTH CAROLINA WORKERS COMPENSATION COMMISSION
V C C FILE NO 0627287

Donna L McCall)
)
Claimant)
)
vs)
)
Sandvik / Valenite)
)
)
Employer)
)
Sentry Insurance)
)
Carrier)
_____)

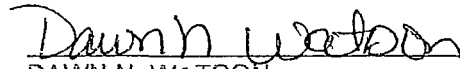
CERTIFICATE OF SERVICE

PERSONALLY APPEARED before me DAWN N WATSON who first being duly sworn says that she is a Secretary with the LAW FIRM OF LARRY C BRANDT, P A that on the 16th day of November, 2007 she did serve a true copy of the within CLAIMANT'S FORM 50 (EMPLOYEE'S NOTICE OF CLAIM AND/OR REQUEST FOR HEARING) by sending same to the Employer/Carrier's attorney through U S Postal Service via Certified Mail Return Receipt Requested with the appropriate amount or postage thereon to insure delivery of the said pleading and by sending same to the following addresses

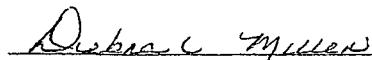
Mr George Hoang
Sentry Insurance
PO Box 26363
Richmond, VA 23260-6363

and

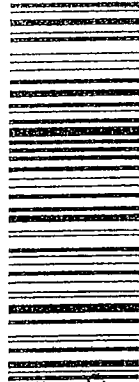
ms Diana Dieska
Sandvik / Valenite
2424 Sandifer Blvd
Westminster, SC 29693


DAWN N WATSON

SWORN TO BEFORE ME THIS
16TH DAY OF NOVEMBER 2007


NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES 9-17-2011

LARRY C BRANDT PA
ATTORNEY AT LAW
PO BOX 738
WALHALLA SC 29691



7034 2690 0003 5273 0680

GREENVILLE SC 29601
NOV 2007

1730 US POSTAGE
2950 \$05 210 NOV 16 2007
9196 MAILED FROM ZIP CODE 29691

Ms Diana Dieska
Sandvik / Valente
2424 Sandifer Blvd
Westminster SC 29693

PERMANENT REQUESTED

Sun Life Assurance Company of Canada

Short Term Disability Occupation Information

COPY



Wanda Jones
provided copy to WC Ad
11/2/07

To be completed by the employee's supervisor. In addition, you may wish to attach a copy of the employee's formal job description. See Section 2 below. Please print clearly.

1 Employer and Employee Information

Return to
Sun Life Assurance
Company of Canada
One Sun Life Executive
Park SC 3212
Wellesley Hills MA 02481
Fax: (781) 304 5599

Employer's Name VALENTE (SANDUK)	Group Policy Number	Subdivision	Class
Employee's Name (first, middle initial, last) ☐ Male ☒ Female DONNA McCALL	Social Security Number	Date of Birth (m/d/y) 10/27/51	
Employee's Street Address	City	State	Zip Code

2 Occupation Information

Please give detailed description of job duties including the physical demands or submit employee's formal job description.

Employee's Job Title FURNACE OPERATOR
Detailed Description of Job Duties (or attach a formal Job Description) Attached (e-mail)
Required Education and Training Furnace Operator Training

3 Physical Aspects of the Occupation

A In a typical work day, give the number of hours the employee spends in each of these positions and if employee may alternate positions.

Position	Total Number of Hours	At Will	May Alternate Positions 15 30 Minutes	Hourly	Never
Sitting	4	☒	☐	☐	☐
Standing	2	☒	☐	☐	☐
Walking	2	☒	☐	☐	☐
Driving	0	☐	☐	☐	☐

B In a typical work day, the employee must:

	Occasionally (1/4 - 2 1/2 hours)	Frequently (2 1/2 - 5 1/2 hours)	Continuously (5 1/2 - 8 hours)	Never
Bend/Stoop	☒	☐	☐	☐
Climb	☒	☐	☐	☐
Reach Above Shoulder Level	☒	☐	☐	☐
Kneel	☐	☐	☐	☒
Balance	☐	☐	☐	☒
Push/Pull	☐	☒	☐	☐
Crawl/Crouch	☐	☐	☐	☒
Lift <u>5</u> lbs	☒	☐	☐	☐
Carry <u>2-3</u> lbs	☒	☐	☐	☐

5 Physical Aspects of the Occupation (continued)

- C Does the employee use feet for repetitive movements as in operating foot controls?
 Right foot ☐ Yes ☒ No Left foot ☐ Yes ☒ No Both feet ☐ Yes ☒ No
- D Does the employee use hands for repetitive movements as in operating hand controls?
 Right hand ☒ Yes ☐ No Left hand ☒ Yes ☐ No Both hands ☒ Yes ☐ No

What are the major tasks requiring use of one or both hands? **One Hand** **Both Hands**

Set up - changing and de-changing		X
-----------------------------------	--	---

Check all that apply

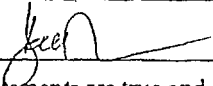
- E Which of the following describes the employee's working environment?
- ☐ Working at heights ☐ Exposure to dust, fumes and gases
☐ Operating heavy machinery ☐ Precise manual dexterity
☐ Changes in temperature or humidity ☒ Other hazards (specify)

Occasional dust coming up from furnace during cleaning Dust mask is provided and used
--

4 Stress Aspects of the Job

- A. Does employee have to answer customer complaints? ☐ Yes ☒ No
- B. Is employee primarily evaluated on production? ☒ Yes ☐ No
- C. Is employee routinely subject to close supervision? ☒ Yes ☐ No
- D. Does employee work closely with his/her co-workers? ☒ Yes ☐ No
- E. Is employee responsible for the overall performance of his/her particular department? ☐ Yes ☒ No
- F. Number of people this employee supervises 0

5 Signature

Name of Person Completing this Section ARUN PATTANAIK		Title MANAGER
Telephone Number 864-886 7630	E mail Address ARUN.PATTANAIK@SANDVIK.COM	
Signature X 	Date (m/d/y) 11/2/07	

The above statements are true and complete to the best of my knowledge and belief

6 Online Claim Status

Don't forget, you can check the status of your employees' disability claims by logging onto CustomerLink at <https://customerlink.sunlife.usa.com> and selecting Claims. See a summary of all claims or drill down for detailed information on benefit payments. For more information about CustomerLink, contact your Sun Life Financial Account Manager or call our Customer Service Center at 1-800-247-6875.

SECTION A TO BE FILLED OUT BY SUPERVISOR

Employee Name Donna McCall Clock # _____ Bldg S59 Shift 1
 Occupation Furnace Operator Date of Accident 6/29/06 Time of Accident _____
 Referred to (Hospital/Clinic) _____
 Address _____
 Street _____ City _____ State _____ Zip Code _____
 Phone () _____
 Accident History Patient states that while at work Continues to have pain + pressure in back of head, blurred vision, trouble taking medication

SECTION B TO BE FILLED OUT BY SUPERVISOR AND EMPLOYEE

Authorization to ☐ EVAL ☒ EVAL and TREAT
 Supervisor's Name Arun Pattanayak Phone No 886-7630 Date 7/20/07
Consent to Treat and Release Information
 I authorize any physician or medical facility where I am evaluated or treated to divulge to Sandvik or Sentry Insurance all information concerning my medical condition. A photocopy shall be as valid as the original.
 Employee's Signature Donna McCall Date 7-24-07

SECTION C TO BE FILLED OUT BY ATTENDING PHYSICIAN

Date of First Exam 7/24/07 Date of Follow up Exam(s) Twice
 Provisional Diagnosis Cervical / Lumbar strain
 Treatment Uthman / Relufo / Skelaxon / Medrol Dosepak
 X Ray of _____ Neg _____ Pos _____
 Medication and Dosage _____
 Recommended Referral _____ Date _____
 SANDVIK MAKES EVERY EFFORT TO RETURN EMPLOYEES TO WORK AS SOON AS THEY ARE ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THEIR JOB. PLEASE PROVIDE DETAILED FUNCTIONAL ABILITY INFORMATION.
☐ 1 Patient may return to work without limitation on 7/24/07
☐ 2 Patient may return to work with the following limitation(s) on _____
 Hours per day ☐ No limitations ☐ 8 hours ☐ Other _____
 Lifting ☐ No limitations ☐ 40 pounds ☐ Other _____
 Movement ☐ No limitations ☐ No repetitive stooping/bending
☐ No pushing/pulling > _____ lbs
☐ No over the shoulder work
☐ No repetitive use of _____
☐ Other _____
 Patient may resume normal duties on _____ or will be re-evaluated on _____
☐ 3 Patient is unable to perform activities of daily living and will be re-evaluated on _____
 Physician's Signature [Signature] Specialty _____ Date 7/24/07

Clinic MUST fax this completed form to Sandvik before the patient leaves the clinic: Diana Dieska Sandvik Inc FAX Number 1-864-886-7383 2424 Sandifer Blvd Westminster SC 29693 Telephone 1 864 886-7328	The itemized bill for services must be submitted to: Sentry Claims Service P O Box 8032 Stevens Point WI 54481 Phone 800 739 3344 Fax 715 346 6377
--	--

WORK STATUS

Patient Name Donna McCall

Date 10/1/07

Patient will be off work for approximately _____

Patient can return to full duty on _____

Patient can return to modified work on _____

Modified work is as follows

- ☒ Lifting limited to 10 lbs
- ☐ Lifting limited above waist _____ lbs
- ☐ Lifting limited above shoulders _____ lbs
- ☒ Repetitive bending/stooping ☒ None ☐ Occasional
- ☒ Repetitive pushing/pulling ☒ None ☐ Occasional
- ☒ Kneeling/crouching ☒ None ☐ Occasional
- ☐ Right / Left arm lifting limit _____ lbs
- ☐ Limited Walking / Standing
- ☒ Alternate sitting / standing / walking as needed by patient
- ☐ No overhead work
- ☐ Sitting work only
- ☐ Work limited by splint
- ☐ No / Minimal use of Right / Left hand
- ☐ No driving of company vehicles
- ☐ Use of splint ☐ At home ☐ At work
- ☐ Graded return to work

*IF THERE IS NO LIGHT DUTY AVAILABLE EMPLOYEE IS OFF WORK UNTIL
RECHECK APPOINTMENT *

Jay S Patel
Doctor Signature

2/07

Donna 888-4358

22am called in - Told her no work available

I had epidural injection (1)

5 Nerve Test Dr Patel

was to call to see if

Sentry Insurance
1025 Boulders Parkway
P O Box 26363
Richmond VA 23260 6363

George Hoang ALU
Claims Service Center
Workers Compensation Unit
george.hoang@sentry.com

804 323-4618
800 338 2487 x4618
804 323-4860 Fax



September 26 2007

VIA CERTIFIED MAIL

Donna McCall

RE Our File 51C593019
WCC File 0627287
Date of Injury 06/29/2006

Dear Ms McCall

The workers compensation claim filed on your behalf by Sandvik for an alleged injury that occurred June 29th 2006 has been denied

According to the medical records in your file you were diagnosed with cervical and lumbar strain and received medical treatment for it in August of 2006 You did not return for any additional physical therapy or to see a doctor until July 24th 2007 Due to the extended lapse in your initial treatment any additional medical care you receive will not be covered under this workers compensation claim

Diagnostic testing indicates that you have severe degenerative disc disease in your cervical spine There was also no evidence of any acute cervical disc herniations We believe that your current pain symptoms are due to degenerative changes in your spine and not related to the alleged incident on June 29th 2006

Feel free to contact me with any questions you may have You may also review your rights under the South Carolina Workers Compensation Act with the SC Workers Compensation Commission by phoning 803-737-5700 or by visiting the Commission's web site Your employer is aware of the status of this claim

Sincerely

George Hoang

Sentry Insurance a Mutual Company

Cc Diana Dieska

Members of the Sentry Insurance Group
SENTRY INSURANCE A MUTUAL COMPANY
SENTRY LIFE INSURANCE COMPANY
SENTRY LIFE INSURANCE COMPANY OF NEW YORK
SENTRY SELECT INSURANCE COMPANY
SENTRY CASUALTY COMPANY

SENTRY LLOYDS OF TEXAS
DAIRYLAND INSURANCE COMPANY
DAIRYLAND COUNTY MUTUAL INSURANCE COMPANY OF TEXAS
MIDDLESEX INSURANCE COMPANY
PARKER SERVICES LLC

PATRIOT GENERAL INSURANCE COMPANY
PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION
VIKING COUNTY MUTUAL INSURANCE COMPANY
VIKING INSURANCE COMPANY OF WISCONSIN

25-10094(RICHMOND)

C:\Documents and Settings\1072469\My Documents\NC D n l l t do
\\RJ-ass02\1\mpl\1\claim\1\1\zard.wz

082206

Donna McCall
P O Box 1715 1612 Marion Street
Columbia South Carolina 29202-1715
(803) 737 5700

Carrier Title # 51C593019
Carrier Code #
Employer FEIN

Donna McCall
Claimant's Name SSN

Sandvik
Employer's Name

Address City State Zip

2424 Sandifer Blvd Westminister SC 29693
Address City State Zip

Home Phone # Work Phone #

Sentry Insurance
Insurance Carrier

George Hoang (804) 323-4618
Preparer's Name Phone #

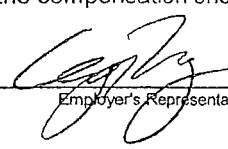
Compensation Paid	Number of Weeks	From	To	Amount
1 Number of weeks T T				\$
2 Number of weeks T P				\$
3 Number of weeks P P				\$
4 Disfigurement				\$
5 Agreement and Final Release				\$
Total Compensation Paid				\$ 0 00
6 Total Medical Benefits* Paid				\$ 1707 59
7 Funeral Benefits				\$

☒ Case Denied

Date of Injury 06/29/2006
month day year

By signing this receipt I acknowledge that I have received the compensation shown above

Claimant

By 
Employer's Representative

Date 7/26/07

Print or type the name of the person other than the claimant receiving benefits and sign below

By

Report of additional Fees and Recoupment

- A Carrier Reimbursement by Third Party \$
- B Attorney's Fee Paid by Employer \$
- C Attorney's Fee Paid by Claimant \$
(Non contingent fees only)

File this form with the Claims Department according to R 67-414 and R 67-1204. A person other than the claimant receiving benefits should sign on the line provided. *Do not include as medical costs fees paid for expert testimony fees for determining carrier's liability costs of autopsy birth and death certificates and impartial examination. Form 19 must be filed within sixteen days of final payment of compensation. Form 19 must be filed when a claim is denied.

19

STATUS REPORT AND COMPENSATION RECEIPT

WORK STATUS

Patient Name Donna McCull

Date 9/19/09

Patient will be off work for approximately _____

Patient can return to full duty on _____

Patient can return to modified work on _____

Modified work is as follows

- ☒ Lifting limited to 10 lbs
- ☐ Lifting limited above waist _____ lbs
- ☐ Lifting limited above shoulders _____ lbs
- ☒ Repetitive bending/stooping ☒ None ☐ Occasional
- ☒ Repetitive pushing/pulling ☒ None ☐ Occasional
- ☒ Kneeling/crouching ☒ None ☐ Occasional
- ☐ Right / Left arm lifting limit _____ lbs
- ☐ Limited Walking / Standing
- ☒ Alternate sitting / standing / walking as needed by patient
- ☐ No overhead work
- ☐ Sitting work only
- ☐ Work limited by splint
- ☐ No / Minimal use of Right / Left hand
- ☐ No driving of company vehicles
- ☐ Use of splint ☐ At home ☐ At work
- ☐ Graded return to work

*IF THERE IS NO LIGHT DUTY AVAILABLE, EMPLOYEE IS OFF WORK UNTIL
RECHECK APPOINTMENT *

Jay S. Ratliff
Doctor Signature

Donner McCall

Reserve, 2400.00

12 PT @ 1500.00
4150 - Future reserve

Joel Donner McCall

He, appt w/ Dr. Kanos

8/29/07 11-00AM

December 5 2007

VIA HAND DELIVERY

Ms Virginia L Crocker
Judicial Director
SC Workers' Compensation Commission
1612 Marion Street
Columbia SC 29201

RE Donna L McCall v Sandvik / Valenite
WCC File No 0627287
Date of Accident 06/29/06
Social Security No
Date of Birth 10/27/51
Claim No 51C593019
Our File No 5431/8135

Dear Ginger

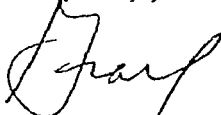
This will advise the South Carolina Workers' Compensation Commission that our firm has been retained on behalf of the employer/carner in the above-referenced workers' compensation matter

Grady L. Beard
ard@sowell.com

We would appreciate your adding our name to the Commission file in order that we might receive copies of all future correspondence

With kindest personal regards I remain

Very truly yours

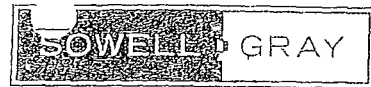


Grady L. Beard

GLB amr

cc M Todd Simmons Esquire
Ms Amy Galvin
Ms Diana Dieska

Litigation is our Business



SOWELL GRAY STEIN & LAFFITTE LLC
ATTORNEY AND COUNSELORS AT LAW

December 5 2007

Ms Amy Galvin
Sentry Claims Service
Cl Cso Richmond
Post Office Box 26363
Richmond Virginia 23260

RE Donna L McCall v Sandvik / Valenite
WCC File No 0627287
Date of Accident 06/29/06
Social Security No
Date of Birth 10/27/51
Claim No 51C593019
Our File No 5431/8135

Dear Amy

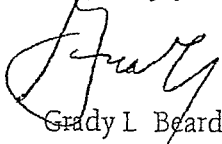
This will acknowledge receipt of and thank you for your file in the above-referenced matter. As soon as we have had an opportunity to thoroughly evaluate and review the file we will forward our opinions and recommendations for handling this claim.

Under the amended regulations of the South Carolina Workers' Compensation Commission all parties are required to advise the opposing party of all recorded or written statements taken and the person who has possession of the statements when the Pre-Hearing Briefs are filed. Please advise us of any recorded or written statements you may have taken. Also please provide us with a copy of the written statement or the transcript of the recorded statement or the actual tape if you would prefer that we have the statement transcribed.

We certainly appreciate your referring this matter to us and we will see that your interests are protected.

With kindest personal regards I remain

Very truly yours


Grady L. Beard

GLB amr
cc Ms Diana Dieska

Grady L. Beard
j@sowell.com

310 Gadsden Street
Post Office Box 11449
Columbia SC 29211

E 803 929 1400
E 803 929 0300
www.sowell.com

Litigation is our Business

LARRY C BRANDT, P A
ATTORNEY AT LAW
3691 BLUE RIDGE BOULEVARD
WALHALLA SOUTH CAROLINA 29691
(864) 638 5406

COPY

LARRY C BRANDT
M TODD SIMMONS

FACSIMILE (864) 638 7873
e mail lcbrandt@mindspring.com
c mail tsimmons@earthlink.net

MAILING ADDRESS
P O Box 738
WALHALLA SOUTH CAROLINA 29691

November 30 2007

Mr George Hoang
Sentry Insurance
Post Office Box 26363
Richmond Virginia 23260 6363

RE DONNA L MCCALL VS SANDVIK / VALENITE
CLAIM NO 51C593019
DATE OF INJURY 06/29/06
W C C FILE NO 0627287

Dear Mr Hoang

I am writing on behalf of my client to formally advise you that we are hereby revoking any express or implied authorization for any communication between Sandvik/Valenite Inc or its representatives and Ms McCall's treating physicians. This includes any *ex parte* communications between the doctors treating Ms McCall and Sandvik / Valenite Inc Sentry Insurance and any other representatives employees, agents nurse consultants or any other person acting on behalf or at the direction of Sandvik/Valenite Inc and Sentry Insurance.

South Carolina law clearly provides that the only communications between an employer or its representatives and an employee's treating physicians shall be by written request to obtain "existing written records" **S C Code Ann 42-15-95**. The statute does not authorize any other *ex parte* methods of communication between an insurance carrier employer nurse consultants or their representative and the claimant's health care providers **Brown v Bi-Lo, Inc, 581 S E 2d 836, 354 S C 436 (2003)**. The only communication the law provides for is a written request seeking existing medical records.

Accordingly we request that any future communication be made pursuant to the rule of law clearly set forth in the **Brown v Bi-Lo** case.

Sincerely

LARRY C BRANDT, P A

M Todd Simmons
Attorney



MTS/dnw
cc Ms Diana Dieska
Sandvik / Valenite Inc
2424 Sandifer Blvd
Westminster SC 29693



Statute which allows nurse case managers and workers' compensation carriers/agents obtain medical records from providers without being required to furnish a medical authorization

Code or Laws of South Carolina 1976 Annotated Currentness

Title 42 Workers' Compensation

Chapter 15 Notice of Accident, Filing of Claims, Medical Attention and Examination

§ 42-15-95 Disclosure of existing information

All existing information compiled by a health care facility, as defined in Section 44-7-130, or a health care provider licensed pursuant to Title 40 pertaining directly to a workers' compensation claim must be provided to the insurance carrier, the employer, the employee, their attorneys, or the South Carolina Workers' Compensation Commission, within fourteen days after receipt of written request. A health care facility and a health care provider may charge a fee for the search and duplication of a medical record, but the fee may not exceed sixty-five cents per page for the first thirty pages and fifty cents per page for all other pages, and a clerical fee for searching and handling not to exceed fifteen dollars per request plus actual postage and applicable sales tax. The facility or provider may charge a patient or the patient's representative no more than the actual cost of reproduction of an X-ray. Actual cost means the cost of materials and supplies used to duplicate the X-ray and the labor and overhead costs associated with the duplication. If a treatment facility or physician fails to send the requested information within forty-five days after receipt of the request, the person or entity making the request may apply to the commission for an appropriate penalty payable to the commission, not to exceed two hundred dollars.

HISTORY 1980 Act No. 318, § 1

HISTORY 1989 Act No. 186, § 1, eff. June 8, 1989, 1990 Act No. 476, § 1, eff. May 14, 1990, 1994 Act No. 468, § 5, eff. July 14, 1994.

EFFECT OF AMENDMENT

The **1989** amendment rewrote this section.

The **1990** amendment substituted 'ten' for 'five' as the minimum charge for receiving information.

The **1994** amendment rewrote this section, primarily to revise provisions regarding fees and charges for provision of records.

DISCLOSURES FOR WORKERS' COMPENSATION PURPOSES [45 CFR 164.512(l)]

Background

The HIPAA Privacy Rule does not apply to entities that are either workers' compensation insurers, workers' compensation administrative agencies, or employers, except to the extent they may otherwise be covered entities. However, these entities need access to the health information of individuals who are injured on the job or who have a work-related illness to process or adjudicate claims, or to coordinate care under workers' compensation systems. Generally, this health information is obtained from health care providers who treat these individuals and who may be covered by the Privacy Rule. The Privacy Rule recognizes the legitimate need of insurers and other entities involved in the workers' compensation systems to have access to individuals' health information as authorized by State or other law. Due to the significant variability among such laws, the Privacy Rule permits disclosures of health information for workers' compensation purposes in a number of different ways.

How the Rule Works

Disclosures Without Individual Authorization. The Privacy Rule permits covered entities to disclose protected health information to workers' compensation insurers, State administrators, employers, and other persons or entities involved in workers' compensation systems, without the individual's authorization.

- As authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness without regard to fault. This includes programs established by the Black Lung Benefits Act, the Federal Employees Compensation Act, the Longshore and Harbor Workers' Compensation Act, and the Energy Employees' Occupational Illness Compensation Program Act. See 45 CFR 164.512(l).
- To the extent the disclosure is required by State or other law. The disclosure must comply with and be limited to what the law requires. See 45 CFR 164.512(a).
- For purposes of obtaining payment for any health care provided to the injured or ill worker. See 45 CFR 164.502(a)(1)(ii) and the definition of 'payment' at 45 CFR 164.501.

Disclosures With Individual Authorization. In addition, covered entities may disclose

protected health information to workers' compensation insurers and others involved in workers' compensation systems where the individual has provided his or her authorization for the release of the information to the entity. The authorization must contain the elements and otherwise meet the requirements specified at 45 CFR 164.508.

Minimum Necessary. Covered entities are required reasonably to limit the amount of protected health information disclosed under 45 CFR 164.512(l) to the minimum necessary to accomplish the workers' compensation purpose. Under this requirement, protected health information may be shared for such purposes to the full extent authorized by State or other law.

In addition, covered entities are required reasonably to limit the amount of protected health information disclosed for payment purposes to the minimum necessary. Covered entities are permitted to disclose the amount and types of protected health information that are necessary to obtain payment for health care provided to an injured or ill worker.

Where a covered entity routinely makes disclosures for workers' compensation purposes under 45 CFR 164.512(l) or for payment purposes, the covered entity may develop standard protocols as part of its minimum necessary policies and procedures that address the type and amount of protected health information to be disclosed for such purposes.

Where protected health information is requested by a State workers' compensation or other public official, covered entities are permitted to reasonably rely on the official's representations that the information requested is the minimum necessary for the intended purpose. See 45 CFR 164.514(d)(3)(iii)(A).

Covered entities are not required to make a minimum necessary determination when disclosing protected health information as required by State or other law, or pursuant to the individual's authorization. See 45 CFR 164.502(b).

The Department will actively monitor the effects of the Privacy Rule, and in particular, the minimum necessary standard, on the workers' compensation systems and consider proposing modifications, where appropriate, to ensure that the Rule does not have any unintended negative effects that disturb these systems.

Refer to the fact sheet and frequently asked questions on this web site about the minimum necessary standard, or to 45 CFR 164.502(b) and 164.514(d), for more information.

Frequently Asked Questions

To see Privacy Rule FAQs, click the desired link below

FAQs on Workers' Compensation Disclosures

FAQs on ALL Privacy Rule Topics

(You can also go to http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std_alp.php then select "Privacy of Health Information/HIPAA" from the Category drop down list and click the Search button)

Code of Laws of South Carolina 1976 Annotated Currentness

Title 42 Workers' Compensation

Chapter 15 Notice of Accident, Filing of Claims, Medical Attention and Examination

§ 42-15-80 Physical examinations, facts learned by doctors are not privileged, refusal to submit to examination, autopsy

After an injury and so long as he claims compensation, the employee, if so requested by his employer or ordered by the Commission, shall submit himself to examination, at reasonable times and places, by a duly qualified physician or surgeon designated and paid by the employer or the Commission. The employee shall have the right to have present at such examination any duly qualified physician or surgeon provided and paid by him. No fact communicated to or otherwise learned by any physician or surgeon who may have attended or examined the employee, or who may have been present at any examination, shall be privileged, either in hearings provided for by this Title or any action at law brought to recover damages against any employer who may have accepted the compensation provisions of this Title. If the employee refuses to submit himself to or in any way obstructs such examination requested by and provided for by the employer, his right to compensation and his right to take or prosecute any proceedings under this Title shall be suspended until such refusal or objection ceases and no compensation shall at any time be payable for the period of suspension unless in the opinion of the Commission the circumstances justify the refusal or obstruction. The employer or the Commission may in any case of death require an autopsy at the expense of the person requesting it.

HISTORY 1962 Code § 72-307, 1952 Code § 72-307, 1942 Code § 7035-30, 1936 (39) 1231

RESEARCH REFERENCE

LARRY C BRANDT, P A
ATTORNEY AT LAW
3691 BLUE RIDGE BOULEVARD
WALHALLA SOUTH CAROLINA 29691
(864) 638 5406

COPY

LARRY C BRANDT
M TODD SIMMONS

FACSIMILE (864) 638 7873
e mail lcbrandt@mindpring.com
e mail tsimmons@earthlink.net

MAILING ADDRESS
P O Box 738
WALHALLA SOUTH CAROLINA 29691

November 30 2007

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

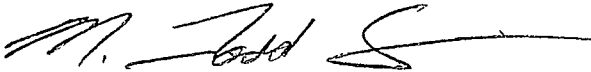
Sandvik / Valenite Inc
ATTN WANDA JONES – HUMAN RESOURCE MANAGER
2424 Sandifer Boulevard
Westminster South Carolina 29693

Re Employee Donna L McCall
 Employee's SSN
 Employee's DOB 10/27/51
 Date of Injury or Disability 06/29/06

Dear Wanda

This is to advise you that I have been retained to represent Ms Donna L McCall for injuries which she sustained during the course and scope of her employment with Sandvik / Valenite Inc on June 29 2006 Enclosed please find a Subpoena for you to produce certain requested documents no later than December 15, 2007 at 4 00 P M together with my Certificate of Service which are herewith served upon you by mail

With kindest regards



M Todd Simmons
Larry C Brandt P A
Attorney for Employee/Claimant

MTS/dnw
Enclosures
cc Ms Diana Drieska
Sandvik / Valenite Inc

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803)737-5700

WCC File # 0E27297
Case File # 51C593019
Circuit Code #
Employer FEIN

Donna L. McCall				Sandvil / Valente			
Claimant's Name				Employer's Name			
SSN				2424 Sandifer Blvd Westminster SC 29693			
Address				Address			
City				City			
State				State			
Zip				Zip			
Home Phone #				Sentry Insurance			
Work Phone #				Insurance Carrier			
M. Todd Simmons, Larry C. Brandt, P.A. Atty. for Claimant (864) 638 5406							
Preparer's Name				Phone #			

TO Wanda Jones, HR Manager, Sandvil/Valente, Inc., 2424 Sandifer Blvd, Westminster, SC 29693

☐ YOU ARE COMMANDED to appear before the above named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY ROOM

DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION DATE AND TIME

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects):

1. See Larry C. Brandt, P.A., 3691 Blue Ridge Blvd, Walhalla, SC 29691 DATE AND TIME 12/15/07 4:00 PM
(See attachment)

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below:

PREMISES DATE AND TIME

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.


Attorney for Claimant
ISSUING OFFICER'S SIGNATURE AND TITLE

(864) 638 5406 11/30/2007
PHONE # DATE

Serve this form according to R.67-21213. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803/737-6676).

WCC FORM # 27 REV. DATE 3/96

27

SUBPOENA

*Attachment to Subpoena to Human Resource Manager
Sandvik / Valenite, Inc , dated November 30, 2007*

Employee Donna L. McCall
Employer Sandvik / Valenite, Inc
Employee SSN
Date of Injury 06/29/06
WCC File No 0627287

YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place date and time specified on the attached Subpoena

- a A copy of Employee/Employer Handbook and/or Employment Policies,*
- b Any and all copies of long term and short term disability policies,*
- c Any and all copies of life, accidental death, dismemberment and dependent life insurance policies,*
- d Any and all payroll records or other documents in your possession showing the total wages paid to Donna L. McCall as reported to the employment security commission on the employer quarterly contribution and wage reports during the 1st and 2nd quarter of 2006, and the 2nd, 3rd and 4th quarters of 2005 Please include any reports showing the total number of weeks worked during each of the above-referenced quarters along with the gross wages paid to Ms McCall during each pay period in each of the above-referenced quarters,*
- e A detailed summary of Ms McCall's job description at the time she was injured*
- f A copy of any reported accidents/injuries and/or safety violation reports which involved Ms McCall,*
- g A copy of any employee disciplinary reports involving Ms Donna L. McCall,*
- h A copy of Ms McCall's entire employee file,*
- i A photograph of the furnace machine and the floor area around the furnace machine where Ms McCall's injury occurred*

If the requested documents are produced, via U S First Class Mail or hand delivered to the Law Office of Larry C Brandt, P A prior to the specified date, you will not be required to personally appear with documents If the documents are mailed, you must mail them to PO Box 738, Walhalla, SC 29691

LARRY C BRANDT, P A
ATTORNEY AT LAW
3691 BLUE RIDGE BOULEVARD
WALHALLA SOUTH CAROLINA 29691
(864) 638 5406

LARRY C BRANDT
M TODD SIMMONS

FACSIMILE (864) 638 7873
e mail lcbrandt@mindspring.com
e mail tsimmons@earthlink.net

MAILING ADDRESS
P O BOX 738
WALHALLA SOUTH CAROLINA 29691

November 30 2007

Mr Herman B Lightsey
Judicial Department
S C Workers' Compensation Commission
Post Office Box 1715
Columbia South Carolina 29202-1715

RE Donna L McCall vs Sandvik / Valenite, Inc
W C C File No 0627287

Dear Mr Lightsey

This is to advise you that our firm has been retained to represent Ms Donna L McCall for injuries she sustained while working in the course and scope of her employment on June 29 2006 and that M Todd Simmons should be listed as attorneys of record for Ms McCall on her claim Mr Simmons hereby request that any and all future correspondence regarding her claim be sent directly to him

Further, we hereby request that you please provide us with copies of any and all documents on record in your office regarding this matter I have enclosed a check in the amount of \$20 00 to cover the initial costs of procuring this file however if there are any additional costs a bill may be sent directly to our office for payment

Thank you for your time and attention in this matter If you have any questions or need additional information please let us know

Sincerely

LARRY C BRANDT, P A



Dawn N Watson

Enclosure
cc Ms Diana Dieska
Sandvik / Valenite Inc
2424 Sandifer Blvd
Westminster SC 29693

ACORD WORKERS COMPENSATION FIRST REPORT OF INJURY OR ILLNESS											
EMPLOYER (NAME & ADDRESS & CITY, STATE & ZIP)				CARRIER/ADMINISTRATOR CLAIM NUMBER		REPORT PURPOSE CODE					
SANDVIK INC 2424 SANDIFER BLVD WESTMINSTER SC 29693				JURISDICTION SC		JURISDICTION CLAIM NUMBER					
SIC CODE 03499				EMPLOYER FEIN 221717737		INSURED REPORT NUMBER					
EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) 2424 SANDIFER BLVD WESTMINSTER SC 29693				LOCATION # PHONE # (864) 886 7328							
CARRIER/CLAIMS ADMINISTRATOR CARRIER (NAME, ADDRESS & PHONE NO) Sentry Insurance A Mutual Company				POLICY PERIOD 01/01/2006 TO 01/01/2007		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO) CL CSO Richmond 1025 Boulders Parkway RICHMOND VA 23225 8003382487					
CARRIER FEIN 390333950		POLICY/SELF-INSURED NUMBER 9002775030020061				ADMINISTRATOR FEIN					
AGENT NAME & CODE NUMBER											
EMPLOYEE INFORMATION											
NAME (LAST FIRST MIDDLE) MCCALL DONNA			DATE OF BIRTH 10/27/1951		SOCIAL SECURITY NUMBER XXX XX XXXX		DATE HIRED 03/11/1985		STATE OF HIRE SC		
ADDRESS (INCL ZIP)			SEX M MALE X FEMALE U UNKNOWN		MARITAL STATUS U UNMARRIED SINGLE/DIVORCED M MARRIED S SEPARATED K UNKNOWN		OCCUPATION/JOB TITLE FURNACE OPERATOR		EMPLOYMENT STATUS FULL TIME		
PHONE (864) 888-4358			# OF DEPENDENTS		HIGH CLASS CODE						
RATE 17.01		PER WEEK		DAY X OTHER		MONTH HOUR		# DAYS WORKED/WEEK 5		FULL PAY FOR DAY OF INJURY? YES NO DID SALARY CONTINUE? YES NO	
OCCURRENCE/TREATMENT											
TIME EMPLOYEE BEGAN WORK 07 00AM		AM PM		DATE OF INJURY/ILLNESS 06/29/2006		TIME OF OCCURRENCE 12 35PM		AM PM		LAST WORK DATE	
CONTACT NAME/PHONE NUMBER KIM ZIMMER (864) 886 7328		TYPE OF INJURY/ILLNESS CONTUSION				PART OF BODY AFFECTED MULTIPLE BODYPARTS					
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☒ YES ☐ NO				TYPE OF INJURY/ILLNESS CODE 10				PART OF BODY AFFECTED CODE 80			
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED SANDVIK INC 841 2424 SANDIFER BLVD WESTMINSTER SC 29693						ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED					
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED CLEANING PVD COATING FURNACE						WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED STEPPED OFF STEP LADDER					
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 EMPLOYEE STATES SHE WAS CLEANING AND VACUUMING THE 904 RCS FURNACE. SHE WAS STANDING ON STEP STOOL TO VACUUM THE BACK, STEPPED OFF THE STEP STOOL TO CLEAN THE FRONT AND STEPPED ON THE VACUUM HOSE AND FELL BACKWARDS											
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) HENRY RAMIEREZ 12016 N RADIO STATION RD SENECA SC 29678						HOSPITAL (NAME & ADDRESS)					
WITNESSES (NAME & PHONE #)						INITIAL TREATMENT 0 NO MEDICAL TREATMENT 1 MINOR BY EMPLOYER X MINOR CLINIC/HOSP 2 EMERGENCY CARE 3 HOSPITALIZED > 24 HRS 4 FUTURE MAJOR MEDICAL/POST TIME ANTICIPATED 5 PHONE NUMBER (864) 886 7328					
DATE ADMINISTRATOR NOTIFIED 08/16/2006		DATE PREPARED 08/16/2006		PREPARER'S NAME & TITLE KIM ZIMMER							
ACORD 205 SEE BACK FOR IMPORTANT STATE INFORMATION SIGNATURE ACORD CORPORATION 1993											

ACORD WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)

Valenite LLC
2424 Sandifer Blvd
Westminster, SC 29693

CARRIER/ADMINISTRATOR CLAIM NUMBER

REPORT PURPOSE CODE

JURISDICTION

JURISDICTION CLAIM NUMBER

INSURED REPORT NUMBER

SIC CODE

EMPLOYER FEIN

EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)

LOCATION 1 280016

PHONE # (864) 886-7300

CARRIER/CLAIMS ADMINISTRATOR

CARRIER (NAME ADDRESS & PHONE NO)

Sentry Insurance a Mutual Company
P O Box 8032
Stevens Point WI 54481

POLICY PERIOD

TO

CLAIMS ADMINISTRATOR (NAME ADDRESS & PHONE NO)

CHECK IF APPROPRIATE

SELF INSURANCE

CARRIER FEIN

POLICY/SELF INSURED NUMBER

ADMINISTRATOR FEIN

AGENT NAME & CODE NUMBER

EMPLOYEE WAGE

NAME (LAST FIRST MIDDLE)

McCAUL, DONNA

ADDRESS (INCL ZIP)

DATE OF BIRTH

10/27/51

SOCIAL SECURITY NUMBER

DATE HIRED

3/11/85

STATE OF HIRE

South Carolina

SEX

M MALE

F FEMALE

U UNKNOWN

MARITAL STATUS

U UNMARRIED SINGLE/DIVORCED

M MARRIED

S SEPARATED

K UNKNOWN

OCCUPATION/JOB TITLE

FURNACE OPERATOR

EMPLOYMENT STATUS

NECI CLASS CODE

PHONE

RATE 17.01

PER

DAY

MONTH

WEEK

DAYS WORKED/WEEK

5

FULL PAY FOR DAY OF INJURY?

DID SALARY CONTINUE?

YES

YES

NO

NO

INCIDENT/TREATMENT

TIME EMPLOYEE BEGAN WORK

7:00 PM

DATE OF INJURY/ILLNESS

6/29/06

TIME OCCURRENCE

12:35

AM

PM

LAST WORK DATE

DATE EMPLOYER NOTIFIED

8/14/06

DATE DISABILITY BEGAN

CONTACT NAME/PHONE NUMBER

TYPE OF INJURY/ILLNESS

SUP / FALL

PART OF BODY AFFECTED

ARM, HEAD

IF 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

841 - PVD CLATING

ALL EQUIPMENT MATERIALS OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

STEP STEEL, VACUUM ROSE

SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED

ROUTINE MAINTENANCE

WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

CLEANING EQUIPMENT

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

STEP ON SD ROSE

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)

Oconee Family Practice

HOSPITAL (NAME & ADDRESS)

INITIAL TREATMENT

0 NO MEDICAL TREATMENT

1 MINOR BY EMPLOYER

2 MINOR CLINIC/HOSP

3 EMERGENCY CARE

4 HOSPITALIZED > 24 HRS

5 FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED

ATTN (NAME & PHONE #)

NA

DATE ADMINISTRATOR NOTIFIED

8/14/06

DATE PREPARED

8/16/06

PREPARER'S NAME & TITLE

MIKE COWDER, PROD MANAGER

PHONE NUMBER

864-886-7344

CORD 1295

SEE BACK FOR IMPORTANT STATE INFORMATION/SIGNATURE

ACORD CORPORATION 1993

C FORM 12 A REV DATE 3/96

1-4 13

REPRINTED WITH PERMISSION OF IAABC

10 96

INVESTIGATION FINDINGS

MEDICAL REPORT OF OCCUPATIONAL INJURIES AND ILLNESSES

SECTION A TO BE FILLED OUT BY SUPERVISOR

Employee Name Donna McCall SS# --- Bldg# 859 Shift 1
 Occupation Furnace operator Date of Accident 6/29/06 Time of Accident 12:35
 Referred to (if hospital/clinic) Oconee Family Practice
 Address 12016 N. Radio Station Rd Westminster SC 29678
 Street City State Zip
 Phone: _____
 Accident History Patient States that while at work _____
Please see attached

SECTION B TO BE FILLED OUT BY SUPERVISOR AND EMPLOYEE

Authorization to ☐ EVAL ☒ EVAL and TREAT
 Supervisor's Name Mike Conner Phone No 864-886-7344 Date 8/17/06
 Consent to Treat and Release Information
 I authorize any physician or medical facility where I am evaluated or treated to divulge to Valenite or Sentry Insurance all information concerning my medical condition. A photocopy shall be as valid as the original.
 Employee's Signature Donna McCall Date 8/12/06

SECTION C TO BE FILLED OUT BY ATTENDING PHYSICIAN

Date of First Exam 8/17/06 Date of Follow up Exam (s) _____
 Provisional Diagnosis Cervical Neck
 Treatment _____
 X Ray of Cervical / cervical + lumbar spine yes Pos _____
 Medication and Dosage Soma, relaxin, ultra PT to neck & back
 Recommended Referral _____ Date _____
 VALENITE MAKES EVERY EFFORT TO RETURN EMPLOYEES TO WORK AS SOON AS THEY ARE ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THEIR JOB. PLEASE PROVIDE DETAILED FUNCTIONAL ABILITY INFORMATION.
☐ 1 Patient may return to work without limitation on _____
☐ 2 Patient may return to work with the following limitation (s) on _____
 Hours per day ☐ No limitations ☐ 8 hours ☐ Other _____
 Lifting ☐ No limitations ☐ 40 pounds ☒ Other 10
 Movement ☐ No limitations ☐ No repetitive stooping/bending
☐ No limitations ☐ No pushing/pulling > 10 lbs
☒ No over the shoulder work
☐ No repetitive use of _____
☐ Other no bending, stooping or crawling
☐ 3 Patient is unable to perform activities of daily living and will be re-evaluated on _____
 Physician's Signature _____ Specialty _____ Date _____

Clinic MUST fax this completed form to Valenite before the patient leaves the clinic.

Wanda Jones/Kim Zimmer
 VALENITE
 2424 Sandifer Blvd
 Westminster SC 29693 Fax 864-647-5854

The itemized bill for services must be submitted to:

SENTRY
 P O Box 26363
 Richmond VA 23260-6363

J R HANAHAN JP MD
DCA AH 7102849 LIC 07874
WILLIAM H HUNTER MD
DCA AH 1480689 LIC # 3461
HENRY M RAMIREZ PA-C
DEA # MR 0116358 LIC # A128
APRILS ROSS PA C
DEA # MR 123 478 LIC -979
12016 NORTH RADIO STATION ROAD
SENFCA, SC 29678 1143

(844) 897 7225 OFFICE (864) 892 3351 PAGING

NAME Donna McColl AGE

ADDRESS _____ DATE 8/17/06

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

P.T. to
neck & back
3x a week

Refill _____ times

☒ Label

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

6FFP4012995

I was cleaning & vacuuming on 10-1-17. I was leaning
on step stool to vacuum the back, I stepped off the step
stool to clean the front and when I did I stepped on
the vacuum hose and fell backwards on my
back side and hit my elbow and my head.

Dennis McCall

CLAIMANT'S OTHER DOCUMENTS B OUTSTANDING MEDICAL BILLS AND MILEAGE

Donna L. McCall
Amended
Outstanding Medical Expenses

<u>Medical Provider</u>	<u>Date of Service</u>	<u>Total Charge</u>	<u>Balance</u>
Oaktree Medical Centre P C (Jay Patel M D)	10/5/2007	\$ 630 00	
		\$ 648 00	
		\$ 248 00	
		\$ 47 00	
	10/1/2007	\$ 371 00	
		\$ 553 00	
		\$ 45 00	
	10/17/2007	\$ 128 00	
	10/22/2007	\$ 128 00	
	11/13/2007	\$ 969 00	
	11/29/2007	\$ 405 00	
	12/3/2007	\$ 128 00	
	12/5/2007	\$ 274 00	
	1/11/2008	\$ 129 00	
	1/21/2008	\$ 969 00	
	3/3/2008	\$ 88 00	
Oaktree Medical Centre P C (David S Rogers M D)	12/27/2007	\$ 128 00	
	1/29/2008	\$ 320 00	
	1/24/2008	\$ 128 00	
	2/4/2008	\$ 128 00	
	2/12/2008	\$ 88 00	
	2/25/2008	\$ 128 00	
	3/26/2008	\$ 128 00	
	4/24/2008	\$ 128 00	
	5/19/2008	\$ 128 00	
	5/29/2008	\$ 120 00	
	6/26/2008	\$ 120 00	
	6/27/2008	\$ 1 965 00	
	8/5/2008	\$ 128 00	
	8/8/2008	\$ 675 00	
	9/8/2008	\$ 120 00	
	10/8/2008	\$ 128 00	
	11/13/2008	\$ 88 00	
	1/12/2009	\$ 88 00	
Oaktree Medical Centre P C (Eric A Harrell DC)	12/10/2007	\$ 67 00	
	12/12/2007	\$ 195 00	
	12/14/2007	\$ 107 00	
	12/17/2007	\$ 107 00	
	12/19/2007	\$ 107 00	
	12/21/2007	\$ 107 00	
	12/28/2007	\$ 107 00	
	1/4/2008	\$ 40 00	
	1/7/2008	\$ 107 00	
	1/8/2008	\$ 147 00	
	1/9/2008	\$ 147 00	\$ 1 312 19

Donna L. McCall
Amended
Outstanding Medical Expenses

Cannon Psychological Assoc	6/20/2008	\$ 200 00	\$ 200 00
<u>Medical Provider</u>	<u>Date of Service</u>	<u>Total Charge</u>	
CVS Pharmacy	10/17/07 04/09/09	\$ 474 59	\$ 474 59
Anderson Psychiatry	11/05/08 3/04/09	\$ 675 00	\$ 148 00
Total Medicals Not Approved By Workers Compensation Carrier		\$ 13,083 59	\$ 2,134 78
Outstanding Medicals APPROVED By Workers Compensation Carrier			
Oaktree Medical Centre P C (Jay Patel M D)	9/19/2007	\$ 405 00	
Dr Charles Kanos			
Greenville University Medical Group	8/29/2008	\$ 259 00	\$ 259 00
TOTAL MEDICALS		\$ 13,747 59	\$ 2,393 78

<u>Medical Provider</u>	<u>Date of Travel</u>	<u>No. of miles traveled</u>	<u>Amount of Mileage Due</u>	<u>Rate of Mileage</u>
Henry Ramirez - Oconee Family Practice (Traveled to and from Valenite)	8/17/2006	9 2	\$	44 5 per mile
	7/24/2007	9 2	\$	44 5 per mile
	7/31/2007	9 2	\$	44 5 per mile
Hummel Physical Therapy (Traveled to and from Valenite)	8/21/2006	13 4	\$	44 5 per mile
	8/23/2006	13 4	\$	44 5 per mile
	8/24/2006	13 4	\$	44 5 per mile
	8/29/2006	13 4	\$	44 5 per mile
	8/30/2006	13 4	\$	44 5 per mile
	8/31/2006	13 4	\$	44 5 per mile
Seneca Diagnostic Imaging	8/6/2007	17	\$	44 5 per mile
Dr Kanos Southeastern Neurosurgical	8/29/2007	81 6	\$	44 5 per mile
Dr Patel -- Pain Management Associates	9/19/2007	60 6	\$	44 5 per mile
	9/24/2007	60 6	\$	44 5 per mile
	9/26/2007	60 6	\$	44 5 per mile
	10/1/2007	60 6	\$	44 5 per mile
	10/5/2007	60 6	\$	44 5 per mile
	10/17/2007	60 6	\$	44 5 per mile
	10/22/2007	60 6	\$	44 5 per mile
	11/13/2007	60 6	\$	44 5 per mile
	12/3/2007	60 6	\$	44 5 per mile
	12/5/2007	60 6	\$	44 5 per mile
	1/11/2008	60 6	\$	44 5 per mile
Dr David Rogers -- Pain Management Assoc	11/29/2007	60 6	\$	44 5 per mile
	12/27/2007	60 6	\$	44 5 per mile
	1/24/2008	60 6	\$	44 5 per mile
	2/4/2008	60 6	\$	44 5 per mile
	2/12/2008	60 6	\$	44 5 per mile
	2/25/2008	60 6	\$	44 5 per mile

Eric Harrell Oaktree Medical Centre	Donna L McCall Mileage Computation WCC File No 0627287	3/26/2008	60 6	\$	26 97	44 5 per mile
		4/24/2008	60 6	\$	26 97	44 5 per mile
		5/19/2008	60 6	\$	26 97	44 5 per mile
		5/29/2008	60 6	\$	26 97	44 5 per mile
		6/26/2008	60 6	\$	26 97	44 5 per mile
		6/27/2008	60 6	\$	26 97	44 5 per mile
		8/5/2008	60 6	\$	26 97	44 5 per mile
		8/8/2008	60 6	\$	26 97	44 5 per mile
		9/8/2008	60 6	\$	26 97	44 5 per mile
		10/8/2008	60 6	\$	26 97	44 5 per mile
		11/13/2008	60 6	\$	26 97	44 5 per mile
		1/12/2009	60 6	\$	26 97	44 5 per mile
		12/10/2007	60 6	\$	26 97	44 5 per mile
		12/12/2007	60 6	\$	26 97	44 5 per mile
Eric Harrell - Oaktree Medical Centre (Continued)		12/14/2007	60 6	\$	26 97	44 5 per mile
		12/17/2007	60 6	\$	26 97	44 5 per mile
		12/19/2007	60 6	\$	26 97	44 5 per mile
		12/21/2007	60 6	\$	26 97	44 5 per mile
		12/28/2007	60 6	\$	26 97	44 5 per mile
		1/4/2008	60 6	\$	26 97	44 5 per mile
		1/7/2008	60 6	\$	26 97	44 5 per mile
		1/8/2008	60 6	\$	26 97	44 5 per mile
		1/9/2008	60 6	\$	26 97	44 5 per mile
		6/19/2007	22	\$	9 79	44 5 per mile
Finley Chiropractic Clinic		6/20/2008	25 9	\$	11 53	44 5 per mile
Cannon Psychological		11/5/2008	60 4	\$	26 88	44 5 per mile
Anderson Psychiatry		11/20/2008	60 4	\$	26 88	44 5 per mile
		12/2/2008	60 4	\$	26 88	44 5 per mile
		1/6/2009	60 4	\$	26 88	44 5 per mile
		2/5/2009	60 4	\$	26 88	44 5 per mile
		3/4/2009	60 4	\$	26 88	44 5 per mile

Totals 3040 9 \$ 1 353 31

*** IMPORTANT ***

Below are all the visits Sentry approved and paid for. Therefore, the claim was admitted at that time. Reimbursement for mileage should be paid to claimant for any services Sentry has already admitted and paid for.

- 1 Ramirez Visits
 - 8/17/2006
 - 7/24/2007
 - 7/31/2007
- 2 Seneca Diagnostic Imaging
 - 8/6/2007
- 3 Dr. Kanos - S E Neurosurgical
 - 8/29/2007
- 4 Dr. Patel's initial visit was set up by WC Nurse Case Manager and approved. WC did not deny claim until after that visit. It is our understanding nurse attended visit with claimant as well.
 - 9/19/2007

**** ** INSTANT BILL ** *

ACCT 37547 DATE 10/17/08

OAKTREE MEDICAL CENTRE PC
PO BOX 484
EASLEY SC 29641

LAST PAYMENT YTD PAI

08/30/08 \$242 00 \$5941 85

OFFICE PH

HOME PH

BUSINESS PH
EXT

PAT NAME

APPOINTMENT

MRS DONNA L MCCALL

DM DONNA L MCCALL

11/13/08 12 30P

DIAGNOSIS

1-722 0 CERVICAL DISC DISPLACEMENT 5-729 5 EXTREMITY PAIN (UPPER/LOWE
2-723 1 NECK PAIN 6 MEDICAL RECORDS FEE
3-721 0 ARTHRITIS/SPONDYLOSIS-CERV
4-782 0 PARESTHESIA

NUM DOCTOR

TAX ID

16 MEDICAL RECORDS
106 JAY PATEL MD

58-2332081

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
09/19/07	106	DM	123	99244		OFFICE CONSULTATIO	405 00		405 00
** INS FILED 09/21/07 REFILED 10/10/07									
10/05/07	106	DM	452	95904		SENSORY	630 00		1035 00
(DAYS/UNITS = 6)									
COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE									
AMOUNT DUE \$130 20									
10/05/07	106	DM	452	95903		NERVE CONDUCTION	648 00		1683 00
(DAYS/UNITS = 4)									
10/05/07	106	DM	452	95861		NEEDLE ELECTRO TWO	248 00		1931 00
10/05/07	106	DM	452	A4550		SURGICAL TRAYS	47 00		1978 00
10/01/07	106	DM	12	62310		INJECT SPINE CDR	371 00		2349 00
10/01/07	106	DM	12	72275 59		EPIDUROGRAPHY	553 00		2902 00
10/01/07	106	DM	12	J0702		CELESTONE SOLUSPAN	45 00		2947 00
(DAYS/UNITS = 4)									
INS FILED 10/10/07 REFILED 06/06/08									
10/17/07	16	DM	6	26		MEDICAL RECORDS FE	37 75		2984 75
10/17/07	16	DM		26P		MEDICAL RECORDS PA		37 75	2947 00
** APPLIES TO CHARGES ON 10/17/07 CHK# 23318									
10/17/07	106	DM	2345	99214		ESTAB E/M LEVEL 4	128 00		3075 00
** INS FILED 10/25/07									
COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE									

CONTINUED ON NEXT FORM

ACCT 37547 DATE 10/17/08

OAKTREE MEDICAL CENTRE PC
PO BOX 484
EASLEY SC 29641

LAST PAYMENT	YTD PAY
-----	-----
08 30/08 \$212 00	\$5941 85

OFFICE PH

HOME PH

BUSINESS PH
EXT

PAT NAME

APPOINTMENT

MRS DONNA L MCCALL

DM DONUA L MCCALL

11/13/08 12 30P

DIAGNOSIS

1-723 1 NECK PAIN
2-721 0 ARTHRITIS/SPONDYLOSIS-CERV
3-782 0 PARESTHESIA
4-729 5 EXTREMITY PAIN (UPPER/LOWE

NUM DOCTOR

TAX ID

106 JAY PATEL MD

58-2332081

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
10/22/07	106	DM	1234	99214		AMOUNT DUE \$25 00			
** INS	FILED	10/29/07				FSTPB E/M LEVEL 4	128 00		3203 00
						COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE			
						AMOUNT DUE \$25 00			
11/13/07	106	DM	123	52310		INJECT SPINE CDR	371 00		3774 00
11/13/07	106	DM	123	72275	59	EPIDUROGRAPHY	553 00		4127 00
						COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE			
						AMOUNT DUE \$46 20			
11/13/07	106	DM	123	30702		CELESTONE SOLUSPAN (LAYS/UNITS = 4)	45 00		4172 00
** INS	FILED	11/19/07							
11/20/07	106	DM		9		PRIVATE INSURANCE		89 00	4083 00
** APPLIES TO CHARGES	ON	10/17/07		9C		CHK# 0000720307			
11/20/07~	106	DM		9C		PRIVATE INSURANCE		14 00	4069 00
10/17/07									
11/28/07	106	DM		8		WORKMENS COMP PAYM		212 40	3856 60
** APPLIES TO CHARGES	ON	09/19/07		8C		CHK# 57308207			
11/28/07~	106	DM		8C		WORKMENS COMP WRI		192 60	3664 00
09/19/07									
11/29/07	106	DM		9		PRIVATE INSURANCE		99 00	3575 00

CONTINUED ON NEXT FORM

Received Oct-17-2008 03:28pm

From-

To-Larry C Brandt P A Page 003

***** INSTANT BILL *** * *

ACCT 37547 DATE 10/17/08

OAKTREE MEDICAL CENTRE PC
PO BOX 484
EASLEY SC 29641

LAST PAYMENT YTD PAY

08/30/08 \$242 00 \$5941 85

OFFICE PH

HOME PH

BUSINESS PH

EXT

PAT NAME

APPOINTMENT

MRS DONNA L MCCALL

DM DONNA L MCCALL

11/13/08 12 30P

DIAGNOSIS

1-310 2 POST CONCUSSION SYNDROME S-723 1 NECK PAIN
2-346 90 MIGRAINE UNSPECIFIED W/O M G-784 0 HEADACHE
3-782 0 PARESTHESIA
4-729 5 EXTREMITY PAIN (UPPER/LOWE

NUM DOCTOR

TAX ID

106 JAY PATEL MD

58-2332081

129 ERIC A HARRELL DC

8-7332081

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
** APPLIES TO CHARGES ON 10/22/07 CHK# 0000720836									
11/29/07	106	DM		9C		PRIVATE INSURANCE		14 00	3561 00
10/22/07									
11/29/07	106	DM	12	99245		CONSULTATION LEVEL	405 00		3966 00
** INS FILED 12/03/07									
COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE AMOUNT DUE \$25 00									
12/03/07	106	DM	3412	99214		ESTAB E/M LEVEL 4	128 00		4094 00
** INS FILED 12/12/07									
COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE AMOUNT DUE \$25 00									
12/12/07	129	DM	56	99213		ESTAB E/M LEVEL 3	88 00		4182 00
** INS FILED 12/14/07									
COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE AMOUNT DUE \$25 00									
12/05/07	106	DM	56	20553		INJECT SNGL/MLT TR	229 00		4411 00
COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE AMOUNT DUE \$25 00									
12/05/07	106	DM	56	J1100		INJECTION DEXAMET	10 00		4421 00

CONTINUED ON NEXT FORM

Received Oct-17-2008 03 28pm

From-

To-Larry C Brandt P A Page 004

***** INSTANT BILL *****

ACCT 37547 DATE 10/17/08

OAKTREE MEDICAL CENTRE, PC
PO BOX 484
EASLEY SC 29641

LAST PAYMENT

08/30/08 \$242 00 \$5941 85

OFFICE PH

HOME PH

BUSINESS Pd
EXT

PAT NAME

APPOINTMENT

MRS DONNA L MCCALL

DM DONNA L MCCALL

11/13/08 12 30P

DIAGNOSIS

1-723 1 NECK PAIN 5-346 90 MIGRAINE UNSPECIFIED W/O M
2-784 0 HEADACHE
3-001 DEPOSITION FEE
4-310 2 POST CONCUSSION SYNDROME

NUM DOCTOR

TAX ID

9 DAVID S ROGERS MD 58-2332081
106 JAY PATEL MD 58-2332081
129 ERIC A HARKELL DC 58-2332081

DATE	DR	PAT	DIAC	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
12/05/07	106	DM	12	J0670		MARCAINE	35 00		4456 00
INS FILED 12/17/07									
12/20/07	106	DM		9		PRIVATE INSURANCE		458 80	3997 20
** APPLIES TO CHARGES ON 11/13/07 CHK# 0000726298									
12/20/07	106	DM		9C		PRIVATE INSURANCE		464 00	3533 20
11/13/07									
12/10/07	129	DM	1	97140		PHYSICAL THERAPY/M	67 00		3600 20
** INS FILED 12/28/07									
COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE									
AMOUNT DUE \$25 00									
02/07/08	106	DM	3	99075		MEDICAL TESTIMONY	320 00		3920 20
** INS FILED 02/11/08									
12/21/07	106	DM		11		PAYMENT BY CHECK#		320 00	3600 20
** APPLIES TO CHARGES ON 02/07/08 CHK# 23468									
12/27/07	106	DM		1		CASH PAYMENT		5 00	3595 20
** APPLIES TO CHARGES ON 10/17/07									
12/27/07	9	DM		1		CASH PAYMENT		25 00	3570 20
** APPLIES TO CHARGES ON 12/27/07									
12/27/07	9	DM	4512	99214		ESTAB E/M IFVEL 4	128 00		3698 20
* INS FILED 01/02/08									
COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE									

CONTINUED ON NEXT FORM

Received Oct-17-2008 03 28pm

From-

To-Larry C Brandt P A Page 005

* * * INSTANT BILL *****

ACCT 37547 DATE 10/17/08

OAKTREE MEDICAL CENTRE PC
PO BOX 484
EASLEY SC 29641

LAST PAYMENT (TD PA)

08/30/08 \$242 00 \$5941 85

OFFICE PH 71

HOME PH

BUSINESS PH

EXT

PAT NAME

APPOINTMENT

MRS DONNA L MCCALL

DM DONNA L MCCALL

11/13/08 12 30P

DIAGNOSIS

1-V57 1 OTHER PHYSICAL THERAPY
2-723 1 NECK PAIN
3-784 0 HEADACHE
4-000 MISSED/WRONG APPT

NUM DOCTOR

TAX ID

16 MEDICAL RECORDS

129 ERIC A HARRELL DC 58-2332081

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
12/12/07	129	DM	123	97140		AMOUNT DUE \$25 00			
12/12/07	129	DM	123	97032		PHYSICAL THERAPY/M	67 00		3765 20
12/14/07	129	DM	23	97140		PHYSICAL THERAPY E	40 00		3805 20
						PHYSICAL THERAPY/M	67 00		3872 20
						COPAY OR CO-PERCENT DUE BY			
						THE PATIENT PER INSURANCE			
12/14/07	129	DM	23	97032		AMOUNT DUE \$25 00			
						PHYSICAL THERAPY E	40 00		3912 20
** INS FILED 01/03/08				REFILED 06/06/08					
12/17/07	129	DM	123	97140		PHYSICAL THERAPY/M	67 00		3979 20
						COPAY OR CO-PERCENT DUE BY			
						THE PATIENT PER INSURANCE			
						AMOUNT DUE \$25 00			
12/17/07	129	DM	123	97032		PHYSICAL THERAPY E	40 00		4019 20
** INS FILED 01/04/08									
12/19/07	129	DM	123	97140		PHYSICAL THERAPY/M	67 00		4086 20
						COPAY OR CO-PERCENT DUE BY			
						THE PATIENT PER INSURANCE			
						AMOUNT DUE \$25 00			
12/19/07	129	DM	123	97032		PHYSICAL THERAPY E	40 00		4126 20
01/07/08	16	DM	4	RS+		RESCHEDULED APPOINT	0 00		4126 20
12/21/07	129	DM	123	97140		PHYSICAL THERAPY/M	67 00		4193 20
						COPAY OR CO-PERCENT DUE BY			

CONTINUED ON NEXT FORM

Received Oct-17-2008 03 28pm

From-

To-Larry C Brandt P A Page 006

***** INSTANT BILL *****

ACCT 37541 DATE 10/17/08

OAKTREE MEDICAL CENTRE PC
PO BOX 484
EASLEY SC 29641

LAST PAYMENT YTD PAY

08/30/08 \$242 00 \$5941 85

OFFICE PH

HOME PH

BUSINESS PH

EXT

PAI NAME

APPOINTMENT

MRS DONNA L MCCALL

DM DONNA L MCCALL

11/13/08 12 30P

DIAGNOSIS

1-V57 1 OTHER PHYSICAL THERAPY
2-723 1 NECK PAIN
3-784 0 HEADACHE
4- MEDICAL RECORDS FEE

NUM DOCTOR

TAX ID

16 MEDICAL RECORDS
106 JAY PATEL MD 58-2332081
129 ERIC A HARRELL DC 58-2332081

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
THE PATIENT PER INSURANCE									
AMOUNT DUE \$25 00									
12/21/07	129	DM	123	97032		PHYSICAL THERAPY E	40 00		4233 20
* INS FILED 01/08/08									
12/28/07	129	DM	23	97140		PHYSICAL THERAPY/M	67 00		4300 20
COPAY OR CO-PERCENT DUE BY									
THE PATIENT PER INSURANCE									
AMOUNT DUE \$25 00									
12/28/07	129	DM	23	97032		PHYSICAL THERAPY E	40 00		4340 20
** INS FILED 01/09/08									
12/31/07	106	DM		9		PRIVATE INSURANCE		235 00	4105 20
** APPLIES TO CHARGES ON 11/29/07 CHK# 0000729308									
12/31/07-	106	DM		9C		PRIVATE INSURANCE		145 00	3960 20
11/29/07									
01/18/08	16	DM	4	26		MEDICAL RECORDS FE	47 50		4007 70
01/18/08	16	DM		26P		MEDICAL RECORDS PA		47 50	3960 20
** APPLIES TO CHARGES ON 01/18/08 CHK# 23516									
01/20/08	106	DM		9		PRIVATE INSURANCE		89 00	3871 20
** APPLIES TO CHARGES ON 12/03/07 CHK# 0000732821									
01/20/08-	106	DM		9C		PRIVATE INSURANCE		14 00	3857 20
12/03/07									
01/20/08	106	DM		9		PRIVATE INSURANCE		74 00	3783 20
** APPLIES TO CHARGES ON 12/05/07 CHK# 0000732820									

CONTINUED ON NEXT FORM

Received Oct-17-2008 03 28pm

From-

To-Larry C Brandt P A Page 007

*** ** INSTANT BILL ***** *

ACCT 37547 DATE 10/17/08

OAKTREE MEDICAL CENTRE PC
PO BOX 484
EASLEY SC 29641

LAST PAYMENT YTD PAY

08/30/08 \$242 00 \$5941 85

OFFICE PH

HOME PH

BUSINESS PH
EXT

PAT NAME

APPOINTMENT

MRS DONNA L MCCALL

DM DONNA L MCCALL

1/13/08 12 JOP

DIAGNOSIS

1-V5 / 1 OTHER PHYSICAL THERAPY
2-784 0 HEADACHE
3-001 DEPOSITION FEE

NUM DOCTOR

TAY ID

9 DAVID S ROGERS M D 58-2332081
106 JAY PATEL MD 58 2332081
129 ERIC A HARRELL DC 58-2332081

DATE	DR	PAT	DIAG	CODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
01/20/08-12/05/07	106	DM		9C		PRIVATE INSURANCE		175 00	3608 20
01/04/08	129	DM	12	97140		PHYSICAL THERAPY/M	67 00		3675 20
						COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE AMOUNT DUE \$25 00			
01/04/08	129	DM	12	97032		PHYSICAL THERAPY E	40 00		3715 20
01/07/08	129	DM	12	97140		PHYSICAL THERAPY/M	67 00		3782 20
						COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE AMOUNT DUE \$25 00			
01/07/08	129	DM	12	97032		PHYSICAL THERAPY E	40 00		3822 20
** INS FILED 01/22/08									
01/22/08	129	DM		9		PRIVATE INSURANCE		17 00	3775 20
** APPLIES TO CHARGES ON 12/12/07						CHK# 0000732822			
01/22/08-12/12/07	129	DM		9C		PRIVATE INSURANCE		16 00	3759 20
01/29/08	9	DM	3	99075		MEDICAL TESTIMONY	320 00		4079 20
01/23/08	9	DM		11		PAYMENT BY CHECK#		320 00	37 9 20
** APPLIES TO CHARGES ON 01/29/08						CHK# 23469			
01/08/08	129	DM	12	97140		PHYSICAL THERAPY/M	67 00		3826 20
						COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE			

CONTINUED ON NEXT FORM

Received Oct-17-2008 03 28pm

From-

To-Larry C Brandt P A Page 008

693

698

**** INSTANT BILL * ****

OAKTRFE MEDICAL CENTRE PC
PO BOX 484
EASLEY SC 29641

ACCT 37547 DATE 10/17/08

LAST PAYMENT YTD PAY
08/30/08 \$242 00 \$5941 85

OFFICE PH HOME PH BUSINESS PH
EXT

PAT NAME APPOINTMENT
MRS DONNA L MCCALL DM DONNA L MCCALL 11/13/08 12 30P

DIAGNOSIS

1-V57 1 OTHER PHYSICAL THERAPY 5 724 8 TACET SYNDROME
2-784 0 HEADACHE
3-724 2 LOW BACK PAIN
4-720 2 S CROILITIS NOT ELSEWHERE

NUM DOCTOR TAX ID

9 DAVID S ROGERS MD 58-2332081
106 JAY PATEL MD 58-2332081
129 ERIC A HARRELL DC 58-2332081

DATE	DR	PAT	DIAC	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
						AMOUNT DUE \$25 00			
01/08/08	129	DM	12	97032		PHYSICAL THERAPY E	40 00		3866 20
01/08/08	129	DM	12	97035		ULTRASOUND - PHYSI	40 00		3906 20
01/09/08	129	DM	2	97140		PHYSICAL THERAPY/M	67 00		3973 20
						COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE			
						AMOUNT DUE \$25 00			
01/09/08	129	DM	2	97032		PHYSICAL THERAPY M	40 00		4013 20
01/09/08	129	DM	2	97035		ULTRASOUND - PHYSI	40 00		4053 20
01/23/08	129	DM		9		PRIVATE INSURANCE		7 00	4046 20
						** APPLIES TO CHARGES ON 12/10/07 CHK# 0966474601			
01/23/08	129	DM		9C		PRIVATE INSURANCE		35 00	4011 20
12/10/07									
01/11/08	106	DM	2	99214		ESTAB E/M LEVEL 4	128 00		4139 20
						* INS FILED 01/24/08			
						COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE			
						AMOUNT DUE \$25 00			
01/24/08	9	DM		9		PRIVATE INSURANCE		89 00	4050 20
						** APPLIES TO CHARGES ON 12/27/07 CHK# 0000735053			
01/24/08	9	DM		9C		PRIVATE INSURANCE		14 00	4036 20
12/27/07									
01/21/08	106	DM	345	62311		INJECT SPINE LUM	371 00		4407 20

CONTINUED ON NEXT FORM

* ** * INSTANT BILL *** *

ACC# 37547 DATE 10/17/08

OAKTREE MEDICAL CENTRE PC
PO BOX 484
EASLEY SC 29641

LAST PAYMENT YTD PAY

08/30/08 \$242 00 \$5941 85

OFFICE PH

HOME PH

BUSINESS PH

EVT

PAT NAME

APPOINTMENT

MRS DONNA L MCCALL

DM DONNA L MCCALL

11/13/08 12 30P

DIAGNOSIS

1-724 2 LOW BACK PAIN
2-720 2 SACROILITIS NOT ELSEWHERE
3-724 8 FACET SYNDROME
4- MEDICAL RECORDS FEE

NUM DOCTOR

TAX ID

9 DAVID S ROGERS M D 58-2332081
106 JAY PATEL MD 58-2332081
124 JAY PATEL MD 58-2332081

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
COPAY OR CO PERCENT DUE BY THE PATIENT PER INSURANCE									
AMOUNT DUE \$69 24									
01/21/08	106	DM	123	77003	59	FLUOROSCOPIC GUIDA	553 00		4960 20
01/21/08	106	DM	123	J0702		CELESTONE SOLUSPAN	45 00		5005 20
(DAYS/UNITS = 4)									
01/21/08	106	DM	123	A4550		SURGICAL TRAYS	47 00		5052 20
01/21/08	106	DM	123	J1100		INJECTION DEKAMET	10 00		5062 20
01/21/08	124	DM	123	Q9967		LOW OSMOTAR 300-39	100 00		5162 20
** INS FILED 01/30/08									
01/24/08	9	DM	123	99214		ESTAB E/M LEVEL 4	128 00		5290 20
* INS FILED 02/04/08									
COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE									
AMOUNT DUE \$25 00									
01/31/08	16	DM	4	26		MEDICAL RECORDS FE	17 75		5367 95
01/31/08	16	DM		26P		MEDICAL RECORDS PA		77 75	5290 20
** APPLIES TO CHARGES ON 01/31/08 CHK# 7321									
01/31/08	129	DM		9		PRIVATE INSURANCE		29 00	5261 20
** APPLIES TO CHARGES ON 12/28/07 CHA# 0000/36459									
01/31/08	129	DM		9C		PRIVATE INSURANCE		53 00	5208 20
12/28/07									
01/31/08	129	DM		9		PRIVATE INSURANCE		29 00	5179 20

CONTINUED ON NEXT FORM

Received Oct-17-2008 03 28pm

From-

To-Larry C Brandt P A Page 010

695

700

** * * INSTANT BILL ***** *
 ACCT 37547 DATE 10/17/08
 OAKTREE MEDICAL CENTRF PC
 PO BOX 484
 BASLE/ SC 29641
 LAST PAYMENT YTD PAY
 08/30/08 \$242 30 \$5941 85
 OFFICE PH HOME PH BUSINESS PH
 EXT
 PA1 NAME APPOINTMENT
 MRS DONNA L MCCALL DM DONNA L MCCALL 11/13/08 12 30P

DIAGNOSIS

1-001 DEPOSITION FEE
 2- MEDICAL RECORDS FEE
 3-720 2 SACROILITIS NOT ELSEWHERE
 4-724 8 FACET SYNDROME

NUM DOCTOR TAX ID
 16 MEDICAL RECORDS
 106 JAY FATELL MD 58-2332081
 129 ERIC A HARRELL DC 58-2332081

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CPEDIT	BALANCE
** APPLIES TO CHARGES ON 12/17/07 CHK# 0000736459									
01/31/08	129	DM		9C		PRIVATE INSURANCE		53 00	5126 20
12/17/07									
01/31/08	129	DM		9		PRIVATE INSURANCE		58 00	5068 20
** APPLIES TO CHARGES ON 12/21/07 CHK# 0000436453									
01/31/08	129	DM		9C		PRIVATE INSURANCE		106 00	4962 20
12/21/07									
03/18/08	106	LM	1	99075		MEDICAL TESTIMONY	250 00		5212 20
** INS FILED 03/20/08									
01/31/08	106	DM		1L		PAYMENT BY CHECK#		250 00	4962 20
** APPLIES TO CHARGES ON 03/18/08 CHK# 23573									
01/31/08	16	DM	2	26		MEDICAL RECORDS FE	37 00		4999 20
01/31/08	16	DM		26P		MEDICAL RECORDS PA		37 00	4962 20
** APPLIES TO CHARGES ON 01/31/08 CHK# 23576									
01/31/08	16	DM	2	26		MEDICAL RECORDS FE	20 63		4982 83
01/31/08	16	DM		26P		MEDICAL RECORDS PA		20 63	4962 20
** APPLIES TO CHARGES ON 01/31/08 CHK# 7352									
02/04/08	9	DM	34	99214		ESTAB E/M LEVEL 4	128 00		5090 20
** INS FILED 02/14/08									
COPAY OR CO-PERCENT DUE BY									
THE PATIENT PER INSURANCE									
AMOUNT DUE \$25 00									
02/14/08	16	DM	2	26		MEDICAL RECORDS FE	1 23		5091 43

CONTINUED ON NEXT FORM

* - INSTANT BILL ***** ACCT 37547 DATE 10/17/08

OAKTREF MEDICAL CENTRE PC LAST PAYMENT YTD PAY
 PO BOX 484 -----
 EASLEY SC 29611 08/30/08 \$242 00 \$5941 85

OFFICE PH HOME PH BUSINESS PH
 EXT

PAT NAME APPOINTMENT

 MRS DO N T MCCALL DM DONNA L MCCALL 11/13/08 12 30P

DIAGNOSIS

 1-720 2 SACROILITIS NOT ELSEWHERE
 2 1-4 8 FACET SYNDROME

NUM DOCTOR IAX ID

 9 DAVID S ROGERS M D 58-2332081
 16 MEDICAL RECORDS
 129 ERIC A HARKELL DC 58 2332081

DATE	DR	PAT	DIAG	CODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
02/14/08	16	DM		26P		MEDICAL RECORDS PA		1 23	5090 20
** APPLIES TO CHARGES ON 02/14/08 CHK# 23586									
02/12/08	9	DM	12	99213		ESTAB E/M LEVEL 3	88 00		5178 20
** INS FILED 02/19/08									
							COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE		
							AMOUNT DUE \$25 00		
02/25/08	9	DM	12	99214		ESTAB E/M LEVEL 4	128 00		5306 20
** INS FILED 03/04/08									
							COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE		
							AMOUNT DUE \$25 00		
02/29/08	129	DM		9		PRIVATE INSURANCE		102 00	5204 20
** APPLIES TO CHARGES ON 01/09/08 CHK# 0000739917									
02/29/08-	129	DM		9C		PRIVATE INSURANCE		142 00	5062 20
01/09/08									
02/29/08	106	DM		9		PRIVATE INSURANCE		89 00	4973 20
** APPLIES TO CHARGES ON 01/11/08 CHK# 0000739916									
02/29/08-	106	DM		9C		PRIVATE INSURANCE		14 00	4959 20
01/11/08									
02/29/08	129	DM		9		PRIVATE INSURANCE		58 00	4901 20
** APPLIES TO CHARGES ON 01/07/08 CHK# 0000740927									
02/29/08-	129	DM		9C		PRIVATE INSURANCE		106 00	4795 20

CONTINUED ON NEXT FORM

***** INSTANT BILL *****

ACCT 37547 DATE 10/17/08

OAKTRFE MEDICAL CENTRE PC
PO BOX 484
EASLEY SC 29641

LAST PAYMENT YTD PAY

08/30/08 \$242 00 \$5941 85

OFFICE PH

HOMC PH

BUSINESS PH

EXT

PAT NAME

APPOINTMENT

MR DONNA L MCCALL

DM DONNA L MCCALL

11/13/08 12 30P

DIAGNOSIS

1-120 2 SACROILITIS NOT ELSEWHERE
2-724 8 FACET SYNDROME
3-001 DEPOSITION FFF

NUM DOCTOR

TAX ID

9 DAVID S ROGERS M D 58-2332081
106 JAY PATEL MD 58-2332081
124 JAY PATEL MD 58-2332081

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
01/07/08									
02/29/08	106	DM		9		PRIVATE INSURANCE		667 16	4128 04
** APPLIES TO CHARGES ON 01/21/08 CHK# 0000741478									
02/29/08	106	DM		9C		PRIVATE INSURANCE		289 60	3838 44
01/21/08									
02/29/08	124	DM		9		PRIVATE INSURANCE		80 00	3758 44
* APPLIES TO CHARGES ON 01/21/08 CHK# 0000741478									
02/29/08	124	DM		9C		PRIVATE INSURANCE		20 00	3738 44
01/21/08									
02/29/08	9	DM		9		PRIVATE INSURANCE		89 00	3649 44
** APPLIES TO CHARGES ON 01/24/08 CHK# 0000742648									
02/29/08	9	DM		9C		PRIVATE INSURANCE		14 00	3635 44
01/24/08									
03/03/08	106	DM	12	99213		ESTAB E/M LEVEL 3	88 00		3723 44
** INS FILED 03/13/08									
COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE									
AMOUNT DUE \$25 00									
02/07/08	106	DM	3	99075		*MEDICAL TESTIMONY	250 00		3973 44
03/14/08	106	DM		11		*PAYMENT BY CHECK#		250 00	3723 44
** APPLIES TO CHARGES ON 02/07/08 CHK# 23573									
03/21/08	9	DM		9		PRIVATE INSURANCE		85 00	3634 44
** APPLIES TO CHARGES ON 02/04/08 CHK# 745738									

CONTINUED ON NEXT FORM

*** * INSTANT BILL *****

ACCT 37547 DATE 10/17/08

OAKTREE MEDICAL CENTRE PC
PO BOX 484
EASLEY SC 29641

LAST PAYMENT YTD PAY
08/10/08 \$242 00 \$5941 85

OFFICE PH

HOME PH

BUSINESS PH
EXT

PAT NAME

APPOINTMENT

MRS DONNA L MCCARTHY

DM DONNA L MCCARTHY

11/13/08 12 30P

DIAGNOSIS

1-310 2 POST CONCUSSION SYNDROME
2-354 0 CARPAL TUNNEL SYNDROME
3-720 2 SACROILITIS NOT ELSEWHERE
4-723 8 OCCIPITAL NEURALGIA

NUM DOCTOR

TAX ID

9 DAVID S ROGERS M D 58-2332081
104 JAY PATEL MD 58-2332081
106 JAY PATEL MD 58-2332081

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
03/21/08-	9	DM		9C		PRIVATE INSURANCE		14 00	3620 44
02/04/08									
03/31/08	9	DM		9		PRIVATE INSURANCE		89 00	3531 44
** APPLIES TO CHARGES ON 02/25/08 CHK# 00749808									
03/31/08-	9	DM		9C		PRIVATE INSURANCE		14 00	3517 44
02/25/08									
03/31/08	9	DM		9		PRIVATE INSURANCE		47 00	3470 44
APPLIES TO CHARGES ON 02/12/08 CHK# 00748817									
03/31/08-	9	DM		9C		PRIVATE INSURANCE		16 00	3454 44
02/12/08									
03/26/08	9	DM	1234	99214		ESTAB E/M LEVEL 4	128 00		3582 44
* INS FILED 04/08/08									
COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE AMOUNT DUE \$25 00									
04/24/08	9	DM	1234	99214		ESTAB E/M LEVEL 4	128 00		3710 44
** INS FILED 05/07/08									
05/19/08	106	DM		9		PRIVATE INSURANCE		47 00	3663 44
** APPLIES TO CHARGES ON 03/03/08 CHK# 00752822									
05/19/08-	106	DM		9C		PRIVATE INSURANCE		16 00	3647 44
03/03/08									
05/19/08	104	DM	1234	99214		ESTAB E/M LEVEL 4	128 00		3775 44
** INS FILED 05/22/08									

CONTINUED ON NEXT FORM

Received Oct-17-2008 03 28pm

From-

To-Larry C Brandt P A Page 014

I ** * INSTANT BILL *****

ACCT 37547 DATE 10/17/08

OAKTREE MEDICAL CENTRE PC
PO BOX 484
EASLEY SC 29641

LAST PAYMENT YTD PAY
08/30/08 \$242 00 \$5941 85

OFFICE PH

HOME PH

BUSINESS PH

FXT

PAT NAME

APPOINTMENT

MRS DONNA L MCCALL

DM DONNA L MCCALL

11/13/08 12 30P

DIAGNOSIS

1-310 2 POST CONCUSSION SYNDROME 5- MEDICAL RECORDS FEE
2-354 0 CARPAL TUNNEL SYNDROME
3-720 2 SACROILITIS NOT ELSEWHERE
4-723 8 OCCIPITAL NEURALGIA

NUM DOCTOR

TAX ID

9 DAVID S ROGERS, MD 08-2332081
16 MEDICAL RECORDS

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
COPY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE									
AMOUNT DUE \$25 00									
05/29/08	9	DM		9		PRIVATE INSURANCE		89 00	3686 44
** APPLIES TO CHARGES ON 03/26/08 CHK# 00759680									
05/29/08-	9	DM		9C		PRIVATE INSURANCE		14 00	3672 44
03/26/08									
05/31/08	9	DM		9		PRIVATE INSURANCE		89 00	3583 44
* APPLIES TO CHARGES ON 04/24/08 CHK# 00768448									
05/31/08-	9	DM		9C		PRIVATE INSURANCE		14 00	3569 44
04/24/08									
05/29/08	9	DM	1234	99214		ESTAB E/M LEVEL 4	128 00		3697 44
** INS FILED 06/06/08									
COPY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE									
AMOUNT DUE \$25 00									
06/12/08	16	DM	5	99080		SPECIAL REPORTS/IN	50 41		3747 85
06/12/08	16	DM		26P		MEDICAL RECORDS PA		50 41	3697 44
** APPLIES TO CHARGES ON 06/12/08 CHK# 23815									
06/20/08	16	DM	5	26		MEDICAL RECORDS FE	103 92		3801 36
06/20/08	16	DM		26P		MEDICAL RECORDS PA		03 92	3697 44
** APPLIES TO CHARGES ON 06/20/08 CHK# 09114									
06/25/08	16	DM	5	26		MEDICAL RECORDS FE	78 25		3775 69

CONTINUED ON NEXT FORM

***** INSTANT BILL *****

ACCT 37547 DATE 10/17/08

OA'TREE MEDICAL CENTRE PC
PO BOX 484
EASLEY SC 29641

LAST PAYMENT YTD PAY

08/10/08 \$242 00 \$5941 85

OFFICE PH

HOME PH

BUSINESS PH

EXT

PAT NAME

APPOINTMENT

MRS DONNA L MCCALL

DM DONNA L MCCALL

11/13/08 12 30P

DIAGNOSIS

1-782 0 PARFSTHESIA
2-729 5 EXTREMITY PAIN (UPPER/LOVE

NUM DOCTOR

TAY ID

9 DAVID S ROGERS M D 58-2332081
106 JAY PATEL MD 58-2332081
129 ERIC P HARRELL DC 58-2332081

DATE	DR	PAT	DIAC	T CODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
06/27/08	9	DM	12	95904		SENSORY (DAYS/UNITS = 4) COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE AMOUNT DUE \$90 80	420 00		4195 59
06/27/08	9	DM	12	95903		NERVE CONDUCTION (DAYS/UNITS = 2)	648 00		4843 69
06/27/08	9	DM	12	95861		NEEDLE ELECTRO TWO	248 00		5091 69
06/27/08	9	DM	12	95934	50	H-REFLEX	352 00		5443 69
06/27/08	9	DM	12	94550		SURGICAL TRAYS	47 00		5490 69
06/27/08	9	DM	12	95900	59	MOTOR W/O F-WAVE (DAYS/UNITS = 2)	250 00		5740 69
** INS FILED 07/01/08									
06/30/08	106	DM		9		PRIVATE INSURANCE		36 00	5704 69
** APPLIES TO CHARGES ON 10/01/07 CHK# 00777328									
06/30/08	106	DM		9C		PRIVATE INSURANCE		9 00	5695 69
10/01/07									
06/30/08	106	DM		9		PRIVATE INSURANCE		1183 80	4511 89
** APPLIES TO CHARGES ON 10/05/07 CHK# 0011327									
06/30/08	106	DM		9C		PRIVATE INSURANCE		1183 00	3328 89
10/05/07									
06/30/08	129	DM		9		PRIVATE INSURANCE		83 00	3245 89
** APPLIES TO CHARGES ON 12/12/07 CHK# 00777326									

CONTINUED ON NEXT FORM

Received Oct-17-2008 03 28pm

From-

To-Larry C Brandt P A Page 016

701

706

***** INSTANT BILL *****

ACCT 37547 DATE 10/17/08

OAKTREE MEDICAL CENTRE PC
PO BOX 484
EASLEY SC 29641

LAST PAYMENT YTD PAY

08/30/08 \$242 00 \$5941 85

OFFICE PH

HOME PH

BUSINESS FH

DXT

PAT NAME

APPOINTMENT

MRS DONNA L MCCALL

DM DONNA L MCCALL

11/13/08 12 30P

DIAGNOSIS

1-723 8 OCCIPITAL NEURALGIA
2-782 0 PARESTHESIA
3-729 5 EXTREMITY PAIN (UPPER/LOVE)

NUM DOCTOR

TAX ID

9 DAVID S ROGERS M D 58-2332081
16 MEDICAL RECORDS
129 ERIC A HARRELL DC 58-2332081

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
06/30/08-	129	DM		9C		PRIVATE INSURANCE		106 00	3139 89
12/12/07									
06/30/08	9	DM		9		PRIVATE INSURANCE		89 00	305C 89
** APPLIES TO CHARGES ON 05/29/08 CHK# 00777382									
06/30/08-	9	DM		9C		PRIVATE INSURANCE		14 00	303E 89
05/29/08									
06/26/08	9	DM	123	99214		ESTAB E/M LEVEL 4	128 00		3164 89
** INS FILED 07/02/08									
COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE									
AMOUNT DUE \$25 00									
07/08/08	16	DM		26P		MEDICAL RECORDS PA		78 25	3086 64
** APPLIES TO CHARGES ON 06/25/08 CHK# 09603									
07/17/08	104	DM		9		PRIVATE INSURANCE		89 00	2997 64
** APPLIES TO CHARGES ON 05/19/08 CHK# 00781188									
07/17/08-	104	DM		9C		PRIVATE INSURANCE		14 00	2983 64
05/19/08									
07/25/08	9	DM		9		PRIVATE INSURANCE		817 20	2166 44
** APPLIES TO CHARGES ON 06/27/08 CHK# 00781755									
07/25/08-	9	DM		9C		PRIVATE INSURANCE		1057 00	1109 44
06/27/08									
07/25/08	9	DM		9		PRIVATE INSURANCE		69 00	1020 44
* APPLIES TO CHARGES ON 06/26/08 CHK# 00783764									

CONTINUED ON NEXT FORM

** *** INSTANT BILL *** **

ACCT 37547 DATE 10/17/08

OAKTREE MEDICAL CENTRE PC
PO BOX 484
EASLEY SC 29641

LAST PAYMENT /TD PAY

08/30/08 \$242 00 \$5941 85

OFFICE PH

HOME PH

BUSINESS PH
EXT

PAT NAME

APPOINTMENT

MRS DONNA L MCCALL

DM DONNA L MCCALL

11/13/08 12 30P

DIAGNOSIS

1-723 8 OCCIPITAL NEURALGIA 5- MEDICAL RECORDS FEE
2-782 0 PARESTHESIA
3-729 5 EXTREMITY PAIN (UPPER/LOWER)
4-780 4 VERTIGO/DIZZINESS/GIDDINESS

NUM DOCTOR

TAX ID

9 DAVID S ROGERS M D 58-2332081
16 MEDICAL RECORDS

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
07/25/08-	9	DM		9C		PRIVATE INSURANCE		14 00	1006 44
06/26/08									
08/05/08	9	DM	123	99214		ESTAB E/M LEVEL 4	128 00		1134 44
** INS FILED 08/08/08									
						COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE AMOUNT DUE \$25 00			
08/08/08	9	DM	4	93880		DUPLEX SCAN EXTRAC	675 00		1809 44
** INS FILED 08/12/08									
08/11/08	16	DM	5	26		MEDICAL RECORDS FE	15 00		1824 44
08/11/08	16	DM		70		VOCATIONAL REB PA		15 00	1809 44
** APPLIES TO CHARGES ON 08/11/08						CHK# 129586548			
08/14/08	16	DM	5	26		MEDICAL RECORDS TE	15 00		1824 44
08/14/08	16	DM		70		VOCATIONAL REB PA		15 00	1809 44
** APPLIES TO CHARGES ON 08/14/08						CHK# 129400855			
08/30/08	9	DM		9		PRIVATE INSURANCE		89 00	1720 44
** APPLIES TO CHARGES ON 08/05/08						CHK# 00793884			
08/30/08-	9	DM		9C		PRIVATE INSURANCE		14 00	1706 44
08/05/08									
08/30/08	9	DM		9		PRIVATE INSURANCE		242 00	1464 44
** APPLIES TO CHARGES ON 08/08/08						CHK# 00793883			
08/30/08-	9	DM		9C		PRIVATE INSURANCE		433 00	1031 44
08/08/08									

CONTINUED ON NEXT FORM

Received Oct-17-2008 03 28pm

From-

To-Larry C Brandt P A Page 018

703

708

***** INSTANT BILL ** **

ACCT 37547 DATE 10/17/08

OAKTREE MEDICAL CENTRE PC
PO BOX 484
EASTFY SC 29641

LAST PAYMENT ATD PAY

08/30/08 \$242 00 \$5941 85

OFFICE PH

HOME PH

BUSINESS PH

EXT

PAT NAME

APPOINTMENT

MRS DONNA L MCCALL

DM DONNA L MCCALL

11/13/08 12 30P

DIAGNOSIS

1-780 4 VERTIGO/DIZZINESS/GIDDINESS
2-782 0 PARESTHESIA
3-729 5 EXTREMITY PAIN (UPPER/LOWE
4- MEDICAL RECORDS FEE

NUM DOCTOR

TAX ID

9 DAVID S ROCCO M D 50 2002001
16 MEDICAL RECORDS

DATE	DR	PAI	DIAC	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
09/08/08	9	DM	123	99214		*ESTAB E/M LEVEL 4	128 00		1159 44
** INS FILED 09/17/08									
10/13/08	16	DM	4	25		*MEDICAL RECORDS	24 75		1184 19
10/08/08	9	DM	123	99214		ESTAB E/M LEVEL 4	128 00		1312 19

MESSAGES	REF PHYS	PATEL	JAY S	TAX ID	582332081		
	REF STATE	SC		LIC #	29492	TOTAL	\$1312 19

***** INSTANT BILL *****

ACCT 37547 DATE 03/27/09

OAKTREE MEDICAL CENTRE, PC
PO BOX 184
EASLEY SC 29641

LAST PAYMENT YTD PAY

02/28/09 \$31.13 \$31.13

OFFICE PH

HOME PH

BUSINESS PH

EXT

PAT NAME

APPOINTMENT

MRS DONNA L MCCALL

DM DONNA L MCCALL

04/16/09 4 00PM

DIAGNOSIS

1-780 4 VERTIGO/DIZZINESS/CIDDINES
2-782 0 PARESTHESIA
3-729 5 EXTREMITY PAIN (UPPER/LOWE

NUM DOCTOR

TAX ID

9 DAVID S ROGERS, M D. 58-2332081

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
09/08/08	9	DM	123	99214		ESTAB E/M LEVEL 4	128 00		443 80
** INS FILED 09/17/08									
COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE AMOUNT DUE \$25 00									
10/08/08	9	DM	123	99214		ESTAB E/M LEVEL 4	128 00		571 80
** INS. FILED 10/20/08									
COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE AMOUNT DUE \$25 00									
11/11/08	9	DM	9			PRIVATE INSURANCE		89 00	482 80
** APPLIES TO CHARGES ON 10/08/08 CHK# 00812071									
11/11/08	9	DM	9C			PRIVATE INSURANCE		14 00	468 80
0/08/08									
1/13/08	9	DM	123	99213		ESTAB E/M LEVEL 3	88 00		556 80
** INS FILED 11/17/08									
COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE AMOUNT DUE \$25 00									
11/18/08	9	DM	9			PRIVATE INSURANCE		89 00	467 80
** APPLIES TO CHARGES ON 09/08/08 CHK# 00812294									
11/18/08	9	DM	9C			PRIVATE INSURANCE		14 00	453 80
09/08/08									

CONTINUED ON NEXT FORM

Received Mar-27-2009 02 17pm

From-8643430208

To-Larry C Brandt, P A Page 008

705

710

***** INSTANT BILL *****

OAKTREE MEDICAL CENTRE, PC
PO BOX 484
EASLEY, SC 29641

ACCT 37547 DATE 03/27/09

LAST PAYMENT YTD PAY

02/28/09 \$31 13 \$31 13

OFFICE PH

HOME PH

BUSINESS PH

EXT

PAT NAME

APPOINTMENT

MRS DONNA L MCCALL

DM DONNA L MCCALL

04/16/09 4 00PM

DIAGNOSIS

1-780 4 VERTIGO/DIZZINESS/GIDDINESS
2-782 0 PARESTHESIA
3-729 5 EXTREMITY PAIN (UPPER/LOWE

NUM DOCTOR

TAX ID

9 DAVID S ROGERS, M D 58-2332081

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
12/15/08	9	DM		9		PRIVATE INSURANCE		47 00	406 80
** APPLIES TO CHARGES ON 11/13/08 CHK# 00820114									
12/15/08-	9	DM		9C		PRIVATE INSURANCE		16 00	390 80
11/13/08									
01/12/09	9	DM	123	99213		ESTAB E/M LEVEL 3	88 00		478.80
** INS FILED-01/16/09									
COPAY OR CO-PERCENT DUE BY THE PATIENT PER INSURANCE AMOUNT DUE \$25									
02/16/09	9	DM	132	99214		*ESTAB E/M LEVEL 4	128 00		606 80
** INS FILED-03/04/09									
02/28/09	9	DM		9		PRIVATE INSURANCE		31 13	575 67
** APPLIES TO CHARGES ON 01/12/09 CHA# 00835930									
2/28/09-	9	DM		9C		PRIVATE INSURANCE		31 87	543 80
1/12/09									

REF PHYS PATEL, JAY S
MESSAGES REF STATE: SC

TAX ID 582332081
LIC # 29492

TOTAL \$543 80

Received Mar-27-2009 02 17pm From-8643430208

To-Larry C Brandt, P A Page 008

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711

Cannon Psychological Associates, PC
 1376 Tiger Blvd , Suite 210
 Clemson, SC 29631-2654
 (864)654-7848

Bill To

Donna L McCall

Bill For

Donna L McCall
 Acc Num LFY

Bill as of Oct 7 2008

Date	Transaction	Charge	Total Owed
6/20/2008	90801 Psych Diagnostic Evalu \$200 ded	\$200 00	\$200 00
7/25/2008	Adjustment \$100 00 - Donna L		(\$100 00)
8/15/2008	Payment \$20 00 - Donna L Mc		(\$20 00)
9/19/2008	Payment \$20 00 - Donna L Mc		(\$20 00)
10/6/2008	Payment \$20 00 - Donna L Mc		(\$20 00)
		\$200 00	\$40 00

Please Pay this Amount

\$40 00

	0 - 30	31 - 60	61 - 90	91 120	120+
Total Owed	\$0 00	\$0 00	\$0 00	\$40 00	\$0 00

Thank you for your payment!! This is an updated bill to let you know your current balance Please remit another payment within 30 days Thank you!!

PHARMACY NAME CVS PHARMACY #3537
 ADDRESS 210 INGLE S PLACE
 CITY ST ZIP SENECA SC 296780000

PATIENT KEY 033111101
 PATIENT NAME DONNA L MCCALL
 ADDRESS
 CITY ST ZIP
 TELEPHONE 10/2 951
 BIRTHDATE
 SEX F
 RELATIONSHIP H

CURRENT ALLERGIES ON RECORD
 None communicated by the patient

CURRENT CONDITIONS ON RECORD
 None communicated by the patient

RX NUMBER	RFL NUMBER	NDC	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PAID-EVT PD AMT
706555		60505268106	CEFUROXIME AXETIL 250 MG TAAPD JORDAN ED	JORDAN ED	08/30/2007 DC		20	11 39	6 39				5 00
1st PYR #		5000	2nd PYR #		3rd PYR #				4th PYR #				
TP1 AUTH #		071891254107042	TP2 AUTH #	JORDAN ED	08/30/2007 RC		20	10 99	TP4 AUTH #				10 99
706556		6 824005620	MUCINEX DM TABLET ADA	JORDAN ED	08/30/2007 RC		20	10 99	TP4 AUTH #				10 99
1st PYR #			2nd PYR #		3rd PYR #				4th PYR #				
TP1 AUTH #			TP2 AUTH #	JORDAN ED	08/30/2007 DC		10	17 39	TP4 AUTH #				17 39
706554		00069163066	ZYRTEC D TABLET PFI	JORDAN ED	08/30/2007 DC		10	17 39	TP4 AUTH #				17 39
1st PYR #		5000	2nd PYR #	JORDAN ED	09/05/2007 RL		10	17 39	TP4 AUTH #				17 39
TP1 AUTH #		071891266986021	TP2 AUTH #	JORDAN ED	09/05/2007 RL		10	17 39	TP4 AUTH #				17 39
706554		1 00069163066	ZYRTEC D TABLET PFI	JORDAN ED	09/05/2007 RL		10	17 39	TP4 AUTH #				17 39
1st PYR #		5000	2nd PYR #	JORDAN ED	10/17/2007 RC		30	112 80	TP4 AUTH #				50
TP1 AUTH #		071990422232416	TP2 AUTH #	PATEL JAY	10/17/2007 RC		30	112 80	TP4 AUTH #				50
717558		00002324030	CYMBALTA 30 MG CAPSULE LIL	PATEL JAY	10/17/2007 RC		30	112 80	TP4 AUTH #				50
1st PYR #		5000	2nd PYR #		3rd PYR #				4th PYR #				
TP1 AUTH #		072290457932104	TP2 AUTH #	TP3 AUTH #	11/29/2007 IC		1	25 99	TP4 AUTH #				25 99
727610		72140090996	DELUXE WRIST STABILIZER RT BEI ROGERS DAVID S	TP3 AUTH #	11/29/2007 IC		1	25 99	TP4 AUTH #				25 99
1st PYR #			2nd PYR #	TP3 AUTH #	11/29/2007 DC		1	25 99	TP4 AUTH #				25 99
TP1 AUTH #		72140090983	DELUXE WRIST STABILIZER LFTBEI ROGERS DAVID S	TP3 AUTH #	11/29/2007 DC		1	25 99	TP4 AUTH #				25 99
727611		72140090983	DELUXE WRIST STABILIZER LFTBEI ROGERS DAVID S	TP3 AUTH #	11/29/2007 DC		1	25 99	TP4 AUTH #				25 99
1st PYR #			2nd PYR #	TP3 AUTH #	11/29/2007 DC		1	25 99	TP4 AUTH #				25 99
TP1 AUTH #		0082102400	BACLOFEN 10 MG TABLET UPS	TP3 AUTH #	11/29/2007 DC		60	1 36	TP4 AUTH #				5 00
727606		0082102400	BACLOFEN 10 MG TABLET UPS	ROGERS DAVID S	11/29/2007 DC		60	1 36	TP4 AUTH #				5 00
1st PYR #		5000	2nd PYR #	TP3 AUTH #	01/06/2008 RL		10	17 39	TP4 AUTH #				17 9
TP1 AUTH #		072590506912350	TP2 AUTH #	TP3 AUTH #	01/06/2008 RL		10	17 39	TP4 AUTH #				17 9
735937		00069163066	ZYRTEC D TABLET PFI	JORDAN EDMOND R	01/06/2008 RL		10	17 39	TP4 AUTH #				17 9
1st PYR #		5000	2nd PYR #	JORDAN EDMOND R	01/06/2008 RL		20	10 99	TP4 AUTH #				10 99
TP1 AUTH #		080290189460095	TP2 AUTH #	JORDAN EDMOND R	01/06/2008 RL		20	10 99	TP4 AUTH #				10 99
7359 8		6 824005620	MUCINEX DM TABLET ADA	JORDAN EDMOND R	01/06/2008 RL		20	10 99	TP4 AUTH #				10 99
1st PYR #			2nd PYR #	TP3 AUTH #	04/26/2008 RC		45	6 12	TP4 AUTH #				5 00
TP1 AUTH #		00378245710	LORAZEPAM 1 MG TABLET MYL	TP3 AUTH #	04/26/2008 RC		45	6 12	TP4 AUTH #				5 00
763395		00378245710	LORAZEPAM 1 MG TABLET MYL	TP3 AUTH #	04/26/2008 RC		45	6 12	TP4 AUTH #				5 00
1st PYR #		5000	2nd PYR #	TP3 AUTH #	04/29/2008 DC		7	2 89	TP4 AUTH #				2 09
TP1 AUTH #		081090006291775	TP2 AUTH #	TP3 AUTH #	04/29/2008 DC		7	2 89	TP4 AUTH #				2 09
763944		00781507701	LORATADINE 10 MG TABLET SAN	JORDAN ED	04/29/2008 DC		7	2 89	TP4 AUTH #				2 09
1st PYR #			2nd PYR #	TP3 AUTH #					TP4 AUTH #				
TP1 AUTH #			TP2 AUTH #	TP3 AUTH #					TP4 AUTH #				

PHARMACY NAME CVS PHARMACY #3537
 ADDRESS 210 INGLE S PLACE
 CITY ST ZIP SENECA SC 296780000

PATIENT KEY 03311101
 PATIENT NAME DONNA L MC CALL
 ADDRESS - - -
 CITY ST ZIP - - -
 TELEPHONE
 BIRTHDATE 10/21/1951
 SEX F
 RELATIONSHIP H

RX NUMBER	NDC REFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP	TOTAL PRICE	TP #1 ED AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
763943	59762306001	AZITHROMYCIN 250 MG DOSC	JORDAN ED	04/29/2008	DC	6	15 19	10 19				5 00
1st PYR #	5000	2nd PYR #		3rd PYR #				4th PYR #				
TP1 AUTH #	081090348479553	TP2 AUTH #		TP3 AUTH #				TP4 AUTH #				
13 TOTAL AMOUNTS							288 88	49 64	00	00	00	2 9 2

DATE 05/ 0/2008

TIME 11 40

PATIENT DESCRIPTION RECORD
08/3 ~ 17 THRU 05/30/2008

PHARMACY NAME CVS PHARMACY #3537
ADDRESS 210 INGLE S PLACE
CITY ST ZIP SENECA SC 296780000

PATIENT KEY 03311101
PATIENT NAME DONNA L MCCALL
ADDRESS
CITY ST ZIP
TELEPHONE
BIRTHDATE 10/27/1951
SEX F
RELATIONSHIP H

TOTAL	TP #1	TP #2	TP #3	TP #4	PATIENT
PRICE	PD AMT	PD AMT	PD AMT	PD AMT	PD AMT
288 88	49 64	00	00	00	239 2
13 TOTAL AMOUNTS					

algreens

Confidential Patient Information
Prescription Profile
01/01/2008 through 05/30/2008

Report date/time 05/0/008 11
Pg

atient Info DONNA MCCALL

Store Info 1601 SANDITQ BLDG
SENECA SC 29678
(864)885 0889

atient Phone
te of Birth 10/27/1951
nder
lergy Conditions
alth Conditions None on file

escription
Number Medication
8650 10163 WILXIU 40MG CAPSULES
Your insurance saved you \$64 38

Ins Plan(s)
Claim Ref#(s)
PCS /
080590298758038
Date of Service
02/18/08
Quantity
30 000
Pl cc
107 6

711

9705 10163 CEPHALEXIN 250MG CAPSULES
Your insurance saved you \$7 99
00093 3145 05 JCD SACCIGNA P
Total Fillings 1 Subtotal 30 000 107
PCS / 02/22/08 28 000 5 00
080590681687827

168 10163 LORAZEPAM 1MG TABLETS
Your insurance saved you \$17 49

PCS / 02/25/08 45 000 5 00
080590920851033

143 10163 CEPHALEXIN 250MG CAPSULES
Your insurance saved you \$7 99

PCS / 02/28/08 28 000 5 00
080591267823855

716

Total Fillings 1 Subtotal 8 000 5 00

Patient Info DONNA MCCALL

Store Info 1601 SANDIFER BLVD
SEWICA SC 29678
(864)885 0889

Patient Phone
Date of Birth
Gender

10/27/1951
F

Description
Number

Prescriber

RPh

NDC

Medication

Ins Plan(s)
Claim Ref#(s)

Date of
Service

Quantity

Price

2991 10163 NAMENDA 10MG TABLETS
Your insurance saved you \$145 99

PCS /
080691043289470

03/11/08

60 000

25 00

2991 10163 NAMENDA 10MG TABLETS
Your insurance saved you \$157 99

PCS /
08109055396936

05/01/08

60 000

25 00

Total Fillings - Subtotal 120 000 50 00

1005 10163 PROMETHAZINE 25MG TABLETS
Your insurance saved you \$8 99

PCS /
080890531676907

04/03/08

20 000

5 00

Total Fillings 1 Subtotal 20 000 5 0

378 10163 LEVOTHYROXINE 0 05MG (50MCG) TABS
Your insurance saved you \$11 79

PCS /
080891132257696

04/09/08

54 000

5 00

Total Fillings 1 Subtotal 5 000 5 00

Confidential Patient Information
Prescription Profile
01/01/2008 through 05/30/2008

Report date/time 05/0/2008 11:35

Page

Patient Info

DONNA MCCALL

Store Info 1601 SANDIFER BLVD
SENECA SC 29678
(864) 885 0889

Patient Phone

10/27/1951

Address

Description

Number

Medication

NDC

RPh

Prescriber

Ins Plan(s)
Claim Ref#(s)

Date of
Service

Quantity

Price

3331 10163 SYNTHROID 0.15MG (150MCG) TABLETS
Your insurance saved you \$3.69

00074 7069 13 AMG HUNTER J

PCS /
081091135448311

34 000

25 00

Total Fillings 1

Subtotal 34 000

25 00

875 10163 LIDODERM 5% PATCH 30 S

63481 0687 06 WLC PATEL J

PCS /
081190941353937

90 000

25 00

Your insurance saved you \$682.89

Total Fillings 1

Subtotal 90 000

25 00

Total Scripts 10

Total Price

252 1

Using generics saved you a total of

0 00

Using more generics could have saved you a total of

0 00

Your insurance saved you a total of

1109 13

Your cash quantity discount saved you a total of

0 00

The Manager and Staff at Walgreens

Thank You For Your Patronage

For your convenience this information is available online at www.walgreens.com

Ask our pharmacy staff for more information

Walgreens

Confidential Pati Pt Information
Prescription Profile
05/30/2008 thru 10/13/2008

Report date/time 10/13/ 008 12 37
Page 001

Patient Info: DORNA MCCALLA

Pattern Phone
Date of Birth 10/27/1951
Gender F
Allergy Conditions
Health Conditions None on File

Prescription

Number Medication
01170812 10163 SYNTHROID 0.15MG (150MCG) TABLETS
Your insurance saved you \$3.69

714

0130142-10163 LORAZEPAM 1MG TABLETS
Your insurance saved you \$28.49

0130142 10163 NAMENDA 10MG TABLETS
Your insurance saved you \$157.99

0130142 10163 DIAZEPAM 5MG TABLETS
Your insurance saved you \$15.89

NDC RPh Prescriber
00071-7069-13 AMG HUNTER J

Ins Plan(s) Date of Service Quarterly Pr #
PDS 7 06/05/08 3 000 25 01
081291244050934

Total Fillings 1 Subtotal 34 000 25 01

PCS / 06/05/08 75 000 5 0
081291244050934

Total Fillings 1 Subtotal 75 000 5 0

PCS / 06/05/08 60 000 5 0
081291244050934

Total Fillings 1 Subtotal 60 000 25 0

PCS / 06/05/08 40 000 5 0
081291244050934

Total Fillings 1 Subtotal 40 000 5 0

CVS PHARMACY #3537
PATIENT PRESCRIPTION RECORD
05/30/2008 THU 10/13/2008

DATE 10/13/2008 TIME 12:00 PM

PHARMACY NAME CVS PHARMACY #3537
ADDRESS 210 INGLE S PLACE
CITY ST ZIP SENECA SC 296780000

PATIENT ID# 0331101
PATIENT NAME DONALD L MCCOY
ADDRESS
CITY ST ZIP
TELEPHONE 10/27/195
SEX F
RELATIONSHIP H

CURRENT ALLERGIES ON RECORD
None communicated by the patient

CURRENT CONDITIONS ON RECORD
None communicated by the patient

RA#	NDC	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	REF	QUANT	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	TP #5 PD AMT
77573	0037818101	LEVOHYDROCARBONE 125 MG TABLETS	RAO FRANK C	07/08/2008	DC	34	1.20	1.20				5.00
1st PZR #	5000	2nd PZR #		3rd PZR #				1st PZR #				
TP1 AUTH #	08159036-832141	TP2 AUTH #		TP3 AUTH #				TP4 AUTH #				
77573	10037818101	LEVOHYDROCARBONE 125 MG TABLETS	RAO FRANK C	08/08/2008	RC	0	12.73	12.73				5.00
1st PZR #	5000	2nd PZR #		3rd PZR #				1st PZR #				
TP1 AUTH #	08159036-832141	TP2 AUTH #		TP3 AUTH #				TP4 AUTH #				
78522	0037818101	LEVOHYDROCARBONE 125 MG TABLETS	ROGERS DAVID L	08/08/2008	RC	90	10.73	10.73				5.00
1st PZR #	5000	2nd PZR #		3rd PZR #				1st PZR #				
TP1 AUTH #	08159036-832141	TP2 AUTH #		TP3 AUTH #				TP4 AUTH #				

3 TOTAL AMOUNTS 37.69 22.69 00 00 15.00

DATE	DESCRIPTION	AMOUNT	CHECK NO.	BANK	REMARKS
3-22-95	272.50	20	00		

2021-7-13 ~ 7-18
 5-158

Received Oct-13-2000 01 44pm From-106488804350 To-Larry C Brandt P A Page 001

CYS PHARMACY #4653
 PATIENT PRESCRIPTION RECORD
 03/01/008 THU 1 / 1/2008

DATE 10/3/2008 - 15 3 0

PHARMACY NAME CYS PHARMACY #4653
 ADDRESS 1504 BLAKE WIDOW BLVD
 CITY ST ZIP SENECA SC 296720000

PATIENT ID 00115901
 PATIENT NAME DONNA MCCOLL
 ADDRESS
 CITY ST ZIP 0
 TELEPHONE
 BIRTHDATE 10/27/951
 SEX F
 RELATIONSHIP H

CURRENT ALLERGIES ON RECORD
 None communicated by the patient.

CURRENT CONDITION CANS ON RECORD
 None communicated by the patient

EX NDC DRUG DESCRIPTION
 NUMBER RPL NUMBER

102491 00178181301 ICYNQHYRCAIVE 25 MGS TABLET PAO FRANK G
 1st PZR # 5000 2nd PZR #
 TRF ADTP # 080090753357 08 REC PUT-1 #

TOTAL PRICE 2.73
 4-73 PZR 4
 TRF ADTP 4
 5.00

1 TOTAL AMOUNTS 2.73 7 00 00 0

Walgreens

Confidential Patient Information
Prescription Profile
05/0/2008 through 10/13/2008

Report Date/Time 10/1 008 1-37 P-J

Patient Info: DONNA MCCALL

Patient Phone
Date of Birth 10/27/1951
Gender F
Allergy Conditions
Health Conditions None on File

Prescription

Number Medication
0139831 10163 SYNTHROID 0.15MG (150MCG) TABLETS
Your insurance saved you \$1.69

Store Info 1 01 SANDTIER BLVD
SENECA SC 29678
(864) 883 6889

Pres Plan(s) Date of Service Quantity Price
Claim Ref(s)
PCS / 06/05/08 3 000 2.50
08129123405093

Total Fillings 1 Subtotal 3 000 2.50

0139831 10163 LORAZEPAM 1MG TABLETS
Your insurance saved you \$28.49

6 304 07/3-05 AMG ROGERS D

PCS 06/05/08 75 000 5
081291283583 49

Total Fillings 1 Subtotal 75 000 5

0139831 10163 NAMENDA 10MG TABLETS
Your insurance saved you \$157.99

00456 3310 60 AMG ROGERS D

PCS 06/05/08 60 000 2.60
081291287215846

Total Fillings 1 Subtotal 60 000 2.60

01 3010 13163 DIAZEPAM 5MG TABLETS
Your insurance saved you \$15.89

00373 0345 35 WLC ROGERS D

PCS 06/26/08 90 300 0.18
081490540271116

Total Fillings 1 Subtotal 90 300 0.18

CVS PHARMACY #3537
 PATIENT PRESCRIPTION RECORD
 05/30/2008 THU 10/1/2008

DATE 10/13/2008
 PAGE 1
 TIME 13 1 05

PHARMACY NAME CVS PHARMACY #537
 ADDRESS 3 E INGLE S PLACE
 CITY ST ZIP SENECA SC 296780000

PATIENT KEY 03311101
 PATIENT NAME DONNA L MCCALL
 ADDRESS
 CITY ST ZIP
 TELEPHONE
 BIRTHDATE 10/27/195
 SEX F
 RELATIONSHIP R

CURRENT ALLERGIES ON RECORD
 None Communicated by the Patient

CURRENT CONDITIONS ON RECORD
 None Communicated by the Patient

RX NUMBER	NDC	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT D SP	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	TP #5 PD AMT
774937	30378181101	LEVOTHYROXINE 125 MCG TABLET	RAO FRANK G	07/06/2008 DC	34		14 23	14 23				5 00
1st PYR # 5000		2nd PYR #		3rd PYR #				4th PYR #				
TP1 AUTH # 081530362812141		TP2 AUTH #		TP3 AUTH #				TP4 AUTH #				
770737	140378181101	LEVOTHYROXINE 125 MCG TABLET	RAO FRANK G	08/08/2008 NC	0		12 73	12 73				5 00
1st PYR # 5000		2nd PYR #		3rd PYR #				4th PYR #				
TP1 AUTH # 081790603229410		TP2 AUTH #		TP3 AUTH #				TP4 AUTH #				
786522	00378245 10	LOXAPROPRAM 1 MG TABLET	ROCKERS DAVID	08/08/2008 MW	50		10 73	10 73				00
1st PYR # 5000		2nd PYR #		3rd PYR #				4th PYR #				
TP1 AUTH # 081750611458871		TP2 AUTH #		TP3 AUTH #				TP4 AUTH #				
3 TOTAL AMOUNTS							37 69	22 69	00	00	00	15 09

CXL PATIENTS #4 52
 P - INV PRESCRIPTION RECORD
 C1 01/05/07/2003

PHARMACY NAME C13 OF TOLAKY #4 3
 ADDRESS 504 N E FIDEL BLVD
 CITY ST ZIP 58101 SC 29670000

PATIENT NAME 000 8501
 ADDRESS DONNA MCCALL
 CITY ST ZIP

CURRENT ALLERGIES ON RECORD
 PRE COMMUNICATED BY THE PATIENT

ORDER INFORMATION ON RECORD
 NONE COMMUNICATED BY THE PATIENT

ORDER # 101752 Q01782450 0 LORALAPRAZAM 1 MG TABLET MYL
 1st PPK # 5050 2nd PPK #
 TR1 AUTH # 05 0905320060 TR2 AUTH #
 102086 5814756101 L 001 CR 1 0 4G CAPSULE ORZ
 1st PPK # 5050 2nd PPK #
 TR1 AUTH # 05 19059244725 TR2 AUTH #
 102048 4586234654 KETOCANAZOLE 2 SHAM OO JCR
 1st PPK # 5050 2nd PPK #
 TR1 AUTH # 05 21049370813 TR2 AUTH #
 102563 0001101460 LYRICA 7 MG CAPSULE P D
 1st PPK # 5050 2nd PPK #
 TR1 AUTH # 05 22020280208 TR2 AUTH #

TELEPHONE
 3 777-7777
 FAX
 3 777-7777

ORDER # 101752 Q01782450 0 LORALAPRAZAM 1 MG TABLET MYL
 1st PPK # 5050 2nd PPK #
 TR1 AUTH # 05 0905320060 TR2 AUTH #
 102086 5814756101 L 001 CR 1 0 4G CAPSULE ORZ
 1st PPK # 5050 2nd PPK #
 TR1 AUTH # 05 19059244725 TR2 AUTH #
 102048 4586234654 KETOCANAZOLE 2 SHAM OO JCR
 1st PPK # 5050 2nd PPK #
 TR1 AUTH # 05 21049370813 TR2 AUTH #
 102563 0001101460 LYRICA 7 MG CAPSULE P D
 1st PPK # 5050 2nd PPK #
 TR1 AUTH # 05 22020280208 TR2 AUTH #

ORDER # 101752 Q01782450 0 LORALAPRAZAM 1 MG TABLET MYL
 1st PPK # 5050 2nd PPK #
 TR1 AUTH # 05 0905320060 TR2 AUTH #
 102086 5814756101 L 001 CR 1 0 4G CAPSULE ORZ
 1st PPK # 5050 2nd PPK #
 TR1 AUTH # 05 19059244725 TR2 AUTH #
 102048 4586234654 KETOCANAZOLE 2 SHAM OO JCR
 1st PPK # 5050 2nd PPK #
 TR1 AUTH # 05 21049370813 TR2 AUTH #
 102563 0001101460 LYRICA 7 MG CAPSULE P D
 1st PPK # 5050 2nd PPK #
 TR1 AUTH # 05 22020280208 TR2 AUTH #

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 P2-I-TP ESRIE JA - QED
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ADDRESS 504 BIL P-C 5 L
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PAID BY NAL DOA I CAL-
JUPES

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2 PTHLAT
3 BX

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SECRET
REF ID: A66572

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10-12 4 7 78616 780PHEHCLX SA
5- 47 4 5 0 2

DECLIN

ANDERSON PSYCHIATRY
 100 N FANT ST SUITE D
 ANDERSON SC 29621
 864 226 1166

PAGE

DONNA L MCCALL

BILLING DATE 03/23/09

INITIAL BALANCE 148 00

BILL TO MCCALL

DONNA

CHART #

4798

DATE	POS	PROC	DESCRIPTION	CHARGES	CREDITS	BALANCE
			D MCCALL			
			KHIZAR A KHAN MD			
11/05/08	90801		PSYCHIATRIC DIAGNOSTIC INTERVIEW	205 00		205 00
11/10/08			COMMUNITY HEALTH PARTNERS #	623381 Filed		
11/05/08			VISA/MASTERCARD PAYMENT		25 00	180 00
			D MCCALL			
			KHIZAR A KHAN MD			
11/20/08	90805		PSYCHOTHER INDIV INSIGHT 20 3	124 00		304 00
11/11/08			COMMUNITY HEALTH PARTNERS #	628591 Filed		
11/20/08			VISA/MASTERCARD PAYMENT		25 00	279 00
			D MCCALL			
			KHIZAR A KHAN MD			
12/02/08	90862		PSYCHIATRIC MEDICATION MANAGEMEN	74 00		353 00
12/04/08			COMMUNITY HEALTH PARTNERS #	633951 Filed		
02/08			CASH PAYMENT THANK YOU		25 00	328 00
12/31/08			PMT COMMUNITY HEALTH PARTNEc#	623381	87 96	240 04
12/31/08			Co ins 25 00			
12/31/08			W/O COMMUNITY HEALTH PARTNEc#	623381	76 52	163 52
12/31/08			PMT COMMUNITY HEALTH PARTNEc#	628591	51 97	111 55
12/31/08			Co ins 25 00			
12/31/08			W/O COMMUNITY HEALTH PARTNEc#	628591	37 86	73 69
			D MCCALL			
			KHIZAR A KHAN MD			
01/06/09	90862		PSYCHIATRIC MEDICATION MANAGEMEN	74 00*		147 69
01/12/09			ALLIED BENEFIT SYSTEM #	636421 Filed		
01/06/09			CASH PAYMENT THANK YOU		25 00	122 69

ANDERSON PSYCHIATRY
400 N FANT ST SUITE D
ANDERSON SC 29621
864 226 1166

PAGE

DONNA L MCCALL

BILLING DATE 03/23/09

TOTAL BALANCE 148 00

BILL TO MCCALL DONNA CHART # 4798

DATE	POS	PROC	DESCRIPTION	CHARGES	CREDITS	BALANCE
			D MCCALL			
			KHIZAR A KHAN MD			
02/05/09		90862	PSYCHIATRIC MEDICATION MANAGEMEN	74 00		196 69
02/06/09			ALLIED BENEFIT SYSTEM # 644901 Filed			
02/05/09			VISA/MASTERCARD PAYMENT		25 00	171 69
02/16/09			CHARGE FOR MEDICAL RECORDS	35 00		206 69
02/16/09			12815 SOWELL GRAY STEPP & LAFFITTE		35 00	171 69
02/26/09			CHARGE FOR MEDICAL RECORDS	15 00		186 69
02/26/09			218867 MEDICAL RECORDS PAYMENT		15 00	171 69
02/26/09			PMT COMMUNITY HEALTH PARTNEC# 633951		25 91	145 78
02/26/09			Co ins 25 00			
02/26/09			W/O COMMUNITY HEALTH PARTNEC# 633951		18 52	127 26
			D MCCALL			
			KHIZAR A KHAN MD			
04/09		90805	PSYCHOTHER INDIV INSIGHT 20 3	124 00*		251 26
04/09/09			ALLIED BENEFIT SYSTEM # 655051 Filed			
03/04/09			VISA/MASTERCARD PAYMENT		25 00	226 26
03/20/09			PMT ALLIED BENEFIT SYSTEM c# 644901		25 00	201 26
03/20/09			Co ins 25 00			
03/20/09			W/O ALLIED BENEFIT SYSTEM c# 644901		24 00	177 26

YOUR BALANCE MAY REFLECT
PENDING INSURANCE PLEASE CALL
THE BILLING/INSURANCE DEPT

CURRENT	/30 60 DAYS/	/60 90 DAYS/	>90 DAYS	TOTAL	TOTAL DUE
90 00	58 00	0 00	0 00	148 00	148 00

ANDERSON PSYCHIATRY
400 N FANT ST STE D
ANDERSON SC 29621 5720

PHONE 864 226 1166

*** INSTANT BILL ***

ACCT 37547 DATE 10/17/08

OAKTREE MEDICAL CENTRE PC
PO BOX 484
EASLEY SC 29641

LAST PAYMENT YTD PAY

08/30/08 \$742 00 \$5941 85

OFFICE PH HOME PH BUSINESS PH
PAT NAME APPOINTMENT

MRS DONNA L MCCALL DM DONNA L MCCALL 11/17/08 12 30P

DIAGNOSIS

1-722 0 CERVICAL DISC DISPLACEMENT 5-729 S EXTREMITY PAIN (UPPER/LOWE
2-723 1 NECK PAIN 6 MEDICAL RECORDS FEE
3-721 0 ARTHRITIS/SFONDYLOSIS-CERV
4-782 0 PARESTHESIA

NUM DOCTOR TAX ID

16 MEDICAL RECORDS
106 JAY PATEL MD 58-2332081

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
09/19/07	106	DM	123	99744		OFFICE CONSULTATIO	405 00		405 00
* INS FILED 09/21/07 REFILED 10/10/07									
10/05/07	106	DM	452	95904		SENSORY	630 00		1035 00
(DAYS/UNITS = 6)									
COPAY OR CO-PERCENT DUE BY									
THE PATIENT PER INSURANCE									
AMOUNT DUE \$130 20									
10/05/07	106	DM	452	95903		NERVE CONDUCTION	648 00		1683 00
(DAYS/UNITS = 4)									
10/05/07	106	DM	452	95861		NEEDLE ELECTRO TWO	248 00		1931 00
10/05/07	106	DM	452	A4550		SURGICAL TRAYS	47 00		1978 00
10/01/07	106	DM	12	62310		INJECT SPINE CER	371 00		2349 00
10/01/07	106	DM	12	72275 59		EPIDUROGRAPHY	559 00		2902 00
10/01/07	106	DM	12	J0702		CELESTONE SOLUSEPAN	45 00		2947 00
(DAYS/UNITS = 4)									
INS FILED 10/10/07 REFILED 06/06/08									
10/17/07	16	DM	6	26		MEDICAL RECORDS FE	37 75		2984 75
10/17/07	16	DM		26P		MEDICAL RECORDS PA		37 75	2947 00
* APPLIES TO CHARGES ON 10/17/07 CARR# 23318									
10/17/07	106	DM	2345	99214		ESTAB E/M LEVEL 4	128 00		3075 00
* INS FILED 10/25/07									
COPAY OR CO-PERCENT DUE BY									
THE PATIENT PER INSURANCE									

CONTINUED ON NEXT FORM

CLAIMANT'S OTHER DOCUMENT C OUTSTANDING MEDICAL BILL FROM
DR CHARLES KANOS, MD

MCCALL DONNA L M/R #837525 DOB 10/27/1951 F
SSN

09/06/2007 11 10AM NEAS 7G7493554 MLD CLM TO WC CARR W/ NOTES 08/30/2007 04
31PM TMRE 7G7493554 FRWD TO NEURO 10A 09/07/2007 02 11PM REFERRAL TO DR
ROGERS FOR PAIN MGMT APPROVD BY GEORGE HOANG w/wc (800 338 2487 ext 4618)
BRENDA CONNALL NCM IS SCHEDULING APPT TO COORDINATE WITH HER SCHEDULE AND
WILL NOTIFY PATIENT CPAT
PATIENT S EMPLOYER SANDVICK
REGISTERED ON 08/15/2007 BY NEAS
LAST UPDATED 08/29/2007 BY DLAN
CURRENT STATEMENT BALANCE 0 00
LAST STATEMENT RUN# 0 BALANCE 0 00 DATE DUN LEVEL

Open Cases 1 Closed Cases 0

Case #	Type	Class	Guarantor	Status	Date of Injury
223693	WC	WC	MCCALL DONNA L	OPEN	06/29/2006
NEURO NECK					

>> Case # 223693 Type WC Status OPEN
Last Changed 08/15/2007 By NEAS
Date of First Service 08/15/2007 Date of Last Service

R kation Employer Registration FSCs

Billing Employer
Case FSCS 61 Case Guarantor

Auth # Auth Date 08/15/2007 Auth Phone 800 338 2487
Authorized By TIM MAYES

INVOICE	ADM/VIS	DISCH	PATIENT	MD	LOC HO	BA	CHARGES	FSC	BALANCE
7493554	08/29/07		DONNA L MC	C KANOS	NEU	NEUR	259 00	WC	259 00 CASE 223693
TOTAL							259 00	259 00	

>> INVOICE	ADM/VIS	DISCH	PATIENT	MD	LOC HO	BA	BALANCE
7493554	08/29/07		DONNA L MCCAL C KANOS	NEURS	NEUR		259 00 CASE 223693

POSTED	SERVICE	DESCRIPTION	PAYMENTS	ADJUST	CHARGES	FSC	BATCH
1)	08/29/07	08/29/07 99243 OFFICE CONSULTATION	(1) RVU	49 55	259 00	WC	303068
2)	08/29/07	142 COMMERCIAL PAPER FORM PREPARED					
1 PUN 2048							

723 1 CERVICALGIA
729 5 PAIN IN LIMB
DIVISION NEUROSURGERY
REF PHYS 443
INVOICE FSC LIST 61 1

FSC	CURRENT	1 MONTHS	2 MONTHS	3 MONTHS	4 MONTHS	5 MONTHS	>5 MONTHS	TOTAL
WC			259 00					259 00

South Carolina Workers' Compensation Commission
1612 Marion St
P O Box 1715
Columbia South Carolina 29202 1715
(803) 737 5700 ♦ www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File # 0722895
Carrier File # 51C712118

Donna L McCall Claimant's Name				Sandvik Inc Employer's Name			
Address				2424 Sandifer Boulevard Westminister SC 29693			
City State Zip				Address City State Zip			
Home Phone				Sentry Insurance Company			
Work Phone				Insurance Carrier			
Grady L Beard Esquire				(803) 929 1400			
Preparer's Name				Phone #			

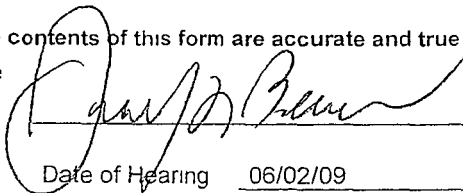
A claim for workers compensation benefits is made based on the following grounds

☐ Injury ☐ Illness ☒ Repetitive Trauma

- 1 Compensation Rate \$552 19 2 AWW \$828 25 Date of Injury 11/29/07 (alleged in Form 50)
- 3 Type of injury and body part(s) Both wrists / bilateral carpal tunnel syndrome (alleged)
- 4 Facts in controversy DENIED CLAIM All facts in controversy Whether claimant sustained a compensable repetitive trauma or injury by accident
- 5 Legal issues involved DENIED CLAIM Claimant was not even working for employer on date of alleged accident
§ 42-1-172 § 42 1-160 § 42 15-20 § 42 15 40 Doctrine of laches
- 6 Unusual aspects (1) Claimant has another claim as well causing the length of Hearing to be at least 2 hours in all likelihood due to consolidation (2) Defendants are subpoenaing Dr Rogers to Hearing
- 7 Witnesses (designate if expert)* (1) Diana Dieska (2) Mike Connor (3) Arun Pattannik (4) Dr David Rogers (see #6 above) (5) Defendants reserve the right to submit other witnesses to rebut claimant's allegations as necessary
Defendants will call these witnesses as necessary if available
- 8 Exhibits (1) Employee's Report of Claim (2 pgs) (08/28/06) (2) SCESC Records (2 pages) (3) Portions of claimant's personnel file including any documents provided to claimant via subpoena or Order may be used at Hearing Previously provided to claimant's attorney via subpoena and (4) Claimant's depositions if necessary
- 9 Medical evidence (indicate report pursuant to R 67 612 deposition or appearance) See attached Notice of Witnesses and Medical Reports to be Introduced as Evidence on Behalf of the Defendants
- 10 Name address and specialty if any of the treating physician N/A
- 11 Impairment rating(s) body part(s) physician and date of opinion None to defendants knowledge for this alleged accident
- 12 I am amending my Form 50/51 in the following matter N/A

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

Signature



E mail gbeard@sowell.com

Date May 22 2009

Date of Hearing 06/02/09

Time needed for Hearing 2 hours minimum

On behalf of ☐ Claimant ☒ Employer

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

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO 0722895

Donna McCall	)	
	)	
Claimant,	)	
	)	
v	)	<u>NOTICE OF WITNESSES AND</u>
	)	<u>WRITTEN MEDICAL REPORTS TO</u>
Sandvik Inc ,	)	<u>BE INTRODUCED AS DIRECT</u>
	)	<u>EVIDENCE ON BEHALF OF</u>
Employer,	)	<u>DEFENDANTS</u>
	)	
Sentry Insurance Company,	)	
	)	
Carrier	)	
	)	
Defendants	)	
_____	)	

TO SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND M TODD SIMMONS, ESQUIRE, ATTORNEY FOR THE CLAIMANT

YOU ARE HEREBY NOTIFIED THAT THE Defendants pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976 as amended), herewith submits the following medical reports as direct evidence on behalf of the Defendants, to-wit

Physician	Practice	Dates of Service	Page Numbers
Henry Ramirez PA	Upstate Medical Associates	08/17/06	Pages 1 2
	Finley Chiropractic Clinic	08/07/91 06/19/07	Pages 3 7
	Clemson Health Center	10/24/06	Pages 8 9
	Oconee Memorial Hospital	04/16/96 11/26/02	Pages 10 16
Edward Warren III MD	Anderson Radiology	11/17/99	Page 17
	Lake Ridge Neurological PA	11/12/99 12/10/99	Pages 18 35
Charles C Kanos MD	Southeastern Neurosurgical & Spine	08/29/07	Pages 36 45
	Seneca Family Practice	04/22/99 06/20/01	Pages 46 48

Physician	Practice	Dates of Service	Page Numbers
9	Oaktree Medical Centre	06/27/08	Pages 49 50
10	Cancer Centers of the Carolinas	03/06/09	Page 51
11 Jackie Avery DPM		10/21/08 04/28/09	Pages 52 56
12 George R Bruce MD		02/11/09	Deposition
13 Dr Jay Patel		03/18/008	Deposition
14 David S Rogers MD		01/29/08	Deposition
15 Charles C Kanos M D		07/21/08	Deposition
16 William W Woodruff M D		07/11/08	Deposition

Exhibits	Date of Reports	Page Numbers
A Employee s Report of Claim	08/28/06	Pages 1 2
B SCESC Records		Pages 3 4
C Portions of claimant s personnel file including any documents provided to claimant via subpoena or Order may be used at Hearing Previously provided to claimant s attorney via subpoena		
D Deposition of claimant if necessary		

Unusual Problems

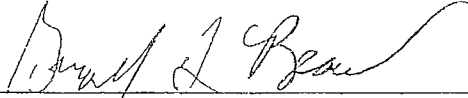
(1) Claimant has another claim as well causing the length of Hearing to be at least 2 hours in all likelihood due to consolidation (2) Defendants are subpoenaing Dr Rogers to Hearing

YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross examination and should you desire to exercise said right you are to forthwith schedule the depositions of any of the physicians whose reports are submitted for the purposes of cross examination

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein or photocopies received from said physicians/others are being herewith forwarded to the South Carolina Workers Compensation Commission for insertion in the file of the South Carolina Workers Compensation Commission and inclusion into evidence on behalf of the employee defendants

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants (1) Diana Dieska (2) Mike Connor (3) Arun Pattannik (4) Dr David Rogers (see #6 above), (5) Defendants reserve the right to submit other witnesses to rebut claimant's allegations as necessary Defendants will call these witnesses if available

SOWELL GRAY STEPP & LAFFITE LLC



Grady L. Beard
1310 Gadsden Street
Post Office Box 11449 (29211)
Columbia South Carolina 29201
(803) 929 1400

ATTORNEY FOR DEFENDANTS

Columbia South Carolina

May 22 2009

Donna L. McCall v. Sandvik
WCC File No. 0627287
Date of Accident 06/29/06
Claim No. 51C593019
Our File No. 5431/8135

and

Donna L. McCall v. Sandvik Inc. (2)
WCC File No. 0722895
Date of Accident 11/29/07
Claim No. 51C712118
Our File No. 5431/8221

Physician	Practice	Dates of Service	Page Numbers
1 Henry Ramirez PA	Upstate Medical Associates	08/17/06	Pages 1 2
2	Finley Chiropractic Clinic	08/07/91 - 06/19/07	Pages 3 7
3	Clemson Health Center	10/24/06	Pages 8 9
4	Oconee Memorial Hospital	04/16/96 11/26/02	Pages 10 16
5 Edward Warren III MD	Anderson Radiology	11/17/99	Page 17
6	Lake Ridge Neurological PA	11/12/99 - 12/10/99	Pages 18 35
7 Charles C. Kanos MD	Southeastern Neurosurgical & Spine	08/29/07	Pages 36 45
8	Seneca Family Practice	04/22/99 - 06/20/01	Pages 46 48
9	Oaktree Medical Centre	06/27/08	Pages 49 50
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12 George R. Bruce MD		02/11/09	Deposition
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D Deposition of claimant if necessary		

HPI pt fell on 6/29/06 at work she complains of headache neck and low back pain

ROS

HEAD HEADACHE moderate bilateral

NECK Neck PAIN moderate bilateral aching

MUSCULOSKELETAL Low BACK Pain moderate bilateral

PFSH

Medical Hx

FAMILY HISTORY

Social Hx added

CURRENT TREATMENT

PHYSICAL EXAMINATION

EYES Stable vision PERRLA EOMs intact and fundi normal

EARS Stable hearing canals and TMs show no deformity discharge or inflammation

NOSE SINUSES Normal patency with no apparent deformity lesion or sinus abnormality

MOUTH Normal jaw teeth and soft tissues without lesion odor or weakness

THROAT Normal pharynx with no post nasal discharge inflammation or lesion

NECK Neck Muscles ABNORMAL spasm tender

BACK SPINE Back Tenderness bilateral lumbar

ASSESSMENT Chronic problems have been reevaluated and are stable 08/17/2006 12 30

contusion to head

cervical strain

lumbar strain

contusion to head

cervical strain

lumbar strain

PLAN -

light duty with no lifting pushing or pulling greater than 10 lbs see me one week start pt three times a week

x-ray of head and neck and lower back is normal

PRESCRIPTIONS

Relafen 500mg 2 tabs qday #60 no refills

Soma 350mg tid #90 no refills

Ultram 50mg 1or2 tabs qid #120 no refills

CODING

99214 Estab Pat (25)

Decadron LA 8 mg

Henry Ramirez P A 128

James R Hanahan M D 7874

Date/Time 8/17/2006

Type XRAY

Acquired 0 0 2006 2 00

Control # (Not Specified)

Comments (Not Specified)

Disclaimer Images may lose some of their detail when reproduced Images may have been enlarged or in size to fit the page Please keep this information in mind when referring to images

Oconee Family Practice PA		Seneca, SC
Name	McCALL, DONNA	Age 54 Sex WF
X ray #	4320	JR Hanahan, Jr MD Chart# WC
X ray	SKULL C&L SP	Date 8/17/06

8228

XRAY REPORT

NORMAL

ABNORMAL

OTHER

Dr. Hanahan M.D.

[Signature]

2

8-1-91
Donna McCall

21L

S-10

W-10

DEFENDANTS' APA #2 RECORDS OF FINLEY CHIROPRACTIC CLINIC

736

741

10 3-05 2 weeks, 41 41-41 10 weeks
 under for several days
 Dec 4 weeks in my lotter
 no tension in my leg

8/2/05

8/2/05

8/2/05

8/2/05

6/19/07 2 months ago fell at work, landing on
 bottom + then head bounced off floor.
 3 days later had H's + went to MD, they x-rays.
 + gave @ pills She still has dull H's +
 neck very tight ↓ ROM ^{cervical} rotation
 ↓ flexion " lat flexion

CC Bilateral neck @ w/ H's

TX mass, head, T10, T7, T5, T1, C5, C1, collar

4

Patient Name: Mr. J. A. Williams
 Address: _____
 Telephone No: _____ Referred by: _____ Occupation: _____ Sex: M Age: 37

SPINAL ANALYSIS

Vertebral	Flexion	Extension	Rotation	Distraction	Relaxation
C1					
C2					
C3					
C4					
C5					
C6					
C7					
T1					
T2					
T3					
T4					
T5					
T6					
T7					
T8					
T9					
T10					
T11					
T12					
L1					
L2					
L3					
L4					
L5					
S1					
S2					
S3					
S4					
S5					
S6					
S7					
S8					
S9					
S10					
S11					
S12					

PRESENT COMPLAINT: Sciatic & nerve pain
occ. after a long drive but not
in the leg itself, is a weak
feeling throughout the lower
limbs in the afternoon
and at night.

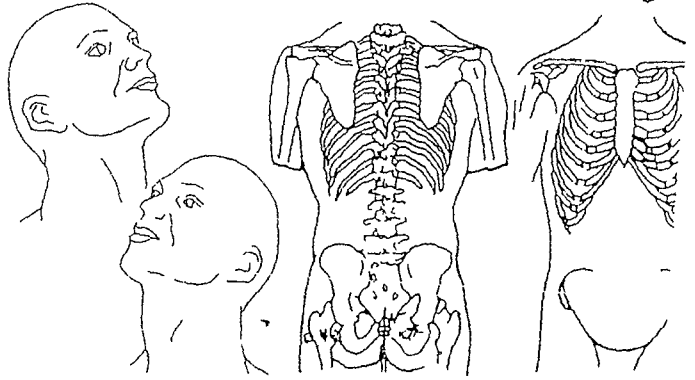
PAST HISTORY: _____ Operations: _____
 Post-operative: _____ Vascular: _____ Surgical: _____
 Physiotherapy: _____
 FAMILY HISTORY: _____ Tuberculosis: _____ Cancer: _____
 Heart Disease: _____ Rheumatism: _____ Gout: _____
 Infection: _____ Allergy: _____ Kidney Disease: _____
 CLINICAL EXAMINATION: _____ Temperature: _____ Pulse: _____
 Blood Pressure: _____ Weight: _____ Height: _____
 General Appearance: _____ Stature: _____ Build: _____
 Eyes: _____ Ears: _____ Throat: _____
 Ribs & Spine: _____

Vertebral	Flexion	Extension	Rotation	Distraction	Relaxation
C1					
C2					
C3					
C4					
C5					
C6					
C7					
T1					
T2					
T3					
T4					
T5					
T6					
T7					
T8					
T9					
T10					
T11					
T12					
L1					
L2					
L3					
L4					
L5					
S1					
S2					
S3					
S4					
S5					
S6					
S7					
S8					
S9					
S10					
S11					
S12					

HEAD & NECK: _____ Trachea: _____ Sinus: _____
 CHEST: _____ Breasts: _____ Scapula: _____
 ABDOMEN: _____ Rebound: _____ Peristalsis: _____
 EXTREMITIES: _____ Color: _____ Swelling: _____ Vasculature: _____
 NEUROLOGICAL: _____ Reflexes: _____
 B. S. S. _____
 CERVICAL SPINE: _____ Kyphosis: _____
 Scoliosis: _____ Muscle Sp.: _____
 A. T. D. S. _____
 MENTAL STATUS: Stable _____ Unstable _____ Anxious _____
 Appetite: _____ Hypochondriacal _____
 Aspects: _____ Insomnia _____

REMARKS: 12-3 79 - Heavy occ. numbness
in hands & feet when legs
on that side

THERAPY RECOMMENDED: Seen to ortho
+ distal NIF + X-Rays
etc. to rule out nerve



Form 8001 Colwell System Inc. Chicago

PATIENT HISTORY

Date of Birth 11-27-51 Social Security Number 224 78 5807
 Last Name McCall First Name Dennis MI L
 Address _____ Apt # _____
 City _____ ST _____ Zip _____
 Phone (H) _____ (W) _____ (Cell) _____
 Spouse's Name Joseph McCall
 Your Occupation Valenite Fur Operator Employer Valenite
 Employer Address 3424 Sandifer Boulevard
 Insurance Company Allied Policy Number _____
 Have you ever been to another doctor for this problem? Y Who? _____
 Who referred you to this office? General

WHAT BRINGS YOU TO OUR OFFICE?

FIRST COMPLAINT

- ↓ Date when symptom first appeared 3 days
 ↓ Did it begin _____ Gradual _____ Sudden _____ Progressive over time _____
 ↓ What makes the symptoms increase? heavy lifting
 ↓ What relieves the symptoms? medication
 ↓ Type of Pain _____ Sharp _____ Dull _____ Ache _____ Burn _____ Throb _____
 ↓ Does the Pain Radiate into your _____ Arm _____ Leg back Does not radiate _____
 ↓ Do you experience Numbness or Tingling? _____ Y _____ N _____
 ↓ How often do you experience these symptoms?
 _____ 100% _____ 75% _____ 50% _____ 25% _____ 10%
 ↓ PAIN INTENSITY Please put line on the scale describing the intensity of your pain

No Pain _____ Unbearable Pain _____

OTHER COMPLAINT

- ↓ Date when symptom first appeared _____
 ↓ Did it begin _____ Gradual _____ Sudden _____ Progressive over time _____
 ↓ What makes the symptoms increase? _____
 ↓ What relieves the symptoms? _____
 ↓ Type of Pain _____ Sharp _____ Dull _____ Ache _____ Burn _____ Throb _____
 ↓ Does the Pain Radiate into your _____ Arm _____ Leg _____ Does not radiate _____
 ↓ Do you experience Numbness or Tingling? _____ Y _____ N _____
 ↓ How often do you experience these symptoms?
 _____ 100% _____ 75% _____ 50% _____ 25% _____ 10%
 ↓ PAIN INTENSITY Please put line on the scale describing the intensity of your pain

No Pain _____ Unbearable Pain _____

PATIENT SIGNATURE

Dennis McCall

DATE

6-19-07

McCall Donna L

10/27/1951

McCall Donna L

2001

10/27/1951

301 17 1

211111

Signature On File

06/23/2007

Signature on file

739 7

724 2

724 3

06/19/07

06/19/07

11

98941

100

200

1462224

571126103

McCall Donna

200

06/27/2007

Dr Rhonda L Finley,
(8/27/2007)

Finley Chiropractic Clinic
209 Windsor Street
Westminster SC 29693

Dr Rhonda Finley,
209 East Windsor Street
Westminster SC 29693
1-402-225-34



DEFENDANTS' APA #3 RECORDS OF CLEMSON HEALTH CENTER

1

FILE # 66098		EXAM ROOM	
PATIENT NAME LAST FIRST MIDDLE MCCALL DONNA L	INSURANCE PAYMENT METHOD ALLIED BENEFIT SYSTE 229785807		95901
PATIENT ADDRESS		CITY STATE ZIP	SOCIAL SECURITY #
PATIENT EMPLOYER		EMPLOYER MAILING ADDRESS	EMPLOYER PHONE
GUARANTOR NAME MCCALL, DONNA L		GUARANTOR EMPLOYER	GUARANTOR PHONE
NEAREST RELATIVE		NEAREST RELATIVE ADDRESS	NEAREST RELATIVE PHONE
DOB 10/24/86	1135	MARK/CHOC/F/54	DOB 10/27/51
HMO/CON	Unid Bx	Comp Dnt of Trj	FAMILY MD
PT CHIEFS NAUSEA		H Injury Occ or J	
VITAL SIGNS T 99.4 P 80 R 16 BP 110/70 Wt 110		TIME 1335	
N/A assessment No nausea x 2 days & eating out		Drugs Allergic NKDA	
Phy 1 A ment Sunset at army ground		Current Medications	
Vomited (Mon AM) 5'6"		Vt	
Diarrhea (Mon AM) 185			
Sick and nauseated 6'2"		Termin Stat	
The chills - Sun AM		TAB/X RAY	
No nausea today		C/A	
Nurse orders/treatment No ABX / xiv		(Amplified / Lipase)	
DIAGNOSIS GTX			
DISCHARGE INSTRUCTIONS / MEDICATIONS Cipro 500 mg BID T 30 Chondro 250 mg BID T 30 C/A → advance as tolerated Counsel & follow		WOUND INSTRUCTIONS/CARE ☐	
DATE		FEVER INSTRUCTIONS ☐	
LIGHT DUTY (check 11) thru 10:30 AM		HEAD INJURY INSTRUCTIONS ☐	
FULL DUTY 1/1/1		CAST/SPLINT INSTRUCTIONS ☐	
OFF DUTY 1/1/1		M.D. SIGNATURE	
FOLLOW UP 1/1/1		Nurse signature	
CHC		DISCHARGE TO	
Sub		W/C CALLED	
		TIME	

Name LOWYNA, IVDate 10/24/00PMH G 2-P Misc _____

Hyst OOPH Tubal
Cholecyst CABG Stent
Append Mastectomy Augmentation
Cancer _____
AFib HTN Diabetes
Migraine MRI / CT
Arthritis Chronic Pain Back Pain

ROS LMP _____ JTD Not PG
Tubal Hyst OCP s
Dep Vasectomy Condoms
No (F&C HA Body ache)
No (~~Nausea~~ ~~Vomiting~~ ~~Diarrhea~~)
No (Cough Wheezing)
No (Abdominal Pain Pelvic Pain)
No (Rash Itch Tick bite)
No (Dysuria Frequency Hematuria
Incontinence Nocturia Dribbling)
No (Travel more than 8 hours in last
30 days)
No (Weight loss / gain)

HAM Ht 5'6 Wt 184 Visual Acuity _____

Check Mark = Normal in ()

Hair (Brown Blonde) Red Auburn
Colored Thinning Bald)Gen (NAD MMM) Dry Lips
Tired Anxious Ill TearfulSkin (Clear) Urticaria Eczema
Psoriasis Impetigo TattooEyes (Clear, EOMI Perri, Ant Chbr Clr)
Matting Conj Erythema Cataracts
Corneal abrasion Ulcer PhotophobiaPharynx (Clear pink) Beefy red
Exudates Swollen uvulaEars (EAC WNL, TM'S Clear) Moist EAL
Green D/C EAC Red TM sSinuses (Non tender non stuffy)
Tender StuffNose (Clear) Stuffy Draining Dev SeptNeck (Supple, Full ROM, Nodes)+Nodes
Bruits Thrill Sore Stiff Lid ROMSupraclavicular (Clear) Palpable nodesAxilla (Clear) Palpable nodes CystThyroid (WNL) NodularHeart (RRR w/o MRG) Murmur _____
Irregular RubChest (Clear to Auscultation)Abdomen (Soft +BS Non tender)
Pooched Tender Decreased BS

LOWER EXTR

(No clubbing cyanosis edema Normal
pedal pulses No DVT tenderness)

NEURO

(Alert OX3 CN III XII intact
Normal gait Norm motor Norm sensation)

BREAST

(No complaints SBE)

PELVIC

(N BSU)(Pink moist vagina)(No palpable masses)

Foul Fishy Gray discharge

Herpetic ulcers

White cheesy discharge

Bulky uterus

Adnexal mass

RECTAL

(Normal Heme)

GU

(Testicles WNL No masses No Hernia)

CLEMSON HEALTH CENTER

885 Tiger Boulevard
Clemson South Carolina 29631
(864) 654 6800

CHC 2

9

OCONEE MEMORIAL HOSPITAL
SENECA, SOUTH CAROLINA 29678

DISCHARGE SUMMARY

93377
MCCALL, DONNA L

Admission 04/16/96

Discharge 04/22/96

DISCHARGE DIAGNOSIS Right lower extremity deep venous thrombosis

SECONDARY DIAGNOSES Right knee medial meniscal tear, anterior cruciate ligament strain

HPI Ms McCall sustained a right knee injury and subsequently a few weeks later while we were waiting for PT to get approved and started by Workers Compensation agent, she developed a DVT in the right calf, identified with venous duplex Doppler. She is admitted to the hospital for care of this

INITIAL PHYSICAL EXAM Significant for right calf discomfort to palpation positive Hohlmann's sign on the right calf with slight swelling of the right calf and knee

STUDIES Venous duplex Doppler showed DVT and popliteal vein in the mid calf. See H&P for further physical exam

COURSE IN THE HOSPITAL She is admitted to the hospital and started on Heparin anticoagulation and also Coumadin oral anticoagulatory medication. She, at this time, has a protime of 14.5 INR of 1.3 on 04/21/96. She has also been on Heparin and adequately anticoagulated per the Heparin nomogram. It is felt that we can discharge her home with Coumadin 5 mg p o q day with Monday and Thursday protimes. Strict precautions and a bout with any bleeding problems, any medication allergic reactions, and problems such as that were given. She has also had some urticaria that has subsided, possibly to previous medications. She seems to be tolerating Coumadin well. Phenergan 25 mg p o, Vistaril 10 mg p o q 6 hours for urticaria. GI symptoms, allergies, sleepiness alcohol driving and machinery precautions are given. She can ambulate with crutches or around the house without crutches. Will start up PT in approximately 1 week and we will check her in the office in approximately 1 week or sooner if there are any problems such as bleeding, increasing pain, swelling, or any other problems with the right knee. Her Coumadin has been regulated on a regular diet so she can continue with the current type of diet.

W L DEVAULT, M D

D 04/22/96 0653 3390

T 04/26/96 1411 rdb

OCONEE MEMORIAL HOSPITAL
Sceca, South Carolina 29678

HISTORY AND PHYSICAL REPORT

MCCALL DONNA LOUISE
093377 425-01

CHIEF COMPLAINT Right leg pain, right DVT

HPI Ms McCall is a 44 year old lady who sustained a right knee injury medial collateral ligament strain possible medial meniscal tear, possible anterior cruciate ligament tear She was noted in the office yesterday to have had a few days of increasing discomfort in the right lower extremity in the calf behind the knee and some swelling of the right knee She was sent over on an urgent basis for a venous duplex Doppler of her right lower extremity which showed a DVT in the right leg She was immediately admitted to the hospital for anticoagulation therapy and further therapy as needed

PAST MEDICAL HISTORY She has a significant past surgical history for tubal ligation approximately 20 years ago, and she has been hospitalized for allergic reaction to a bee sting, but no other significant hospitalizations or medical problems noted

CURRENT MEDS Prior to admission none

SOCIAL HISTORY She works at Valenite and she is married
She has two children

ALLERGIES Codeine with a rash and urticaria

REVIEW OF SYSTEMS HEENT, no reported problems No visual problems CARDIORESPIRATORY, no asthma, SOB, orthopnea, dyspnea, or anginal type chest pain GI, no cholecystitis or ulcer disease GU no kidney stones or recurrent kidney infection or bladder problems MUSCULOSKELETAL, per HPI NEURO/ENDOCRINE no reported problems

FAMILY HISTORY Significant for grandmother with diabetes mellitus No other significant medical problems such as myocardial infarctions, strokes, or cancer noted in the family

PHYSICAL EXAM T 97.9 BP 122/66, R 16 and unlabored, heart rate 80

HEENT Normocephalic, atraumatic Eyes--EOMs intact PERRL Fundi clear Ears without drainage Nose and throat clear Neck supple

OCONEE MEMORIAL HOSPITAL
Seneca, South Carolina 29678

HISTORY AND PHYSICAL REPORT

MCCALL DONNA LOUISE
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CHEST Symmetric

LUNGS Clear to auscultation with equal breath sounds bilaterally

HEART Regular rate and rhythm No murmurs rubs, or gallops appreciated Normal S1 S2

ABDOMEN Soft nontender, bowel sounds active in all quadrants No hepatosplenomegaly palpable

EXTREMITIES Right and left upper and lower extremities full movement to request Right knee has about a 1+ effusion Right leg does not show any cords, heat or erythema however, she has tenderness in the popliteal area and in the proximal 1/3 of the leg laterally with a positive Homans sign to a mild degree on the right She has normal sensation and good capillary refill, and 2+ right radial pulse on the right foot and toes She has some tenderness in the right medial collateral ligament origin and medial joint line On ROM, she can fully extend and flex back to approximately 115 degrees on the right knee There is no right thigh discomfort at this time

NEURO Cranial nerves II-XII are grossly intact She is alert, oriented and cooperative

SPECIAL STUDIES Venous duplex Doppler of right lower extremity shows a DVT in the right calf

PLAN She is admitted to the hospital for anticoagulation therapy, initially heparinization, followed by Coumadinization

W L DEVAULT, M D

D 4/17/96 0715 2433
T 4/17/96 0932 tlm

[Signature]

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