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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Commissioners Gene McCaskill, Melody L. James, and Cynthia C. Dooley

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Appellate Case No. 2026-000329
WCC File No. 1613880

Ivan Moore, Claimant, ……..……. Appellant,

v.

Spartanburg Steel, Employer, and Hartford Accident & Indemnity Company, Carrier, c/o Sedgwick Claims Management Services, Inc., ..…… Respondents.

RECORD ON APPEAL

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State of South Carolina
Workers' Compensation Commission

DECISION AND ORDER

THE HONORABLE Commissioner T. Scott Beck

SCWCC File No.: 1613880

Ivan Moore,

Claimant,

v.

Spartanburg Steel,

Employer,

and

Hartford Accident & Indemnity Company,

Carrier,

c/o

Sedgwick Claims Management Services, Inc.,

Defendants.

District Six

Hearing held in Spartanburg County, South Carolina,
on December 19, 2024

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

Appearances:	Sam Bass, Esquire, of Stewart Law Offices, L.L.C., appeared on behalf of Claimant.
	Mark Allison, Esquire, of McAngus Goudelock & Courie, appeared on behalf of Defendants.
Purpose of Hearing:	To determine issues as set forth on Forms 50 and 51

Court Reporter: ABC Reporting, 257 Summerland Drive, Batesburg-Leesville, South Carolina 29006, (803)-532-5255

Filed: *May 6, 2025*

I. STATEMENT OF THE CASE

Claimant sustained admitted and compensable injury to his left knee arising out of and in the course and scope of his employment with Defendant Employer Spartanburg Steel on March 1, 2016.

On September 13, 2016, Dr. Michael Hoenig, Claimant's authorized treating physician, opined Claimant had reached maximum medical improvement with a 10% impairment rating to the left knee, required future medical treatment of cortisone injections intermittently, and assigned no permanent work restrictions. On September 20, 2016, Dr. Hoenig completed a Form 14B memorializing his opinion. Claimant continued to treat with Dr. Hoenig for intermittent injections through September 1, 2023, at which time Dr. Hoenig referred Claimant for consideration of a left knee replacement. Claimant then obtained opinions regarding treatment needs for the left knee and causal relation of same to the work accident from Dr. James O'Leary and Dr. Daniel Gerscovich.

On August 9, 2024, Claimant filed a Form 50 requesting a hearing and further medical treatment for his left lower extremity and alleging that he was not at maximum medical improvement for his left knee. On September 6, 2024, Defendants responded to Claimant's Form 50 with a Form 51 denying Claimant is entitled to additional medical treatment, temporary benefits, and that Claimant sustained permanent disability as a result of his injury. A hearing was set for November 27, 2024 but was reset to December 19, 2024, to allow Claimant time to provide Defendants with additional medical records from his primary care physician and records

from an intervening accident. This matter comes before the undersigned Commissioner on these pleadings and the sole issues of whether Claimant's need for a total knee replacement surgery is causally related to his work accident on March 16, 2016, and if Claimant has reached maximum medical improvement.

II. STIPULATIONS

1. The South Carolina Workers' Compensation Commission has jurisdiction over the parties and subject matter of this claim.

2. Venue is proper in Spartanburg County, South Carolina, but the parties consented to venue in Spartanburg, South Carolina.

3. The parties received proper and timely notice of the hearing.

4. The applicable average weekly wage is $801.52, with a corresponding compensation rate of $534.37.

5. The Commission's file is made a part of the record.

III. APA SUBMISSIONS

On behalf of Claimant:

APA #	DOCTOR	PRACTICE	DATES	PAGES
1.	Michael Hoenig, M.D.	Carolina Orthopaedic and Neurosurgical Associates	05/10/2016 to PRESENT	1-230
2.	James O'Leary, M.D.	Midlands Orthopaedics, PA	01/15/24	231-234
3.	Daniel Gerscovich, M.D.	Carolina Orthopaedic and Neurosurgical Associates	04/16/2024	235-242
	EXHIBIT			
1	Correspondence with Defense Counsel		10/17/2023 to PRESENT	1-11

On behalf of Defendants:

APA #	DOCTOR	PRACTICE	DATES	PAGES
4.	Michael Hoenig, M.D.	Carolina Orthopaedic and Neurosurgical Associates	09/13/2016 to 09/20/2016	243-247
5.	Michael Hoenig, M.D.	Deposition Transcript of Michael Hoenig, M.D.	10/31/2023	248-290

IV. EVIDENCE OF THE CASE

Claimant's Testimony

Claimant was the only witness to testify. Claimant began working for Spartanburg Steel in 2004 as a temporary employee and was hired full-time on August 16, 2004. (Hrg. Tr. p. 12). He began at Spartanburg Steel performing operators "C" job, eventually working his way up to an operator "A" job, which he is currently doing. (Hrg. Tr. pp. 12-13).

Claimant began treatment with Dr. Hoenig in May 2016. (Hrg. Tr. pp. 7-8). Claimant was initially treated with cortisone injections and a left knee brace. (Hrg. Tr. p. 8). He performed no standing or doing anything on his left knee for approximately three months. (Hrg. Tr. p. 8). On August 6, 2016, Dr. Hoenig discussed with Claimant that he had a torn meniscus in his left knee, which could be treated through conservative measures or with surgery. (Hrg. Tr. pp. 8-9). He stated his knee never healed on its own, and every three months he would come back to Dr. Hoenig's office from 2016 through 2023 to get injections in his left knee. (Hrg. Tr. p. 10). Claimant would either undergo cortisone injections or a series of three injections (viscosupplementation), which stopped helping his left knee approximately a year-and-a-half ago. (Hrg. Tr. pp. 10-11). He followed up with Dr. Hoenig after the injections stopped working, who told him he would require a knee replacement. (Hrg. Tr. p. 11). Dr. Hoenig told Claimant

he would set him up for a knee replacement and would get in contact with workman comp to arrange the surgery. (Hrg. Tr. p. 12). He wants to undergo the left knee surgery due to the constant pain in his left knee, despite wearing a knee brace. (Hrg. Tr. p. 13).

On cross-examination, Claimant clarified he wanted to undergo the left knee surgery once the injections stopped relieving his pain. (Hrg. Tr. p. 14). Claimant admitted he has known he might need a left knee replacement for about a year-and-a-half. (Hrg. Tr. p. 15). Claimant confirmed he has personal health insurance which could be used to help cover the cost of the left knee replacement, but he stated he cannot afford the surgery. (Hrg. Tr. p. 16). Claimant admitted he has no problem with the care Dr. Hoenig has provided him. (Hrg. Tr. p. 16). Claimant confirmed Dr. Hoenig originally offered a left knee surgery to him in 2016 but elected to see if it will heal on its own. (Hrg. Tr. p. 17). He elected to not undergo the surgery because Dr. Hoenig told him it would heal on its own. (Hrg. Tr. p. 17).

Dr. Hoenig's Testimony (Deposition Transcript)

Dr. Hoenig's deposition was noticed by Claimant's attorney, Sam Bass, and taken on October 31, 2023. (Def.'s APA pp. 248-251). Dr. Hoenig noted he first treated Claimant on May 10, 2016. (Def.'s APA p. 252). Claimant reported to him he was injured on March 1, 2016, when he was hit on the outer part of his left knee, which caused pain on the inner part of his knee and swelling. (Def.'s APA p. 253). Dr. Hoenig provided Claimant with a hinged knee brace, prescribed Mobic, assigned work restrictions of sedentary duty, and performed a steroid injection. (Def.'s APA p. 253). Dr. Hoenig reviewed his left knee MRI that showed a degeneration of the medial meniscus, with no obvious tear, swelling, a Baker's cyst, a strain of the popliteus, edema or strain around his MCL, cartilage wear in the groove of his kneecap, and early arthritis in the inner compartment. (Def.'s APA pp. 253-254).

Dr. Hoenig next saw Claimant on June 7, 2016, where he released him to full duty and to re-check in a couple weeks. (Def.'s APA p. 254). Dr. Hoenig performed another left knee steroid injection. (Def.'s APA p. 255). Claimant returned to Dr. Hoenig on August 16, 2016, reporting great relief from the injection that gradually wore off, was using his knee brace, taking Mobic, and working full duty. (Def.'s APA pp. 255-256). Dr. Hoenig performed another left knee steroid injection and noted to put him at MMI or consider a possible knee scope at his next appointment. (Def.'s APA p. 256).

Dr. Hoenig next saw Claimant on September 13, 2016, where Dr. Hoenig noted Claimant had several injections with temporary relief, he has taken intermittent Mobic, and the brace is helpful. (Def.'s APA p. 257). Claimant also reported to Dr. Hoenig that his left knee feels 70% with all his pain located about the medial joint line. (Def.'s APA p. 257). Dr. Hoenig released Claimant to maximum medical improvement with a 10% impairment rating, future medical treatment of cortisone injections intermittently, and signed off on a Form 14B expressing the same. (Def.'s APA pp. 257-258).

On November 1, 2016, Claimant returned to Dr. Hoenig, who viewed Claimant as released to maximum medical improvement and was receiving treatment relative to his Form 14B's recommendation of future medical treatment. (Def.'s APA p. 259). Dr. Hoenig provided Claimant with a right knee injection and continued to provide Claimant with right knee injections and a prescription for Mobic through June 24, 2019. (Def.'s APA p. 259-262). Claimant expressed to Dr. Hoenig his desire for viscosupplementation injections, and he subsequently requested authorization. (Def.'s APA p. 262). The viscosupplementation injections were approved, and the series of three shots were performed between June 21, 2019, and July 5, 2019. (Def.'s APA pp. 262-264). Dr. Hoenig admitted that all the injections and treatment provided

through July 2023 were related to his work injury from March 1, 2016, and covered by his workers' compensation claim. (Def.'s APA p. 265-275).

Dr. Hoenig ordered a repeat MRI of his left knee that revealed a diffuse full-thickness chondral loss in the medial compartment with complex tearing of the medial meniscal body, edema around the MCL, cartilage loss in the patellofemoral compartment and lateral compartment, joint effusion with a Baker's cyst, and a bone infarct in the proximal tibia. (Def.'s APA p. 275). Dr. Hoenig provided Claimant with permanent work restrictions and a referral to Dr. Gerscovich for a knee replacement referral. (Def.'s APA p. 276). Dr. Hoenig opined that when he originally saw Claimant, his cartilage was already damaged, and his work injury made his pain worse. (Def.'s APA p. 280). Dr. Hoenig opined the injections made him feel fairly good, bought him some time, and then his arthritis continued to progress as arthritis naturally does, leading to more pain and needing a total knee replacement. (Def.'s APA p. 280). Dr. Hoenig further opined that Claimant's left knee is a normal progression, it has been seven years since his work injury, he began with arthritis, and he just now needs the knee replacement. (Def.'s APA p. 280). Dr. Hoenig noted that two or three years after Claimant's initial injury, he got back on his natural arthritis progression. (Def.'s APA p. 286).

Dr. Hoenig stated Claimant's left knee had a general worsening of his left knee condition that led to his need for a knee replacement. (Def.'s APA pp. 287-288). Dr. Hoening opined that Claimant's need for a left knee replacement was not hastened by his work injury in March 2016 and would have required the surgery regardless of the work injury. (Def.'s APA p. 288).

Medical Evidence

Claimant presented to Dr. Michael Hoenig of Carolina Orthopaedic & Neurosurgical Associates (CONA) on May 10, 2016, for an evaluation of his left knee pain following a work

injury on March 1, 2016, where he was hit on the outside of his left knee. (Clt.'s APA p. 2). Claimant reported pain on the medial aspect of his left knee with swelling. (Clt.'s APA p. 2). Dr. Hoenig assessed Claimant with a mild left knee medial collateral ligament sprain, an incomplete medial meniscal tear, and knee effusion. (Clt.'s APA p. 5). Dr. Hoenig provided Claimant with a left knee injection, a hinged knee brace, Mobic, and sedentary work restrictions. (Clt.'s APA p. 5).

Claimant continued to treat conservatively with Dr. Hoenig from May 10, 2016, until he was released to maximum medical improvement on September 13, 2016, with a 10% impairment rating to the left knee and future medical treatment of cortisone injections intermittently. (Clt.'s APA pp. 2-26; Def's APA pp.243-247). Following Claimant's release to maximum medical improvement, Claimant continued to treat with Dr. Hoenig for left knee injections from November 1, 2016, through July 25, 2023. (Clt.'s APA pp. 2-221; Def's APA pp.243-247). Claimant underwent a total of 39 injections during his treatment with Dr. Hoenig. (Clt.'s APA pp. 2-221; Def's APA pp.243-247).

An updated MRI of Claimant left knee was performed on August 10, 2023, which revealed (1) diffuse full-thickness chondral loss of the medial compartment with complex tearing of the medial meniscal body and anterior horn, (2) edema about the MCL, (3) mild chondral loss of the patellofemoral and lateral compartments, (4) chronic appearing bone infarct of the proximal tibial metaphysis, and (5) small joint effusion and small Baker's cyst. (Clt.'s APA pp. 223). On September 1, 2023, Dr. Hoenig reviewed Claimant's MRI results and referred him to Dr. Gerscovich for a left knee replacement due to his fairly severe left knee arthritis. (Clt.'s APA pp. 225-230).

On January 15, 2024, Claimant presented to Dr. James O'Leary for an independent medical evaluation of his chronic left knee pain. (Clt.'s APA pp. 231-233). Claimant reported his knee was doing well until his work injury on March 1, 2016, and he has received continued treatment with injections for his left knee over the past 7 years. (Clt.'s APA pp. 233). Dr. O'Leary reviewed Claimant's August 10, 2023, MRI, medical records from CONA, and Dr. Hoenig's deposition transcript. (Clt.'s APA pp. 234). Dr. O'Leary opined that Claimant is not at maximum medical improvement, he never reached a plateau, and his current symptoms are related to his March 1, 2016, work injury. (Clt.'s APA pp. 234). Dr. O'Leary recommended a total knee arthroplasty and provided work restrictions of light duty with no kneeling, squatting, crawling, or climbing with primarily sedentary work. (Clt.'s APA pp. 234).

On April 16, 2024, Claimant presented to Dr. Daniel Gerscovich for a second opinion of his left knee. (Clt.'s APA pp. 235-238). Dr. Gerscovich opined Claimant has significant left knee arthritis and has failed conservative treatment spanning eight years and assessed him with osteoarthritis of the left knee. (Clt.'s APA pp. 238). Dr. Gerscovich noted his arthritis has progressed significantly from his pre-existing chondro damage and recommended Claimant proceed with a total knee replacement. (Clt.'s APA pp. 238).

V. FINDINGS OF FACT

Based upon Claimant's testimony, the Commissioner's file, and APA submissions, the undersigned Commissioner makes the following findings of fact:

1. Claimant's objection to Defendants' APA Submission 291-292 (medical questionnaire signed by Dr. Michael Hoenig) is sustained and those pages are removed from the record.

2. Claimant's objection to the deposition testimony of Dr. Michael Hoenig is overruled and admitted into evidence. Claimant's position that is should be excluded with the medical questionnaire is misplaced. The questionnaire is excluded because Defendants improperly contacted the physician in violation of S.C. Code Ann. § 42-15-95. The deposition was then noticed by CLAIMANT in an attempt to change Dr. Hoenig's opinion. Other than participating in the deposition, Defendant had no role in setting it. To rule otherwise would be to conclude that Defendants acted improperly in participating in the deposition, which would be clearly erroneous.

3. The question before me is whether Claimant's need for a total knee replacement is causally related to the March 1, 2016 admitted injury. I must conclude that it is not for the following reason: Dr. Hoenig has treated Claimant exclusively since his date of injury and continuing for the next eight years, putting him in the best position to determine a causal relationship over two independent medical evaluations conducted eight years after the injury.

4. More weight is afforded to the opinions of Dr. Michael Hoenig, Claimant's authorized treating physician for eight years, than the opinions of Dr. Daniel Gerscovich and Dr. James O'Leary, both of whom only evaluated Claimant one time on an IME basis.

5. Claimant's need for a total knee replacement is not casually related to his admitted left knee injury on March 1, 2016.

6. Claimant was originally released to maximum medical improvement by Dr. Hoenig on September 20, 2016 but continued to treat Claimant for nearly seven years with some treatment that exceeded the future medical treatment listed on his completed Form 14B.

7. Dr. Hoenig never again placed Claimant at maximum medical improvement following the initial release on September 13, 2016.

8. Claimant is not at maximum medical improvement for his left knee.

VI. CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. § 42-15-95, Claimant's objection to Defendants' APA Submission 291 to 292 is sustained and those pages are removed from the record.

2. Pursuant to S.C. Code Ann. § 42-15-95, Claimant's objection to the deposition testimony of Dr. Hoenig is overruled, and it is admitted due to the fact that Claimant noticed and conducted Dr. Hoenig's deposition in an attempt to change his medical opinion.

3. Pursuant to S.C. Code Ann. §§ 42-1-160, 42-15-60, and applicable case law, Claimant is not entitled to a total left knee replacement as it is not causally related to his March 1, 2016, work injury. (*See* Jeffers v. Manetta Mills (1939), "The burden rests upon the claimant to show by competent testimony, not only the fact of injury but that it occurred in connection with the employment of the deceased; and to furnish evidence from which the inference can logically be drawn that the injury arose out of and in the course of the employment. The award, of course, must be based upon something more than surmise or conjecture."; Ashley v. South Carolina Highway Dep't (1948), "In order to justify an award, it is necessary . . . that such medical experts go further and testify at least that in their professional opinion the result in question 'most probably' came from the cause alleged."

4. Pursuant to Sharpe v. Case Produce, Inc., (S.C. 1999) 336 S.C. 154, 519 S.E.2d 102, the Commission determines the weight and credit to be given to the expert testimony.

5. Pursuant to S.C. Code Ann. § 42-15-60, Claimant has not reached maximum medical improvement for his left knee for his March 1, 2016, injury.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law:

IT IS ORDERED that Claimant is not entitled to a left total knee replacement surgery, as it is not causally related to Claimant's work accident on March 1, 2016.

IT IS FURTHER ORDERED that Claimant is not at maximum medical improvement.

AND SO IT IS ORDERED.

Commissioner T. Scott Beck
South Carolina Workers' Compensation Commission

CERTIFICATE OF SERVICE

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

By Shawnee Radcliff on May 6, 2025

State of South Carolina

Workers' Compensation Commission

APPELLATE PANEL DECISION AND ORDER

COMMISSION PANEL: The Honorable Gene McCaskill, The Honorable Melody L. James, The Honorable Cynthia C. Dooley

SCWCC File No.: 1613880

Ivan Moore,

Claimant,

v.

Spartanburg Steel,

Employer,

and

Hartford Accident & Indemnity Company,

Carrier,

c/o

Sedgwick Claims Management Services, Inc.,

Defendants.

AFFIRMED

Hearing held virtually on August 25, 2025
Per notice timely and properly served upon all Parties of Interest.

Appearances: Samuel Bass, Esquire, of Stewart Law Offices, LLC, appeared on behalf of Claimant/Appellant.

Mark Allison, Esquire, of McAngus Goudelock & Courie, LLC, appeared on behalf of Defendants/ Respondent/Cross-Appellant.

Court Reporter: Megan Brown, ABC Reporting Services
803-730-3015, Cwiz1959@gmail.com

Filed: January 29, 2026

I. STATEMENT OF THE CASE

Claimant sustained admitted and compensable injury to his left knee arising out of and in the course and scope of his employment with Defendant Employer Spartanburg Steel on March 1, 2016.

On September 13, 2016, Dr. Michael Hoenig, Claimant's authorized treating physician, opined Claimant had reached maximum medical improvement with a 10% impairment rating to the left knee, required future medical treatment of cortisone injections intermittently, and assigned no permanent work restrictions. On September 20, 2016, Dr. Hoenig completed a Form 14B memorializing his opinion. Claimant continued to treat with Dr. Hoenig for intermittent injections through September 1, 2023, at which time Dr. Hoenig referred Claimant for consideration of a left knee replacement. Claimant then obtained opinions regarding treatment needs for the left knee and causal relation of the same to the work accident from Dr. James O'Leary and Dr. Daniel Gerscovich.

On August 9, 2024, Claimant filed a Form 50 requesting a hearing and further medical treatment for his left lower extremity and alleging that he was not at maximum medical improvement for his left knee. On September 6, 2024, Defendants responded to Claimant's Form 50 with a Form 51 denying Claimant is entitled to additional medical treatment, temporary benefits, and that Claimant sustained permanent disability as a result of his injury. A hearing was set for November 27, 2024 but was reset to December 19, 2024 to allow Claimant time to provide Defendants with additional medical records from his primary care physician and records from an

intervening accident. The hearing was to address these pleadings and the sole issues of whether Claimant's need for a total knee replacement surgery is causally related to his work accident on March 1, 2016, and if Claimant has reached maximum medical improvement.

On December 19, 2024, a hearing was held before the single commissioner, and on May 6, 2025, the single commissioner issued an order in which they found that the Claimant was not entitled to a left total knee replacement surgery, as it was not causally related to Claimant's work accident on March 1, 2016, and that the Claimant was not at maximum medical improvement.

On May 12, 2025, the Claimant filed an appeal, claiming that the single commissioner erred in (1) admitting the deposition testimony of Dr. Michael Hoenig; (2) affording more weight to the opinion of Dr. Hoenig regarding causation and Claimant's need for a total knee replacement than the opinions of Drs. Gerscovich and O'Leary regarding the same; and (3) ruling that the total left knee replacement is not causally related to his work injury on March 1, 2016. On May 15, 2025, the Employer filed a cross-appeal, claiming that the single commissioner erred in ruling that the Claimant has not reached maximum medical improvement. A hearing was held before the appellate panel on August 25, 2025. We affirm the decision of the single commissioner.

II. SINGLE COMMISSIONER FINDINGS OF FACT AND CONCLUSIONS OF LAW

The verbatim findings of fact and conclusions of law in the appealed order of the single commissioner are as follows:

Single Commissioner Findings of Fact

1. Claimant's objection to Defendants' APA Submission 291-292 (medical questionnaire signed by Dr. Michael Hoenig) is sustained and those pages are removed from the record.

2. Claimant's objection to the deposition testimony of Dr. Michael Hoenig is overruled and admitted into evidence. Claimant's position that it should be excluded with the medical questionnaire is misplaced. The questionnaire is excluded because Defendants improperly contacted the physician in violation of S.C. Code Ann. § 42-15-95. The deposition was then noticed by Claimant in an attempt to change Dr. Hoenig's opinion. Other than participating in the deposition, Defendant had no role in setting it. To rule otherwise would be to conclude that Defendants acted improperly in participating in the deposition, which would be clearly erroneous.

3. The question before me is whether Claimant's need for a total knee replacement is causally related to the March 1, 2016 admitted injury. I must conclude that it is not for the following reason: Dr. Hoenig has treated Claimant exclusively since his date of injury and continuing for the next eight years, putting him in the best position to determine a causal relationship over two independent medical evaluations conducted eight years after the injury.

4. More weight is afforded to the opinions of Dr. Michael Hoenig, Claimant's authorized treating physician for eight years, than the opinions of Dr. Daniel Gerscovich and Dr. James O'Leary, both of whom only evaluated Claimant one time on an IME basis.

5. Claimant's need for a total knee replacement is not causally related to his admitted left knee injury on March 1, 2016.

6. Claimant was originally released to maximum medical improvement by Dr. Hoenig on September 20, 2016 but continued to treat Claimant for nearly seven years with some treatment that exceeded the future medical treatment listed on his completed Form 14B.

7. Dr. Hoenig never again placed Claimant at a maximum medical improvement following the initial release on September 13, 2016.

8. Claimant is not at maximum medical improvement for his left knee.

Single Commissioner Conclusions of Law

1. Pursuant to S.C. Code Ann § 42-15-95, Claimant's objection to Defendants' APA Submission 291 to 292 is sustained and those pages are removed from the record.

2. Pursuant to S.C. Code Ann § 42-15-95, Claimant's objection to the deposition testimony of Dr. Hoenig is overruled, and it is admitted due to the fact that Claimant noticed and conducted Dr. Hoenig's deposition in an attempt to change his medical opinion.

3. Pursuant to S.C. Code Ann. §§ 42-1-169, 42-15-60, and applicable case law, Claimant is not entitled to a total left knee replacement as it is not causally related to his March 1, 2016, work injury. (*See* Jeffers v. Manetta Mills (1939), "The burden rests upon the claimant to show by competent testimony, not only the fact of injury but that it occurred in connection with the employment of the deceased; and to furnish evidence from which the inference can logically be drawn that the injury arose out of and in the course of employment. The award, of course, must be based upon something more than surmise or conjecture."; Ashley v. South Carolina Highway Dep't (1948), "In order to justify an award, it is necessary . . . that such medical experts go further and testify at least that in their professional opinion the result in question 'most probably' came from the cause alleged."

4. Pursuant to Sharpe v. Case Produce, Inc., (S.C. 1999) 336 S.C. 154, 519 S.E.2d 102, the Commission determines the weight and credit to be given to expert testimony.

5. Pursuant to S.C. Code Ann § 42-15-60, Claimant has not reached maximum medical improvement for his left knee for his March 1, 2016, injury.

III. ISSUES ON APPEAL

Issues on Appeal by Claimant/Appellant

1. Did the single commissioner err in admitting the deposition testimony of Dr. Michael Hoenig?

2. Did the single commissioner err in affording more weight to the opinion of Dr. Hoenig regarding causation and Claimant's need for a total knee replacement than the opinions of Drs. Gerscovich and O'Leary regarding the same?

3. Did the single commissioner err in ruling that the total left knee replacement is not causally related to his work injury on March 1, 2016?

Issues on Appeal by Respondent/Cross-Appellant

1. Did the single commissioner err in ruling that the Claimant has not reached maximum medical improvement?

IV. DECISION OF THE APPELLATE PANEL

Appellate Panel's Findings of Fact

1. Claimant's objection to Defendants' APA Submission 291-292 (medical questionnaire signed by Dr. Michael Hoenig) is sustained and those pages are removed from the record.

2. Claimant's objection to the deposition testimony of Dr. Michael Hoenig is overruled and admitted into evidence. Claimant's position that it should be excluded with the medical questionnaire is misplaced. The questionnaire is excluded because Defendants improperly contacted the physician in violation of S.C. Code Ann. § 42-15-95. The deposition was then noticed by Claimant in an attempt to change Dr. Hoenig's opinion. Other than participating in the

deposition, Defendant had no role in setting it. To rule otherwise would be to conclude that Defendants acted improperly in participating in the deposition, which would be clearly erroneous.

3. The question before the Panel is whether Claimant's need for a total knee replacement is causally related to the March 1, 2016 admitted injury. We conclude that it is not for the following reason: Dr. Hoenig has treated Claimant exclusively since his date of injury and continuing for the next eight years, putting him in the best position to determine a causal relationship over two independent medical evaluations conducted eight years after the injury.

4. More weight is afforded to the opinions of Dr. Michael Hoenig, Claimant's authorized treating physician for eight years, than the opinions of Dr. Daniel Gerscovich and Dr. James O'Leary, both of whom only evaluated Claimant one time on an IME basis.

5. Claimant's need for a total knee replacement is not causally related to his admitted left knee injury on March 1, 2016.

6. Claimant was originally released to maximum medical improvement by Dr. Hoenig on September 20, 2016 but continued to treat Claimant for nearly seven years with some treatment that exceeded the future medical treatment listed on his completed Form 14B.

7. Dr. Hoenig never again placed Claimant at a maximum medical improvement following the initial release on September 13, 2016.

8. Claimant is not at maximum medical improvement for his left knee.

Appellate Panel's Conclusions of Law

Based on the foregoing findings of fact, the undersigned commissioners make the following conclusions of law:

1. Pursuant to S.C. Code Ann § 42-15-95, Claimant's objection to Defendants' APA Submission 291 to 292 is sustained and those pages are removed from the record.

2. Pursuant to S.C. Code Ann § 42-15-95, Claimant's objection to the deposition testimony of Dr. Hoenig is overruled, and it is admitted due to the fact that Claimant noticed and conducted Dr. Hoenig's deposition in an attempt to change his medical opinion.

3. Pursuant to S.C. Code Ann. §§ 42-1-169, 42-15-60, and applicable case law, Claimant is not entitled to a total left knee replacement as it is not causally related to his March 1, 2016, work injury. (*See* Jeffers v. Manetta Mills (1939), "The burden rests upon the claimant to show by competent testimony, not only the fact of injury but that it occurred in connection with the employment of the deceased; and to furnish evidence from which the inference can logically be drawn that the injury arose out of and in the course of employment. The award, of course, must be based upon something more than surmise or conjecture."; Ashley v. South Carolina Highway Dep't (1948), "In order to justify an award, it is necessary . . . that such medical experts go further and testify at least that in their professional opinion the result in question 'most probably' came from the cause alleged."

4. Pursuant *to Sharpe v. Case Produce, Inc.*, (S.C. 1999) 336 S.C. 154, 519 S.E.2d 102, the Commission determines the weight and credit to be given to expert testimony.

5. Pursuant to S.C. Code Ann § 42-15-60, Claimant has not reached maximum medical improvement for his left knee for his March 1, 2016, injury.

ORDER

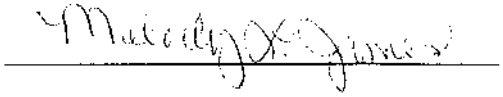
Based on the preceding findings of fact and conclusions of law,

IT IS HEREBY ORDERED that Claimant is not entitled to a left total knee replacement surgery, as it is not causally related to Claimant's work accident on March 1, 2016.

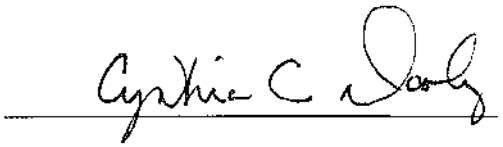
IT IS FURTHER ORDERED that Claimant is not at maximum medical improvement.

AND SO IT IS ORDERED.

Gene McCaskill, Commissioner



Melody L. James, Commissioner



Cynthia C. Dooley, Commissioner

_____

Date

Columbia, SC

Order Served via email:

Mark A. Allison McAngus Goudelock & Courie mallison@mgclaw.com	Samuel Bass Stewart Law Offices sam@stewartlawoffices.net

CERTIFICATE OF SERVICE

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

By Eugenia Hollmon on January 29, 2026

Stewart
LAW OFFICES

Reply To:

Sam Bass
sam@stewartlawoffices.net

Licensed in SC

ROCK HILL I COLUMBIA I CHARLOTTE
SPARTANBURG I BEAUFORT

August 9, 2024

VIA EFILE
Amy Bracy, Judicial Director
S.C. Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

RE: Ivan Moore vs. Spartanburg Steel Products, Inc.
WCC File No.: 1613880
Date of Loss: March 1, 2016

Dear Ms. Bracy:

In connection with the above referenced matter, enclosed please find the original and one (1) copy of the WCC Form #50, Employee's Request for Hearing and Certificate of Service. I would appreciate your filing the original and returning the file-stamped copy to me in the envelope provided for your convenience. We are also enclosing the required $50.00 filing fee.

As noted in section 10a of the Form 50, if not already provided, we are specifically requiring the employer's representative provide a Form 20 utilizing the formula specified in Rule 67-1603(B) and provided to us within thirty (30) days of receipt of the Form 50 as specified in Rule 67-1603(C)(1) or (D)(2), whichever is applicable pursuant to Rule 67-211. Notice is hereby given that failure to provide a Form 20 as required by the aforementioned rule, the claimant will exercise their right pursuant to Rule 67-1603(G) and submit evidence at the hearing for a determination of average weekly wage and the resulting compensation rate. In addition, the claimant may seek the appropriate fines and penalties.

By copy of this letter and the enclosures we are serving these documents upon the employer and carrier of record in this matter.

Sincerely,

Sam Bass
Attorney at Law

SB/kc

CC: Mark Allison, Esquire

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700 www.wcc.sc.gov

WCC File #: 1613880
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Ivan Moore SSN: SSN Employer's Name Spartanburg Steel Products, Inc.

Address: 238 Saint Matthews LN Address: 1290 New Cut Road

City: Spartanburg State: SC Zip: 29301 City: Spartanburg State: SC Zip: 29303

Home Phone: Work Phone: (864) 251-9796 Insurance Carrier: Hartford Accident and Indemnity Co

Preparer's Name: Sam Bass Law Firm: Stewart Law Offices, LLC. Preparer's Phone #: 864-583-2223

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

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

1. The claimant sustained an injury to left lower extremity, altered gait on March 1, 2016 in Spartanburg County, State of South Carolina.
2. Body part(s) affected are: left lower extremity, altered gait.
   Briefly describe how the accident occurred. Hit left knee on dolly.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on March 1, 2016 in the following manner: verbally

☒7. Due to injury, the claimant is in need of (check one):

☒(a) medical examination and treatment for: left lower extremity, altered gait.

☒(b) additional medical examination and treatment for: left lower extremity, altered gait.

☒8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: March 1, 2016 - PRESENT

☒9. Claimant at MMI: ☐ Yes ☒ No. 9a. If yes, due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☐ (1) General Disability: ☐Total ☐ Partial ☐ (2) Specific Disability: ☐Total ☐ Partial ☐ (3) Wage Loss

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

☒ 11. At the time of the injury, the Claimant was paid weekly wages of $(Form 20 requested within thirty (30) days), and demands accounting of days worked and wage earned as provided by law.

☒ 12. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Spartanburg Steel

☒ 13. Further grounds or unusual aspects of claim: None

☒13a. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☒13b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: See Attached.

☒13c. To the best of your knowledge, did you have any prior permanent disability? Unknown
If yes, describe:

☐ 14. ☐ I am adding a party. _____(name/address).
☐ I am removing a party. _____(name/address).
☐ Other amendment: _____.

☐ 15. **I am filing a claim. I am not requesting a hearing at this time.** 14. Estimated time needed for hearing: 1 hour

☒ 16. **I am requesting a hearing. A $50 fee is required.**

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

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

I certify I have served this document pursuant to Reg. 67-211. See attached certificate of service. I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature	**Claimant's Attorney**	**sam@stewartlawoffices.net**	5-9-24
	Title	Email	Date

Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 9/2023

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

Ivan Moore vs Spartanburg Steel Products, Inc.
WCC: 1613880
Attachment to Form 50 (11a)

1.	Carolina Orthopaedic & Neurosurgical Associates	1330 Boiling Springs Road, Ste 1600 Spartanburg, SC 29303
2.	Imaging Services - SMC at North Grove	1330 Boiling Springs Road Suite 1500 Spartanburg, SC 29303
3.	Piedmont Imaging	684 North Pine Street Spartanburg, SC 29303
4.	Midlands Orthopaedics, P.A.	1910 Blanding Street Columbia, SC 29201

Sam Bass
Stewart Law Offices, L.L.C.
409 S Pine Street
Spartanburg, SC 29302
P: 864-583-2223
F: 864-310-4099
sam@stewartlawoffices.net

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1613880

IVAN MOORE,	)	
Employee/Claimant,	)	
-vs-	)	
SPARTANBURG STEEL PRODUCTS, INC.,	)	
Employer,	)	**CERTIFICATE OF SERVICE**
and	)	
HARTFORD ACCIDENT AND INDEMNITY CO.	)	
Carrier,	)	
Defendants.	)	

I, Katia Camacho, an employee with Stewart Law Offices, L.L.C., do hereby certify that a true and correct copy of **WCC FORM 50-REQUEST FOR HEARING,** has been served upon the following by depositing the same via email this day of August 9, 2024 addressed as follows:

Mark Allison
McAngus, Goudelock & Courie LLC
PO Box 2980
Greenville, SC 29602

Katia Camacho
Workers' Compensation Paralegal
STEWART LAW OFFICES, LLC
409 S Pine Street
Spartanburg, SC 29302

Spartanburg, SC
August 9, 2024

Reply To
MARK ALLISON
Direct Dial: (864) 242-1713
mallison@mgclaw.com

September 6, 2024

VIA EMAIL
judicialanalysts@wcc.sc.gov
Amy Bracy, Judicial Director
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Ivan Moore vs. Spartanburg Steel Products and Hartford Accident & Indemnity Company c/o Sedgwick Claims Management Services, Inc.
Date of Accident: March 1, 2016
WCC File No.: 1613880
Our File No.: 20194.23966
Claim No.: 30165526696-0001

Dear Ms. Bracy:

This firm has been retained to represent the employer and carrier in the matter referenced above. Please find enclosed the Form 51 on behalf of the employer and carrier in the above matter for filing in your office.

By copy of this letter, we are serving a copy of the Form 51 on the Claimant's attorney, Sam Bass, Esquire via electronic service.

Very truly yours,

Mark Allison

MAA/bhg
Enclosures
cc: Sam Bass, Esquire, Stewart Law Offices, L.L.C. (via email)
Elizabeth Padgett, Sedgwick Claims Management Services, Inc. (via facsimile)

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1613880

IVAN MOORE, Employee, Claimant, vs. SPARTANBURG STEEL, Employer, AND HARTFORD ACCIDENT & INDEMNITY COMPANY C/O SEDGWICK CLAIMS MANAGEMENT SERVICES, INC., Carrier, Defendants.	}	**CERTIFICATE OF SERVICE**

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by electronic service, addressed to:

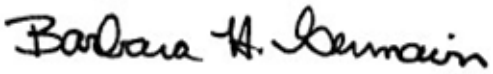
TO:

VIA EMAIL
sam@stewartlawoffices.net
Katia@stewartlawoffices.net
Sam Bass, Esquire
Stewart Law Offices, L.L.C.
409 South Pine Street
Spartanburg, South Carolina 29302

VIA EMAIL
judicialanalysts@wcc.sc.gov
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

DOCUMENT: Form 51

DATE OF MAILING: September 6, 2024



Barbara H. Germain
Legal Assistant to Mark Allison

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 · Post Office Box 1715
Columbia, South Carolina 29202-1715
(803)737-5723 www.wcc.sc.gov

WCC File #: 1613880
Carrier File #: 30165526696-0001
Carrier Code #:
Employer FEIN #:

Claimant's Name: Ivan Moore SSN SSN
Address: 238 Saint Matthews Lane, Spartanburg, South Carolina 29301
Home Phone: (864) 251-9796 Work Phone #:
Date of Injury: 3/1/16

Employer's Name: Spartanburg Steel
Address: Post Office Box 6428, Spartanburg, South Carolina 29304
Insurance Carrier: Hartford Accident & Indemnity Company c/o Sedgwick Claims Management Services, Inc.

Preparer's Name: Mark Allison Law Firm: McAngus Goudelock & Courie Preparer's Phone #: (864) 242-1713

Date of Injury or Illness: 3/1/16 **Estimated time for hearing:** 30 minutes

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

1. It is ☒ **Admitted** ☐ **Denied** the employee sustained an injury or illness on or about the date set forth in the application. The reasons for denial are: Defendants admit Claimant injured his left leg.
2. It is ☒ **Admitted** ☐ **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See No. 1 above.
3. It is ☒ **Admitted** ☐ **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are: See No. 1 above.
4. It is ☒ **Admitted** ☐ **Denied** at the time in question the employee was performing service arising out of and in the course of employment. The reasons for denial are: See No. 1 above.
5. It is ☒ **Admitted** ☐ **Denied** notice of injury was given the employer. The reasons for denial are: See No. 1 above.
6. It is ☐ **Admitted** ☒ **Denied** the employee ☐ **needs** ☒ **is entitled to additional** medical care as a result of injury or illness. The reasons for denial are: Defendants deny Claimant is entitled to additional medical treatment.
7. It is ☐ **Admitted** ☒ **Denied** the employee is entitled to temporary total disability for the period(s) of: Defendants deny claimant is entitled to temporary disability benefits.
8. It is ☐ **Admitted** ☒ **Denied** the employee is permanently disabled. The reasons for denial are: Defendants deny claimant has sustained permanent disability as a result of his injury.
9. It is ☐ **Admitted** ☒ **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of **$ 801.52** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: See attached Addendum.

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67.1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

I certify I have served this document pursuant to Reg. 67-211. See attached certificate of service.
I verify the contents of this form are accurate and true to the best of my knowledge.

Mark Allison
Preparer's Signature

Attorney for Employer/Carrier
Title

mallison@mgclaw.com
Email

September 6, 2024
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 51
Revised 09/23

51

Employer's Answer to Request for Hearing

Addendum to Form 51

Defendants respectfully reserve the right to amend this Form 51 and claim any and all affirmative and specific defenses should facts be discovered during investigation which allow the defenses to be asserted in good faith, (see Reg. 67-603), including but not limited to §42-9-60, fraud in the application for employment, fraud in the inducement to sign Form 15, fraud in the initiation of the claim for benefits, pre-existing disability to allegedly injured members, election of remedies, and intervening trauma, no compensable injury by accident under §42-1-160; degree of disability, if any, attributable to this injury needs to be determined; statute of limitations, notice, Defendants reserve the right to amend this Answer and plead additional defenses.

Stewart
LAW OFFICES

Reply To:

Sam Bass
sam@stewartlawoffices.net

Licensed in SC

ROCK HILL I COLUMBIA I CHARLOTTE
SPARTANBURG I BEAUFORT

November 12, 2024

VIA eCase
The Honorable T. Scott Beck, Commissioner
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, S.C. 29202-1715

RE: Ivan Moore vs. Spartanburg Steel Products Inc
WCC File No.: 1613880
Date of Loss: March 1, 2016
Hearing Date: November 27, 2024

Dear Commissioner Beck:

Enclosed herewith please find the Claimant's Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports Submitted as Evidence, along with our Certificate of Service regarding the above stated claim.

By copy of this letter, we are forwarding a copy of the same together with a copy of medical reports to the Defendants' Attorney, Mr. Mark Allison.

Sincerely,

Sam Bass
Attorney At Law

SB/kc

Enclosures

cc: Mr. Mark Allison, Esquire

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5700 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1613880

Claimant's Name: Ivan Moore

Address:	238 Saint Matthews LN				
City:	Spartanburg	State:	SC	Zip:	29301

Employer's Name: Spartanburg Steel Products, Inc.

Address:	1290 New Cut Road				
City:	Spartanburg	State:	SC	Zip:	29303

Home Phone: Work Phone: (864) 251-9796

Carrier: Hartford Accident and Indemnity Co

Preparer's Name: Sam Bass

Preparer's Phone #: 864-583-2223

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

1. Compensation Rate: $534.37 2. AWW: $801.52 **Date of Injury:** March 1, 2016
3. Type of injury and body part(s): Admitted lower left extremity, altered gait
4. Facts in controversy: See attachment (1) Whether Claimant's need for a TKA is casually related to his March 1, 2016 work accident; (2) Ongoing medical treatment per 42-15-60; (3) Order from the Comm. for the carrier to authorize the TKA with Dr. O'Leary. (4) All other benefits pursuant to the Act.
5. Legal issues involved: See attachment. See number 4. Exclusion of any opinions by Dr. Hoenig obtained in violation of §42-15-95.
6. Unusual aspects: See attachment.
7. Witnesses (designate if expert):* Claimant, Michael Hoenig MD*, Daniel Gerscovich MD*, James O'Leary MD*, and other lay witnesses to be named in rebuttal to evidence or testimony presented by the Defendant live and/or by way of deposition.
8. Exhibits: Please refer to the Administrative Procedures Act Submittal; claimant reserves the right to amend APA Submissions, Form 58 & witnesses.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Please refer to exhibits listed in the Administrative Procedures Act Submittal; claimant reserves the right to amend medical evidence.
10. Name, address, and specialty, if any, of the treating physician: Dr. Michael Hoenig and Dr. Daniel Gerscovich, CONA, 1330 Boiling Springs Rd Ste 1600, Spartanburg, SC 29303
    Dr. James O'Leary, Midlands Orthopaedics P.A., 1910 Blanding St, Columbia, SC 29201.
11. Impairment rating(s); body part(s); physician and date of opinion: Not at MMI.
12. I am amending my Form 50/51 in the following manner:

☐ **Mediation**

☐a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐b. Mediation is required pursuant to Reg. 67-1802.

☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

☐d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

I certify I have served this document pursuant to Reg. 67-211. See attached certificate of service.

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

Signature: Email: sam@stewartlawoffices.net

Date of hearing: November 27, 2024 Time needed for hearing: 60 minutes

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

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1613880

IVAN MOORE,	)	
	)	
Employee/Claimant,	)	
	)	
vs.	)	
	)	**NOTICE OF WITNESSES AND**
SPARTANBURG STEEL PRODUCTS, INC.,	)	**WRITTEN REPORTS OR OTHER**
	)	**EVIDENCE TO BE INTRODUCED**
Employer/Defendant,	)	**ON BEHALF OF THE CLAIMANT**
	)	
And	)	
	)	
HARTFORD ACCIDENT AND INDEMNITY CO,	)	
	)	
Servicing Agent/Carrier,	)	

TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, AND Mr. Mark Allison, ESQ., ATTORNEY FOR THE DEFENDANTS:

YOU ARE HEREBY NOTIFIED that the Claimant, Ivan Moore, pursuant to the provisions of the South Carolina Workers' Compensation Act and S.C. Code Ann. §1-23-330, (1976, as amended), submits the following medical reports as direct evidence on his behalf:

Physician and/or Treatment Facility	**Date(s) of Treatment**	**Page Number(s)**
APA # 1 – CONA – Dr. Hoenig	05/10/2016 - PRESENT	1-230
APA # 2 – Midlands Orthopaedics, PA	01/15/2024	231-234
APA # 3 – CONA – Dr. Gerscovich	04/16/2024	235-242

YOU ARE FURTHER NOTIFIED that originals or photocopies of these documents are being forwarded to the South Carolina Workers' Compensation Commission for the purpose of introduction into evidence in this action on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witness(es) may be called live and/or by way of deposition on behalf of the Claimant: Claimant, Michael Hoenig, MD, Daniel Gerscovich, MD, James O'Leary, MD, and other lay witnesses to be named in rebuttal to evidence or testimony presented by the Defendant, live and/or by way of deposition.

YOU HAVE THE RIGHT to cross-examine the above-listed witnesses. Should you want to exercise this right, you should schedule the depositions of any of the physicians or other persons for the purpose of cross-examination.

STEWART LAW OFFICES, L.L.C.

Sam Bass
Attorney for Claimant
409 S Pine Street
Spartanburg, SC 29302
864-583-2223
sam@stewartlawoffices.net

November 12, 2024
Spartanburg, South Carolina

Ivan Moore vs. Spartanburg Steel Products Inc
WCC File No.: 1613880
Date of Loss: March 1, 2016
Hearing Date: November 27, 2024

ISSUES

(1) Whether Claimant's need for a TKA is casually related to his March 1, 2016 work accident; (2) Ongoing medical treatment per 42-15-60; (3) Order from the Comm. for the carrier to authorize the TKA with Dr. O'Leary; (4) All other benefits pursuant to the Act.

PROCEDURAL BACKGROUND

Mr. Moore suffered a compensable left knee injury on March 1, 2016, while employed by Spartanburg Steel Products. The carrier has continuously authorized treatment through September 2023.

MEDICAL EVIDENCE SUPPORTING AUTHORIZATION

A. Expert Medical Opinions

Two independent orthopedic surgeons have evaluated Mr. Moore and unequivocally support the causal relationship between his 2016 work injury and current need for TKA:

1. Dr. James O'Leary (IME 1/15/24) (APA 231-234)
    - Clearly opines current condition directly related to 2016 injury
    - States definitively patient never reached plateau
    - Notes continuous treatment relationship since injury
    - Documents complete failure of conservative care
    - Concludes TKA medically necessary and work-related
2. Dr. Daniel Gerscovich (IME 4/16/24) (APA 235-239)
    - Confirms work-related causation
    - States unequivocally claimant would not need TKA but for 2016 injury

- Documents significant progression from baseline

- Supports surgical recommendation based on failed conservative care

B. Treatment History Supporting Causation

The medical record demonstrates continuous, progressive treatment since the work injury:

- 39 documented injections over 7 years

- Progressive increase in treatment frequency

- Evolution from steroid to viscosupplementation injections

- All treatment authorized and effective temporarily

- No gaps in care or symptomatology

CONCLUSION

The overwhelming medical evidence supports authorization of TKA as:

1. Directly related to compensable injury

2. Medically necessary due to failed conservative care

3. Supported by two independent surgical opinions

4. Consistent with treatment history

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1613880

IVAN MOORE,	)	
	)	
Plaintiff/Employee,	)	
	)	
vs.	)	
	)	
SPARTANBURG STEEL PRODUCTS, INC.,	)	**CERTIFICATE OF SERVICE**
	)	
Employer/Defendant,	)	
	)	
And	)	
	)	
HARTFORD ACCIDENT AND INDEMNITY CO,	)	
	)	
	)	
Servicing Agent/Carrier,	)	

I, Katia Camacho, an employee with Stewart Law Offices, L.L.C., do hereby certify that a true and correct copy of **WCC FORM 58 – CLAIMANT'S PRE-HEARING BRIEF** has been served upon the following by depositing the same in the U.S. Mail this 12th day of November, 2024, addressed as follows:

Mr. Mark Allison, Esquire
McAngus, Goudelock & Courie LLC
PO Box 2980
Greenville, SC 29602

Katia Camacho, Workers' Compensation Paralegal
STEWART LAW OFFICES, LLC
409 S Pine Street
Spartanburg, SC 29302
864-583-2223
Katia@stewartlawoffices.net

Spartanburg, SC
November 12, 2024

Reply To
MARK ALLISON
Direct Dial: (864) 242-1713
mallison@mgclaw.com

November 15, 2024

VIA eCASE
Commissioner T. Scott Beck
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Ivan Moore vs. Spartanburg Steel Products and Hartford Accident & Indemnity Company c/o Sedgwick Claims Management Services, Inc.
Date of Accident: March 1, 2016
WCC File No.: 1613880
Our File No.: 20194.23966
Claim No.: 30165526696-0001

Dear Commissioner Beck:

Please find enclosed our Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports for filing in the above captioned matter.

By copy of this letter to Sam Bass, Esquire, the claimant's attorney, we are notifying him of these submissions and serving copies of the same upon him by electronic service.

Very truly yours,

Mark Allison

MAA/bhg
Enclosures
cc: Sam Bass, Esquire, Stewart Law Offices, L.L.C. (via email)
Elizabeth Padgett, Sedgwick Claims Management Services, Inc. (via email)

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1613880

IVAN MOORE, Employee, Claimant, vs. SPARTANBURG STEEL, Employer, AND HARTFORD ACCIDENT & INDEMNITY COMPANY C/O SEDGWICK CLAIMS MANAGEMENT SERVICES, INC., Carrier, Defendants.	}	**CERTIFICATE OF SERVICE**

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by electronic service, depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: **VIA ELECTRONIC SERVICE**
sam@stewartlawoffices.net
Katia@stewartlawoffices.net
Sam Bass, Esquire
Stewart Law Offices, L.L.C.
409 South Pine Street
Spartanburg, South Carolina 29302

VIA eCase
Commissioner T. Scott Beck
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

DOCUMENT: Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports

DATE OF MAILING: November 15, 2024

Barbara H. Germain

Barbara H. Germain
Legal Assistant to Mark Allison

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1613880

Claimant's Name: Ivan Moore SSN: SSN
Address: 238 Saint Matthews Lane, Spartanburg, South Carolina 29301
Home Phone: (864) 251-9796 Work Phone:
Preparer's Name: Mark Allison

Employer's Name: Spartanburg Steel
Address: Post Office Box 6428, Spartanburg, South Carolina 29304
Carrier: Hartford Accident & Indemnity Company c/o Sedgwick Claims Management Services, Inc.
Preparer's Phone #: (864) 242-1713

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Comp. Rate: $534.37 2. AWW: $801.52 **Date of Injury:** 03/01/16
3. Type of injury and body part(s): Claimant sustained admitted injury to his left knee when a dolly struck his knee.
4. Facts in controversy: Whether Claimant is entitled to knee replacement surgery or whether he has reached MMI per the authorized treating physician, Dr. Michael Hoenig; Whether Defendants are entitled to complete discovery, including obtaining records from providers identified in Claimant's deposition and compelling an IME; Admissibility of evidence subject to Claimant's objections.
5. Legal issues involved: See No. 4 above.
6. Unusual aspects: Defendants assert the right to move to postpone the scheduled hearing to complete discovery over Claimant's objection. Defendants further reserve the right to compel an IME over Claimant's objection.
7. Witnesses (designate if expert):* Claimant.
8. Exhibits: Claimant's employment file; Claimant's deposition transcript; ISO report; records from Allstate Insurance; Deposition transcript of Dr. Michael Hoenig.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):

   Defendants submit reports pursuant to Regulation 67-612.
10. Name, address, and specialty, if any, of the treating physician:

    Michael P. Hoenig, M.D., Carolina Orthopaedic & Neurosurgical Associates, 1330 Boiling Springs Road, Suite 1600, Spartanburg, SC 29303
11. Impairment rating(s); body part(s); physician and date of opinion: 10% left leg; Michael Hoenig, MD; 9/13/16.
12. I am amending my Form 50/51 in the following manner: N/A

☐ **Mediation**
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-4803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

I certify I have served this document pursuant to Reg. 67-211. See attached certificate of service.

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

Signature: Mark Allison Email: mallison@mgclaw.com
Date of Hearing: November 27, 2024 Time needed for hearing: 2 hours

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

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1613880

IVAN MOORE, Employee, Claimant, vs. SPARTANBURG STEEL, Employer, AND HARTFORD ACCIDENT & INDEMNITY COMPANY C/O SEDGWICK CLAIMS MANAGEMENT SERVICES, INC., Carrier, Defendants.	}	**NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANT**

TO: COMMISSIONER T. SCOTT BECK, SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND SAM BASS, ESQUIRE:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

APA#	DOCTOR	PRACTICE	DATES	PAGES
4.	Michael Hoenig, MD	CONA	9/13/16 – 9/20/2016	243-247
5.	Michael Hoenig, MD	Deposition Transcript of Dr. Michael Hoenig	10/31/2023	248-292

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule

the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Claimant.

MARK ALLISON
MCANGUS GOUDELOCK & COURIE LLC
Post Office Box 2980
201 West McBee Avenue, 2nd Floor (29601)
Greenville, South Carolina 29602
(864) 239-4000
Attorneys for the Employer/Carrier

Greenville, South Carolina
November 15, 2024

Stewart
LAW OFFICES

Reply To:

Sam Bass
sam@stewartlawoffices.net

Licensed in SC

ROCK HILL I COLUMBIA I CHARLOTTE
SPARTANBURG I BEAUFORT

November 22, 2024

VIA eCase
The Honorable T. Scott Beck, Commissioner
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, S.C. 29202-1715

RE: Ivan Moore vs. Spartanburg Steel Products Inc
WCC File No.: 1613880
Date of Loss: March 1, 2016
Hearing Date: November 27, 2024

Dear Commissioner Beck:

Enclosed herewith please find the Claimant's Supplemental Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports Submitted as Evidence, along with our Certificate of Service regarding the above stated claim.

By copy of this letter, we are forwarding a copy of the same together with a copy of medical reports to the Defendants' Attorney, Mr. Mark Allison.

Sincerely,

Sam Bass
Attorney At Law

SB/kc

Enclosures

cc: Mr. Mark Allison, Esquire

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5700 www.wcc.sc.gov

Supplemental PRE-HEARING BRIEF
WCC File No: 1613880

Claimant's Name: Ivan Moore

Employer's Name: Spartanburg Steel Products, Inc.

Address:	238 Saint Matthews LN				
City:	Spartanburg	State:	SC	Zip:	29301

Address:	1290 New Cut Road				
City:	Spartanburg	State:	SC	Zip:	29303

Home Phone: Work Phone: (864) 251-9796 Carrier: Hartford Accident and Indemnity Co

Preparer's Name: Sam Bass Preparer's Phone #: 864-583-2223

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

1. Compensation Rate: $534.37 2. AWW: $801.52 **Date of Injury:** March 1, 2016
3. Type of injury and body part(s): Admitted lower left extremity, altered gait
4. Facts in controversy: See attachment (1) Whether Claimant's need for a TKA is casually related to his March 1, 2016 work accident; (2) Ongoing medical treatment per 42-15-60; (3) Order from the Comm. for the carrier to authorize the TKA with Dr. O'Leary. (4) All other benefits pursuant to the Act.
5. Legal issues involved: See attachment. See number 4. Exclusion of any opinions by Dr. Hoenig obtained in violation of §42-15-95.
6. Unusual aspects: See attachment.
7. Witnesses (designate if expert):* Claimant, Daniel Gerscovich MD*, James O'Leary MD*, Elizabeth Padgett, and other lay witnesses to be named in rebuttal to evidence or testimony presented by the Defendant live and/or by way of deposition.
8. Exhibits: Please refer to the Administrative Procedures Act Submittal; claimant reserves the right to amend APA Submissions, Form 58 & witnesses.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Please refer to exhibits listed in the Administrative Procedures Act Submittal; claimant reserves the right to amend medical evidence.
10. Name, address, and specialty, if any, of the treating physician: Dr. Michael Hoenig and Dr. Daniel Gerscovich, CONA, 1330 Boiling Springs Rd Ste 1600, Spartanburg, SC 29303
Dr. James O'Leary, Midlands Orthopaedics P.A., 1910 Blanding St, Columbia, SC 29201.
11. Impairment rating(s); body part(s); physician and date of opinion: Not at MMI.
12. I am amending my Form 50/51 in the following manner:

☐ **Mediation**

☐a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐b. Mediation is required pursuant to Reg. 67-1802.

☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

☐d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

I certify I have served this document pursuant to Reg. 67-211. See attached certificate of service.

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

Signature: Email: sam@stewartlawoffices.net
Date of hearing: November 27, 2024 Time needed for hearing: 60 minutes

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

WCC Form # 58
Revised 9/23

Supplemental 58

PRE-HEARING BRIEF

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1613880

IVAN MOORE,	)	
	)	
Employee/Claimant,	)	
	)	
vs.	)	
	)	**SUPPLEMENTAL NOTICE OF**
SPARTANBURG STEEL PRODUCTS, INC.,	)	**WITNESSES AND WRITTEN**
	)	**REPORTS OR OTHER**
Employer/Defendant,	)	**EVIDENCE TO BE INTRODUCED**
	)	**ON BEHALF OF THE CLAIMANT**
And	)	
	)	
HARTFORD ACCIDENT AND INDEMNITY CO,	)	
	)	
Servicing Agent/Carrier,	)	

TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, AND Mr. Mark Allison, ESQ., ATTORNEY FOR THE DEFENDANTS:

YOU ARE HEREBY NOTIFIED that the Claimant, Ivan Moore, pursuant to the provisions of the South Carolina Workers' Compensation Act and S.C. Code Ann. §1-23-330, (1976, as amended), submits the following supplemental documents as direct evidence on his behalf:

Exhibits		**Page Number(s)**
Ex. 1 - Correspondence with Defense Counsel	10/17/23 - PRESENT	1-11

YOU ARE FURTHER NOTIFIED that originals or photocopies of these documents are being forwarded to the South Carolina Workers' Compensation Commission for the purpose of introduction into evidence in this action on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witness(es) may be called live and/or by way of deposition on behalf of the Claimant: Claimant, Daniel Gerscovich, MD, James O'Leary, MD, Elizabeth Padgett, and other lay witnesses to be named in rebuttal to evidence or testimony presented by the Defendant, live and/or by way of deposition.

YOU HAVE THE RIGHT to cross-examine the above-listed witnesses. Should you want to exercise this right, you should schedule the depositions of any of the physicians or other persons for the purpose of cross-examination.

STEWART LAW OFFICES, L.L.C.

Sam Bass
Attorney for Claimant
409 S Pine Street
Spartanburg, SC 29302
864-583-2223
sam@stewartlawoffices.net

November 22, 2024
Spartanburg, South Carolina

Supplemental Attachment

Ivan Moore vs. Spartanburg Steel Products Inc
WCC File No.: 1613880

I. Dr. Hoenig's opinion must be excluded because it was obtained in violation of S.C. Code Ann. § 42-15-95.

Section 42-15-95(B) allows employers to communicate with an employee's healthcare providers regarding the employee's medical history, diagnosis, treatment, prognosis, work restrictions, and impairments without the employee's consent. However, the statute requires that the employee must be:

(1) notified of the communication in a timely fashion and allowed to attend and participate.
(2) advised of the nature of the communication prior to it occurring; and
(3) provided copies of any written questions submitted to the provider and the provider's responses.
S.C. Code Ann. § 42-15-95(B)(1)-(3).

Critically, the statute mandates: "Any discussions, communications, medical reports, or opinions obtained in violation of this section ***must*** be excluded from any proceedings under the provisions of this title." S.C. Code Ann. § 42-15-95(C) (emphasis added). Here, the carrier engaged in prohibited ex parte communication with Dr. Hoenig by sending him a letter and a questionnaire on September 29, 2023 without notifying Claimant or providing him copies. This is a clear violation of Section 42-15-95(B). Under the plain language of subsection (C), Dr. Hoenig's opinion "must be excluded" as a matter of law.

The Commission has no discretion to admit evidence obtained in violation of the statute. See Hudson v. Lancaster Convalescent Ctr., 407 S.C. 112, 119, 754 S.E.2d 486, 490 (2014) (when statute uses mandatory language, "Appellate Panel abused its discretion" in failing to follow it); Martin v. Rapid Plumbing, 369 S.C. 278, 283, 631 S.E.2d 547, 550 (Ct. App. 2006) (same).

Any further prejudice analysis renders the mandatory exclusion provision meaningless. Once the violation has been found to have occurred all evidence obtained in violation must be excluded from the case. This language is mandatory. The Commission has no discretion to engage in a prejudice analysis or otherwise admit the tainted evidence.

The provision mandating exclusion is not meant to be punitive. It is merely the method of enforcing the Legislature's prohibition on ex parte communication between a medical provider and the employer. The violation cannot be cured by the employee's submission to the examination, participation in a deposition or any other means (short of explicitly consenting to the admission of the evidence). Once the violation occurs, the evidence is irrevocably tainted and "must be excluded from any proceedings under the" Workers' Compensation Act. S.C. Code Ann. § 42-15-95 (C)(2007).

In the present case, Claimant has not waived his right to seek exclusion of Dr. Hoenig's opinion by deposing Dr. Hoenig. The statute does not provide any mechanism to cure a violation. Rather, it unequivocally states that evidence obtained in violation "must be excluded." S.C. Code Ann. § 42-15-95(C). Any argument that appeals to a prejudice argument eviscerates the protections the Legislature sought to provide to injured workers. It allows employers to disregard the notice and disclosure requirements with impunity, knowing the resulting opinions will still be admissible as long as the claimant is eventually provided a copy and allowed to depose the doctor. This undermines the statute's purpose of promoting openness and transparency in communications between employers and medical providers. The Commission should reject this erroneous reasoning and enforce Section 42-15-95 as written.

II. Even if admitted, Dr. Hoenig's opinion should be given little weight compared to the opinions of Drs. O'Leary and Gerscovich that Claimant's need for knee replacement is causally related to his 2016 work injury.

Assuming arguendo that Dr. Hoenig's opinion is admitted into evidence despite the statutory violation, the Commission should still find Claimant's need for left total knee arthroplasty is causally related to his March 2016 work injury based on the more persuasive opinions of Drs. O'Leary and Gerscovich.

Dr. O'Leary, a board-certified orthopedic surgeon, performed an IME of Claimant on January 15, 2024. He reviewed all the medical records, including Dr. Hoenig's deposition. Dr. O'Leary opined:

> The patient has severe bone-on-bone arthritis of the left knee. The patient had pre-existing arthritis at the time of his injury in 2016. This was aggravated by the injury. There was suspicion for a medial meniscal tear at the time of injury in 2016. At the present time, I agree that total knee replacement is the best option for intervention. The patient has had pain for 7 years continuously and had many injections over the years and a continual sequence of treatment related to his injury. It is my opinion that this is a continuation of his Worker's Compensation injury and that he is not at maximal medical improvement. His treatment over the past 7 years has been directly related to his 2016 injury. He never reached a plateau. He never had any additional injury. At the time of his initial injury he aggravated and accelerated his osteoarthritis of the knee which has been continuously symptomatic for 7 years. It is my opinion that his current symptoms are directly related to his 2016 injury. His treatment has been appropriate. He is not at maximal medical improvement. I recommended total knee arthroplasty to decrease his impairment and improve his functional capacity.

Dr. Gerscovich made similar findings in an April 16, 2024 report specifically noting:

1. Diagnosis:
    a. End-stage arthritis of left knee
2. Causation:
    a. Pre-existing milder form of arthritis aggravated by March 2016 injury
    b. Would not be a TKA candidate had he not incurred this injury
    c. Significant progression from pre-existing chondro damage
3. Maximum Medical Improvement (MMI):
    a. Not yet at MMI
4. Recommends Left Total Knee Arthroplasty (TKA)

The opinions of Drs. O'Leary and Gerscovich that Claimant's need for left TKA is causally related to his work injury should be given more weight than Dr. Hoenig's causation opinion for several reasons:

1. Dr. O'Leary's opinion contains a detailed analysis with reference to the MRI findings and explains how the work injury aggravated and accelerated Claimant's pre-existing arthritis over a continuous 7-year period without ever reaching MMI.
2. Dr. Hoenig's opinion is inconsistent with the undisputed facts that Claimant was continuously symptomatic and required extensive treatment, including over 35 injections, during the 7 years following his work injury without ever plateauing. This supports Dr. O'Leary's conclusion that the injury aggravated and accelerated the arthritis necessitating the TKA.
3. Dr. Hoenig's opinion that Claimant would have needed TKA anyway by this time even absent the work injury is speculative. No doctor opined Claimant was a TKA candidate prior to the work injury.
4. Dr. Hoenig does not perform TKAs, while Dr. O'Leary and Gerscovich do.

In short, the well-reasoned opinions of Drs. O'Leary and Gerscovich, are more credible and convincing than Dr. Hoenig's opinion and compel the conclusion that Claimant's need for TKA is causally related to his work injury. Any contrary finding would be unsupported by substantial evidence in the record. The Commission should therefore order the carrier to authorize the left TKA as recommended by Dr. O'Leary and Dr. Gerscovich.

III. Defendants' claim of prejudice due to inability to conduct complete discovery is without merit and a result of their own lack of diligence.

Defendants argue they are prejudiced by not being allowed to conduct complete discovery, including obtaining Claimant's prior medical records and an IME with their own

doctor, Dr. Daniel Lee. However, the following timeline of events demonstrates that any alleged prejudice is a result of Defendants' failure to act promptly to investigate and defend the claim:

1. Defense counsel made a notice of appearance on October 17, 2023.
2. Defendants were provided copies of the IME reports from Drs. O'Leary and Gerscovich on July 26, 2024, putting them on notice of the opinions supporting a causal relationship between Claimant's need for TKA and his work injury.
3. Claimant provided a copy of the request for hearing to defense counsel on August 9, 2024.
4. The hearing notice was received from the Commission on September 11, 2024, setting the hearing for November 27, 2024.
5. Defense counsel first asked for deposition dates for Claimant on October 8, 2024. Claimant's counsel promptly responded the same day and provided a date of November 14, 2024, a date which Defendants had selected.
6. Defendants did not notify Claimant of the IME they scheduled with Dr. Lee on November 22, 2024 until November 14, 2024, the same date as Claimant's deposition and less than two weeks before the scheduled hearing.
7. Defendants cancelled the IME in November 19, 2024.

Under these facts, Defendants had ample time and opportunity to conduct discovery and obtain an IME after being placed on notice of the opinions of Drs. O'Leary and Gerscovich. Instead, they waited two and half months after receiving the IME reports to even request Claimant's deposition. They then waited until the date of Claimant's deposition, and less than two weeks before the hearing, to notify Claimant of the IME with Dr. Lee. This hardly constitutes due diligence.

Claimant should not be made to suffer the consequences of Defendants' lack of diligence in investigating and defending the claim. Having failed to obtain an IME in a timely manner, Defendants cannot now cry prejudice on the eve of hearing. Claimant has a right to have his claim promptly adjudicated. Defendants were provided a reasonable timeframe to defend the claim after being put on notice of the opinions supporting compensability. They failed to do so. The hearing should proceed as scheduled based on the timely evidence submitted. The Commission should reject Defendants' attempt to delay the hearing based on a feigned claim of prejudice that is belied by the record.

CONCLUSION

Dr. Hoenig's opinion must be excluded in its entirety pursuant to the mandatory language of S.C. Code Ann. § 42-15-95(C) because it was obtained in violation of the statute's notice and disclosure requirements. But even if considered, Dr. Hoenig's opinion is outweighed by the more persuasive opinions of Drs. O'Leary and Gerscovich that Claimant's need for left TKA is causally related to his March 2016 work injury.

Defendants' claim of prejudice due to inability to conduct complete discovery rings hollow in light of their lack of diligence in requesting Claimant's deposition and scheduling an IME. The Commission should reject Defendants' attempt to delay adjudication of this claim and order the carrier to authorize the left TKA procedure.

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1613880

IVAN MOORE,	)	
	)	
Plaintiff/Employee,	)	
	)	
vs.	)	
	)	
SPARTANBURG STEEL PRODUCTS, INC.,	)	**CERTIFICATE OF SERVICE**
	)	
Employer/Defendant,	)	
	)	
And	)	
	)	
HARTFORD ACCIDENT AND INDEMNITY CO,	)	
	)	
	)	
Servicing Agent/Carrier,	)	

I, Katia Camacho, an employee with Stewart Law Offices, L.L.C., do hereby certify that a true and correct copy of **WCC FORM 58 – CLAIMANT'S SUPPLEMANTAL PRE-HEARING BRIEF** has been served upon the following by depositing the same in the U.S. Mail this 22ND day of November, 2024, addressed as follows:

Mr. Mark Allison, Esquire
McAngus, Goudelock & Courie LLC
PO Box 2980
Greenville, SC 29602

Katia Camacho, Workers' Compensation Paralegal
STEWART LAW OFFICES, LLC
409 S Pine Street
Spartanburg, SC 29302
864-583-2223
Katia@stewartlawoffices.net

Spartanburg, SC
November 22, 2024

Stewart
LAW OFFICES

Reply To:

Sam Bass
sam@stewartlawoffices.net

Licensed in SC

ROCK HILL I COLUMBIA I CHARLOTTE
SPARTANBURG I BEAUFORT

May 12, 2025

Amy Bracy
Judicial Director
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

RE: Ivan Moore vs. Spartanburg Steel Products, Inc.
WCC File No.: 1613880
Date of Loss: March 1, 2016

Dear Ms. Bracy:

In connection with the above referenced case, enclosed please find an original and three (3) copies of our Form 30 Request for Commission Review and Certificate of Service. Additionally, please find in the amount $150.00 is enclosed for filing in this matter. I would appreciate your filing the originals and returning the file-stamped copies to me in the envelope provided for your convenience.

I appreciate your assistance in this regard, and should you have any questions or need any further information, please do not hesitate to contact us.

Sincerely,

Sam Bass
Attorney at Law

SB/kc

CC: Mark Allison, Esq.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675 www.wcc.sc.gov

WCC File #:	**1613880**
Carrier File #:	
Carrier Code #:	
Employer FEIN #:	

Claimant's Name: Ivan Moore SSN: [redacted]
Address: 238 Saint Matthews LN
City: Spartanburg State: SC Zip: 29301

Employer's Name: Spartanburg Steel Products, Inc.
Address: 1290 New Cut Road
City: Spartanburg State: SC Zip: 29303

Home Phone: Work Phone: ( ) -
Insurance Carrier: Hartford Accident and Indemnity Co
Preparer's Name: Sam Bass Law Firm: Stewart Law Offices, LLC Preparer's Phone #:

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by X Claimant ☐ Employer (check one) Date of Injury or Illness: March 1, 2016

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

See Attachment

(Check one) Oral argument X is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ **Mediation**

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to, Mark Allison, Esq. of McAngus, Goudelock & Courie LLC on the 12th day of May 2025, by electronic mail.

Preparer's Signature	Claimant's Attorney (Title)	sam@stewartlawoffices.net (Email)	5-12-25 (Date)

Check this box if you are not represented by an attorney ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 1613880

Ivan Moore, Employee, Claimant, vs. Spartanburg Steel, Employer, AND Hartford Accident & Indemnity Company c/o Sedgwick Claims Management Services, Inc., Carrier, Defendants.	)	**REQUEST FOR COMMISSION REVIEW**

1. The Single Commissioner erred in admitting the deposition testimony of Dr. Michael Hoenig. (Finding of Fact #2 and Conclusion of Law #2).

2. The Single Commissioner erred in affording more weight to the opinion of Dr. Hoenig regarding causation and Claimant's need for a total knee replacement than the opinions of Drs. Gerscovich and O'Leary regarding the same. (Findings of Fact #3, 4, 5 and Conclusion of Law #3 and 4).

3. A preponderance of the evidence supports the Claimant's position that the total left knee replacement is causally related to his March 1, 2016, work injury.

Sam Bass
Stewart Law Offices, LLC
409 S. Pine Street
Spartanburg, SC 29302
(864) 583-2223, Phone
(864) 310-4099, Fax
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State of South Carolina
Workers' Compensation Commission

DECISION AND ORDER

THE HONORABLE Commissioner T. Scott Beck

SCWCC File No.: 1613880

Ivan Moore,

Claimant,

v.

Spartanburg Steel,

Employer,

and

Hartford Accident & Indemnity Company,

Carrier,

c/o

Sedgwick Claims Management Services, Inc.,

Defendants.

District Six

Hearing held in Spartanburg County, South Carolina,
on December 19, 2024

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

Appearances:	Sam Bass, Esquire, of Stewart Law Offices, L.L.C., appeared on behalf of Claimant.
	Mark Allison, Esquire, of McAngus Goudelock & Courie, appeared on behalf of Defendants.
Purpose of Hearing:	To determine issues as set forth on Forms 50 and 51

Court Reporter: ABC Reporting, 257 Summerland Drive, Batesburg-Leesville, South Carolina 29006, (803)-532-5255

Filed: May 6, 2025

I. STATEMENT OF THE CASE

Claimant sustained admitted and compensable injury to his left knee arising out of and in the course and scope of his employment with Defendant Employer Spartanburg Steel on March 1, 2016.

On September 13, 2016, Dr. Michael Hoenig, Claimant's authorized treating physician, opined Claimant had reached maximum medical improvement with a 10% impairment rating to the left knee, required future medical treatment of cortisone injections intermittently, and assigned no permanent work restrictions. On September 20, 2016, Dr. Hoenig completed a Form 14B memorializing his opinion. Claimant continued to treat with Dr. Hoenig for intermittent injections through September 1, 2023, at which time Dr. Hoenig referred Claimant for consideration of a left knee replacement. Claimant then obtained opinions regarding treatment needs for the left knee and causal relation of same to the work accident from Dr. James O'Leary and Dr. Daniel Gerscovich.

On August 9, 2024, Claimant filed a Form 50 requesting a hearing and further medical treatment for his left lower extremity and alleging that he was not at maximum medical improvement for his left knee. On September 6, 2024, Defendants responded to Claimant's Form 50 with a Form 51 denying Claimant is entitled to additional medical treatment, temporary benefits, and that Claimant sustained permanent disability as a result of his injury. A hearing was set for November 27, 2024 but was reset to December 19, 2024, to allow Claimant time to provide Defendants with additional medical records from his primary care physician and records

from an intervening accident. This matter comes before the undersigned Commissioner on these pleadings and the sole issues of whether Claimant's need for a total knee replacement surgery is causally related to his work accident on March 16, 2016, and if Claimant has reached maximum medical improvement.

II. STIPULATIONS

1. The South Carolina Workers' Compensation Commission has jurisdiction over the parties and subject matter of this claim.

2. Venue is proper in Spartanburg County, South Carolina, but the parties consented to venue in Spartanburg, South Carolina.

3. The parties received proper and timely notice of the hearing.

4. The applicable average weekly wage is $801.52, with a corresponding compensation rate of $534.37.

5. The Commission's file is made a part of the record.

III. APA SUBMISSIONS

On behalf of Claimant:

APA #	DOCTOR	PRACTICE	DATES	PAGES
1.	Michael Hoenig, M.D.	Carolina Orthopaedic and Neurosurgical Associates	05/10/2016 to PRESENT	1-230
2.	James O'Leary, M.D.	Midlands Orthopaedics, PA	01/15/24	231-234
3.	Daniel Gerscovich, M.D.	Carolina Orthopaedic and Neurosurgical Associates	04/16/2024	235-242
	EXHIBIT			
1	Correspondence with Defense Counsel		10/17/2023 to PRESENT	1-11

On behalf of Defendants:

APA #	DOCTOR	PRACTICE	DATES	PAGES
4.	Michael Hoenig, M.D.	Carolina Orthopaedic and Neurosurgical Associates	09/13/2016 to 09/20/2016	243-247
5.	Michael Hoenig, M.D.	Deposition Transcript of Michael Hoenig, M.D.	10/31/2023	248-290

IV. EVIDENCE OF THE CASE

Claimant's Testimony

Claimant was the only witness to testify. Claimant began working for Spartanburg Steel in 2004 as a temporary employee and was hired full-time on August 16, 2004. (Hrg. Tr. p. 12). He began at Spartanburg Steel performing operators "C" job, eventually working his way up to an operator "A" job, which he is currently doing. (Hrg. Tr. pp. 12-13).

Claimant began treatment with Dr. Hoenig in May 2016. (Hrg. Tr. pp. 7-8). Claimant was initially treated with cortisone injections and a left knee brace. (Hrg. Tr. p. 8). He performed no standing or doing anything on his left knee for approximately three months. (Hrg. Tr. p. 8). On August 6, 2016, Dr. Hoenig discussed with Claimant that he had a torn meniscus in his left knee, which could be treated through conservative measures or with surgery. (Hrg. Tr. pp. 8-9). He stated his knee never healed on its own, and every three months he would come back to Dr. Hoenig's office from 2016 through 2023 to get injections in his left knee. (Hrg. Tr. p. 10). Claimant would either undergo cortisone injections or a series of three injections (viscosupplementation), which stopped helping his left knee approximately a year-and-a-half ago. (Hrg. Tr. pp. 10-11). He followed up with Dr. Hoenig after the injections stopped working, who told him he would require a knee replacement. (Hrg. Tr. p. 11). Dr. Hoenig told Claimant

he would set him up for a knee replacement and would get in contact with workman comp to arrange the surgery. (Hrg. Tr. p. 12). He wants to undergo the left knee surgery due to the constant pain in his left knee, despite wearing a knee brace. (Hrg. Tr. p. 13).

On cross-examination, Claimant clarified he wanted to undergo the left knee surgery once the injections stopped relieving his pain. (Hrg. Tr. p. 14). Claimant admitted he has known he might need a left knee replacement for about a year-and-a-half. (Hrg. Tr. p. 15). Claimant confirmed he has personal health insurance which could be used to help cover the cost of the left knee replacement, but he stated he cannot afford the surgery. (Hrg. Tr. p. 16). Claimant admitted he has no problem with the care Dr. Hoenig has provided him. (Hrg. Tr. p. 16). Claimant confirmed Dr. Hoenig originally offered a left knee surgery to him in 2016 but elected to see if it will heal on its own. (Hrg. Tr. p. 17). He elected to not undergo the surgery because Dr. Hoenig told him it would heal on its own. (Hrg. Tr. p. 17).

Dr. Hoenig's Testimony (Deposition Transcript)

Dr. Hoenig's deposition was noticed by Claimant's attorney, Sam Bass, and taken on October 31, 2023. (Def.'s APA pp. 248-251). Dr. Hoenig noted he first treated Claimant on May 10, 2016. (Def.'s APA p. 252). Claimant reported to him he was injured on March 1, 2016, when he was hit on the outer part of his left knee, which caused pain on the inner part of his knee and swelling. (Def.'s APA p. 253). Dr. Hoenig provided Claimant with a hinged knee brace, prescribed Mobic, assigned work restrictions of sedentary duty, and performed a steroid injection. (Def.'s APA p. 253). Dr. Hoenig reviewed his left knee MRI that showed a degeneration of the medial meniscus, with no obvious tear, swelling, a Baker's cyst, a strain of the popliteus, edema or strain around his MCL, cartilage wear in the groove of his kneecap, and early arthritis in the inner compartment. (Def.'s APA pp. 253-254).

Dr. Hoenig next saw Claimant on June 7, 2016, where he released him to full duty and to re-check in a couple weeks. (Def.'s APA p. 254). Dr. Hoenig performed another left knee steroid injection. (Def.'s APA p. 255). Claimant returned to Dr. Hoenig on August 16, 2016, reporting great relief from the injection that gradually wore off, was using his knee brace, taking Mobic, and working full duty. (Def.'s APA pp. 255-256). Dr. Hoenig performed another left knee steroid injection and noted to put him at MMI or consider a possible knee scope at his next appointment. (Def.'s APA p. 256).

Dr. Hoenig next saw Claimant on September 13, 2016, where Dr. Hoenig noted Claimant had several injections with temporary relief, he has taken intermittent Mobic, and the brace is helpful. (Def.'s APA p. 257). Claimant also reported to Dr. Hoenig that his left knee feels 70% with all his pain located about the medial joint line. (Def.'s APA p. 257). Dr. Hoenig released Claimant to maximum medical improvement with a 10% impairment rating, future medical treatment of cortisone injections intermittently, and signed off on a Form 14B expressing the same. (Def.'s APA pp. 257-258).

On November 1, 2016, Claimant returned to Dr. Hoenig, who viewed Claimant as released to maximum medical improvement and was receiving treatment relative to his Form 14B's recommendation of future medical treatment. (Def.'s APA p. 259). Dr. Hoenig provided Claimant with a right knee injection and continued to provide Claimant with right knee injections and a prescription for Mobic through June 24, 2019. (Def.'s APA p. 259-262). Claimant expressed to Dr. Hoenig his desire for viscosupplementation injections, and he subsequently requested authorization. (Def.'s APA p. 262). The viscosupplementation injections were approved, and the series of three shots were performed between June 21, 2019, and July 5, 2019. (Def.'s APA pp. 262-264). Dr. Hoenig admitted that all the injections and treatment provided

through July 2023 were related to his work injury from March 1, 2016, and covered by his workers' compensation claim. (Def.'s APA p. 265-275).

Dr. Hoenig ordered a repeat MRI of his left knee that revealed a diffuse full-thickness chondral loss in the medial compartment with complex tearing of the medial meniscal body, edema around the MCL, cartilage loss in the patellofemoral compartment and lateral compartment, joint effusion with a Baker's cyst, and a bone infarct in the proximal tibia. (Def.'s APA p. 275). Dr. Hoenig provided Claimant with permanent work restrictions and a referral to Dr. Gerscovich for a knee replacement referral. (Def.'s APA p. 276). Dr. Hoenig opined that when he originally saw Claimant, his cartilage was already damaged, and his work injury made his pain worse. (Def.'s APA p. 280). Dr. Hoenig opined the injections made him feel fairly good, bought him some time, and then his arthritis continued to progress as arthritis naturally does, leading to more pain and needing a total knee replacement. (Def.'s APA p. 280). Dr. Hoenig further opined that Claimant's left knee is a normal progression, it has been seven years since his work injury, he began with arthritis, and he just now needs the knee replacement. (Def.'s APA p. 280). Dr. Hoenig noted that two or three years after Claimant's initial injury, he got back on his natural arthritis progression. (Def.'s APA p. 286).

Dr. Hoenig stated Claimant's left knee had a general worsening of his left knee condition that led to his need for a knee replacement. (Def.'s APA pp. 287-288). Dr. Hoening opined that Claimant's need for a left knee replacement was not hastened by his work injury in March 2016 and would have required the surgery regardless of the work injury. (Def.'s APA p. 288).

Medical Evidence

Claimant presented to Dr. Michael Hoenig of Carolina Orthopaedic & Neurosurgical Associates (CONA) on May 10, 2016, for an evaluation of his left knee pain following a work

injury on March 1, 2016, where he was hit on the outside of his left knee. (Clt.'s APA p. 2). Claimant reported pain on the medial aspect of his left knee with swelling. (Clt.'s APA p. 2). Dr. Hoenig assessed Claimant with a mild left knee medial collateral ligament sprain, an incomplete medial meniscal tear, and knee effusion. (Clt.'s APA p. 5). Dr. Hoenig provided Claimant with a left knee injection, a hinged knee brace, Mobic, and sedentary work restrictions. (Clt.'s APA p. 5).

Claimant continued to treat conservatively with Dr. Hoenig from May 10, 2016, until he was released to maximum medical improvement on September 13, 2016, with a 10% impairment rating to the left knee and future medical treatment of cortisone injections intermittently. (Clt.'s APA pp. 2-26; Def's APA pp.243-247). Following Claimant's release to maximum medical improvement, Claimant continued to treat with Dr. Hoenig for left knee injections from November 1, 2016, through July 25, 2023. (Clt.'s APA pp. 2-221; Def's APA pp.243-247). Claimant underwent a total of 39 injections during his treatment with Dr. Hoenig. (Clt.'s APA pp. 2-221; Def's APA pp.243-247).

An updated MRI of Claimant left knee was performed on August 10, 2023, which revealed (1) diffuse full-thickness chondral loss of the medial compartment with complex tearing of the medial meniscal body and anterior horn, (2) edema about the MCL, (3) mild chondral loss of the patellofemoral and lateral compartments, (4) chronic appearing bone infarct of the proximal tibial metaphysis, and (5) small joint effusion and small Baker's cyst. (Clt.'s APA pp. 223). On September 1, 2023, Dr. Hoenig reviewed Claimant's MRI results and referred him to Dr. Gerscovich for a left knee replacement due to his fairly severe left knee arthritis. (Clt.'s APA pp. 225-230).

On January 15, 2024, Claimant presented to Dr. James O'Leary for an independent medical evaluation of his chronic left knee pain. (Clt.'s APA pp. 231-233). Claimant reported his knee was doing well until his work injury on March 1, 2016, and he has received continued treatment with injections for his left knee over the past 7 years. (Clt.'s APA pp. 233). Dr. O'Leary reviewed Claimant's August 10, 2023, MRI, medical records from CONA, and Dr. Hoenig's deposition transcript. (Clt.'s APA pp. 234). Dr. O'Leary opined that Claimant is not at maximum medical improvement, he never reached a plateau, and his current symptoms are related to his March 1, 2016, work injury. (Clt.'s APA pp. 234). Dr. O'Leary recommended a total knee arthroplasty and provided work restrictions of light duty with no kneeling, squatting, crawling, or climbing with primarily sedentary work. (Clt.'s APA pp. 234).

On April 16, 2024, Claimant presented to Dr. Daniel Gerscovich for a second opinion of his left knee. (Clt.'s APA pp. 235-238). Dr. Gerscovich opined Claimant has significant left knee arthritis and has failed conservative treatment spanning eight years and assessed him with osteoarthritis of the left knee. (Clt.'s APA pp. 238). Dr. Gerscovich noted his arthritis has progressed significantly from his pre-existing chondro damage and recommended Claimant proceed with a total knee replacement. (Clt.'s APA pp. 238).

V. FINDINGS OF FACT

Based upon Claimant's testimony, the Commissioner's file, and APA submissions, the undersigned Commissioner makes the following findings of fact:

1. Claimant's objection to Defendants' APA Submission 291-292 (medical questionnaire signed by Dr. Michael Hoenig) is sustained and those pages are removed from the record.

2. Claimant's objection to the deposition testimony of Dr. Michael Hoenig is overruled and admitted into evidence. Claimant's position that is should be excluded with the medical questionnaire is misplaced. The questionnaire is excluded because Defendants improperly contacted the physician in violation of S.C. Code Ann. § 42-15-95. The deposition was then noticed by CLAIMANT in an attempt to change Dr. Hoenig's opinion. Other than participating in the deposition, Defendant had no role in setting it. To rule otherwise would be to conclude that Defendants acted improperly in participating in the deposition, which would be clearly erroneous.

3. The question before me is whether Claimant's need for a total knee replacement is causally related to the March 1, 2016 admitted injury. I must conclude that it is not for the following reason: Dr. Hoenig has treated Claimant exclusively since his date of injury and continuing for the next eight years, putting him in the best position to determine a causal relationship over two independent medical evaluations conducted eight years after the injury.

4. More weight is afforded to the opinions of Dr. Michael Hoenig, Claimant's authorized treating physician for eight years, than the opinions of Dr. Daniel Gerscovich and Dr. James O'Leary, both of whom only evaluated Claimant one time on an IME basis.

5. Claimant's need for a total knee replacement is not casually related to his admitted left knee injury on March 1, 2016.

6. Claimant was originally released to maximum medical improvement by Dr. Hoenig on September 20, 2016 but continued to treat Claimant for nearly seven years with some treatment that exceeded the future medical treatment listed on his completed Form 14B.

7. Dr. Hoenig never again placed Claimant at maximum medical improvement following the initial release on September 13, 2016.

8. Claimant is not at maximum medical improvement for his left knee.

VI. CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. § 42-15-95, Claimant's objection to Defendants' APA Submission 291 to 292 is sustained and those pages are removed from the record.

2. Pursuant to S.C. Code Ann. § 42-15-95, Claimant's objection to the deposition testimony of Dr. Hoenig is overruled, and it is admitted due to the fact that Claimant noticed and conducted Dr. Hoenig's deposition in an attempt to change his medical opinion.

3. Pursuant to S.C. Code Ann. §§ 42-1-160, 42-15-60, and applicable case law, Claimant is not entitled to a total left knee replacement as it is not causally related to his March 1, 2016, work injury. (*See* Jeffers v. Manetta Mills (1939), "The burden rests upon the claimant to show by competent testimony, not only the fact of injury but that it occurred in connection with the employment of the deceased; and to furnish evidence from which the inference can logically be drawn that the injury arose out of and in the course of the employment. The award, of course, must be based upon something more than surmise or conjecture."; Ashley v. South Carolina Highway Dep't (1948), "In order to justify an award, it is necessary . . . that such medical experts go further and testify at least that in their professional opinion the result in question 'most probably' came from the cause alleged."

4. Pursuant to Sharpe v. Case Produce, Inc., (S.C. 1999) 336 S.C. 154, 519 S.E.2d 102, the Commission determines the weight and credit to be given to the expert testimony.

5. Pursuant to S.C. Code Ann. § 42-15-60, Claimant has not reached maximum medical improvement for his left knee for his March 1, 2016, injury.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law:

IT IS ORDERED that Claimant is not entitled to a left total knee replacement surgery, as it is not causally related to Claimant's work accident on March 1, 2016.

IT IS FURTHER ORDERED that Claimant is not at maximum medical improvement.

AND SO IT IS ORDERED.

Commissioner T. Scott Beck
South Carolina Workers' Compensation Commission

CERTIFICATE OF SERVICE

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

By Shawnee Radcliff on May 6, 2025

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1613880

IVAN MOORE, Employee/Claimant,	)	
-vs-	)	
SPARTANBURG STEEL PRODUCTS, INC., Employer,	)	**CERTIFICATE OF SERVICE**
and	)	
HARTFORD ACCIDENT AND INDEMNITY CO. Carrier,	)	
Defendants.	)	

I, Katia Camacho, an employee with Stewart Law Offices, L.L.C., do hereby certify that a true and correct copy of **WCC FORM 30-Request For Commission Review,** has been served upon the following by depositing the same in the U.S. Mail this day of 12th day of May, 2025, addressed as follows:

Amy Bracy
Judicial Director
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

Mr. Mark Allison,
mallison@mgclaw.com
McAngus, Goudelock & Courie LLC
PO Box 2980
Greenville, SC 29602

Katia Camacho
Workers' Compensation Paralegal
STEWART LAW OFFICES, LLC
409 S Pine Street
Spartanburg, SC 29302
(864) 583-2223

Spartanburg, South Carolina
May 12, 2025

Reply To
MARK ALLISON
Direct Dial: (864) 242-1713
mallison@mgclaw.com

May 15, 2025

VIA E-FILE
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Ivan Moore vs. Spartanburg Steel Products and Hartford Accident & Indemnity Company c/o Sedgwick Claims Management Services, Inc.
Date of Accident: March 1, 2016
WCC File No.: 1613880
Our File No.: 20194.23966
Claim No.: 30165526696-0001

Dear Sir or Madam:

Please find enclosed our Form 30 in this matter, along with our check in the amount of $150.00, which represents the filing fee.

By copy of this letter to Sam Bass, Esquire, the claimant's attorney, we are notifying him of these submissions and serving a copy of the same upon him by mail.

Very truly yours,

Mark Allison

MAA/csf
Enclosures
cc: Sam Bass, Esquire, Stewart Law Offices, L.L.C.
Beth Padgett, Sedgwick Claims Management Services, Inc.

South Carolina Workers' Compensation
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675 www.wcc.sc.gov

WCC File #: 1613880
Carrier File #: 30165526696-0001
Carrier Code #:
Employer FEIN #:

Claimant's Name: Ivan Moore SSN: SSN

Address: 238 Saint Matthews Lane
Spartanburg, South Carolina 29301

Home Phone: (864) 251-9796 Work Phone:

Employer's Name: Spartanburg Steel

Address: Post Office Box 6428
Spartanburg, South Carolina 29304

Insurance Carrier: Hartford Accident & Indemnity Company c/o Sedgwick Claims Management Services, Inc.

Preparer's Name: Mark Allison Law Firm: McAngus Goudelock & Courie Preparer's Phone Number: (864) 242-1713

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant ☒ Employer (check one) Date of Injury or Illness: 3/1/2016

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

1. Did the Single Commissioner err in ruling that Claimant has not reached maximum medical improvement where the greater weight of the evidence supports a finding of maximum medical improvement?

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.
I certify I have served this document pursuant to Reg. 67-211. See attached certificate of service.

Mark Allison

Preparer's Signature	Title	Email	Date
	Attorney for Employer/Carrier	mallison@mgclaw.com	May 15, 2025

Check this box if you are not represented by an attorney. ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov. If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

WCC FORM #30
Revised 9/23

30

REQUEST FOR COMMISSION REVIEW

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1613880

IVAN MOORE, Employee, Claimant, vs. SPARTANBURG STEEL, Employer, AND HARTFORD ACCIDENT & INDEMNITY COMPANY C/O SEDGWICK CLAIMS MANAGEMENT SERVICES, INC., Carrier, Defendants.	}	**CERTIFICATE OF SERVICE**

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Rule 67-211 of the South Carolina Workers' Compensation Commission, by electronic transmission to:

TO: **VIA EMAIL**
sam@stewartlawoffices.net
Sam Bass, Esquire
Stewart Law Offices, L.L.C.
409 South Pine Street
Spartanburg, South Carolina 29302

VIA E-FILE
South Carolina Worker's Compensation Commission
1333 Main Street, Suite 500 · Post Office Box 1715
Columbia, South Carolina 29202-1715

DOCUMENT: Form 30

DATE OF MAILING: May 15, 2025

Cara Farotto
Paralegal to Mark Allison

Stewart
LAW OFFICES

Reply To:

Sam Bass
sam@stewartlawoffices.net

Licensed in SC

ROCK HILL I COLUMBIA I CHARLOTTE
SPARTANBURG I BEAUFORT

July 25, 2025

Amy Bracy
Judicial Director
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

RE: Ivan Moore vs. Spartanburg Steel Products, Inc.
WCC File No.: 1613880
Date of Loss: March 1, 2016

Dear Ms. Bracy:

In connection with the above referenced case, enclosed please find a copy of Appellant's Brief and Certificate of Service in the above-referenced matter.

I appreciate your assistance in this regard, and should you have any questions or need any further information, please do not hesitate to contact us.

Sincerely,

Sam Bass
Attorney at Law

SB/kc

CC: Mark Allison, Esq.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1613880

IVAN MOORE,

CLAIMANT/APPELLANT,

SPARTANBURG STEEL,

EMPLOYER,

HARTFORD ACCIDENT & INDEMNITY COMPANY C/O SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.,

CARRIER,

DEFENDANTS/RESPONDENTS.

BRIEF OF CLAIMANT/APPELLANT

STATEMENT OF THE CASE

This case is on appeal by Claimant/Appellant Ivan Moore from an order issued by Commissioner T. Scott Beck on May 6, 2025. Claimant sustained an admitted and compensable injury to his left knee arising out of and in the course and scope of his employment with Defendant Employer Spartanburg Steel on March 1, 2016. On September 13, 2016, Dr. Michael Hoenig, Claimant's authorized treating physician, opined Claimant had reached maximum medical improvement with a 10% impairment rating to the left knee, required future medical treatment of cortisone injections intermittently, and assigned no permanent work restrictions. On September 20, 2016, Dr. Hoenig completed a Form 14B memorializing his opinion.

Claimant continued to treat with Dr. Hoenig for intermittent injections through September 1, 2023, at which time Dr. Hoenig referred Claimant for consideration of a left knee replacement. The Carrier, in violation of S.C. Code Ann § 42-15-95, sent Dr. Hoenig a

questionnaire seeking his opinion on whether his recommendation for a total knee replacement (TKA) surgery was causally related to Claimant's March 1, 2016 work accident. Dr. Hoenig completed that questionnaire opining the need for a the TKA was a result of a "natural progression". Claimant's counsel noticed Dr. Hoenig's deposition for two purposes: 1) establish that a violation of S.C. Code Ann § 42-15-95 occurred when the questionnaire was sent to and completed by Dr. Hoenig, and 2) determine if Dr. Hoenig's opinions in the questionnaire would remain consistent in a sworn deposition. Claimant also obtained opinions regarding treatment needs for the left knee and causal relation of same to the work accident from Dr. James O'Leary and Dr. Daniel Gerscovich.

A hearing was held on December 19, 2024 to decide the sole issues of whether Claimant's need for a total knee replacement surgery is causally related to his work accident on March 16, 2016, and if Claimant has reached maximum medical improvement. Commissioner Beck found, in relevant part: 1) the medical questionnaire signed by Dr. Hoenig and the opinion contained therein was obtained in violation of S.C. Code Ann. § 42-15-95 and excluded; 2) the deposition testimony of Dr. Hoenig was admitted into evidence because Claimant noticed the deposition; 3) Claimant's need for a total knee replacement was not causally related to the March 1, 2016 admitted injury based on the deposition testimony of Dr. Hoenig as his opinion was afforded more weight than the opinions of Dr. Gerscovich and Dr. O'Leary, both of whom evaluated Claimant on an IME basis; 4) Claimant was originally released to maximum medical improvement by Dr. Hoenig on September 20, 2016, but Dr. Hoenig continued to treat Claimant for nearly seven years with treatment that exceeded the future medical treatment listed on his completed Form 14B; and 5) Claimant is not at maximum medical improvement for his left knee. Claimant/Appellant now brings this appeal.

ISSUE ON APPEAL

Appellant argues multiple issues in his appeal:

1. Did the Single Commissioner err as a matter of law in admitting the deposition testimony of Dr. Michael Hoenig. (Finding of Fact #2 and Conclusion of Law #2).

2. Did the Single Commissioner err in affording more weight to the opinion of Dr. Hoenig regarding causation and Claimant's need for a total knee replacement than the opinions of Drs. Gerscovich and O'Leary regarding the same. (Findings of Fact #3, 4, 5 and Conclusion of Law #3 and 4).

3. Did the Single Commissioner err in finding that the need for a total left knee replacement is not causally related to his March 1, 2016, work injury.

STANDARD OF REVIEW

"In workers' compensation cases, the Commission is the ultimate factfinder." Pierre v. Seaside Farms, Inc., 689 S.E.2d 615, 386 S.C. 534, 541 (S.C. 2010). "The Court may not substitute its judgment for that of the agency as to the weight of the evidence on questions of fact; however, the Court may reverse or modify a decision of the Commission if it is affected by an error of law or is clearly erroneous in view of the substantial evidence on the record as a whole. S.C. Code Ann. § 1-23-380(5). While the findings of an administrative agency are presumed correct, they may be set aside if they are unsupported by substantial evidence. 'Substantial evidence' is not a mere scintilla of evidence nor the evidence viewed blindly from one side of the case, but is evidence which, considering the record as a whole, would allow reasonable minds to reach the conclusion that the administrative agency reached or must have reached in order to justify its action." Clemmons v. Lowe's Home Ctrs., Inc., 803 S.E.2d 268, 271, 420 S.C. 282, 287 (S.C. 2017) (Internal citations omitted).

ARGUMENT

1. Dr. Hoenig's Deposition Testimony Must be Excluded as a Matter of Law.

The Single Commission committed an error of law when admitting Dr. Hoenig's deposition testimony. Admitting the deposition renders S.C. Code Ann. § 42-15-95's requirement that "Any discussions, communications, medical reports, or **opinions** obtained in violation of this section **must be excluded** from any proceedings under the provisions of this title" meaningless and ineffective. *See* Liberty Mut. Ins. v. Sc Second Injury Fund, 611 S.E.2d 297, 363 S.C. 612 (S.C. 2005) (noting a statute as a whole must receive a practical, reasonable, and fair interpretation consistent with the purpose, design, and policy of the lawmakers). To understand why, one must consider the ill the legislature was trying to remedy and the carefully crafted solution it enacted to balance the interests of both employees and employers.

Prior to the 2007 rewrite of § 42-15-95, communication between medical providers and employers[1] was limited to existing records. Nevertheless, employers would routinely engage in *ex parte* communication with medical providers – not merely to coordinate treatment, but also to influence and obtain opinions favorable to the employer's interests.

The South Carolina Supreme Court addressed the issue in Brown v. Bi-Lo., 354 S.C. 436, 581 S.E.2d 836 (2003).[2] In Brown, "a question arose whether medical treatment sought by Employee for subsequent falls was related to the work injury and, thus, whether Employer was required to pay for the medical treatment." The employer hired a rehabilitation nurse to contact the employee's treating physicians "regarding the nature of her condition

[1] The reference to *employers* should be understood to include insurance adjusters, nurse case managers and insurance defense attorneys.

[2] The issues in Brown were significant enough to warrant amicus briefs from the South Carolina Trial Lawyers' Association (now the South Carolina Association for Justice), the South Carolina Self-Insurers' Association, and the South Carolina Defense Trial Attorneys' Association, Inc.

and the cause of her falls." The employee's counsel objected, writing to the nurse asking her to cease and desist, and to the doctors advising them not to engage in *ex parte* communication with the employer and carrier.

The employer requested a hearing on the matter. The Commission ordered the employee's attorney to "cease and desist from obstructing contact, including contact involving *ex parte* communications, meetings, correspondence, and/or answering questions in written and oral form, between the treating physician and the defendant's representatives." Brown v. Bi-Lo., 354 S.C. 436, 581 S.E.2d 836 (2003).

The employee appealed. The South Carolina Supreme Court agreed that permitting employers to communicate "directly with physicians may, in some instances, promote 'sure and swift compensation,'" the statute must be strictly construed to prohibit *ex parte* communication. The court reasoned that section 42-15-95 limited direct contact to disclosure of existing written medical records and documents. "The statute does not authorize other *'ex parte'* methods of communication between an insurance carrier, employer, or their representatives and the claimant's health care provider." Id. Thus, if the employer wanted to write or speak directly with a doctor, it would have to take a deposition or obtain the employee's consent.

The Brown decision was addressed in the 2007 amendments to the Act. The legislature sought to craft legislation balancing the disparate interests of injured workers and employers. Injured workers needed protection from behind-the-scenes *ex parte* communication with medical providers by employers, adjusters, rehabilitation nurses and defense attorneys seeking to deny or limit treatment and compensation. Employers needed the ability to swiftly expedite communication with medical providers to coordinate evaluations and treatment without the need

for expensive and time-consuming depositions.

The legislature crafted an elegant solution favoring openness and transparency. The amended statute provides:

> A health care provider who provides examination or treatment for any injury, disease, or condition for which compensation is sought under the provisions of this title may discuss or communicate an employee's medical history, diagnosis, causation, course of treatment, prognosis, work restrictions, and impairments with the insurance carrier, employer, their respective attorneys or certified rehabilitation professionals, or the commission without the employee's consent.

S.C. Code Ann.§ 42-15-95 (B)(2007).

This provision allows the employer to communicate directly with any health care provider without the employee's consent. However, the Legislature further provided that the employee **"must be"**

> (1) notified by the employer, carrier, or its representative requesting the discussion or communication with the health care provider in a timely fashion,[3] in writing or orally, of the discussion or communication and may attend and participate. This *notification must occur prior to the actual discussion or communication* if the health care provider knows the discussion or communication will occur in the near future;
>
> (2) advised by the employer, carrier, or its representative requesting the discussion or communication with the health care provider of the nature of the discussion or communication prior to the discussion or communication; and
>
> (3) provided with a copy of the written questions at the same time the questions are submitted to the health care provider. The employee also must be provided with a copy of the response by the health care provider.

S.C. Code Ann.§ 42-15-95 (B)(2007)(emphasis added).

There is no question the required notification was not provided to Appellant in the instant

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[3] The Commission enacted regulations providing that the claimant **must** receive the notification in a timely fashion, but *no less than ten days'* notice unless the parties agree otherwise. S.C. Code Reg. 67-1308 B (1)(2010)(emphasis added).

case. Dr. Hoenig made that clear in his testimony (Def. APA p. 278-9) and defense counsel conceded as much in prehearing conference. Nonetheless, the Single Commissioner overruled Claimant's objection to the deposition testimony of Dr. Hoenig and admitted it into evidence. The Single Commissioner reasoned that the questionnaire is excluded because Defendants improperly contacted the physician in violation of S.C. Code Ann. § 42-15-95, but because Claimant noticed the deposition, partly to change Dr. Hoenig's opinion, the Defendants did not act improperly in merely participating. Thus Dr. Hoenig's opinion, despite being the **exact same opinion from the excluded questionnaire**, was admitted.

The Single Commissioner's ruling puts an injured worker in an untenable position. The employer can now violate S.C. Code Ann. § 42-15-95 with impunity, and if the employee later attempts to establish a violation of the statute or question the treating physician's opinion, he will be stuck with the already tainted opinion of the physician. The employee would be foolish not to investigate a violation of the Act, and even more foolish not to question the tainted opinion via deposition.

The statute is specific: "Any **discussions, communications, medical reports, or opinions** obtained in violation of this section **must be excluded** from any proceedings under the provisions of this title." S.C. Code Ann. § 42-15-95 (C)(2007)(emphasis added). Once the violation has been found to have occurred – as the Single Commissioner did – all evidence obtained in violation **must be excluded** from the case. This language is mandatory. The Commission has no discretion to engage in a prejudice or clean hands analysis or otherwise admit the tainted evidence. See Hudson v. Lancaster Convalescent Ctr., 407 S.C. 112, 754 S.E.2d 486 (2014) (when statute uses mandatory language "Appellate Panel abused its discretion in removing the ten-percent penalty."); Martin v. Rapid Plumbing, 631 S.E.2d 547, 369 S.C. 278 (Ct. App. 2006) (when statute uses mandatory language, "[t]he appellate panel did not have discretion to

limit the duration of the penalty to a time other than the date when payment of benefits was resumed.")

The statutory language does not refer simply to individual pieces of evidence that **shall** be excluded a result of a violation. It refers to **all evidence and opinions**. In this case, the opinion obtained in the excluded questionnaire the exact same opinion given by Dr. Hoenig in his deposition. It is the opinion that is tainted. It is the opinion that was obtained in violation of the statue. It is the opinion that must be excluded.

The statutory language mirrors that of the "fruit of the poisonous tree" cases in criminal law. When a statutory violation occurs, the tainted evidence must be excluded as a matter of law. See, e.g. State v. Copeland, 321 S.C. 318,323, 468 S.E.2d 620,624 (1996) (providing evidence generally *must be excluded* as "fruit of the poisonous tree" if it would not have come to light but for illegal police action)(emphasis added). When the government obtains evidence illegally in a criminal case, that evidence must be excluded even though it means a guilty person will go unpunished. Society has determined that questions of due process and fundamental fairness outweigh the societal interest in punishing the guilty.

Similar considerations apply here. The amended statute is based on open and honest disclosure, balancing the employer's need to coordinate treatment and evaluations with the employee's right to participate in his care and ensure his doctors remained neutral and objective.

All employers must do is comply with the statute. Compliance is simple – one merely need copy the claimant or his attorney on all communication with any health care provider engaged to provide examination or treatment. This is not an onerous burden, yet in the instant case the Employer chose to disregard the statutory requirements.

The provision mandating exclusion is not meant to be punitive. It is merely the method of enforcing the Legislature's prohibition on *ex parte* communication between a medical provider and the employer. The violation cannot be cured by the employee's noticing or participation in a deposition or any other means (short of explicitly consenting to the admission of the evidence).

Additionally, an objection to tainted evidence cannot be made until it is offered into evidence at a hearing before a commissioner. The employee opposing the evidence cannot blindly hope the Single Commissioner will exclude the evidence and waive examination of the authorized treating physician without risking adverse consequences in the event a commissioner (rightly or wrongly) admits the tainted evidence into the record. Once the violation occurs, the evidence is irrevocably tainted and "must be excluded from any proceedings under the Workers' Compensation Act." S.C. Code Ann. § 42-15-95 (C)(2007).

The Single Commissioner's decision removes the enforcement mechanism from section 42-15-95 and gives the Commission discretion it does not have under the statute. This is a misreading of the statute which entirely frustrates the Legislature's plainly stated intent. When the language of a statute is "plain and unambiguous, and conveys a clear and definite meaning," there is no need to employ rules of statutory construction, and a court "has no right to look for or impose another meaning." City of Columbia v. American Civil Liberties Union, 323 S.C. 384, 387, 475 S.E.2d 747, 749 (1996). "This Court cannot construe a statute without regard to its plain and ordinary meaning and may not resort to subtle or forced construction in an attempt to limit or expand a statute's scope." Id. at 388, 475 S.E.2d at 749.

S.C. Code Ann. § 42-15-95 creates a bright-line rule requiring exclusion of Dr. Hoenig's opinion, and it is clear that the legislative intent was to prevent the obtaining of the opinion in

such a manner. The mandatory language of the statute leaves no room for discretionary factors. The fact that Mr. Moore later deposed Dr. Hoenig does not cure the statutory violation because: 1) the initial *ex parte* communication had already occurred; 2) the opinion of Dr. Hoenig was obtained in violation of the statue; and 3) the statute specifically requires participation before, not after, the communication occurs which lead to the tainted opinion.

The policy implications of the Single Commissioner's ruling would be devastating to employees. As an enforcement mechanism, allowing the Defendants' violation of these requirements without consequence would: 1) render the statutory protections meaningless; 2) remove the primary enforcement mechanism available to employees; 3) return to the pre-Brown environment of unrestricted *ex parte* communication as the failure to exclude the deposition would encourage future violations, undermine legislative intent, and create uncertainty in workers' compensation proceedings

The Single Commissioner lacked discretion to admit the deposition testimony of Dr. Hoenig regardless of subsequent events or perceived clean hands. To hold otherwise would effectively nullify the carefully crafted statutory protections for injured workers.

2. The TKA is causally related to the work injury.

If the Full Commission excludes the deposition of Dr. Hoenig, as it should, the only remaining medical evidence as to causation regarding the TKA is that of the opinions of Drs. O'Leary and Gerscovich. Assuming arguendo that the Full Commission admits the deposition testimony of Dr. Hoening, the substantial medical evidence before the Panel supports that the TKA is causally related to Claimant's work injury.

Claimant initially presented to Dr. Hoenig on May 10, 2016, for an evaluation of his left knee pain following a work injury on March 1, 2016, where he was hit on the outside of his left

knee. (Clt.'s APA p. 2). Dr. Hoenig provided Claimant with a left knee injection, a hinged knee brace, Mobic, and sedentary work restrictions. (Clt.'s APA p. 5). Claimant continued to treat conservatively with Dr. Hoenig from May 10, 2016, until he was released to maximum medical improvement on September 13, 2016, with a 10% impairment rating to the left knee and future medical treatment of cortisone injections intermittently. (Clt.'s APA pp. 2-26; Def's APA pp.243-247). Following Claimant's release to maximum medical improvement, Claimant continued to treat with Dr. Hoenig for left knee injections from November 1, 2016, through July 25, 2023. (Clt.'s APA pp. 2-221; Def's APA pp.243-247). Claimant underwent a total of **39 injections** during his treatment with Dr. Hoenig. (Clt.'s APA pp. 2-221; Def's APA pp.243-247). An updated MRI of Claimant left knee was performed on August 10, 2023. On September 1, 2023, Dr. Hoenig reviewed Claimant's MRI results and referred him to his partner, Dr. Gerscovich, for a left knee replacement. (Clt.'s APA pp. 225-230).

A. Medical Evidence Supporting Causation

The medical record demonstrates continuous treatment since the work injury, including 39 documented injections over 7 years, a progressive increase in treatment frequency, an evolution from steroid to viscosupplementation injections, records that indicate all treatment was authorized and only temporarily effective, and there were no gaps in care or symptomatology.

Dr. O'Leary reviewed Claimant's August 10, 2023, MRI, medical records from CONA, and Dr. Hoenig's deposition transcript. (Clt.'s APA pp. 234). Dr. O'Leary opined to a reasonable degree of medical certainty that Claimant was not at maximum medical improvement, he never reached a plateau, and his current symptoms are related to his March 1, 2016, work injury. (Clt.'s APA pp. 234). Dr. O'Leary recommended a total knee arthroplasty and provided work restrictions

of light duty with no kneeling, squatting, crawling, or climbing with primarily sedentary work. (Clt.'s APA pp. 234).

Dr. Gerscovich (Dr. Hoenig's partner) documented a significant progression from baseline, and he opined to a reasonable degree of medical that Claimant was at end stage arthritis of his left knee that was aggravated from his March 1, 2016 work injury, and he would not be a candidate for a TKA if not for his work injury. He recommended Claimant proceed with a total knee replacement. (Clt.'s APA pp. 238).

B. Dr. Hoenig's Deposition Testimony

Dr. Hoenig's testified that Claimant was initially released at maximum medical improvement on September 13, 2016, where Claimant only reported that his left knee felt 70% with all his pain located about the medial joint line. (Def.'s APA p. 257). Dr. Hoenig provided a a 10% impairment rating, future medical treatment of cortisone injections intermittently, and signed off on a Form 14B expressing the same. (Def.'s APA pp. 257-258).

Dr. Hoenig continued to provide Claimant with right knee injections every three months and a prescription for Mobic through June 24, 2019. (Def.'s APA p. 259-262). As the efficacy of steroid injections began to wear Dr. Hoenig began providing claimant with authorized viscosupplementation injections. (Def.'s APA p. 262). The first series of viscosupplementation injections were approved by the carrier, and the series of three shots were performed between June 21, 2019, and July 5, 2019. (Def.'s APA pp. 262-264). Eventually, the efficacy of the viscosupplementation injuections wore off as well. Importantly, Dr. Hoenig admitted that all the injections and treatment provided through July 2023 **were related to his work injury from March 1, 2016, and covered by his workers' compensation claim.** (Def.'s APA p. 265-275).

Dr. Hoenig's ultimate opinion from his deposition was that Claimant's left knee condition was a normal progression from pre-existing arthritis, and that is why he needs a knee replacement. (Def.'s APA p. 280). Dr. Hoenig noted that two or three years after Claimant's initial injury, he got back on his natural arthritis progression. (Def.'s APA p. 286). He opined that Claimant's need for a left knee replacement was not hastened by his work injury in March 2016 and would have required the surgery regardless of the work injury. (Def.'s APA p. 288). It is important to note again that this "natural progression" opinion is **same opinion** from the excluded questionnaire.

Dr. Hoenig's deposition opinion suggesting "natural progression" is contradicted by his own treatment history. He provided Claimant continuous, approved treatment for his work injury for nearly 7 years. He never documented in the medical notes a theory or diagnosis of a natural progression during treatment. He repeatedly sought authorization for advanced treatments, and he only offered the opinion that it was a "natural progression" when he was spoon fed that exact language by the adjuster in the excluded questionnaire.

Additionally, there is no medical evidence supporting an arbitrary two-to-three-year cutoff for work-relatedness of an injury. In fact, it is only documented that Claimant had continuous symptomatology since his injury, a documented progressive functional decline, and no intervening injuries or alternate causes.

C. Actions of the Carrier

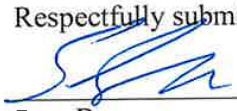
Finally, the Carrier authorized all treatment for Claimant from 2016 through 2023. It is undisputed they approved all injections and continued to accept of the claim. The carrier only sought unauthorized contact with Dr. Hoenig when the Claimant was referred for a TKA, at

which point the Carrier introduced the exact phrase "natural progression" to Dr. Hoenig. That phrasing appeared nowhere in the medical records until the Carrier provided it to the doctor.

Conclusion

It was an error of law for the Single Commissioner to admit the deposition testimony of Dr. Hoenig. Further, all substantial medical evidence in the record points to one conclusion, that Claimant's total knee replacement surgery is causally related to his March 1, 2016 work injury. For the foregoing reasons, the Appellant respectfully requests that the Appellate Panel reverse the Single Commissioner's Decision and Order and make new Findings of Fact and Conclusions of Law consistent with excluding the opinion of Dr. Hoenig, and a finding that the total knee replacement is causally related to Claimant's March 1, 2016 work injury.

Respectfully submitted,



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BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1613880

IVAN MOORE, Employee/Claimant, -vs- **SPARTANBURG STEEL PRODUCTS, INC.,** Employer, and **HARTFORD ACCIDENT AND INDEMNITY CO.** Carrier, Defendants.	)	**CERTIFICATE OF SERVICE**

I, Ashley Hughes, an employee with Stewart Law Offices, L.L.C., do hereby certify that a true and correct copy of **Brief of Claimant/Appellant,** has been served upon the following by this 25th day of July, 2025, addressed as follows:

VIA E-CASE
Amy Bracy
Judicial Director
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

VIA EMAIL
Mr. Mark Allison,
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Spartanburg, South Carolina
July 25, 2025

Reply To
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July 28, 2025

VIA EMAIL
Amy Bracy, Judicial Director
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Ivan Moore vs. Spartanburg Steel Products and Hartford Accident & Indemnity Company c/o Sedgwick Claims Management Services, Inc.
Date of Accident: March 1, 2016
WCC File No.: 1613880
Our File No.: 20194.23966
Claim No.: 30165526696-0001

Dear Ms. Bracy:

Please find enclosed our Initial Brief of Cross-Appellants in this case.

By copy of this letter to Sam Bass, Esquire, the claimant's attorney, we are notifying him of this submission and serving a copy of the same upon him by electronic delivery.

Very truly yours,

Mark Allison

MAA/jam
Enclosures
cc: Sam Bass, Esquire, Stewart Law Offices, LLC (via email)
Beth Padgett, Sedgwick Claims Management Services, Inc. (via email)

THE STATE OF SOUTH CAROLINA
South Carolina Workers' Compensation Commission

APPEAL FROM SINGLE COMMISSIONER
The Honorable Scott Beck

WCC No. 1613880

Ivan Moore…… Claimant/Appellant,
v.

Spartanburg Steel,……..Employer/Cross-Appellant,

and

Hartford Accident & Indemnity Company c/o Sedgwick Claims Management Services, Inc.,
Carrier/Cross-Appellant,

INITIAL BRIEF OF CROSS-APPELLANTS

STATEMENT OF THE CASE

Claimant sustained admitted and compensable injury to his left knee arising out of and in the course and scope of his employment with Defendant Employer Spartanburg Steel on March 1, 2016. On September 13, 2016, Dr. Michael Hoenig, Claimant's authorized treating physician, opined Claimant had reached maximum medical improvement ("MMI") with a 10% impairment rating to the left knee, required future medical treatment of cortisone injections intermittently, and assigned no permanent work restrictions. On September 20, 2016, Dr. Hoenig completed a Form 14B memorializing his opinion. Claimant continued to treat with Dr. Hoenig for intermittent injections through September 1, 2023, at which time Dr. Hoenig referred Claimant for consideration of a left knee replacement. Claimant then obtained opinions regarding treatment needs for the left knee and causal relation of same to the work accident from Dr. James O'Leary and Dr. Daniel Gerscovich. On August 9, 2024, Claimant filed a Form 50 requesting a hearing and further medical treatment for his left lower extremity and alleging that he was not at MMI for his left knee. On September 6, 2024, Defendants Employer/Carrier ("Defendants") responded to Claimant's Form 50 with a Form 51 denying Claimant is entitled to additional medical treatment and temporary benefits, and that Claimant sustained permanent disability as a result of his injury. A hearing was set for November 27, 2024 but was reset to December 19, 2024, to allow Claimant time to provide Defendants with additional medical records from his primary care physician and records from an intervening accident. A Form 50/51 hearing was conducted on these pleadings and to determine the issues of whether Claimant's need for a total knee replacement surgery is causally-related to his work accident on March 16, 2016, and whether Claimant has reached MMI. The Single Commissioner issued a Decision and Order dated May 6, 2025, determining in relevant part that Claimant is not entitled

to a total left knee replacement as it is not causally- related to his March 1, 2016 work injury. The Commissioner further found that Claimant has not reached MMI for his left knee injury.

Claimant appealed the Single Commission Decision and Order via Form 30 dated May 12, 2025. Claimant appealed the admission of the deposition of Dr. Michael Hoenig, the Single Commissioner's weighing of evidence of the expert medical causation opinions, and the determination that he is not entitled to left knee replacement surgery. Defendants cross-appealed the Single Commission Decision and Order via Form 30 dated May 15, 2025. Defendants cross-appealed the finding that Claimant has not reached MMI.

EVIDENCE OF THE CASE

APA Submissions

Claimant presented to Dr. Michael Hoenig of Carolina Orthopaedic & Neurosurgical Associates ("CONA") on May 10, 2016 for an evaluation of left knee pain following a work injury on March 1, 2016. (Clt.'s APA p. 2). Dr. Hoenig assessed a mild left knee medial collateral ligament sprain, an incomplete medial meniscal tear, and knee effusion. (Clt.'s APA p. 5). He provided Claimant with a left knee injection, a hinged knee brace, and Mobic. (Clt.'s APA p. 5). Claimant continued to treat conservatively with Dr. Hoenig from May 10, 2016 until he was released to MMI on September 13, 2016, with a 10% impairment rating to the left knee and future medical treatment of cortisone injections intermittently. (Clt.'s APA pp. 2-26; Def's APA pp.243-247). He completed a Form 14B dated September 20, 2016 in which he confirmed that Claimant attained MMI. (Def. APA p. 247) Following Claimant's release to MMI, Claimant continued to receive injections through Dr. Hoenig from November 1, 2016, through July 25, 2023. (Clt.'s APA pp. 2-221; Def's APA pp.243-247). An updated MRI of Claimant left knee was performed on August 10, 2023, which revealed (1) diffuse full-thickness chondral loss of the

medial compartment with complex tearing of the medial meniscal body and anterior horn, (2) edema about the MCL, (3) mild chondral loss of the patellofemoral and lateral compartments, (4) chronic appearing bone infarct of the proximal tibial metaphysis, and (5) small joint effusion and small Baker's cyst. (Clt.'s APA pp. 223). On September 1, 2023, Dr. Hoenig reviewed Claimant's MRI results and referred him to a joint replacement specialist for consideration of a left knee replacement due to his severe left knee arthritis. (Clt.'s APA pp. 225-230). On January 15, 2024, Claimant presented to Dr. James O'Leary for an independent medical evaluation at the request of his attorney for his chronic left knee pain. (Clt.'s APA pp. 231-233). He reported his knee was doing well until his work injury on March 1, 2016 and that he has received continued treatment with injections for his left knee over the past seven years. (Clt.'s APA pp. 233). Dr. O'Leary reviewed Claimant's August 10, 2023, MRI, medical records from CONA, and Dr. Hoenig's deposition transcript. (Clt.'s APA pp. 234). Dr. O'Leary opined that Claimant is not at MMI, he never reached a plateau, and his current symptoms are related to his March 1, 2016, work injury. (Clt.'s APA pp. 234). Dr. O'Leary recommended a total knee arthroplasty. (Clt.'s APA pp. 234). On April 16, 2024, Claimant presented to Dr. Daniel Gerscovich for a second opinion of his left knee. (Clt.'s APA pp. 235-238). Dr. Gerscovich opined Claimant has significant left knee arthritis, has failed conservative treatment spanning eight years, and assessed him with osteoarthritis of the left knee. (Clt.'s APA pp. 238). Dr. Gerscovich noted his arthritis has progressed significantly from his pre-existing chondromalacia damage and recommended a total knee replacement. (Clt.'s APA pp. 238).

Deposition of Dr. Michael Hoenig

Dr. Hoenig's deposition was noticed by Claimant's attorney and taken on October 31, 2023. (Def.'s APA pp. 248-251). Dr. Hoenig noted he first treated Claimant on May 10, 2016 and

provided Claimant with a hinged knee brace, prescribed Mobic, and performed a steroid injection. (Def.'s APA pp. 252-253). Dr. Hoenig reviewed his left knee MRI that showed a degeneration of the medial meniscus, with no obvious tear, swelling, a Baker's cyst, a strain of the popliteus, edema or strain around his MCL, cartilage wear in the groove of his kneecap, and early arthritis in the inner compartment. (Def.'s APA pp. 253-254). Dr. Hoenig next saw Claimant on June 7, 2016, where he released him to full duty performed another left knee steroid injection. (Def.'s APA pp. 254-255). Claimant returned to Dr. Hoenig on August 16, 2016, reporting great relief from the injection that gradually wore off, using his knee brace, taking Mobic, and working full duty. (Def.'s APA pp. 255-256). Dr. Hoenig performed another left knee steroid injection and considered placing him at MMI at his next appointment versus consideration of a possible knee scope. (Def.'s APA p. 256). Dr. Hoenig next saw Claimant on September 13, 2016 and noted Claimant had several injections with temporary relief, had taken intermittent Mobic, and reported that his brace helped. (Def.'s APA p. 257). Claimant also reported to Dr. Hoenig that his left knee feels 70%. (Def.'s APA p. 257). Dr. Hoenig placed Claimant at MMI with a 10% impairment rating, future medical treatment of cortisone injections intermittently, and signed a Form 14B expressing the same. (Def.'s APA pp. 257-258). On November 1, 2016, Claimant returned to Dr. Hoenig, who viewed Claimant as released to MMI and receiving treatment relative to his Form 14B's recommendation of continued cortisone injections. (Def.'s APA p. 259). Dr. Hoenig provided Claimant with a knee injection and continued to provide injections and a prescription for Mobic through July 2023. (Def.'s APA p. 259-275). Dr. Hoenig ordered a repeat MRI of his left knee that revealed a diffuse full-thickness chondral loss in the medial compartment with complex tearing of the medial meniscal body, edema around the MCL, cartilage loss in the patellofemoral compartment and lateral

compartment, joint effusion with a Baker's cyst, and a bone infarct in the proximal tibia. (Def.'s APA p. 275). Dr. Hoenig provided Claimant with permanent work restrictions and a referral to Dr. Gerscovich for a knee replacement consideration. (Def.'s APA p. 276). Dr. Hoenig opined that when he originally saw Claimant, his cartilage was already damaged, and his work injury made his pain worse. (Def.'s APA p. 280). Dr. Hoenig opined the injections made him feel fairly good, bought him some time, and then his arthritis continued to progress as arthritis naturally does, leading to more pain and needing a total knee replacement. (Def.'s APA p. 280). Dr. Hoenig further opined that Claimant's left knee experienced a normal arthritic progression, it has been seven years since his work injury, he began with arthritis, and he just now needs the knee replacement. (Def.'s APA p. 280). Dr. Hoenig noted that two or three years after Claimant's initial injury, Claimant was back to his natural arthritis progression. (Def.'s APA p. 286). Dr. Hoenig stated Claimant's left knee had a general worsening of his left knee condition that led to his need for a knee replacement. (Def.'s APA pp. 287-288). Dr. Hoenig opined that Claimant's need for a left knee replacement was not hastened by his work injury in March 2016 and that he would have required the surgery regardless of the work injury. (Def.'s APA p. 288).

STANDARD OF REVIEW

The Full Commission is the ultimate fact finder in workers' compensation cases. *See Shealy v. Aiken County*, 341 S.C. 448, 455, 535 S.E.2d 438, 442 (2000). "The final determination of witness credibility and the weight to be accorded evidence is reserved to the Full Commission." *Brunson v. American Koyo Bearings*, 395 S.C. 450, 455, 718 S.E.2d 755, 758 (Ct. App. 2011). However, "[i]t is logical for the full Commission, which did not have the benefit of observing the witnesses, to give weight to the Hearing Commissioner's opinion." *Green v. Raybestos-Manhattan, Inc.*, 250 S.C. 58, 64, 156 S.E.2d 318, 321 (1967).

ARGUMENT

I. The Single Commissioner erred in finding Claimant has not reached maximum medical improvement.

The authorized treating physician, Dr. Hoenig, treated Claimant from May 10, 2016 through September 13, 2016, at which time he opined Claimant reached MMI. A finding of MMI indicates that a person has reached such a plateau that in the physicians' opinion there is no further medical care or treatment which will lessen the lessen the degree of impairment. (Dodge v. Bruccoli, Clark, Layman, Inc. (S.C. App. 1999) 334 S.C. 574, 514 S.E.2d 593. The Single Commissioner found that Claimant is not at MMI for his left knee. (Dec. & Order, Finding of Fact #8). However, the Single Commissioner also found that Dr. Hoenig has treated Claimant exclusively since his date of injury and continuing for the next eight years, putting him in the best position to determine a causal relationship over two independent medical evaluations conducted eight years after the injury. (Dec. & Order, Finding of Fact #3). The Single Commissioner further found that more weight is afforded to the **opinions** *(emphasis added)* of Dr. Michael Hoenig, Claimant's authorized treating physician for eight years, than the opinions of Dr. Daniel Gerscovich and Dr. James O'Leary, both of whom only evaluated Claimant one time on an IME basis. (Dec. & Order, Finding of Fact #4). Dr. Hoenig's opinion that Claimant reached MMI on September 13, 2016 should be relied upon to support a finding that Claimant reached MMI on that date. The Single Commissioner, in two separate findings, determined that Dr. Hoenig was in the best position to determine a causal relationship over two IME physicians and that more weight was afforded to the opinions of Dr. Hoenig than the IME opinions. Where Dr. Hoenig's opinion regarding the attainment of MMI differs from that of the IME physicians, the Commission should adopt the opinion of Dr. Hoenig based on the Single Commissioner's own deference to Dr. Hoenig over the IME physicians. Such a finding is consistent with the

Single Commissioner's other rulings related to weight of expert opinions. To rule otherwise would invalidate the Single Commissioner's weighing of expert evidence and to afford more weight to the IME opinions than the opinions of Dr. Hoenig. To rule that Claimant has not reached MMI would also implicitly require Defendants to provide further evaluation for additional treatment and/or the actual provision of treatment until MMI is attained. Such a ruling would invalidate the Single Commissioner's findings that Claimant is not entitled to the only additional medical treatment requested by Claimant: knee replacement surgery. ..... Defendants further assert that a finding of MMI on September 13, 2016 would not invalidate any other findings from the Decision and Order. Per the opinion of Dr. Hoenig, Claimant required causally-related post-MMI treatment for a period of two to three years until Claimant returned to a state of natural arthritic progression. (Def.'s APA 286). Claimant did receive treatment for this period, and his entitlement to medical treatment should be deemed to have ended at the conclusion of the two to three year period following the MMI date. A finding of MMI would not serve to limit the medical treatment to which was Claimant was entitled and did receive per the findings of the Single Commissioner.

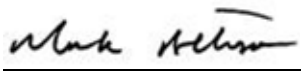
CONCLUSION

The Full Commission should reverse the Single Commission finding that Claimant has not reached MMI and find that Claimant reached MMI on September 13, 2016. The Full Commission should further find that Claimant's entitlement to medical treatment ended two to three years after he attained MMI, consistent with the opinions of Dr. Hoenig, on whose opinions

the Single Commissioner afforded more weight than those of the other medical experts.

Respectfully submitted,

McANGUS GOUDELOCK & COURIE, LLC



Mark Allison, Esquire
Post Office Box 2980 201 West McBee Avenue, 2nd Floor (29601)
Greenville, South Carolina 29602
Attorneys for Defendants/Cross-Appellants

July 28, 2025

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1613880

IVAN MOORE, Employee, Claimant, vs. SPARTANBURG STEEL, Employer, AND HARTFORD ACCIDENT & INDEMNITY COMPANY C/O SEDGWICK CLAIMS MANAGEMENT SERVICES, INC., Carrier, Defendants.	}	**CERTIFICATE OF SERVICE**

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by electronic mail to:

TO:

VIA EMAIL
sam@stewartlawoffices.net
Sam Bass, Esquire
Stewart Law Offices, L.L.C.
409 South Pine Street
Spartanburg, South Carolina 29302

VIA U.S. MAIL
Judicial Director
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

DOCUMENT: Initial Brief of Cross-Appellants

DATE OF MAILING: July 28, 2025

Jayne A. McJunkin

Jayne McJunkin
Legal Assistant to Mark Allison

Reply To
MARK ALLISON
Direct Dial: (864) 242-1713
mallison@mgclaw.com

August 8, 2025

VIA eCase
Amy Bracy, Judicial Director
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Ivan Moore vs. Spartanburg Steel Products and Hartford Accident & Indemnity Company
c/o Sedgwick Claims Management Services, Inc.
Date of Accident: March 1, 2016
WCC File No.: 1613880
Our File No.: 20194.23966
Claim No.: 30165526696-0001

Dear Ms. Bracy:

Please find enclosed our Reply Brief of Cross-Appellants in this case. By copy of this letter to Sam Bass, Esquire, the Claimant's attorney, we are notifying him of this submission and serving a copy of the same upon him by electronic delivery.

Very truly yours,

Mark Allison

MAA/jam
Enclosure
cc: Sam Bass, Esquire, Stewart Law Offices, L.L.C. (via email)
Elizabeth Padgett, Sedgwick Claims Management Services, Inc. (via email)

THE STATE OF SOUTH CAROLINA
South Carolina Workers' Compensation Commission

APPEAL FROM SINGLE COMMISSIONER
The Honorable Scott Beck

WCC No. 1613880

Ivan Moore …… Claimant/Appellant

v.

Spartanburg Steel …… Employer/Cross-Appellant,

and

Hartford Accident & Indemnity Company c/o Sedgwick Claims Management Services, Inc.,
Carrier/Cross-Appellant,

REPLY BRIEF OF CROSS-APPELLANTS

STATEMENT OF CASE

Defendants/Cross-Appellants ("Defendants") maintain their positions, arguments, and assertions as provided in Defendants' Cross-Appellants' Brief. In response to Claimant's Appellant's Brief, Defendants Reply with the below arguments specifically addressing issues raised and arguments brought forth in Claimant's Appellant's Brief.

ARGUMENT

I. THE SINGLE COMMISSIONER PROPERLY ADMITTED DR. MICHAEL HOENIG'S DEPOSITION TESTIMONY.

In Claimant's Appellant's Brief, Claimant argues the Single Commissioner erred in admitting Dr. Michael Hoenig's deposition testimony. Claimant asserts the testimony must be excluded pursuant to S.C. Code Ann. § 42-15-95.

On September 29, 2023, Defendants submitted a questionnaire to Dr. Hoenig without notifying Claimant. (Def.'s APA pp. 291-292). Dr. Hoenig completed the questionnaire on October 3, 2023. (Def.'s APA p. 292). Claimant's attorney, Sam Bass, noticed and conducted the deposition of Dr. Hoenig on October 31, 2023. (Def.'s APA pp. 248-290). The Single Commissioner excluded the questionnaire as it was obtained in violation of § 42-15-95. However, the Single Commissioner admitted the deposition testimony and noted it was not in violation of § 42-15-95.

Claimant argues that the deposition testimony should be excluded because the questionnaire was obtained in violation of § 42-15-95 and Dr. Hoenig's opinion during his deposition was the same opinion reflected in the excluded questionnaire. The Single Commissioner's rationale for allowing the deposition into evidence is the fact that Claimant noticed and conducted the deposition. He specifically found, "The deposition was then noticed by CLAIMANT in an attempt to change Dr. Hoenig's opinion. Other than participating in the

deposition, Defendant had no role in setting it. To rule otherwise would be to conclude that Defendants acted improperly in participating in the deposition, which would be clearly erroneous." (Order, Finding of Fact 2). Claimant noticed and conducted the deposition in an attempt to change Dr. Hoenig's opinion to one more favorable to him. The fact that Dr. Hoenig's deposition was not favorable to Claimant's position is not a legal, reasonable or fair justification for excluding the deposition testimony.

In his brief, Claimant also contends the Single Commissioner's decision will cause employees to be stuck with "an already tainted opinion" of their physician when they want to question the opinion. This is a baseless argument. The only time prior to the deposition that Dr. Hoenig expressed a causation opinion was in the medical questionnaire obtained in violation of § 42-15-95. Even at Claimant's last visit with Dr. Hoenig on September 1, 2023, Dr. Hoenig did not opine as to whether Claimant's need for a replacement was causally-related to his work injury. (Clt.'s APA p. 228). The records from this visit indicate Claimant "has fairly severe arthritis of his left knee, and Dr. Hoenig was going to refer him to "one of [his] total joint specialist[s] for a knee replacement." (Clt.'s APA p. 228). If Claimant had not taken the deposition in an attempt to change Dr. Hoenig's opinion that Claimant's need for a total knee replacement was not related to or hastened by his work injury, then Dr. Hoenig's opinion would not be in evidence.

The intent behind § 42-15-95 is to exclude the "discussions, communications, medical reports or opinions in violation of this section," that are initiated by Defendants. The intent is not to exclude those matters that were initiated by Claimant.

II. THE SINGLE COMMISSIONER PROPERLY HELD CLAIMANT'S NEED FOR A TOTAL KNEE REPLACEMENT IS NOT CAUSALLY-RELATED TO THE WORK INJURY.

In Claimant's Appellant's Brief, Claimant argues that, even if the Full Commission admits Dr. Hoenig's deposition testimony, the substantial evidence, including the opinions of Drs. O'Leary and Gerscovich, supports the conclusion that Claimant's need for a total knee replacement is causally-related to his work injury.

In *Corbin v. Kohler Co.*, 351 S.C. 613, 616, 571 S.E.2d 92, 94 (Ct. App. 2002), the claimant had respiratory issues and alleged he was exposed to silica dust while working for his employer. *Id*. at 616, 571 S.E.2d at 94. The claimant was evaluated by a number of providers who had different opinions regarding the claimant's illness and how he contracted it. *Id*. The Court of Appeals considered various factors to determine which provider's opinion carried the most weight. *Id*. at 622-24, 571 S.E.2d at 97-98. The court ultimately concluded the evidence provided by Dr. Applebaum was entitled to greater weight than that of the other expert medical testimony because she specialized in the type of condition the claimant sustained in his workplace and saw the claimant more than any other provider. *Id*. at 624, 571 S.E.2d at 98. The court pointed out the other providers only saw the claimant on one occasion or did not see him at all and formed their opinions only after reviewing claimant's medical records. *Id*.

Similar to the claimant in *Corbin*, Claimant was evaluated by different doctors who reached different conclusions about whether his need for a total knee replacement is causally-related to his work injury. Claimant was extensively evaluated by his authorized treating physician, Dr. Hoenig, for over seven years on over 25 occasions from May 10, 2016, through September 1, 2023. (Clt.'s APA pp. 1-230). Claimant spent substantially less time with Drs. O'Leary and Gerscovich, as they each only evaluated Claimant on one occasion. (Clt.'s APA pp.

231-242). Defendants assert the Single Commissioner properly afforded more weight to the opinions of Dr. Hoenig, who was much more familiar with Claimant's history and sequence of treatment.

In his brief, Claimant also asserts Dr. Hoenig's opinion that Claimant's need for a total knee replacement is a natural progression of his arthritis and was not hastened by or related to his 2016 work injury is contradicted by his treatment of Claimant. This assertion is not supported by Dr. Hoenig's deposition testimony.

Dr. Hoenig explained that when he first treated Claimant in 2016, Claimant's MRI showed "some early arthritis in the inner compartment." (Def.'s APA pp. 253-54). He testified Claimant's "main issue was chondromalacia of that medial compartment, so the cartilage was already damaged." (Def.'s APA pp. 279-80). He noted there was not a new meniscus tear back in 2016, but instead, it appeared Claimant's work injury aggravated or exacerbated the damaged cartilage. (Def.'s APA p. 280). As a result, Dr. Hoenig administered injections into Claimant's left knee that provided him relief for several years. (Def.'s APA p. 280). Dr. Hoenig stated Claimant's arthritis continued to progress as it naturally does and seven years after his work injury, the injections stopped working, he started having more pain, and he is in need of a total knee replacement. (Def.'s APA pp. 280, 283-84).

Dr. Hoenig testified that if Claimant had needed the knee replacement within two years of his work injury, he would likely relate the need to his work injury. (Def.'s APA p. 280). However, because Claimant did not need the replacement until seven years after his injury and he started with arthritis to begin with, Dr. Hoenig opined the need for the replacement was a natural progression of his arthritis. (Def.'s APA pp. 280-81). He also noted Claimant would have

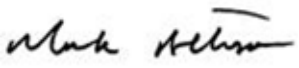
needed a total knee replacement at this time whether or not he sustained the injury in 2016. (Def.'s APA p. 288).

CONCLUSION

For the reasons set forth above, Defendants respectfully request that the Full Commission affirm the Single Commissioner's findings that the deposition testimony of Dr. Michael Hoenig should be admitted into evidence and that Claimant's need for a total knee replacement is not causally-related to his left knee injury he sustained at work on March 1, 2016.

Respectfully submitted,

McANGUS GOUDELOCK & COURIE, LLC



Mark Allison, Esquire
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(864) 239-4000
Attorney for Defendants/Cross-Appellants

August 8, 2025

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1613880

IVAN MOORE, Employee, Claimant, vs. SPARTANBURG STEEL, Employer, AND SEDGWICK CLAIMS MANAGEMENT SERVICES, INC., Carrier, Defendants.	}	**CERTIFICATE OF SERVICE**

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by electronic delivery to:

TO: **VIA EMAIL**
sam@stewartlawoffices.net
Sam Bass, Esquire
Stewart Law Offices, L.L.C.
409 South Pine Street
Spartanburg, South Carolina 29302

VIA eCASE
South Carolina Worker's Compensation Commission
1333 Main Street, Suite 500 · Post Office Box 1715
Columbia, South Carolina 29202-1715

DOCUMENT: Reply Brief of Cross-Appellants

DATE OF MAILING: August 8, 2025

Jayne A. McJunkin

Jayne McJunkin
Legal Assistant to Mark Allison

Stewart
LAW OFFICES

Reply To:

Sam Bass
sam@stewartlawoffices.net

Licensed in SC

ROCK HILL I COLUMBIA I CHARLOTTE
SPARTANBURG I BEAUFORT

August 11, 2025

Amy Bracy
Judicial Director
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

RE: Ivan Moore vs. Spartanburg Steel Products, Inc.
WCC File No.: 1613880
Date of Loss: March 1, 2016

Dear Ms. Bracy:

In connection with the above referenced case, enclosed please find a copy of Appellant's Response to the Initial Brief of Cross-Appellant and Certificate of Service in the above-referenced matter.

I appreciate your assistance in this regard, and should you have any questions or need any further information, please do not hesitate to contact us.

Sincerely,

Sam Bass
Attorney at Law

SB/kc

CC: Mark Allison, Esq.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1613880

IVAN MOORE,

CLAIMANT/CROSS-APPELLANT,

SPARTANBURG STEEL,

EMPLOYER,

HARTFORD ACCIDENT & INDEMNITY COMPANY C/O SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.,

CARRIER,

DEFENDANTS/CROSS-APPELLANTS.

RESPONSE TO INITIAL BRIEF OF CROSS-APPELLANT

In this cross-appeal, the Employer argues that the Single Commissioner erred in finding the Claimant has not reached maximum medical improvement. For the forgoing reasons, the Full Commission should uphold Single Commissioner's finding and order that the Claimant is not a maximum medical improvement.

STANDARD OF REVIEW

"In workers' compensation cases, the Commission is the ultimate factfinder." Pierre v. Seaside Farms, Inc., 689 S.E.2d 615, 386 S.C. 534, 541 (S.C. 2010). The only issue on appeal by the employer is whether the decision of the Single Commissioner is supported by the substantial evidence. The Commission is the factfinder, and it is not within this Court's province to reverse the Commissioner findings if they are supported by substantial evidence. See Hoxit v. Michelin Tire Corp., 304 S.C. 461, 405 S.E.2d 407 (S.C. 1991) "Substantial evidence is: such relevant evidence as a reasonable mind might accept as adequate to support a conclusion. It must be

enough to justify, if the trial were to a jury, a refusal to direct a verdict when the conclusion sought to be drawn from it is one of fact for the jury. This is something less than the weight of the evidence, and the possibility of drawing two inconsistent conclusions from the evidence does not prevent an administrative agency's finding from being supported by substantial evidence. Id. pg. 408-9.

"Where there is a conflict in the evidence, either of different witnesses or of the same witnesses, the findings of fact of the Commission as triers of fact are conclusive. Further, while there is evidence which could arguably have raised other inferences as to causation, it is not the task of this Court to substitute its judgment for that of the Commission as to the weight of the evidence on questions of fact." Id.

"The Court may not substitute its judgment for that of the agency as to the weight of the evidence on questions of fact; however, the Court may reverse or modify a decision of the Commission if it is affected by an error of law or is clearly erroneous in view of the substantial evidence on the record as a whole. S.C. Code Ann. § 1-23-380(5). While the findings of an administrative agency are presumed correct, they may be set aside if they are unsupported by substantial evidence. 'Substantial evidence' is not a mere scintilla of evidence, nor the evidence viewed blindly from one side of the case, but is evidence which, considering the record as a whole, would allow reasonable minds to reach the conclusion that the administrative agency reached or must have reached in order to justify its action." Clemmons v. Lowe's Home Ctrs., Inc., 803 S.E.2d 268, 271, 420 S.C. 282, 287 (S.C. 2017) (Internal citations omitted).

ARGUMENT

1. Substantial evidence in the record supports a finding that Claimant has not reached maximum medical improvement.

The substantial medical evidence before the Panel supports that the finding that the claimant is not at maximum medical improvement. Claimant initially presented to Dr. Hoenig on May 10, 2016, for an evaluation of his left knee pain following a work injury on March 1, 2016, where he was hit on the outside of his left knee. (Clt.'s APA p. 2). Dr. Hoenig provided Claimant with a left knee injection, a hinged knee brace, Mobic, and sedentary work restrictions. (Clt.'s APA p. 5). Claimant continued to treat conservatively with Dr. Hoenig for seven years from May 10, 2016 through July 25, 2023. (Clt.'s APA pp. 2-221; Def's APA pp. 243-247).

Dr. O'Leary reviewed Claimant's August 10, 2023, MRI, medical records from CONA, and Dr. Hoenig's deposition transcript. (Clt.'s APA pp. 234). Dr. O'Leary opined to a reasonable degree of medical certainty that Claimant was not at maximum medical improvement, he never reached a plateau, and his current symptoms are related to his March 1, 2016, work injury. (Clt.'s APA pp. 234).

Dr. Gerscovich documented a significant progression from baseline, and he opined to a reasonable degree of medical that Claimant was not a maximum medical improvement, was at end stage arthritis of his left knee, and that it was aggravated from his March 1, 2016, work injury. (Clt.'s APA pp. 238).

Even if the opinions of Drs. O'Leary and Gerscovich were afforded less weight than Dr. Hoenig regarding causation as it relates to the total knee replacement, the medical records of Dr. Hoening demonstrate: 1) continuous, progressive treatment since the work injury, including 39 documented injections over 7 years, 2) an increase in treatment frequency, an evolution from steroid to viscosupplementation injections, 3) evidence that all treatment was authorized and

causally related, 4) evidence that the injections were effective only temporarily, and 5) evidence that there were no gaps in care or symptomatology. (Clt.'s APA pp. 2-221; Def's APA pp.243-247). These records alone provide substantial medical evidence supporting the Single Commissioner's finding that claimant is not at maximum medical improvement.

2. Dr. Hoenig's provides conflicting deposition testimony.

Dr. Hoenig's testified that Claimant was initially released at maximum medical improvement on September 13, 2016, where Claimant only reported that his left knee felt 70% with all his pain located about the medial joint line. (Def.'s APA p. 257). However, Dr. Hoenig also testified that he continued to provide Claimant with a right knee injections every three months and a prescription for Mobic through June 24, 2019. (Def.'s APA p. 259-262). As the efficacy of steroid injections began to wear Dr. Hoenig began providing claimant with **authorized** viscosupplementation injections in 2019. (Def.'s APA p. 262). Importantly, Dr. Hoenig testified that all the injections and treatment provided through July 2023 **were related to Claimant's work injury from March 1, 2016, and covered by his workers' compensation claim.** (Def.'s APA p. 265-275).

Dr. Hoenig's deposition opinion suggesting "natural progression" is contradicted by his own treatment history. He provided Claimant continuous, approved treatment for work injury for nearly 7 years. He never documented in the medical notes a theory or diagnosis of a natural progression during treatment, repeatedly sought authorization for advanced treatments, and only offered the opinion that it was a "natural progression" when he was spoon fed the exact language by the adjuster in an excluded questionnaire.

Additionally, there is no medical evidence supporting an arbitrary two-to-three-year cutoff for work-relatedness of an injury. In fact, the opinion contradicts itself. Is it two years? Is

it three years? Is it something in between? It is only documented that Claimant had continuous symptomatology since his injury, a documented progressive functional decline, and no intervening injuries or alternate causes.

Conclusion

The Single Commissioner's finding that Claimant is not at maximum medical improvement is supported by the substantial evidence in the record as a whole. The Employer would have this Commission view the record blindly from one side of the case, but the medical records, IME reports, and conflicting testimony of Dr. Hoenig is evidence which, considering the full record, would allow reasonable minds to reach the very same conclusion of the Single Commissioner.

Respectfully submitted,

Sam Bass
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(864)583-2223
sam@stewartlawoffices.net

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1613880

IVAN MOORE, Employee/Claimant, -vs- **SPARTANBURG STEEL PRODUCTS, INC.,** Employer, and **HARTFORD ACCIDENT AND INDEMNITY CO.** Carrier, Defendants.	)	**CERTIFICATE OF SERVICE**

I, Ashley Hughes, an employee with Stewart Law Offices, L.L.C., do hereby certify that a true and correct copy of **Response to Initial Brief of Cross-Appellant,** has been served upon the following by this 11th day of August, 2025, addressed as follows:

VIA E-CASE
Amy Bracy
Judicial Director
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

VIA EMAIL
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Spartanburg, South Carolina
August 11, 2025

Stewart
LAW OFFICES

Reply To:

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Licensed in SC

ROCK HILL | COLUMBIA | CHARLOTTE
SPARTANBURG | BEAUFORT

August 13, 2025

Amy Bracy
Judicial Director
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

RE: Ivan Moore vs. Spartanburg Steel Products, Inc.
WCC File No.: 1613880
Date of Loss: March 1, 2016

Dear Ms. Bracy:

In connection with the above referenced case, enclosed please find a copy of Appellant's Reply to the Response Brief of Cross-Appellant and Certificate of Service in the above-referenced matter.

I appreciate your assistance in this regard, and should you have any questions or need any further information, please do not hesitate to contact us.

Sincerely,

Sam Bass
Attorney at Law

SB/kc

CC: Mark Allison, Esq.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1613880

IVAN MOORE,

CLAIMANT/APPELLANT,

SPARTANBURG STEEL,

EMPLOYER,

HARTFORD ACCIDENT & INDEMNITY COMPANY C/O SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.,

CARRIER,

DEFENDANTS/RESPONDENTS.

REPLY BRIEF OF

CLAIMANT/CROSS-APPELLANT

ARGUMENT

1. Dr. Hoenig's Deposition Testimony Must be Excluded as a Matter of Law.

The Single Commission committed an error of law when admitting Dr. Hoenig's deposition testimony. Defendants' response argument is telling in that it fails to cite a single case or statute supporting the Single Commissioner's decision to admit Dr. Hoenig's deposition.

Defendants' rely on the Single Commissioner's finding that because Dr. Hoenig's deposition was noticed by the Claimant they are absolved of any wrongdoing. "[U]nder Rule 32(c), SCRCP, 'a party does not make a person his own witness for any purpose by taking his deposition,' but rather the deponent becomes the witness of the party introducing the deposition." Scoggins v. McClellion, 321 S.C. 264, 468 S.E.2d 12, 15 (Ct. App. 1996). Dr. Hoenig did not become Claimant's witness because is deposition was noticed by the Claimant. The exact opposite is true. His deposition was introduced by the Defendants'. He was their witness, and the

opinions he gave in his deposition regarding a "natural progression" were the same he gave in his excluded questionnaire. The plain language of the statute mandates the exclusion of the opinion itself. It does not allow the Defendants to take multiple bites apple to introduce evidence that should be excluded under a plain reading of the statute.

Imagine a slightly different scenario to this case. First, Defendants engage in the same wrongful conduct to obtain the initially tainted (and rightfully excluded) opinion of Dr. Hoenig via questionnaire. A month later Defendants send the same questionnaire to Dr. Hoenig, but this time they comply with the strict notice requirements of §42-15-95. Dr. Hoenig fills out the second questionnaire with the exact same opinion. Defendants would argue that the second questionnaire should be admitted, but this would lead to an absurd result of allowing Defendants to consistently violate §42-15-95 with impunity, knowing that whatever rightfully excluded opinion they obtain can always be cured by getting the same opinion later. That is the exact opposite of the intent and unambiguous language of statute.

Claimant also argues that the Single Commissioner's decision will cause employees to be stuck with "an already tainted opinion" of their physician when they want to question that opinion. Defendants contend this argument is baseless. But that is exactly what happened in this case. In this instance "the only time prior to the deposition that Dr. Hoenig expressed" his opinion regarding a total knee replacement was in his excluded questionnaire. Dr. Hoenig's opinion regarding a "natural progression" was given only twice. Once in the excluded questionnaire. Then again in his deposition. It never appeared in over 7 years of medical records for the Claimant. It only came after the Defendants violated §42-15-95 to obtain the opinion.

Dr. Hoenig's deposition was necessary to establish that a violation of the statue occurred. The Claimant has no way of knowing if the questionnaire would have been admitted at the

hearing until the Claimant establishes a violation occurred. However, the Single Commissioner's ruling allows the opinion obtained by the violation to be admitted into evidence. This finding puts the Claimant in an unwinnable situation. Do nothing and be stuck with Dr. Hoenig's opinion, or establish a violation occurred and be stuck with Dr. Hoenig's subsequent, identical opinion.

2. The TKA is causally related to the work injury.

Defendants only evidence supporting the Single Commissioner's finding that the need for a total knee replacement is not causally related to the work injury is the deposition testimony of Dr. Hoenig. Claimant has previously addressed this argument. If the Full Commission excludes the deposition of Dr. Hoenig, as it should, the only remaining medical evidence as to causation regarding the TKA is that of the opinions of Drs. O'Leary and Gerscovich.

Conclusion

For the reasons set forth above, Claimant respectfully requests that the Full Commission exclude the deposition testimony of Dr. Hoenig and further find that the Claimant's total knee replacement surgery is causally related to his March 1, 2016, work injury.

Respectfully submitted,

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sam@stewartlawoffices.net

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1613880

IVAN MOORE, Employee/Claimant, -vs- **SPARTANBURG STEEL PRODUCTS, INC.,** Employer, and **HARTFORD ACCIDENT AND INDEMNITY CO.** Carrier, Defendants.	)	**CERTIFICATE OF SERVICE**

I, Ashley Hughes, an employee with Stewart Law Offices, L.L.C., do hereby certify that a true and correct copy of **Reply Brief to Response Brief of Cross-Appellant,** has been served upon the following by this 13th day of August, 2025, addressed as follows:

VIA E-CASE
Amy Bracy
Judicial Director
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

VIA EMAIL
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Spartanburg, South Carolina
August 13, 2025

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1613880

IVAN MOORE,	)	
	)	
Employee/Claimant,	)	
	)	
vs.	)	
	)	**NOTICE OF WITNESSES AND**
SPARTANBURG STEEL PRODUCTS, INC.,	)	**WRITTEN REPORTS OR OTHER**
	)	**EVIDENCE**
Employer/Defendant,	)	
	)	
And	)	
	)	
HARTFORD ACCIDENT AND INDEMNITY CO,	)	
	)	
Servicing Agent/Carrier,	)	

Physician and/or Treatment Facility	**Date(s) of Treatment**	**Page Number(s)**
APA # 1 – CONA – Dr. Hoenig	05/10/2016 - PRESENT	1-230
APA # 2 – Midlands Orthopaedics, PA	01/15/2024	231-234
APA # 3 – CONA – Dr. Gerscovich	04/16/2024	235-242

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Correspondence with Defense Counsel	10/17/2023 - PRESENT	1-11

ROOM 2 DATE OF INJURY 3/1/16 DATE OF SURGERY _____

XRAY: IN ROOM ___ MED VIEW ___ DX VIEW ___ N.G.DIAG. ___ UPDATED: ___ YES ___ NO ___

PT _____ MRI _____ Xrays _____ CT _____ Bone Scan _____ Inj. _____

05/10/2016 01:00PM 167649 Ivan Moore DOB 1961 • 54 yrs • M

Michael P Hoenig MD Orthopaedic Associates PA SPARTANBURG STEEL

left knee NEW PATIENT 683555

No Copay

NP- left knee pain x 2 months $0.00 $0.00

Xrays today

MRI @ PI @ knee 4/8/16 - Ashley's Comp.

injured @ work (Spart. Steel)
a heavy container filled c steel parts hit the
outside of his knee (lateral) but more painful (medial)

valgus force
swelling, still swell
medial pain, G.O. - buckle in
brace, meds, injury
4 years of sharp pain

Prior Diag 1:
Prior Diag 2:
Prior Diag 3:
4V ⊖

MRI P.I 4/8
Global Period 1 Expires:
Global Period 2 Expires:
(L) knee effusion

mild/mod
- Valgus
ant/mod
post/mod

Dx
hyfld knee
Mobic
4 wks
Safety

Ivan Moore
Male DOB: DOB 961

167649

Home: (864) 251-9796
Ins: Sedgwick WC

05/10/2016 - Office Visit: NP - left knee pain
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

Mr. Ivan Moore is a 54 Years Old Black or African American male, who is here for a first time visit.
Chief Complaint: Left knee pain.
History From: Patient
Race: Black or African American
Referral Source: WC
Family Physician: Dr Wiley

The patient is a 54-year-old male who comes in today for evaluation of his left knee. He injured it on 03/01/2016 when he was hit, valgus type impact, with the lateral aspect of the left knee. It caused pain to the medial aspect of the knee and started swelling almost immediately and has continued to have some issues with swelling. He denies any previous problems and denies any pain elsewhere. He feels like the knee wants to give out and buckle on him on occasion. He has been able to continue working full duty, but with some discomfort. Treatment thus far has consisted of a knee sleeve and pain medication and naprosyn. He does get episodes of sharp pain as well in the medial aspect of the knee.

Injury / Condition

Was this the result of an injury? yes
Injury Date: 03/01/2006

If yes, where did it happen?
work

Are you claiming as Workers Compensation? yes

Type of Problem

pain 9/10

Location of Your Injury / condition

knee left

Previous Treatment

Have you been seen by any other doctor for this injury/condition? yes

If yes, what type? Occupational Medicine

When did you see the other physician? within the last month

Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016

Have you received any of the following treatments?
Injections: did not help
Medications: did not help

Ivan Moore Home: (864) 251-9796
Male DOB DOB961 167649 Ins: Sedgwick WC

History of OA Fractures or Procedures:

Past Medical History
Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABS (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPS (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABS (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABS (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABS (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPS (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABS (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABS (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPS (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABS (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABS (CLONAZEPAM) bid
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DICYCLOMINE HCL 10 MG ORAL CAPS (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABS (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual

disturbances, poor balance, falling down, seizures, memory loss
Psychiatric: Positive for anxiety
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, never smoker, and lives with spouse/partner Has 2 children. does not drink alcohol. does not exercise.
Occupation: Spartanburg Automotive - welder

Medication Requests:
Requested Medication: DEPO-MEDROL 40 MG/ML SUSP
Customlist: Injections
Associated Diagnosis: Knee effusion, left
Med Requested by: Hoenig MD, Michael P
Start Date: 5/10/2016
Stop Date: 5/10/2016
Instructions:
Comments: left knee

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 70.5
Weight (lb): 205
BMI (in-lb) 29.00
P: **67** R: **16** BP: **177/100**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
The patient is well-developed, well-nourished 54-year-old black male, mood appropriate, and oriented x 3 Skin is intact without lesions. Neurovascularly intact No swelling or lymphadenopathy.
Exam of the right knee reveals full range of motion, nontender and stable upon exam.
Exam of the left knee reveals full range of motion. He does have a mild to moderate effusion. Negative varus/valgus

Negative Lachman's. He does have some anterior medial and posterior medial joint line tenderness. No significant tenderness over the origin or insertion of the MCL. He is neurovascularly intact
IMAGING:
Four views of the left knee were ordered, reviewed and interrupted, and showed no acute changes and adequate joint spaces.
An MRI done at Piedmont Imaging on 04/08/2016 shows some degenerative and grade II signal in the posterior horn of the medial meniscus with a partial volume averaging versus a superimposed tiny incomplete radial tear at the tip of the apex, a multiloculated Baker cyst, mild strain of the popliteus muscle, subtle inflammatory edema or sprain of the MCL. A subcentimeter chondral fissure in the apex of the trochlear notch and mild to moderate chondromalacia in the medial tibiofemoral compartment and moderate joint effusion.

ASSESSMENT

Left knee mild medial collateral ligament sprain and incomplete medial meniscal tear

Knee effusion, left (ICD-719 06) (ICD10-M25 462)

PLAN

Dr. Hoenig saw the patient as well. He has not had an injection or therapy yet and we will try that. Under strict sterile technique, the left knee was injected with 4 mL of lidocaine, 3 mL of Marcaine, and 1 mL of Depo-Medrol 40 mg without incident. We will get him into a hinged knee brace, Mobic, sedentary duty at work, and we will see him back for a recheck in 4 weeks.

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD
ta

New Orders:
Bioskin hinged knee brace [L1820]
New Level 3 [CPT-99203]
Large joint Shoulder, Hip, Knee [20610]
Depo-Medrol [J1030]
Marcaine [S0020]
Knee AP & lateral [73560]
Knees Bil Standing [73565]
SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]

Disposition: Return to office
in 4 Weeks

Prescriptions:
MOBIC 15 MG TABS (MELOXICAM) one pill once a day #30[Tablet] x 2
Entered by: Elizabeth Dominick
Authorized by: Michael P Hoenig MD
Electronically signed by: Elizabeth Dominick on 05/10/2016
Method used: Electronically to
CVS Reidville Road* (retail)
2397 Reidville Road
Suite 2
Spartanburg, SC 29301
Ph: (864) 576-4399

Fax: (864) 587-1309
RxID: 1778507749254630
Handout requested.

Electronically signed by Michael P Hoenig MD on 05/13/2016 at 12:06 PM

ROOM CR DATE OF INJURY _____ DATE OF SURGERY _____

XRAY: IN ROOM ___ MED VIEW___ DX VIEW___ N.G.DIAG ___ UPDATED: ___ YES ___ NO__

PT_____ MRI_____ Xrays_____ CT_____ Bone Scan_____ Inj._____

06/07/2016 03:15PM 167649 Ivan Moore DOB 961 • 54 yrs • M

Michael P Hoenig MD Orthopaedic Associates P/ SPARTANBURG STEEL

4 wks Recheck 689761

No Copay Sedgwick WC

flu-Lt knee $661.00 $0.00

effusion

inj.@ last visit- 5/10/16 - some relief

pain 7/10 today

-Not doing PT.

-Taking Mobic QHS and using knee brace - some relief.

better with touch + less pain M + L,

extra motion, light duty

Prior Diag 1 M25.462

Prior Diag 2:

Prior Diag 3.

tx: CSI - helped some, Mobic QHS

Global Period 1 Expires

Global Period 2 Expires:

TTPom MC

Full

Ivan Moore
Male DOB: DOB 961

167649

Home: (864) 251-9796
Ins: Sedgwick WC

06/07/2016 - Office Visit: F/U Left Knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

Mr Ivan Moore is a 54 Years Old Black or African American male, who is here for a follow-up appointment
Chief Complaint: Left knee pain
History From: Patient
Race: Black or African American
Referral Source: WC
Family Physician: Dr Wiley
Mr Moore comes in today for followup of his left knee He was injured on March 1, when he had a valgus-type impact to the lateral aspect of the left knee. He feels like he has been doing fairly well. He has been treated with sedentary duty and an injection at last visit. He feels like overall he is doing much better

Injury / Condition

Was this the result of an injury? yes
Injury Date: 03/01/2016

If yes, where did it happen?
Work

Are you claiming as Workers Compensation? yes

Type of Problem

Pain 7/10

Location of Your Injury / condition

Left Knee

Previous Treatment

Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, X-ray

Have you received any of the following treatments?
Injections: patient received injection therapy
Medications: patient received medication therapy

History of OA Fractures or Procedures:

Past Medical History

Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body

Ivan Moore Home: (864) 251-9796
Male DOB: DOB 951 167649 Ins: Sedgwick WC

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABS (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPS (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABS (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABS (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABS (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPS (DICYCLOMINE HCL) qd
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EDARBYCLOR 40-12.5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

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EDARBYCLOR 40-12.5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder.

Ivan Moore
Male DOB: DOB 961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 70.5
Weight (lb): 205
BMI (in-lb) 29.00
P: **58** R: **16** BP: **159/90**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee shows no effusion, good range of motion, a little bit of tenderness over the distal MCL. No pain on McMurray. He is stable ligamentously.
IMAGING:
Radiographs are unremarkable.

MRI shows grade 2 signal in the medial meniscus. Baker cyst. Strain of the MCL. Mild-to-moderate chondromalacia in the medial compartment.

ASSESSMENT

Left knee strain.

PLAN
I think he is doing well. He can go ahead and resume full duty. See him back for recheck in four weeks and hopefully discharge him at MMI at that time

Dictated by: Michael P. Hoenig, MD

New Orders:
SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]
SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]
Est. Level 3 [CPT-99213]

Disposition: Return to office
in 4 Weeks.

]

Electronically signed by Michael P Hoenig MD on 06/10/2016 at 1:02 PM

ROOM 1 DATE OF INJURY _____ DATE OF SURGERY _____

XRAY: IN ROOM ___ MED VIEW___ DX VIEW___ N.G.DIAG ___ UPDATED: ___ YES ___ NO___

PT_____ MRI_____ Xrays_____ CT_____ Bone Scan_____ Inj._____

07/12/2016 02:00PM 167649 Ivan Moore DOB 961 • 54 yrs • M

Charles B Harrison P Orthopaedic Associates PA SPARTANBURG STEEL

4 wks Recheck 696827

No Copay Sedgwick WC

$95.00 $0.00

F/U (L) knee strain
pain 5/10 today.
Full Duty - going "ok", swelling if he doesnt take medication.

Prior Diag 1. M25.462

Prior Diag 2

Prior Diag 3

Global Period 1 Expires:

Global Period 2 Expires:

Full
4 wks

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB [redacted] 951 167649

Home: (864) 251-9796
Ins: Sedgwick WC

07/12/2016 - Office Visit: f/u - left knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr Ivan Moore is a 55 Years Old Black or African American male, who is here for a follow-up appointment
Chief Complaint: Followup left knee
History From: Patient
Race: Black or African American
Referral Source: WC
Family Physician: Dr Wiley

Mr. Moore is a 54-year-old male who comes in today for followup of his left knee. He initially injured it on March 1, when he had a valgus-type impact to the lateral aspect of the knee. He had an injection at his first visit that did well and gave him some relief. He has returned to full duty. He still feels that he has to take the Mobic in order to be able to work. He complains of diffuse of medial aspect of the knee. He wears a hinged knee brace as well. He denies any locking or catching, just discomfort medially.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 5/10

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, X-ray

History of OA Fractures or Procedures:

Past Medical History
Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
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NAPROSYN 500 MG ORAL TABS (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPS (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABS (ASPIRIN) qd

CLONAZEPAM 1 MG ORAL TABS (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABS (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPS (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABS (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
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MOBIC 15 MG TABS (MELOXICAM) one pill once a day
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JANUMET 50-1000 MG ORAL TABS (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder.

Medication Requests:
Requested Medication: DEPO-MEDROL 40 MG/ML SUSP
Customlist: Injections
Associated Diagnosis: Chondromalacia patellae, left knee

Med Requested by: Harrison PA-C, Brad
Start Date: 7/12/2016
Stop Date: 7/12/2016
Instructions:
Comments: left knee

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 70.5
Weight (lb): 205
BMI (in-lb) 29.00
P: **65** R: **16** BP: **141/81**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee shows no appreciable effusion and good range of motion, but still remains tender over the MCL and the medial joint line. Seems stable ligamentously. Mild discomfort with McMurray.
IMAGING:
X-rays were unremarkable from a previous visit.

An MRI shows a grade 2 signal at the medial meniscus. Baker cyst. Strain of the MCL. Mild-to-moderate chondromalacia in the medial compartment.

ASSESSMENT

Left knee strain, chondromalacia

Chondromalacia patellae, left knee (ICD-717.7) (ICD10-M22.42)

PLAN
He is willing to try another knee injection. He does not wish to be on Mobic long term. He also wishes to continue

working Under strict sterile technique, the left knee was injected with 4 mL of 0.25% Marcaine, 3 mL of 1% lidocaine, and 1 mL of Depo-Medrol 40 mg/mL without incident We will refill his Mobic, have him continue working full duty See him back for a recheck in four weeks.

Dictated by: Charles B Harrison, PA-C for Michael Hoenig, MD
TA

New Orders:
SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]
SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]
Est. Level 3 [CPT-99213]
Large joint Shoulder, Hip, Knee [20610]
Depo-Medrol [J1030]
Marcaine [S0020]

Disposition: Return to office
in 4 Weeks

Prescriptions:
MOBIC 15 MG TABS (MELOXICAM) one pill once a day #30[Tablet] x 2
Entered by: Amanda N Freestone RTR
Authorized by: Brad Harrison PA-C
Electronically signed by: Amanda N Freestone RTR on 07/12/2016
Method used: Electronically to
CVS Reidville Road* (retail)
2397 Reidville Road
Suite 2
Spartanburg, SC 29301
Ph: (864) 576-4399
Fax: (864) 587-1309
RxID: 1783952910577140
Handout requested.

]

Electronically signed by Michael P Hoenig MD on 07/18/2016 at 12:35 PM

ORTHOPAEDIC ASSOCIATES
WORK STATUS FORM

Chart # 167649 **Date** 07/12/16 **Patient's Name** Ivan Moore **Physician** Haeng

1. ✓ **Full duty** – no limitations on _____
2. ____ **Light duty** start on _____ or **Continue** light duty
3. ____ **Fulltime / Part time** _____hrs.
4. ____ **Out of Work**
5. **Next appt** _____
6. ____ **MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ **UE**

Floor to waist ____**lbs.**

Waist to shoulder _____ **lbs.**

Shoulder to overhead _____ **lbs.**

No push/pull > _____ **lbs.**

____**No overhead either hand**

____**Must wear sling / brace**

____**No crawling/climbing/squatting or kneeling**

____**No driving for work**

____**Crutches / brace**

____**No push/pull >** _____ **lbs.**

____ **Rotate Standing/Sedentary** _____

____**No bending / twisting**

____**Floor level work**

Other: _____

_____

Physician signature: _____

ROOM CR DATE OF INJURY 3/1/16 DATE OF SURGERY _____

XRAY: IN ROOM ___ MED VIEW___ DX VIEW___ N.G.DIAG ___ UPDATED: ___ YES ___ NO___

PT_____ MRI_____ Xrays_____ CT_____ Bone Scan_____ Inj._____

08/16/2016 02:00PM 167849 Ivan Moore DOB 961 • 55 yrs • M (864) 251-9796

Michael P Hoenig MD Orthopaedic Associates PA SAME 600 A John B White Sr Blvd Spartanburg, SC 29306

Recheck 703949

No Copay Sedgwick WC

flu - Lt knee $292.00 $0.00

Chondromalacia

inj. @ last visit - 7/12/16 - ~~Sig~~ significant relief, but feels like it is wearing off

pain 4/10 today -

shot wearing off / good 2-3 wks

pain mild

tx: brace, Mobic, CSI

Prior Diag 1: M22.42

Prior Diag 2:

Prior Diag 3:

Global Period 1 Expires:

Global Period 2 Expires:

- CSI
- Mobic
- brace
- Tx
- Full

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB [redacted]1961 167649

Home: (864) 251-9796
Ins.: Sedgwick WC

08/16/2016 - Office Visit: F/U Left Knee Chondromalacia
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr Ivan Moore is a 55 Years Old Black or African American male, who is here for a follow-up appointment
Chief Complaint: Left knee pain.
History From: Patient
Race: Black or African American
Referral Source: WC
Family Physician: Dr Wiley

Mr. Moore comes in today for followup of his left knee. He was injured on March 1 when he had a valgus-type impact to the lateral aspect of the knee. He has had a few injections that have provided good relief. The last one was given back on July 12. He stated that he felt great for about two or three weeks and then it gradually wore off. He still is working full duty, using a brace, and taking Mobic. Pain is located mostly about the medial aspect of the knee

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

If yes, where did it happen?
Work

Are you claiming as Workers Compensation? yes

Type of Problem
pain 4/10

Location of Your Injury / condition
Left Knee, knee left

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, X-ray

History of OA Fractures or Procedures:

Past Medical History
Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):

MOBIC 15 MG TABS (MELOXICAM) one pill once a day
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABS (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPS (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABS (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABS (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABS (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPS (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABS (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABS (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPS (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABS (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABS (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABS (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPS (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABS (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation Spartanburg Automotive - welder.

Medication Requests:
Requested Medication: DEPO-MEDROL 40 MG/ML SUSP
Customlist: Injections
Associated Diagnosis: Chondromalacia patellae, left knee
Med Requested by: Hoenig MD, Michael P
Start Date: 8/16/2016
Stop Date: 8/16/2016
Instructions: Left Knee
Comments:

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 70.5
Weight (lb): 205
BMI (in-lb) 29.00
P: **65** R: **16** BP: **141/81**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee shows good range of motion. Trace effusion He is tender over the medial joint line
IMAGING:
Radiographs were reviewed and unremarkable.

MRI shows grade 2 signal in the medial meniscus Baker cyst. Strain of the MCL. Mild-to-moderate chondromalacia of the medial compartment.

ASSESSMENT

Left knee pain.

PLAN
Utilizing sterile technique, his knee was injected with 4 mL of 0 25% Marcaine, 3 mL of 1% lidocaine, and 1 mL of Depo-

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB DOB 961

167649

Home: (864) 251-9796
Ins: Sedgwick WC

Medrol 40 mg/mL. I also placed him on Mobic. I recommend he continue with his brace. He may work full duty. See him for recheck in four weeks. At that time, we will make the decision of MMI or possible knee scope for debridement.

Dictated by: Michael P Hoenig, MD
ag

New Orders:
SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]
SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]
Est. Level 3 [CPT-99213]
Large joint Shoulder, Hip, Knee [20610]
Marcaine [S0020]
Depo-Medrol [J1030]

Disposition: Return to office
in 4 Weeks.

Prescriptions:
MOBIC 15 MG TABS (MELOXICAM) one pill once a day #30[Tablet] x 0
Entered by: Ashley Gauthier
Authorized by: Michael P Hoenig MD
Electronically signed by Ashley Gauthier on 08/16/2016
Method used: Electronically to
CVS Reidville Road* (retail)
2397 Reidville Road
Suite 2
Spartanburg, SC 29301
Ph: (864) 576-4399
Fax: (864) 587-1309
RxID: 1786978064641430
Handout requested.

Electronically signed by Michael P Hoenig MD on 08/18/2016 at 5:18 PM

ORTHOPAEDIC ASSOCIATES
WORK STATUS FORM

Chart # 167649 Date 8/16/16 Patient's Name Ivan Moore Physician Hoenig

1. ✓ Full duty – no limitations on 8/16
2. ___ Light duty start on _____ or Continue light duty
3. ___ Fulltime / Part time _____ hrs.
4. ___ Out of Work
5. Next appt _____
6. ___ MMI and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ UE

Floor to waist ____lbs.

Waist to shoulder _____ lbs.

Shoulder to overhead _____ lbs.

No push/pull > _____ lbs.

____No overhead either hand

____Must wear sling / brace

____No crawling/climbing/squatting or kneeling

____No driving for work

____Crutches / brace

____No push/pull > _____ lbs.

____Rotate Standing/Sedentary _____

____No bending / twisting

____Floor level work

Other: _____

Physician signature: _____

ROOM 2 DATE OF INJURY 3/1/16 DATE OF SURGERY _____

XRAY: IN ROOM ___ MED VIEW ___ DX VIEW ___ N.G.DIAG ___ UPDATED: ___ YES ___ NO ___

PT _____ MRI _____ Xrays _____ CT _____ Bone Scan _____ Inj. _____

09/13/2016 02 00PM 167649 Ivan Moore DOB 961 • 55 yrs • M (864) 251-9796

Michael P Hoenig MD Orthopaedic Associates PA SAME 600 A John B White Sr Blvd Spartanburg, SC 29306

4wk knee Recheck 709398

No Copay Sedgwick WC $292 00 $0 00

Flu: Lt knee
injection @ last OV 8/16/16
1> 50 % relief → lasted a few weeks

-pain w/o knee brace 7/10
-popping + swelling

70%

Prior Diag 1. M22 42

Prior Diag 2

Prior Diag 3

TKR eval

Global Period 1 Expires.

Global Period 2 Expires:

MMI
Full / CSI

10 %

ORTHOPAEDIC ASSOCIATES
WORK STATUS FORM

Chart # 1167669 Date 9/13/16 Patient's Name Ivan Moore Physician Dr. Hoenig

1. ✓ Full duty – no limitations on 9/13
2. ___ Light duty start on _____ or Continue light duty
3. ___ Fulltime / Part time _____ hrs.
4. ___ Out of Work
5. Next appt _____
6. ✓ MMI and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____ Complete Sedentary: Sitting only – no walking or standing expect to and from job.
2. _____ Light/Sedentary: lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____ Light Duty: lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____ Light/Medium: lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____ Medium: Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____ Light/Heavy: Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ UE

Floor to waist ____lbs.

Waist to shoulder _____ lbs.

Shoulder to overhead _____ lbs.

No push/pull > _____ lbs.

____No overhead either hand

____Must wear sling / brace

____No crawling/climbing/squatting or kneeling

____No driving for work

____Crutches / brace

____No push/pull > _____ lbs.

___ Rotate Standing/Sedentary _____

____No bending / twisting

____Floor level work

Other: _____

_____

Physician signature: _____

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.wcc.sc.gov

Physician's Statement

Claimant's Name: Ivan Moore
Physician's Name: Michael Hoenig, MD
Practice/Clinic: Orthopaedic Associates
Preparer's Name: Torrie Allen

Employer's Name: Spartanburg Steel
Insurance Carrier: Sedgwick
SCWCC File No:
Phone:

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her injury by accident pursuant to **§§42-15-60, 42-15-80, 42-1-172, or 42-11-10.**

Date of first office visit: 5/10/16 Date of last visit: 9/13/16 **Date of injury or illness:** 3/11/16

Diagnosis or nature of injury or illness:

Body part(s) injured: Lt knee Body part(s) affected:

Date of **Maximum Medical Improvement**: 9/13/16

Based on the AMA Guidelines, 6 Edition, the Claimant has sustained the following medical impairment as a result of the work related injury:
10 % medical impairment to the Lt knee (injured body part)

If there is causally-related medical impairment to other body parts as a result of the work related injury, please indicate the impairment below.
_____% medical impairment to the _____ (additional body part injured or affected)
_____% medical impairment to the _____ (additional body part injured or affected)

X The Claimant is **able to return to work** without restriction.

____ The Claimant is **able** to return to work **with the following restrictions:**

____ The Claimant is **unable to return to work** at the employment in which the patient was injured.

____ The Claimant **possesses retained hardware** casually related to this injury.

As of the date you last saw the patient, please provide your opinion to a reasonable degree of medical certainty as to whether the patient will most probably need future medical care related to his or her work related injury or illness. **"Most probably" means more likely than not or with greater than 50% probability.**

_____ The patient **most probably will not** (50% or less probability) need future medical care related to his or her work related injury or illness.

X The patient **most probably will** (greater than 50% probability) need future medical care and treatment related to his or her work related injury or illness and that future medical care and treatment including medication is as follows:

The future medical care and treatment including medication is as follows:
cortisone injections intermittently

***An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.**

Treating or Evaluating Physician **Date** 9/20/16

sedgwick

September 24, 2016

Dr. Michael Hoenig
Orthopaedic Associates
1330 Boiling Springs Road, Suite 1600
Spartanburg, SC 29303

Re:		
	Claimant:	Ivan Moore
	Claim #:	301655266960001IF
	Genex Case #:	CNGXLC
	Employer:	Spartanburg Automotive Inc
	WCB #:	
	DOI:	01-Mar-2016

Dear Dr. Hoenig:

This letter is to inform you that I am discontinuing case management services for Ivan Moore at this time, as requested by SFC - Sedgwick Claims Management Services. I have enjoyed working with you and I would like to take this opportunity to thank you for your treatment of this claimant over the past several months

Please do not hesitate in contacting me should you have any questions. I look forward to working with you and your staff again in the near future.

Sincerely,

Julie Goss

Julie Goss RN, BSN, CRRN
Field Case Manager servicing Sedgwick

JG/lw

Genex Services, LLC, 8310 University Executive Park Drive, Suite 520, Charlotte, NC 28262
Phone: (704) -503-4775 Fax: (866) -268-3974 www.Genexservices.com

ROOM 4 DATE OF INJURY 3/1/16 DATE OF SURGERY _____

XRAY: IN ROOM ___ MED VIEW___ DX VIEW___ N.G.DIAG ___ UPDATED: ___ YES ___ NO_

PT_____ MRI_____ Xrays_____ CT_____ Bone Scan_____ Inj._____

11/01/2016 01:45PM 167649 Ivan Moore DOB [redacted]961 * 55 yrs * M (864) 251-9796

Michael P Hoenig MD Orthopaedic Associates PA SAME 600 A John B White Sr Blvd Spartanburg, SC 29306

knee inj- ok per adjuster be able to come by 2pm - OPEN SLOT FOR I 720601

No Copay Sedgwick WC

$207.00 $0.00

FU: Left Knee
xray today (PRN d@ last OV 9/13/16)
- pain medial aspect of knee
- pt would like an injection today

worse if out of bed, pain relief

Prior Diag 1 M22.42
Prior Diag 2
Prior Diag 3

Global Period 1 Expires.
Global Period 2 Expires:

CSI

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

11/01/2016 - Office Visit: f/u: Left knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 55 Years Old Black or African American male. who is here for a follow-up appointment
Chief Complaint: Left knee pain.
History From: Patient
Race: Black or African American
Referral Source: W/C
Family Physician: Dr. Wiley

Mr. Moore comes in today for followup of his left knee. He had a valgus type injury to the knee. He has had several injections which provide some short term relief. He has also used a brace which helps him a good bit. He has increased pain when he is out of the brace. He is able to work full duty. The pain is located all in the medial joint line.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain /10

Location of Your Injury / condition
Left Knee, knee left

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, X-ray

History of OA Fractures or Procedures:

Past Medical History
Diabetes
High Blood Pressure

*** **Please Note** ***
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABS (MELOXICAM) PO QD
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABS (NAPROXEN) bid

FISH OIL 1000 MG ORAL CAPS (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABS (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABS (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABS (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPS (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABS (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABS (MELOXICAM) PO QD
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABS (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPS (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABS (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABS (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABS (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPS (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABS (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder.

Medication Requests:
Requested Medication: DEPO-MEDROL 40 MG/ML SUSP

Ivan Moore
Male DOB: DOB 961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Customlist: Injections
Associated Diagnosis: Chondromalacia patellae, left knee
Med Requested by: Hoenig MD, Michael P
Start Date: 11/2/2016
Stop Date: 11/2/2016
Instructions:
Comments: left knee

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 70.5
Weight (lb): 205
BMI (in-lb) 29.00
R: **16**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee shows minimal effusion. He is tender diffusely about the medial joint line. Stable ligamentously
IMAGING:
Radiographs are unremarkable.

MRI shows grade II signal in medial meniscus. Strain of the MCL. Mild-to-moderate chondromalacia of the medial compartment.

ASSESSMENT

Left knee pain.

PLAN
Utilizing sterile technique, his left knee was injected with 4 mL of 0.25% Marcaine, 3 mL of 1% lidocaine and 1 mL of Depo-Medrol 40 mg per mL. He may continue working full duty and still have the same 10% impairment rating to the left

knee

Dictated by: Michael P. Hoenig, MD
ag

New Orders:
SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]
SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]
Est Level 3 [CPT-99213]
Knee AP & lateral [73560]
Knees Bil Standing [73565]
Large joint Shoulder, Hip, Knee [20610]
Marcaine [S0020]
Depo-Medrol [J1030]

Disposition: Return to office

Prescriptions:
MOBIC 15 MG ORAL TABS (MELOXICAM) PO QD #30[Unspecified] x 2
Entered by: Amanda N Freestone RTR
Authorized by: Michael P Hoenig MD
Electronically signed by: Amanda N Freestone RTR on 11/01/2016
Method used: Electronically to
CVS Reidville Road* (retail)
2397 Reidville Road
Suite 2
Spartanburg, SC 29301
Ph: (864) 576-4399
Fax: (864) 587-1309
RxID: 1793630848067200
Handout requested.

]

Electronically signed by Michael P Hoenig MD on 11/04/2016 at 9:32 AM

ORTHOPAEDIC ASSOCIATES
WORK STATUS FORM

HW

Chart # 1076649 Date 12/1/16 Patient's Name Ivan Moore Physician Dr Hoenig

1. ✓ **Full duty** – no limitations on 12/1
2. ____ **Light duty** start on _____ or **Continue** light duty
3. ___ **Fulltime / Part time** _____hrs.
4. ____ **Out of Work**
5. **Next appt** _____
6. ____ **MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____ _____

1. _____ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ UE

Floor to waist ____lbs.

Waist to shoulder _____ lbs.

Shoulder to overhead _____ lbs.

No push/pull > _____ lbs.

____No overhead either hand

____Must wear sling / brace

____No crawling/climbing/squatting or kneeling

____No driving for work

____Crutches / brace

____No push/pull > _____ lbs.

___ Rotate Standing/Sedentary _____

____No bending / twisting

____Floor level work

Other: _____ _____

_____ _____

Physician signature: _____

)OM ___1___ DATE OF INJURY 3/1/16 DATE OF SURGERY _____

RAY: IN ROOM ___ MED VIEW___ DX VIEW___ N.G.DIAG ___ UPDATED: ___ YES ___ NO___

_____ MRI_____ Xrays_____ CT_____ Bone Scan_____ Inj._____

01/24/2017 01:45PM 167649 Ivan Moore DOB 961 • 55 yrs • M (864) 251-9796

Michael P Hoenig ME Carolina Orthopaedic & Ne SAME 600 A John B White Sr Blvd Spartanburg, SC 29306

.recheck knee Recheck 737751

No Copay Sedgwick WC

Flu: Left knee $197 00 $0 00

-injection @last OV 1/1/16

Lit did help. lasted for 2 months

Lpt would like another injection

Swelling

Prior Diag 1 M22 42

Prior Diag 2

Prior Diag 3

Global Period 1 Expires:

Global Period 2 Expires:

- CSI
- Mobic #c1
- Tylenol #3 #c1 QHS

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

01/24/2017 - Office Visit: f/u: left knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr Ivan Moore is a 55 Years Old Black or African American male, who is here for a follow-up appointment
Chief Complaint: Left knee pain.
History From: Patient
Race: Black or African American
Family Physician: Dr. Wiley
Ivan comes in today for followup of his left knee. He originally was injured with a valgus type mechanism in March 2016. He has known chondromalacia of the medial compartment He has been working full duty He had a cortisone injection in November that helped for about 2 months He would like another injection

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 7/10

Location of Your Injury / condition
Left Knee, knee left

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, X-ray

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017

Past Medical History
Diabetes
High Blood Pressure

*** **Please Note** ***
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
TYLENOL/CODEINE #3 300-30 MG TABS (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABS (MELOXICAM) PO QD

MOBIC 15 MG TABS (MELOXICAM) one pill once a day
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABS (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPS (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABS (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABS (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABS (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPS (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABS (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12 5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
TYLENOL/CODEINE #3 300-30 MG TABS (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABS (MELOXICAM) PO QD
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABS (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPS (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABS (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABS (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABS (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPS (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABS (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12 5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not

exercise. Occupation: Spartanburg Automotive - welder

Medication Requests:
Requested Medication: DEPO-MEDROL 40 MG/ML SUSP
Customlist: Injections
Associated Diagnosis: Chondromalacia patellae, left knee
Med Requested by: Hoenig MD, Michael P
Start Date: 1/24/2017
Stop Date: 1/24/2017
Instructions:
Comments: left knee

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 70.5
Weight (lb): 205
BMI (in-lb) 29.00
R: **16** BP: **141/81**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Antalgic
Type of Antalgic Gait: Favoring Left Lower Extremity
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee shows good range of motion. He is diffusely tender over the medial joint line Stable ligamentously
IMAGING:
Radiographs are reviewed and are unremarkable

MRI shows grade 2 signal in the medial meniscus Mild to moderate chondromalacia of the medial compartment

ASSESSMENT

Left knee pain.

PLAN

Utilizing sterile technique, his knee was injected with 4 mL of 0 25% Marcaine, 3 mL of 1% lidocaine, and 1 mL of Depo-Medrol 40 mg/mL. We also provided him with a refill of Mobic and provided him some Tylenol No 3 just to take at night I will see him back for recheck in 3 months for repeat injections

Dictated by: Michael P Hoenig, MD
gb

New Orders:
SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]
SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]
Est Level 3 [CPT-99213]
Large joint Shoulder, Hip, Knee [20610]
Depo-Medrol [J1030]
Marcaine [S0020]

Disposition: Return to office
in 3 Months.

Prescriptions:
TYLENOL/CODEINE #3 300-30 MG TABS (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain #30 x 1
Entered by: Amanda N Freestone RTR
Authorized by: Michael P Hoenig MD
Electronically signed by: Amanda N Freestone RTR on 01/24/2017
Method used: Print then Give to Patient
RxID: 1800887534921970
Handout requested.
MOBIC 15 MG ORAL TABS (MELOXICAM) PO QD #30 Tablet x 1
Entered by: Amanda N Freestone RTR
Authorized by: Michael P Hoenig MD
Electronically signed by: Amanda N Freestone RTR on 01/24/2017
Method used: Print then Give to Patient
RxID: 1800887509920200

]

Electronically signed by Michael P Hoenig MD on 01/30/2017 at 10:38 AM

ORTHOPAEDIC ASSOCIATES
WORK STATUS FORM

Chart # 1167645 Date 12412 Patient's Name Ivan Moore Physician Dr. Theodis

1. ✓ **Full duty** – no limitations on 1/24
2. ___ **Light duty** start on _____ or **Continue** light duty
3. ___ **Fulltime / Part time** _____hrs.
4. ___ **Out of Work**
5. **Next appt** _____
6. ___ **MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____ _____

1. ____ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. ____ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. ____ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. ____ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. ____ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. ____ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use ___ UE

Floor to waist ____lbs.

Waist to shoulder _____ lbs.

Shoulder to overhead _____ lbs.

No push/pull > _____ lbs.

____No overhead either hand

____Must wear sling / brace

____No crawling/climbing/squatting or kneeling

____No driving for work

____Crutches / brace

____No push/pull > _____ lbs.

___ Rotate Standing/Sedentary _____

____No bending / twisting

____Floor level work

Other: _____

_____

Physician signature: _____

)OM 4 DATE OF INJURY 3/1/16 DATE OF SURGERY _____

RAY: IN ROOM ___ MED VIEW ___ DX VIEW ___ N.G.DIAG ___ UPDATED: ___ YES ___ NO ___

_____ MRI _____ Xrays _____ CT _____ Bone Scan _____ Inj. _____

04/25/2017 02:15PM 167649 Ivan Moore DOB 961 * 55 yrs * M

Michael P Hoenig MD Carolina Orthopaedic & Ne SPARTANBURG STEEL

3 month Recheck 763565

No Copay Sedgwick WC

$0 00 $0 00

flu- Lt knee
inj @ last visit - 1/24/17
helped until 8-9 days ago
req. antibiotic inj today - in room
pain 7/10

Prior Diag 1: M22 42
Prior Diag 2
Prior Diag 3.

Global Period 1 Expires:
Global Period 2 Expires:

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB DOB 961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

04/25/2017 - Office Visit: f/u: left knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 55 Years Old Black or African American male, who is here for a follow-up appointment.
Chief Complaint: Follow up left knee pain.
History From: Patient
Race: Black or African American
Referral Source: WC
Family Physician: Dr. Wiley
Mr. Moore returns today for recheck of his left knee requesting a repeat injection. It has been 3 months since the last injection. He states it wore off only 8 to 9 days ago. He is working full duty at Spartanburg Steel. He rates his pain currently 7/10 . He originally injured his knee in a valgus-type mechanism March of 2016 and he is known to have some chondromalacia of the medial compartment. Currently taking Mobic on a regular basis.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 7/10

Location of Your Injury / condition
Left Knee, knee left

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, X-ray

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017

Past Medical History
Diabetes
High Blood Pressure

*** Please Note ***
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABS (MELOXICAM) PO QD
TYLENOL/CODEINE #3 300-30 MG TABS (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABS (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPS (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABS (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABS (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABS (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPS (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABS (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABS (MELOXICAM) PO QD
TYLENOL/CODEINE #3 300-30 MG TABS (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABS (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPS (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABS (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABS (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABS (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPS (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABS (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married. Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder

Medication Requests:
Requested Medication: DEPO-MEDROL 40 MG/ML SUSP
Customlist: Injections
Associated Diagnosis: Chondromalacia patellae, left knee
Med Requested by: Hoenig MD, Michael P
Start Date: 4/25/2017
Stop Date: 4/25/2017
Instructions:
Comments: left knee

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 70.5
Weight (lb): 205
BMI (in-lb) 29.00
P: **87** R: **16** BP: **134/71**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Antalgic
Durable Goods: Yes
Patient is Wearing a(n) Knee Brace
on their Left Lower Extremity

PHYSICAL EXAM:
Examination left knee shows good range of motion and tenderness in the medial joint line. No significant effusion and stable ligamentously

IMAGING:
X-rays were reviewed and unremarkable.

MRI shows grade 2 signal of medial meniscus Mild to moderate chondromalacia of the medial compartment

ASSESSMENT

Left knee pain

PLAN

Under strict sterile technique the left knee was injected with 4 mL of lidocaine and 3 mL of Marcaine and 1 mL of Depo-Medrol without incident. We will provide him with a refill of Mobic See him back for recheck in 3 months for repeat injection if necessary. He has an appointment this afternoon with his primary care physician to review lab work Want him to be sure that his kidney function is good being that he has been on Mobic for a while.

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD
kb
New Orders:
SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]
SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]
Est. Level 3 [CPT-99213]
Large joint Shoulder, Hip, Knee [20610]
Depo-Medrol [J1030]
Marcaine [S0020]

Disposition: Return to office
in 3 Months.

Prescriptions:
MOBIC 15 MG ORAL TABS (MELOXICAM) PO QD #30[Tablet] x 2
Entered by: Amanda N Freestone RTR
Authorized by: Michael P Hoenig MD
Electronically signed by: Amanda N Freestone RTR on 04/25/2017
Method used: Electronically to
CVS Reidville Road* (retail)
2397 Reidville Road
Suite 2
Spartanburg, SC 29301
Ph: (864) 576-4399
Fax: (864) 587-1309
RxID: 1808749853467820
Handout requested.

]

Electronically signed by Michael P Hoenig MD on 05/01/2017 at 8:22 AM

ORTHOPAEDIC ASSOCIATES
WORK STATUS FORM

Chart # 167649 Date 4/25/17 Patient's Name Ivan Moore Physician Hoenig

1. X **Full duty** – no limitations on _____
2. ____**Light duty** start on _____ or **Continue** light duty
3. ____ **Fulltime / Part time** _____hrs.
4. ____**Out of Work**
5. **Next appt** _____
6. ____**MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____**Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____**Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____**Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____**Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____**Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____**Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ **UE**

Floor to waist ____**lbs.**

Waist to shoulder _____ **lbs.**

Shoulder to overhead _____ **lbs.**

No push/pull > _____ **lbs.**

____**No overhead either hand**

____**Must wear sling / brace**

____**No crawling/climbing/squatting or kneeling**

____**No driving for work**

____**Crutches / brace**

____**No push/pull >** _____ **lbs.**

____ **Rotate Standing/Sedentary** _____

____**No bending / twisting**

____**Floor level work**

Other: _____

_____

Physician signature: Hoenig /ISB

[redacted]

ROOM 2 DATE OF INJURY 3/1/16 DATE OF SURGERY _____

XRAY: IN ROOM ___ MED VIEW___ DX VIEW___ N.G.DIAG ___ UPDATED: ___ YES ___ NO__

PT_____ MRI_____ Xrays_____ CT_____ Bone Scan_____ Inj._____

08/29/2017 02:15PM 167649 Ivan Moore DOB [redacted]961 • 56 yrs • M

Michael P Hoenig ME Carolina Orthopaedic & Ne SPARTANBURG STEEL

3 months needed this time slot for work Recheck 798012

No Copay Sedgwick WC

Flu Lt knee pain
last visit CSI 4/25/17

$0.00 $0.00

- knee started bothering him again 2 weeks ago
- wants another inj today
- Good rom just painful
- weight bearing good, favoring Rleg
- Pain 7/10
- Wants refill on mobic
  - hasn't taken it for 2 mths

Prior Diag 1: M22.42
Prior Diag 2:
Prior Diag 3

started 2 1/2 wk ago - medial

Global Period 1 Expires:
Global Period 2 Expires:

- Mobic
- CSI

[redacted]

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

08/29/2017 - Office Visit: F/U Lt knee pain
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 56 Years Old Black or African American male, who is here for a follow-up appointment.
Chief Complaint: Left knee pain
History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr. Wiley
Ivan comes in today for followup of his left knee. He has known chondromalacia. He had a valgus-type injury in March 2016. He has periodic cortisone injections. The last injection was in April. He states he has been doing great up until about 2-1/2 weeks ago. The pain is all located on the inner part of the knee. He would like a refill of his Mobic as well as an injection.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 7/10

Location of Your Injury / condition
left knee

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017

Past Medical History
Diabetes
High Blood Pressure

Ivan Moore
Male DOB: DOB1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

*** **Please Note** ***
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABS (MELOXICAM) PO QD
TYLENOL/CODEINE #3 300-30 MG TABS (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABS (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPS (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABS (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABS (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABS (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPS (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABS (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABS (MELOXICAM) PO QD
TYLENOL/CODEINE #3 300-30 MG TABS (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABS (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPS (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABS (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABS (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABS (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPS (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABS (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety

Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections

Social History
Patient is married, Never smoker, and lives with spouse/partner Has 2 children. does not drink alcohol does not exercise Occupation: Spartanburg Automotive - welder

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Medication Requests:
Requested Medication: DEPO-MEDROL 40 MG/ML SUSP
Customlist: Injections
Associated Diagnosis: Chondromalacia patellae, left knee
Med Requested by: Hoenig MD, Michael P
Start Date: 8/29/2017
Stop Date: 8/29/2017
Instructions:
Comments: left knee

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 70.5
Weight (lb): 202
BMI (in-lb) 28.57
P: **64** R: **16** BP: **157/85**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM:
Examination of the left knee shows good range of motion No effusion. He is tender over the medial joint line

Neurovascularly intact.

IMAGING:
Radiographs were reviewed and are unremarkable.

MRI shows grade 2 signal in the medial meniscus. Mild to moderate chondromalacia in the medial compartment

ASSESSMENT

Chondromalacia of the left knee

PLAN

Utilizing sterile technique, his knee was injected with 4 mL of 0.25% Marcaine, 3 mL of 1% lidocaine, and 1 mL of Depo-Medrol, 40 mg/mL. I will also provide him with a refill of Mobic. He may continue working full duty. We will see him for a recheck in 3 months for possible repeat injection.

Dictated by: Michael P. Hoenig, MD
kb
New Orders:
SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]
SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]
Est. Level 3 [CPT-99213]
Large joint Shoulder, Hip, Knee [20610]
Depo-Medrol [J1030]
Marcaine [S0020]

Disposition: Return to office
in 3 Months.

Prescriptions:
MOBIC 15 MG ORAL TABS (MELOXICAM) PO QD #30[Tablet] x 2
Entered by: Amanda N Freestone RTR
Authorized by: Michael P Hoenig MD
Electronically signed by: Amanda N Freestone RTR on 08/29/2017
Method used: Electronically to
CVS Reidville Road* (retail)
2397 Reidville Road
Suite 2
Spartanburg, SC 29301
Ph: (864) 576-4399
Fax: (864) 587-1309
RxID: 1819637833923280
Handout requested.

]

Electronically signed by Michael P Hoenig MD on 09/01/2017 at 12:35 PM

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

ORTHOPAEDIC ASSOCIATES
WORK STATUS FORM

Chart # 1671649 Date 8/29/17 Patient's Name Ivan Moore Physician Hoenig

1. ✓ **Full duty** – no limitations on 8/29
2. ___ **Light duty** start on _____ or **Continue** light duty
3. ___ **Fulltime / Part time** _____hrs.
4. ___ **Out of Work**
5. **Next appt** _____
6. ___ **MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ **UE**

Floor to waist ____**lbs.**

Waist to shoulder _____ **lbs.**

Shoulder to overhead _____ **lbs.**

No push/pull > _____ **lbs.**

____**No overhead either hand**

____**Must wear sling / brace**

____**No crawling/climbing/squatting or kneeling**

____**No driving for work**

____**Crutches / brace**

____**No push/pull >** __**lbs.**

___ **Rotate Standing/Sedentary** _____

____**No bending / twisting**

____**Floor level work**

Other: _____

_____

Physician signature: _____

[redacted]

ROOM 4 DATE OF INJURY _____ DATE OF SURGERY _____

XRAY: IN ROOM ___ MED VIEW___ DX VIEW___ N.G.DIAG ___ UPDATED: ___ YES ___ NO___

PT_____ MRI_____ Xrays Ø CT_____ Bone Scan_____ Inj._____

11/28/2017 02.15PM 167649 Ivan Moore DOB 961 * 56 yrs * M (864) 251-9796

Michael P Hoenig MD Carolina Orthopaedic & Ne SAME 600 A John B White Sr Blvd Spartanburg, SC 29306

3 month Recheck 847002

No Copay Sedgwick WC

f/u- Lt knee
chondromalacia

inj. @ last OV - 8/29/17
good relief until 1 week ago
c/o ↑ swelling / pain

req. inj. today
in room

$117.00 $0.00

Prior Diag 1 M22.42
Prior Diag 2
Prior Diag 3

Global Period 1 Expires:
Global Period 2 Expires:

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

11/28/2017 - Office Visit: f/u - left knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 56 Years Old Black or African American male, who is here for a follow-up appointment
Chief Complaint: Followup, left knee
History From: Patient
Race: Black or African American
Referral Source: WC
Family Physician: Dr. Wiley
Mr. Moore returns today for recheck of his left knee and to schedule this recheck for an injection. He is known to have some chondromalacia. He is working full duty. It has been 3 months since his last injection. He noticed over the last 7 or 8 days an increase in pain with some swelling. Up until that point, he had been doing well. Most of the discomfort is in the inner part of the knee. He also takes Mobic frequently.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 7.5/10

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017

Past Medical History
Diabetes
High Blood Pressure

***** Please Note *****

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Medication Requests:
Requested Medication: DEPO-MEDROL 40 MG/ML SUSP
Customlist: Injections
Associated Diagnosis: Chondromalacia patellae, left knee
Med Requested by: Harrison PA-C, Brad
Start Date: 11/28/2017
Stop Date: 11/28/2017
Instructions:
Comments: left knee

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 70.5
Weight (lb): 202
BMI (in-lb) 28.57
P: **84** R: **16** BP: **136/86**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Antalgic
Type of Antalgic Gait: Favoring Left Lower Extremity
Durable Goods: No

PHYSICAL EXAM:
Examination of the left knee shows good range of motion. He does have some mild swelling and an effusion, mostly about the medial aspect. There is tenderness in the medial joint line. No appreciable crepitus with range of motion.

IMAGING:

X-rays are reviewed and are unremarkable

An MRI shows grade 2 signal in the medial meniscus. Mild-to-moderate chondromalacia in the medial compartment

ASSESSMENT

Chondromalacia of the left knee

PLAN

PROCEDURE: Under strict sterile technique, the left knee was injected with 4 mL of lidocaine, 3 mL of Marcaine, and 1 mL of 40 mg/mL of Depo-Medrol without incident

Continue working full duty. We will see him back in 3 months for possible repeat injection

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD
kb
New Orders:
Est. Level 3 [CPT-99213]
Large joint Shoulder, Hip, Knee [20610]
Depo-Medrol [J1030]
Marcaine [S0020]

Disposition: Return to office
in 3 Months.

Electronically signed by Michael P Hoenig MD on 11/30/2017 at 12:56 PM

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 107649 Date 11/28/17 Patient's Name Ivan Moore Physician Hoenig

1. X Full duty – no limitations on _____
2. ___ Light duty start on _____ or Continue light duty
3. ___ Fulltime / Part time _____hrs.
4. ___ Out of Work
5. Next appt _____
6. ___ MMI and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____ Complete Sedentary: Sitting only – no walking or standing expect to and from job.
2. _____ Light/Sedentary: lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____ Light Duty: lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____ Light/Medium: lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____ Medium: Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____ Light/Heavy: Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ UE

Floor to waist ____lbs.

Waist to shoulder _____ lbs.

Shoulder to overhead _____lbs.

No push/pull > _____ lbs.

___No overhead either hand

___Must wear sling / brace

___No crawling/climbing/squatting or kneeling

___No driving for work

___Crutches / brace

___No push/pull > _____ lbs.

___ Rotate Standing/Sedentary _____

___No bending / twisting

___Floor level work

Other: _____

_____

Physician signature: Hoenig/3D

ROOM 3 DATE OF INJURY 3/1/16 DATE OF SURGERY _____

XRAY: IN ROOM ___ MED VIEW ___ DX VIEW ___ N.G.DIAG ___ UPDATED: ___ YES ___ NO ___

PT _____ MRI _____ Xrays _____ CT _____ Bone Scan _____ Inj. _____

02/27/2018 01:30PM 167649 Ivan Moore DOB 961 • 56 yrs • M (864) 251-9796

Michael P Hoenig MD Carolina Orthopaedic & Ne SAME 600 A John B White Sr Blvd Spartanburg, SC 29306

3 months Recheck 882250

No Copay Sedgwick WC

Flu Lt Knee Chondromalacia $117.00 $0.00

*last ov 11/28/17 Lt. Knee csi

- wants csi today
- Pain started 1½ weeks ago good for awhile.
- swelling intermittently
- Painful to fully WB
- Pain 7.5/10
- He wants to discuss synvisc/supartz today

tri mobic

Prior Diag 1: M22.42
Prior Diag 2
Prior Diag 3:

Global Period 1 Expires:
Global Period 2 Expires:

- CSI WC
- Mobic 7.5
- Rtc

1st TTR nsb

[redacted]

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

02/27/2018 - Office Visit: F/U Lt knee chondromalacia
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 56 Years Old Black or African American male, who is here for a follow-up appointment
Chief Complaint: Left knee pain.
History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr. Wiley
Mr. Moore comes in today requesting repeat injection for his left knee. His last injection was done on 11/28. He has been having pain for about a week and one-half now. Mostly on the inner part of the knee. He did ask a little bit about hyaluronic acid injections. He does take Mobic on occasion. He has pain with increased activities. He is working full duty

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 7.5/10

Location of Your Injury / condition
left knee, knee left

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Past Medical History
Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation
ENT: Patient denies decreased hearing, difficulty swallowing
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair

distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss
Psychiatric: Positive for anxiety
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 70.5
Weight (lb): 202
BMI (in-lb) 28.57
P: **83** R: **20** BP: **145/87**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee shows good range of motion. There is trace effusion. He is tender over the medial joint line with a little bit of varus malalignment.
IMAGING:
Previous radiographs reviewed and were unremarkable

MRI shows grade 2 signal within the medial meniscus. Mild to moderate chondromalacia in the medial compartment.

ASSESSMENT

Left knee chondromalacia

PLAN
Utilizing strict sterile technique his left knee was injected with 3 mL of 2% lidocaine, 3 mL of 0.5% bupivacaine, and 2 mL of Kenalog 40 mg/mL. We will see him back for recheck in three months. We will give him a refill of his Mobic. He will continue working full duty.

Dictated by: Michael P. Hoenig, MD
gb

New Orders:
Finding of Hypertension Episode [SCT-62275004]
Referral to Alternate Provider [SCT-183516009]
Finding of Hypertension Episode [SCT-62275004]
Est. Level 3 [CPT-99213]
Large joint Shoulder, Hip, Knee [20610]

Disposition: Return to office
in 3 Months.

Prescriptions:
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day #30[Tablet] x 2
Entered by: Amanda N Freestone RTR
Authorized by: Michael P Hoenig MD
Electronically signed by: Amanda N Freestone RTR on 02/27/2018
Method used: Electronically to
CVS Reidville Road* (retail)
2397 Reidville Road
Suite 2
Spartanburg, SC 29301
Ph: (864) 576-4399
Fax: (864) 587-1309
RxID: 1835359847681440
Handout requested

]
Patient at risk for falls: no
Last Flu Vax: 10/01/2017

Electronically signed by Michael P Hoenig MD on 03/05/2018 at 8:23 AM

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 167619 Date 2/27/18 Patient's Name Ivan Moore Physician Hoehig

1. ✓ **Full duty** – no limitations on 2/27
2. ___ **Light duty** start on _____ or **Continue** light duty
3. ___ **Fulltime / Part time** _____ hrs.
4. ___ **Out of Work**
5. **Next appt** _____
6. ___ **MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ **UE**

Floor to waist ____ **lbs.**

Waist to shoulder _____ **lbs.**

Shoulder to overhead _____ **lbs.**

No push/pull > _____ **lbs.**

____ **No overhead either hand**

____ **Must wear sling / brace**

____ **No crawling/climbing/squatting or kneeling**

____ **No driving for work**

____ **Crutches / brace**

____ **No push/pull >** _____ **lbs.**

____ **Rotate Standing/Sedentary** _____

____ **No bending / twisting**

____ **Floor level work**

Other: _____

_____

Physician signature: _____

RM 1 DOI 3/1/18 SV

06/26/2018 02:15PM 167649 Ivan Moore DOB 961 • 56 yrs • M

Charles B Hamson P Carolina Orthopaedic & Ne SPARTANBURG STEEL

3 month Recheck 921628

No Copay Sedgwick WC

$117.00 $0.00

s/u Clonee chondromalacia

* CSI last OV 2/27/18 100 % relief

Pain started back 2 weeks ago

wants repeat CSI today

8/10

Prior Diag 1 M22.42

Prior Diag 2:

Prior Diag 3:

Global Period 1 Expires

Global Period 2 Expires:

3/3/2 Kenley

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

06/26/2018 - Office Visit: f/u L knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 56 Years Old Black or African American male, who is here for a follow-up appointment
Chief Complaint: Follow-up left knee
History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr. Wiley
Mr. Moore comes in today requesting a repeat left knee injection. His last injection was 4 months ago and gave him relief up until about 2 weeks ago. At this point, he rates his pain an 8/10. Most of the pain is about the medial aspect of the knee He does take Mobic on occasion He is working full duty

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 8/10

Location of Your Injury / condition
left knee, knee left

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016,

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018

Ivan Moore
Male DOB: DOB 961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Past Medical History
Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation
ENT: Patient denies decreased hearing, difficulty swallowing
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.

Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol, does not exercise. Occupation: Spartanburg Automotive - welder

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 70.5
Weight (lb): 202
BMI (in-lb) 28.57
P: **73** R: **15** BP: **122/76**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM:
Examination of the left knee reveals adequate range of motion. Just a trace effusion today and tenderness at the medial joint line. Slight varus alignment.

IMAGING:
X-rays from previous visit were unremarkable.

Diagnostics: An MRI shows grade 2 signal within the medial meniscus. Mild to moderate chondromalacia in the medial compartment.

ASSESSMENT

Left knee chondromalacia.

PLAN

Under strict sterile technique, the left knee was injected with 3 mL of lidocaine, 3 mL of Marcaine and 2 mL of Kenalog 40 mg/mL without incident. We will see him back for recheck in 3 months and likely repeat injections. Continue working full duty.

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD
kb
New Orders:
Finding of Hypertension Episode [SCT-62275004]
Finding of Hypertension Episode [SCT-62275004]
Large joint Shoulder, Hip, Knee [20610]

Disposition: Return to office
in 3 Months.

]
Patient at risk for falls: no
Last Flu Vax: 10/01/2017

Electronically signed by Michael P Hoenig MD on 06/27/2018 at 3:34 PM

Rm 4 DOI 3/1/16 SX ____

12/07/2018 08.30AM 167649 Ivan Moore DOB 961 • 57 yrs • M (864) 251-9796

Michael P Hoenig MC Carolina Orthopaedic & Ne SAME 600 A John B White Sr Blvd Spartanburg, SC 29306

3 month reck *pt rsc in sept* *pt rsc in nov* Recheck 982820

No Copay Sedgwick WC

F/U (L) Knee Chondromalacia $0.00 $0.00

- last ov 6/26/18 csi (L) Knee 100% relief

(5/10)

* Rescheduled last 2 appts

CM

Plan = Inj

Prior Diag 1: M22.42

Prior Diag 2

Prior Diag 3

Global Period 1 Expires.

Global Period 2 Expires.

TTP

CSI

Full

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

12/07/2018 - Office Visit: F/U Lt knee chondromalacia
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 57 Years Old Black or African American male, who is here for a post-op evaluation
Chief Complaint: Left knee pain

History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr. Wiley
Mr. Moore comes in today requesting repeat injection of the left knee. His last injection was in June. He states he has been doing great, but just had increased pain here for the past month. Pain is all on the inner part of the knee. He is working full duty, but now working second shift

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 8/10

Location of Your Injury / condition
left knee, knee left

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016,

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 12/07/2018

Past Medical History
Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd; Route: ORAL
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.

Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss
Psychiatric: Positive for anxiety
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 70.5
Weight (lb): 202
BMI (in-lb) 28.57
P: **64** R: **18** BP: **123/74**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM:
Examination of the left knee shows trace effusion. There is tenderness all along the medial joint line. There is a little bit of varus malalignment. He is neurovascularly intact. No calf tenderness.

IMAGING:

Previous radiographs reviewed and unremarkable.

Previous MRI shows grade 2 signal in the medial meniscus, mild-to-moderate chondromalacia near the front.

ASSESSMENT

Left knee chondromalacia.

PLAN

Utilizing sterile technique, the left knee was injected with 6 mL of 0.5% bupivacaine and 2 mL of Kenalog 40 mg/mL, may continue working full duty. See him back for recheck in 3 months for repeat injection.

Dictated by: Michael P. Hoenig, MD
kb

New Orders:
Est. Level 3 [CPT-99213]
Large joint Shoulder, Hip, Knee [20610]

Disposition: Return to office
in 3 month c brad.

]
Patient at risk for falls: no
Last Flu Vax: 10/16/2018

Electronically signed by Michael P Hoenig MD on 12/11/2018 at 11:40 AM

Rm 3 DOI 3/1/16 SX

03/15/2019 09 30AM 167649 Ivan Moore DOB 961 • 57 yrs • M (864) 251-9796

Charles B Harrison P Carolina Orthopaedic & Ne SAME 600 A John B White Sr Blvd Spartanburg, SC 29306

3 months Recheck 1039006

No Copay Sedgwick WC

Flu (L) Knee Chondromalacia $0 00 $0 00

- last OV L knee CSI 12/7/18 100%
- repeat CSI's today? yes
- clo pain 7/10 today

Prior Diag 1 M22 42

Prior Diag 2:

Prior Diag 3

Global Period 1 Expires:

Global Period 2 Expires:

dy

FD

3-11

FILK FL 40T
NDC 76420074001
SN #14978217 Qty 1

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: [redacted]1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

03/15/2019 - Office Visit: F/U L knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 57 Years Old Black or African American male, who is here for a follow-up appointment.
Chief Complaint: Followup left knee.

History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr. Wiley
Mr. Moore comes in today requesting repeat injection of his left knee He gets periodic injections due to lingering knee pain. His last injection was in December, and it did give him good relief for about 1 month then just kind of gradually started weaning off after that. He rates his pain as 7/10 today. He is working full duty

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 7/10

Location of Your Injury / condition
left knee, knee left

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016,

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection

Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 12/07/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019

Past Medical History

Diabetes
High Blood Pressure

*** **Please Note** ***
Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd; Route: ORAL
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems

General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling

hands/feet
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea
Genitourinary: Patient denies pain, urinary retention, frequent UTI
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise Occupation: Spartanburg Automotive - welder.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 70.5
Weight (lb): 202
BMI (in-lb) 28.57
P: **69** R: **16** BP: **166/95**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM:
Examination of the left knee reveals adequate range of motion. Tenderness at the medial aspect of the knee Most significant effusion this morning. Neurovascularly intact.

IMAGING:
Previous x-rays reviewed and unremarkable

Previous MRI shows a grade 2 signal in the medial meniscus, mild to moderate chondromalacia near the front

ASSESSMENT

Left knee chondromalacia.

PLAN

Under strict sterile technique, the left knee was injected with 6 mL of Marcaine and 2 mL of Kenalog, 40 mg/mL, without incident. Continue working full duty, and we will see him back for a recheck and likely repeat injection in 3 months.

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD
kb
New Orders:
Finding of Hypertension Episode [SCT-62275004]
Referral to Alternate Provider [SCT-183516009]
Large joint Shoulder, Hip, Knee [20610]

Disposition: Return to office
in 3 month c brad.

]
Patient at risk for falls: no
Last Flu Vax: 10/16/2018

Electronically signed by Michael P Hoenig MD on 03/18/2019 at 1:47 PM

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 167649 Date 3/5/19 Patient's Name Wan Moore Physician Koenig

1. X Full duty – no limitations on _____
2. ___Light duty start on _____ or Continue light duty
3. ___Fulltime / Part time _____hrs.
4. ___Out of Work
5. Next appt _____
6. ___MMI and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. ____Complete Sedentary: Sitting only – no walking or standing expect to and from job.
2. ____Light/Sedentary: lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. ____Light Duty: lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. ____Light/Medium: lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. ____Medium: Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. ____Light/Heavy: Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use ____ UE

Floor to waist ____lbs.

Waist to shoulder ____ lbs.

Shoulder to overhead ____ lbs.

No push/pull > ____ lbs.

____No overhead either hand

____Must wear sling / brace

____ No crawling/climbing/squatting or kneeling

____No driving for work

____Crutches / brace

____No push/pull > ____ lbs.

____ Rotate Standing/Sedentary _____

____No bending / twisting

____Floor level work

Other: _____

Physician signature: _____

RT 1 DX1 3/4/16 SX

06/14/2019 09:15AM 167649 Ivan Moore DOB 1961 • 57 yrs • M (864) 251-9796

Charles B Harrison P Carolina Orthopaedic & Ne SAME 600 A John B White Sr Blvd Spartanburg, SC 29306

3 months Recheck 1080418

No Copay Sedgwick WC

Flu L knee chondromalacia $0 00 $0 00

CSI 3/15/15 ___ % relief => wash's as effective as last time

Repeat CSI

8/10

-swelling & pain

. interested in Euflexxa

Prior Diag 1 M22 42

Prior Diag 2.

Prior Diag 3

Global Period 1 Expires

Global Period 2 Expires

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

06/14/2019 - Office Visit: f/u L knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 57 Years Old Black or African American male, who is here for a follow-up appointment
Chief Complaint: Follow-up left knee
History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr. Wiley
Mr. Moore returns today for recheck of his left knee. He gets routine cortisone injections. What he has found though is that the last few injections he has gotten less and less period of relief. He states the last injection only helped him a week or so. The one prior to that was for one month. He gets pain with prolonged standing. He rates his pain an 8/10 today. He is working full duty. Complains of swelling and discomfort. He is interested in hyaluronic acid injections.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 8/10

Location of Your Injury / condition
left knee, knee left

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, .

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/o steroid injection
Date of Procedure: 06/26/2018

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 12/07/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019

Past Medical History
Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
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ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
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JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue

Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood
Gastrointestinal: Patient denies vomiting, diarrhea, nausea
Genitourinary: Patient denies pain, urinary retention, frequent UTI
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss
Psychiatric: Positive for anxiety
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 70.5
Weight (lb): 202
BMI (in-lb) 28.57
P: **72** R: **15** BP: **158/91**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Antalgic
Type of Antalgic Gait: Favoring Left Lower Extremity
Durable Goods: No

PHYSICAL EXAM:
Examination of the left knee reveals adequate range of motion. He does have some diffuse medial and lateral joint line tenderness, slight effusion. Neurovascularly intact
IMAGING:
Previous x-rays were unremarkable

Previous MRI shows a grade 2 signal in the medial meniscus, mild to moderate chondromalacia near the front.

ASSESSMENT

Left knee chondromalacia.

PLAN

The decision was made to go ahead and repeat an injection today. Under strict sterile technique, the left knee was injected with 6 mL of Marcaine and 2 mL of Kenalog 40 mg/mL without incident. We will seek work comp approval for hyaluronic acid injections since his relief from the cortisone injections is lessening. We will also give him a refill of Mobic to take as needed. Continue working full duty. We will see him back after HA approval.

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD

New Orders:
Finding of Hypertension Episode [SCT-62275004]
Lifestyle Education Regarding Hypertension [SCT-443402002]
Referral to Alternate Provider [SCT-183516009]
Est Level 3 [CPT-99213]
Large joint Shoulder, Hip, Knee [20610]

Prescriptions:
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day #30[Tablet] x 2
Route:ORAL
Entered by: Amanda Hudson
Authorized by: Michael P Hoenig MD
Electronically signed by: Amanda Hudson on 06/14/2019
Method used: Electronically to
CVS Reidville Road* (retail)
2397 Reidville Road
Suite 2
Spartanburg, SC 29301
Ph: (864) 576-4399
Fax: (864) 587-1309
Note to Pharmacy: Route: ORAL;
RxID: 1876125358638020
Handout requested.

]
Patient at risk for falls: no
Last Flu Vax: 10/16/2018

Ivan Moore
Male DOB: DOB 961

167649

Home: (864) 251-9796
Ins: Sedgwick WC

Electronically signed by Michael P Hoenig MD on 06/19/2019 at 8:29 AM

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 167649 Date 6/14/19 Patient's Name Lugo Moore Physician Hoenig

1. X Full duty – no limitations on 6/14/19
2. ___Light duty start on _____ or Continue light duty
3. ___ Fulltime / Part time _____hrs.
4. ___Out of Work
5. Next appt _____
   MMI and rating to follow

SCANNED

WORK MODIFICATIONS

Start Date: _____

1. ___Complete Sedentary: Sitting only – no walking or standing expect to and from job.
2. ____Light/Sedentary: lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. ____Light Duty: lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. ____Light/Medium: lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. ____Medium: Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. ____Light/Heavy: Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ UE

Floor to waist ____lbs.

Waist to shoulder _____ lbs.

Shoulder to overhead _____ lbs.

No push/pull > _____ lbs.

____No overhead either hand

____Must wear sling / brace

____No crawling/climbing/squatting or kneeling

____No driving for work

____Crutches / brace

____No push/pull > _____ lbs.

___ Rotate Standing/Sedentary _____

____No bending / twisting

____Floor level work

Other: _____

Physician signature: _____

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

06/21/2019 - Office Visit: F/U 1st visco, L knee
Provider: Brad Harrison PA-C
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 57 Years Old Black or African American male, who is here for a follow-up appointment
Chief Complaint: Mr. Moore comes in today for chief complaint of left knee follow-up.
History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr Wiley
Mr. Moore comes in today for his 1st Visco injection of his left knee. He has previously routine cortisone injections and the period of relief has gotten less and less. He did have an cortisone injection left wrist and got a little bit of relief with it He is working full duty

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 5/10

Location of Your Injury / condition
left knee, knee left

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, ,

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Date of Procedure: 12/07/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019

Past Medical History

Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd; Route: ORAL
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 70.5
Weight (lb): 202
BMI (in-lb) 28.57
P: **69** R: **15** BP: **132/87**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM:
Examination of the left knee reveals adequate range of motion, diffuse medial and lateral joint line tenderness. Neurovascularly intact. Ligamentously stable.

IMAGING:
Previous x-rays unremarkable.

Previous MRI shows grade 2 signal medial meniscus, mild-to-moderate chondromalacia near the front of the knee.

ASSESSMENT

Left knee chondromalacia.

PLAN

Under strict sterile technique, the left knee was injected with Visco without incident. Continue working full duty, and we will see him back next week for his 2nd injection.

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD

New Orders:
Finding of Hypertension Episode [SCT-62275004]
Lifestyle Education Regarding Hypertension [SCT-443402002]
Referral to Alternate Provider [SCT-183516009]
Large joint Shoulder, Hip, Knee [20610]
Visco-3 [J7599]

Disposition: Return to office
in 1 week c brad.

]
Patient at risk for falls: no
Last Flu Vax: 10/16/2018

Electronically signed by Brad Harrison PA-C on 06/25/2019 at 4:58 PM

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 167649 Date 6/21/19 Patient's Name Ivan Moore Physician Koenig

1. X **Full duty** – no limitations on _____
2. ____**Light duty** start on _____ or **Continue** light duty
3. ____ **Fulltime / Part time** _____hrs.
4. ____**Out of Work**
5. **Next appt** _____
6. ____**MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____**Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____**Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____**Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____**Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____**Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____**Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ **UE**

Floor to waist ____**lbs.**

Waist to shoulder _____ **lbs.**

Shoulder to overhead _____ **lbs.**

No push/pull > _____ **lbs.**

____**No overhead either hand**

____**Must wear sling / brace**

____**No crawling/climbing/squatting or kneeling**

____**No driving for work**

____**Crutches / brace**

____**No pusb/pull >** _____ **lbs.**

____ **Rotate Standing/Sedentary** _____

____**No bending / twisting**

____**Floor level work**

Other: _____ _____

_____

Physician signature: _____

Rm 2 DOI 3/1/19 SX

06/28/2019 10:30AM 167649 Ivan Moore DOB 1961 * 57 yrs * M

Michael P Hoenig MD Carolina Orthopaedic & Ne SPARTANBURG STEEL

2ND VISCO Recheck 1093546

No Copay Sedgwick WC

f/u 2nd visco, L knee $324 00 $0 00

- 1st visco, L knee last ov 6/21/19 0 % relief
- no relief yet
- Pain 5/10

Prior Diag 1 M22 42

Prior Diag 2:

Prior Diag 3

Global Period 1 Expires:

Global Period 2 Expires:

- Visco-3
- luk for #3
- Full

ATTACH TO PATIENT'S RECORD

CAT. NO 00-1111-001-03 EDI 00111100103
VISCO-3™ SODIUM HYALURONATE
25MG/2.5ML SYRINGE
zimmer LOT 0018A31V

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

06/28/2019 - Office Visit: F/U 2nd visco, L knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 57 Years Old Black or African American male, who is here for a follow-up appointment
Chief Complaint: Left knee pain
History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr. Wiley
Mr. Moore is a 57-year-old gentleman who was coming in for periodic steroid injections for his left knee. They started helping less and less and he switched over to Visco injections. He is here today for his second injection. He has not really noticed huge relief yet. He is working full duty.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 5/10

Location of Your Injury / condition
left knee, knee left

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, ,

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection

Carolina Orthopaedic & Neurosurgical Associates
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(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Date of Procedure: 12/07/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019

Past Medical History
Diabetes
High Blood Pressure

*** **Please Note** ***
Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd; Route: ORAL
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12 5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems

General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History

Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb

Height (in): 70.5
Weight (lb): 202
BMI (in-lb) 28.57
P: **53** R: **20** BP: **135/64**

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right

Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee shows full range of motion Trace effusion. He is diffusely tender on the medial and lateral joint lines.
IMAGING:
Previous radiographs were unremarkable.

Previous MRI shows grade 2 signal in the medial meniscus. Mild to moderate chondromalacia in the medial compartment.

ASSESSMENT

Left knee chondromalacia.

PLAN

Utilizing sterile technique, his second Visco-3 injection was placed sterilely He may continue working full duty We will see him back for recheck in 1 week for his third injection.

Dictated by: Michael P. Hoenig, MD

New Orders:
Finding of Hypertension Episode [SCT-62275004]
Lifestyle Education Regarding Hypertension [SCT-443402002]
Referral to Alternate Provider [SCT-183516009]
Large joint Shoulder, Hip, Knee [20610]
Visco-3 [J7599]

Disposition: Return to office
in 1 week c hoenig

]
Patient at risk for falls: no
Last Flu Vax: 10/16/2018

Electronically signed by Michael P Hoenig MD on 07/01/2019 at 4:48 PM

RML DOI 3/1/16 SX

07/05/2019 09 00AM 167649 Ivan Moore DOB 1961 * 57 yrs * M (864) 251-9796

Michael P Hoenig MD Carolina Orthopaedic & Ne SAME 600 A John B White Sr Blvd Spartanburg, SC 29306

1 week Recheck 1099033

No Copay Sedgwick WC

F/U 3rd Visco, 2 knee ⇒ in room no CD $1,138.00 $0 00

2nd 6/28/19 75 % relief

9/10

Prior Diag 1 M22 42

Prior Diag 2

Prior Diag 3

Global Period 1 Expires

Global Period 2 Expires

3mos

Full

ATTACH TO PATIENT'S RECORD

CAT. NO 60-1111-001-03 EDI 00111100103
VISCO-3™ SODIUM HYALURONATE
25MG/2.5ML SYRINGE

Zimmer 0018A31V

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # KE7049 Date 2/5/19 Patient's Name Ivan Moore Physician Hoenig

1. ✓ **Full duty** – no limitations on 7/5
2. ____ **Light duty** start on _____ or **Continue** light duty
3. ____ **Fulltime / Part time** _____ hrs.
4. ____ **Out of Work**
5. **Next appt** _____
6. ____ **MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ UE

Floor to waist ____lbs.

Waist to shoulder _____ lbs.

Shoulder to overhead _____ lbs.

No push/pull > _____ lbs.

____No overhead either hand

____Must wear sling / brace

____No crawling/climbing/squatting or kneeling

____No driving for work

____Crutches / brace

____No push/pull > _____ lbs.

____ Rotate Standing/Sedentary _____

____No bending / twisting

____Floor level work

Other: _____

_____

Physician signature: _____

RM 4

DOI 8/1/16 SX

10/04/2019 08:30AM 167649 Ivan Moore DOB 1961 • 58 yrs • M

Charles B Harrison P Carolina Orthopaedic & Ne SPARTANBURG STEEL

3 month Recheck 1130228

No Copay Sedgwick WC

F/U L knee chondromalacia

$0.00 $0.00

- 3rd visco 7/5 95% relief

-patient wants injection today.
-Having increased L knee w/ RCM.

Prior Diag 1 M22.42
Prior Diag 2:
Prior Diag 3

Global Period 1 Expires:
Global Period 2 Expires:

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

10/04/2019 - Office Visit: Recheck Left Knee
Provider: Brad Harrison PA-C
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 58 Years Old Black or African American male, who is here for a follow-up appointment.
Chief Complaint: Followup left knee.

History From: Patient
Race: Black or African American
Family Physician: Dr. Wiley
Mr. Moore comes in today for followup of his left knee. The last time he was in he finished up Visco-3 injections. That was on 07/05/2019. They did give him good relief but are starting to wear off, and the knee is bothering him. He states it is not locking and catching like it was before, just discomfort. He is wishing to repeat an injection today.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 5/10

Location of Your Injury / condition
left knee, knee left, back pain bilateral

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, , ,

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961

167649

Home: (864) 251-9796
Ins: Sedgwick WC

Fracture/Surgery/Injection: left knee w/o steroid injection
Date of Procedure: 12/07/2018
Fracture/Surgery/Injection: left knee w/o steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/o steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019

Past Medical History

Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
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NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd; Route: ORAL
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CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Ivan Moore
Male DOB: DOB1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Current Allergies (reviewed today):
No known allergies

Review of Systems

General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History

Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb

Height (in): 71
Weight (lb): 207
BMI (in-lb) 26.87
P: **69** Rhythm: **regular** R: **14** BP: **128/76**

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee reveals adequate range of motion. No significant effusion this morning He does have some tenderness in the medial joint line, slight tenderness in the lateral joint line.

IMAGING:
Previous x-rays reveal some very mild narrowing in the medial compartment.

An MRI shows grade 2 signal within the medial meniscus. Mild to moderate chondromalacia at the medial compartment

ASSESSMENT

Left knee chondromalacia.

PLAN

Under strict sterile technique, the left knee was injected with 6 mL of bupivacaine and 2 mL of Kenalog, 40 mg/mL, without incident. We will see him back for recheck in 3 months, and he would like to repeat the Visco-3 injections at that time if we have approval. He will continue working full duty.

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD

New Orders:
Lifestyle Education Regarding Hypertension [SCT-443402002]
Lifestyle Education Regarding Hypertension [SCT-443402002]
Finding of Hypertension Episode [SCT-62275004]
Lifestyle Education Regarding Hypertension [SCT-443402002]
Large joint Shoulder, Hip, Knee [20610]

Disposition: Return to office
in 3 months .

]
Patient at risk for falls: no
Last Flu Vax: 10/16/2018
The patient declined the influenza vaccine.

Electronically signed by Brad Harrison PA-C on 10/09/2019 at 7:57 AM

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: [redacted] 961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 167049 **Date** 12/4/19 **Patient's Name** Wan Moore **Physician** Hoenig

1. [X] **Full duty** – no limitations on _____
2. ____**Light duty** start on _____ or **Continue** light duty
3. ____ **Fulltime / Part time** _____hrs.
4. ____**Out of Work**
5. **Next appt** _____
6. ____**MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____**Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____**Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____**Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____**Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____**Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____**Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ **UE**

Floor to waist ____**lbs.**

Waist to shoulder _____ **lbs.**

Shoulder to overhead _____ **lbs.**

No push/pull > _____ **lbs.**

____**No overhead either hand**

____**Must wear sling / brace**

____**No crawling/climbing/squatting or kneeling**

____**No driving for work**

____**Crutches / brace**

____**No push/pull >** _____ **lbs.**

___ **Rotate Standing/Sedentary** _____

____**No bending / twisting**

____**Floor level work**

Other: _____

_____

Physician signature _____

Carolina Orthopaedic & Neurosurgical Associates
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(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

01/10/2020 - Office Visit: f/u 1st visco, L knee
Provider: Brad Harrison PA-C
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 58 Years Old Black or African American male, who is here for a follow-up appointment.
Chief Complaint: Followup left knee, first Visco
History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr. Wiley
Mr. Moore comes in today for his first Visco injection. He had been sick over the Christmas holidays and was unable to keep the appointments for to begin the series. He states the left knee is giving him some significant discomfort and he is glad to be able to be here to start the injections. He has gotten relief in the past with them.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 7/10

Location of Your Injury / condition
left knee, knee left, back pain bilateral

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, . . ,

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection

Carolina Orthopaedic & Neurosurgical Associates
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(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Date of Procedure: 12/07/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 01/10/2020

Past Medical History

Diabetes
High Blood Pressure

*** **Please Note** ***
Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
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LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid

EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems

General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is married, Never smoker, and lives with spouse/partner. Has 2 children does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History

Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb

Height (in): 71
Weight (lb): 207
BMI (in-lb) 28.87

P: **67** R: **15** BP: **121/78**

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee reveals adequate range of motion, tenderness in the medial joint line, stable ligamentously. No significant effusion.
IMAGING:
Previous x-rays reveal some mild narrowing of the medial compartment.

MRI shows a grade 2 signal within the medial meniscus, mild to moderate chondromalacia at the medial compartment.

ASSESSMENT

Left knee chondromalacia.

PLAN

Under strict sterile technique, the left knee was injected with Visco without problem. We will see him back next week for his second injection. Continue working full duty.

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD

New Orders:
Large joint Shoulder, Hip, Knee [20610]
Visco-3 [J7599]

Disposition: Return to office
in 1 week c brad.

]
Patient at risk for falls: no
Last Flu Vax: 10/16/2018
The patient declined the influenza vaccine.

Electronically signed by Brad Harrison PA-C on 01/15/2020 at 1:43 PM

RM CR DOI 3/1/20 JX

01/17/2020 08:30AM 167649 Ivan Moore DOB 1961 • 58 yrs • M

Michael P Hoenig MD Carolina Orthopaedic & Ne SPARTANBURG STEEL

1st visco/ 3 months f/u-pt rs from 12/27-sick with flu Recheck 1169376

No Copay Sedgwick WC

F/U 2nd visco. 1 knee

- 1st 1/2 3/2 - feels better

$0.00 $0.00

Prior Diag 1 M22.42

Prior Diag 2.

Prior Diag 3

Global Period 1 Expires

Global Period 2 Expires:

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: [redacted] 961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

01/17/2020 - Office Visit: f/u 2nd visco, L Knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 58 Years Old Black or African American male, who is here for a follow-up appointment
Chief Complaint: Followup second Visco injection, left knee.
History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr. Wiley
Mr. Moore comes in today for second Visco injection. He does feel like he got some relief after the first one No complaints today

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 3 /10

Location of Your Injury / condition
left knee, knee left, back pain bilateral

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, , , ,,

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 12/07/2018

Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019
Fracture/Surgery/Injection: 1st visco, L knee 1/10/20, 2nd visco L knee 1/17/20
Date of Procedure: 01/10/2020

Past Medical History
Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
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EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 961

167649

Home (864) 251-9796
ins. Sedgwick WC

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 71
Weight (lb): 207
BMI (in-lb) 28.87
P: **61** R: **15** BP: **123/74**

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3. No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination left knee reveals adequate range of motion. No effusion. Stable ligamentously Mild tenderness medial joint line.
IMAGING:
Previous x-rays are reviewed and show mild narrowing of the medial compartment.

MRI shows a grade 2 signal within the medial meniscus. Mild-to-moderate chondromalacia at the medial compartment.

ASSESSMENT

Left knee chondromalacia.

PLAN

Under strict sterile technique, the left knee was injected with Visco without incident. We will see him back for his final injection in 2 weeks. Continue working full duty.

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD

New Orders:
Large joint Shoulder, Hip, Knee [20610]
Visco-3 [J7599]

Disposition: Return to office
in 2 weeks .

]
Patient at risk for falls: no
Last Flu Vax: 10/16/2018
The patient declined the influenza vaccine.

Electronically signed by Michael P Hoenig MD on 01/21/2020 at 1:14 PM

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 160649 Date 1/17/23 Patient's Name Ivan Moore Physician Haney

1. yo Full duty – no limitations on _____
2. ____Light duty start on _____ or Continue light duty
3. ____ Fulltime / Part time _____hrs.
4. ____Out of Work
5. Next appt _____
6. ____MMI and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____Complete Sedentary: Sitting only – no walking or standing expect to and from job.
2. _____Light/Sedentary: lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____Light Duty: lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____Light/Medium: lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____Medium: Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____Light/Heavy: Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ UE

Floor to waist ____lbs.

Waist to shoulder _____ lbs.

Shoulder to overhead _____ lbs.

No push/pull > _____lbs.

____No overhead either hand

____Must wear sling / brace

____No crawling/climbing/squatting or kneeling

____No driving for work

____Crutches / brace

____No push/pull > _____ lbs.

___ Rotate Standing/Sedentary _____

____No bending / twisting

____Floor level work

Other: _____

_____

Physician signature: _____

RM 4

DC 3/1/16 SX

01/31/2020 08:15AM 167649 Ivan Moore DOB 1961 • 58 yrs • M (864) 251-9796

Charles B Harrison P. Carolina Orthopaedic & Ne SAME 600 A John B White Sr Blvd Spartanburg, SC 29306

per brad overbook 2 wks Recheck 1193874

No Copay Sedgwick WC

F/u 3rd Visco, L knee $814.00 $0.00

-2nd 1/17 — % veliq

1/20

0

Prior Diag 1: M22.42

Prior Diag 2:

Prior Diag 3:

Global Period 1 Expires:

Global Period 2 Expires:

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

01/31/2020 - Office Visit: f/u 3rd visco, L knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 58 Years Old Black or African American male, who is here for a follow-up appointment
Chief Complaint: Third Visco left knee
History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr. Wiley
Mr. Moore comes in today for his third Visco injection. He is doing well. He feels like he has gotten some good relief thus far.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 1/10

Location of Your Injury / condition
left knee, knee left, back pain bilateral

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, , ,

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 12/07/2018

Ivan Moore
Male DOB: DOB 961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019
Fracture/Surgery/Injection: 1st visco, L knee 1/10/20, 2nd visco L knee 1/17/20, 3rd visco L Knee 1/31/20
Date of Procedure: 01/10/2020

Past Medical History

Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd; Route: ORAL
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Ivan Moore
Male DOB: [redacted] 961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 71
Weight (lb): 207
BMI (in-lb) 28.87
P: **85** R: **15** BP: **125/71**

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee reveals adequate range of motion. No significant effusion. Stable ligamentously.
IMAGING:
Previous x-rays were reviewed and show mild narrowing of the medial compartment.

MRI shows a grade 2 signal within the medial meniscus. Mild to moderate chondromalacia at the medial compartment.

ASSESSMENT

Left knee chondromalacia.

PLAN

Under strict sterile technique, the left knee was injected with Visco without incident. We will see him back for a recheck in 3 months for likely repeat cortisone injection at that time. Continue working full duty.

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD

New Orders:
Large joint Shoulder, Hip, Knee [20610]
Visco-3 [J7599]

Disposition: Return to office
in 3 months .

]
Patient at risk for falls: no
Last Flu Vax: 10/16/2018

Electronically signed by Michael P Hoenig MD on 02/03/2020 at 1:25 PM

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 16X649 **Date** 1/31/20 **Patient's Name** Juan Maxie **Physician** Heenig

1. X **Full duty** – no limitations on _____
2. ___ **Light duty** start on _____ or **Continue** light duty
3. ___ **Fulltime / Part time** _____hrs.
4. ___ **Out of Work**
5. **Next appt** _____
6. ___ **MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. ___ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. ___ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. ___ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. ___ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. ___ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. ___ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ **UE**

Floor to waist ____**lbs.**

Waist to shoulder _____ **lbs.**

Shoulder to overhead _____ **lbs.**

No push/pull > _____ **lbs.**

____**No overhead either hand**

____**Must wear sling / brace**

____**No crawling/climbing/squatting or kneeling**

____**No driving for work**

____**Crutches / brace**

____**No push/pull >** _____ **lbs.**

____ **Rotate Standing/Sedentary** _____

____**No bending / twisting**

____**Floor level work**

Other: _____

_____

Physician signature: _____

RM CR DC 3/1/16 Sx

05/01/2020 08:15AM 187649 Ivan Moore DOB 1961 · 58 yrs · M (864) 251-9795

Michael P Hoenig MD Carolina Orthopaedic & Ne SAME 600 A John B White Sr Blvd Spartanburg, SC 29306

3 months Recheck 1229802

No Copay Sedgwick WC

Rt L knee chondromalacia

$0.00 $0.00

- LOV 1/31/20
- 3rd visco 1/30 100% relief
- CSI today
- Pain 4/10 x 2wk
- refill of Mobic

Prior Diag 1: M22.42
Prior Diag 2: M25.462
Prior Diag 3:

Lot 120419 X5
exp 9/22/20
Global Period 1 Expires:
Global Period 2 Expires:

WC CSI
Full
3 mos fol

[redacted]

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

05/01/2020 - Office Visit: f/u L knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 58 Years Old Black or African American male, who is here for a follow-up appointment.
Chief Complaint: Left knee pain
History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr. Wiley
Mr. Moore is a 58-year-old with known chondromalacia. He gets intermittent injections as part of his work comp settlement. He finished his 3rd viscosupplementation injection on 01/31 that helped him out tremendously. He really has almost had 100% relief up until about the past 2 weeks. He is going to be getting back working more aggressively here soon as everything opens back up. He would also like a refill of his Mobic.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 4 /10

Location of Your Injury / condition
left knee, knee left, back pain bilateral

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, , , ,

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018

Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 12/07/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019
Fracture/Surgery/Injection: 1st visco, L knee 1/10/20, 2nd visco L knee 1/17/20, 3rd visco L Knee 1/31/20
Date of Procedure: 01/10/2020

Past Medical History
Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12 5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd; Route: ORAL
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12 5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 71
Weight (lb): 207
BMI (in-lb) 28.87
T: **98.6** deg F. P: **71** R: **15** BP: **124/74**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress

Ivan Moore
Male DOB: DOB 961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee shows 1+ effusion There is just a little bit of tenderness on the medial and lateral joint line today.
IMAGING:
Radiographs show medial narrowing mildly.

MRI shows a grade 2 signal within the medial meniscus. Mild-to-moderate chondromalacia in the medial compartment.

ASSESSMENT

Left knee chondromalacia.

PLAN

Utilizing a sterile technique, the left knee was injected with 6 mL of 0.5% bupivacaine and 2 mL of Kenalog 40 mg/mL. We will see him back for recheck in 3 months and do a visco injections series at that time. He may continue working full duty.

Dictated by: Michael P. Hoenig, MD

kb

New Orders:
Finding of Hypertension Episode [SCT-62275004]
Large joint Shoulder, Hip, Knee [20610]

Disposition: Return to office
in 3 months c brad.

Prescriptions:
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day #30[Tablet] x 2
Route:ORAL
Entered by: Amanda Hudson
Authorized by: Michael P Hoenig MD
Electronically signed by:Amanda Hudson on 05/01/2020
Method used: Electronically to
CVS Reidville Road* (retail)
2397 Reidville Road
Suite 2
Spartanburg, SC 29301
Ph: (864) 576-4399
Fax: (864) 587-1309
Note to Pharmacy: Route: ORAL;
RxID: 1903944414020190
Handout requested.
Cancelled MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day #30[Tablet] x 2
Route:ORAL
Entered by: Katelyn Abbott
Authorized by: Michael P Hoenig MD

Electronically signed by:Katelyn Abbott on 05/01/2020
Method used: Electronically to
CVS Reidville Road* (retail)
2397 Reidville Road
Suite 2
Spartanburg, SC 29301
Ph: (864) 576-4399
Fax: (864) 587-1309
RxID: 1903939077617400
Handout requested.

]
Patient at risk for falls: no
Last Flu Vax: 10/16/2018
The patient declined the influenza vaccine.

Electronically signed by Michael P Hoenig MD on 05/04/2020 at 3:42 PM

RM 3 DOI 3/1/18 Sx

06/12/2020 10:15AM 167649 Ivan Moore DOB 1961 * 58 yrs * M

Charles B Harrison P Carolina Orthopaedic & Ne SPARTANBURG STEEL

visco 1 Recheck 1254288

No Copay Sedgwick WC

$0.00 $0.00

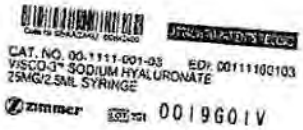
F/U L knee, 1st visco => in room

- LOV 5/1/20 4/12
- Approved

Prior Diag 1: M22.42

Prior Diag 2:

Prior Diag 3:



Global Period 1 Expires:

Global Period 2 Expires:

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 167649 Date 6/18/20 Patient's Name Ivan Moore Physician Henry

1. X **Full duty** – no limitations on _____
2. ____**Light duty** start on _____ or **Continue** light duty
3. ____ **Fulltime / Part time** _____hrs.
4. ____**Out of Work**
5. **Next appt** _____
6. ____**MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____**Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____**Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools
3. _____**Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____**Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____**Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____**Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ UE

Floor to waist ____lbs.

Waist to shoulder _____ lbs.

Shoulder to overhead _____ lbs.

No push/pull > _____ lbs.

___No overhead either hand

____Must wear sling / brace

___No crawling/climbing/squatting or kneeling

____No driving for work

____Crutches / brace

____No push/pull > _____ lbs.

___ Rotate Standing/Sedentary _____

____No bending / twisting

____Floor level work

Other: _____

_____

Physician signature: _____

Rt L Dx L 3/4/16 Sx

06/19/2020 9:15 ~~10:15AM~~ 167649 Ivan Moore DOB 1961 • 58 yrs • M

Charles B Harrison P Carolina Orthopaedic & Ne SPARTANBURG STEEL

visco 2 Recheck 1256306

No Copay Sedgwick WC

Rt 2nd visco ; L knee $0.00 $0.00

-ow 6/12/20

-Pain 2/10

Prior Diag 1 M22.42

Prior Diag 2

Prior Diag 3

ATTACH TO PATIENT RECORD

CAT NO 00-1111-001-03 EDI 00111100103
VISCO-3™ SODIUM HYALURONATE
25MG/2.5ML SYRINGE
LOT 0019601V

Zimmer

0

Global Period 1 Expires:

Global Period 2 Expires:

dmj
RT

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

06/19/2020 - Office Visit: F/U 2nd visco, L knee
Provider: Brad Harrison PA-C
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr Ivan Moore is a 58 Years Old Black or African American male, who is here for a follow-up appointment
Chief Complaint: Second Visco injection.
History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr. Wiley
Mr Moore comes in for his second Visco injection today. He noticed a little increase in pain recently as his work schedule has changed though he does rate his pain only a 2/10 today He is known to have some chondromalacia of the knee.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 2/10

Location of Your Injury / condition
left knee, knee left, back pain bilateral

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, , , , ,

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 12/07/2018

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Home: (864) 251-9796
Ins. Sedgwick WC

Ivan Moore
Male DOB: [DOB] 1961 167649

Fracture/Surgery/Injection: left knee w/o steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/o steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019
Fracture/Surgery/Injection: 1st visco, L knee 1/10/20, 2nd visco L knee 1/17/20, 3rd visco L Knee 1/31/20
Date of Procedure: 01/10/2020
Fracture/Surgery/Injection: 1st visco, L knee 6/12/2020, 2nd visco, L knee 06/19/2020

Past Medical History
Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd; Route: ORAL
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 71
Weight (lb): 207
BMI (in-lb) 28 87
R: **20** BP: **122/80**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Gait: Antalgic
Type of Antalgic Gait: Favoring Right Lower Extremity
Durable Goods: Yes
Patient is Wearing a(n) Knee Brace
on their Left Lower Extremity
PHYSICAL EXAM:
Examination of the left knee reveals adequate range of motion. No significant effusion. Diffuse medial and lateral joint line tenderness.
IMAGING:
X-rays show medial narrowing mildly.

MRI shows grade 2 signal within the medial meniscus. Mild to moderate chondromalacia of the medial compartment

ASSESSMENT

Left knee chondromalacia.

PLAN

Under strict sterile technique, the left knee was injected with Visco without incident. Have him continue working full duty and we will see him back for his third and final injection next week.

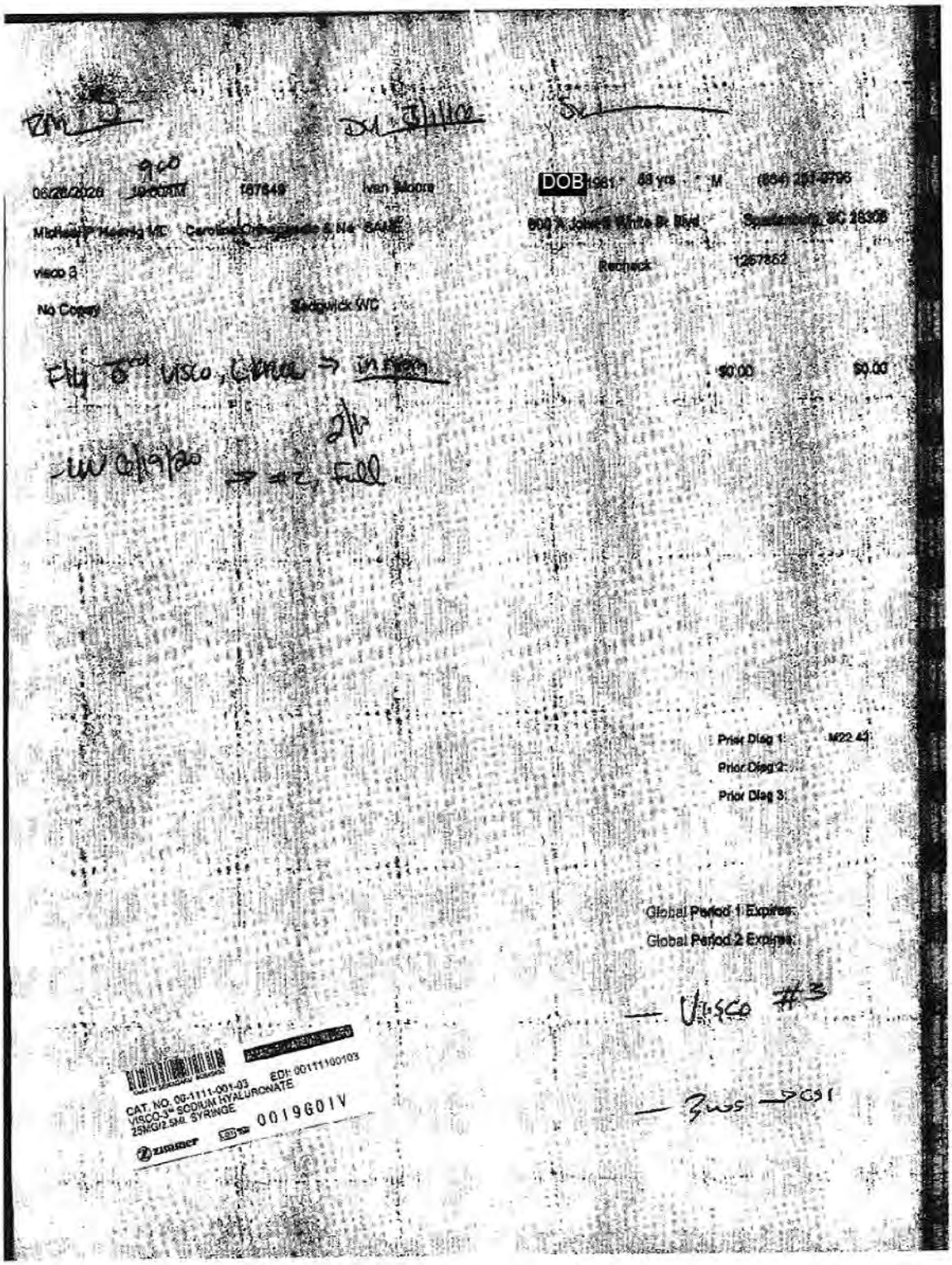
Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD

New Orders:
Large joint Shoulder, Hip, Knee [20610]
Visco-3 [J7321]

Disposition: Return to office
in 1 week .

]
Patient at risk for falls: no
Last Flu Vax: 10/16/2018
The patient declined the influenza vaccine.

Electronically signed by Brad Harrison PA-C on 06/22/2020 at 4:01 PM


DOB
Prior Diag 1: M22.41
Prior Diag 2:
Prior Diag 3:
Global Period 1 Expires:
Global Period 2 Expires:
Visco #3
CAT. NO. 00-1111-001-03
VISCO-3® SODIUM HYALURONATE
25MG/2.5ML SYRINGE
EDI: 00111100103
0019G01V

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

06/26/2020 - Office Visit: f/u 3rd visco, L knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 58 Years Old Black or African American male, who is here for a follow-up appointment.
Chief Complaint: Left knee pain
History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr. Wiley
Mr. Moore is a 58-year-old gentleman with known chondromalacia of his left knee. He gets periodic cortisone injections as well as Visco injections. He is here for his third Visco injection. He states his knees overall are doing very well feeling much better. He also had a round of Visco injections in January.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 2/10

Location of Your Injury / condition
left knee, knee left, back pain bilateral

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, , , , ,,

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Date of Procedure: 12/07/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019
Fracture/Surgery/Injection: 1st visco, L knee 1/10/20, 2nd visco L knee 1/17/20, 3rd visco L Knee 1/31/20
Date of Procedure: 01/10/2020
Fracture/Surgery/Injection: 1st visco, L knee 6/12/2020, 2nd visco, L knee 06/19/2020, 3rd visco L knee 6/26/2020
Date of Procedure: 06/26/2020

Past Medical History
Diabetes
High Blood Pressure

*** Please Note ***
Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd; Route: ORAL
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems

General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation
ENT: Patient denies decreased hearing, difficulty swallowing
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History

Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb

Height (in): 71
Weight (lb): 207
BMI (in-lb) 28.87
P: **92** R: **15** BP: **127/78**

GENERAL EXAM

Appearance: Healthy

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Home: (864) 251-9796
Ins: Sedgwick WC

Ivan Moore 167649
Male DOB DOB 1961

Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee shows good range of motion. Trace effusion. A little bit of tenderness in the medial joint line.
IMAGING:
Radiographs show medial narrowing mildly.

MRI shows grade 2 signal within the medial meniscus. Mild to moderate chondromalacia medial compartment.

ASSESSMENT

Left knee chondromalacia.

PLAN

Utilizing sterile technique, his third Visco injection was placed. We will see him back for recheck in 3 months for a possible cortisone injection followed by HA injection 6 months from now.

Dictated by: Michael P. Hoenig, MD

New Orders:
Large joint Shoulder, Hip, Knee [20610]
Visco-3 [J7321]

Disposition: Return to office
in 3 month c hoenig

I
Patient at risk for falls: no
Last Flu Vax: 10/16/2018
The patient declined the influenza vaccine.

Electronically signed by Michael P Hoenig MD on 06/30/2020 at 4:23 PM

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 107049 Date 6/26/20 Patient's Name Ivan Moore Physician Hoenig

1. ✓ **Full duty** – no limitations on 6/26
2. ___ **Light duty** start on _____ or **Continue** light duty
3. ___ **Fulltime / Part time** _____hrs.
4. ___ **Out of Work**
5. **Next appt** _____
6. ___ **MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ UE

Floor to waist _____lbs.

Waist to shoulder _____ lbs.

Shoulder to overhead _____ lbs.

No push/pull > _____ lbs.

____No overhead either hand

____Must wear sling / brace

____No crawling/climbing/squatting or kneeling

____No driving for work

____Crutches / brace

____No push/pull > _____ lbs.

___ Rotate Standing/Sedentary _____

____No bending / twisting

____Floor level work

Other: _____

_____

Physician signature: _____

09/22/2020 03 15PM 167649 Ivan Moore DOB [redacted] 961 · 59 yrs · M

Charles B Harrison P Carolina Orthopaedic & Ne SPARTANBURG STEEL

Recheck 1297437

3 months

No Copay Sedgwick WC

$0 00 $0 00

Prior Diag 1 M22 42

Prior Diag 2

Prior Diag 3

Global Period 1 Expires

Global Period 2 Expires

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

09/22/2020 - Office Visit: F/U L knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 59 Years Old Black or African American male, who is here for a follow-up appointment.
Chief Complaint: Followup left knee.
History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr. Wiley
Mr. Moore comes in today for his scheduled followup of his left knee and cortisone injection. He finished the Visco injections on 06/26/2020, got good relief from those and still to some extent getting relief. He rates his pain 4/10. Denies new problems recently. He is known to have chondromalacia of his left knee

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 4/10

Location of Your Injury / condition
left knee, knee left, back pain bilateral

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, , , , ,,

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection

Date of Procedure: 12/07/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019
Fracture/Surgery/Injection: 1st visco, L knee 1/10/20, 2nd visco L knee 1/17/20, 3rd visco L Knee 1/31/20
Date of Procedure: 01/10/2020
Fracture/Surgery/Injection: 1st visco, L knee 6/12/2020, 2nd visco, L knee 06/19/2020, 3rd visco L knee 6/26/2020
Date of Procedure: 06/26/2020
Fracture/Surgery/Injection: L knee w/c csi
Date of Procedure: 09/22/2020

Past Medical History

Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd; Route: ORAL
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Current Allergies (reviewed today):
No known allergies

Review of Systems

General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History

Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb

Height (in): 71
Weight (lb): 207
BMI (in-lb) 28.87
P: **95** R: **16** BP: **131/82**

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: [redacted]1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee reveals good range of motion. Trace effusion. Mild medial joint line tenderness
IMAGING:
X-rays showed medial narrowing mildly

An MRI shows grade 2 signal within the medial meniscus. Mild-to-moderate chondromalacia medial compartment.

ASSESSMENT

Left knee chondromalacia.

PLAN

Under strict sterile technique, the left knee intraarticular joint was injected with 6 mL of bupivacaine and 2 mL of Kenalog 40 mg/mL without incident. We will see him back in 3 months where we will likely repeat the Visco injections. Continue working full duty

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD

kb
New Orders:
Finding of Hypertension Episode [SCT-62275004]
Large joint Shoulder, Hip, Knee [20610]

Disposition: Return to office
in 3 month c brad.

]
Patient at risk for falls: no
Last Flu Vax: 10/16/2018
The patient declined the influenza vaccine.

Electronically signed by Michael P Hoenig MD on 09/23/2020 at 2:28 PM

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # _____ Date _____ Patient's Name _____ Physician _____

1. X **Full duty** – no limitations on _____
2. ____**Light duty** start on _____ or **Continue** light duty
3. ____ **Fulltime / Part time** _____hrs.
4. ____**Out of Work**
5. **Next appt** _____
6. ____**MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1 _____**Complete Sedentary:** Sitting only – no walking or standing expect to and from job.

2. _____**Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.

3. _____**Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.

4. _____**Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.

5. _____**Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.

6. _____**Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ UE

Floor to waist ____lbs.

Waist to shoulder _____ lbs.

Shoulder to overhead _____ lbs.

No push/pull > _____ lbs.

____No overhead either hand

____Must wear sling / brace

____No crawling/climbing/squatting or kneeling

____No driving for work

____Crutches / brace

____No push/pull > _____ lbs.

___ Rotate Standing/Sedentary _____

____No bending / twisting

____Floor level work

Other: _____

_____

Physician signature: _____

Rm CR

DOI: 3/1/16

DOJ:

12/29/2020 03:15PM 167649 Ivan Moore DOB 961 * 59 yrs * M

Charles B Harrison P Carolina Orthopaedic & Ne SPARTANBURG STEEL

3 months Recheck 1348093

No Copay Sedgwick WC

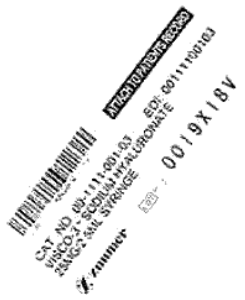
RC: Lt Knee Chondromalacia $0.00 $0.00

LOV: 9/22/20 - Lt Knee WC CSI

Prior Diag 1 M22.42

Prior Diag 2:

Prior Diag 3.



Global Period 1 Expires:

Global Period 2 Expires:

4/10

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

12/29/2020 - Office Visit: RC: Lt knee
Provider: Brad Harrison PA-C
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 59 Years Old Black or African American male, who is here for a follow-up appointment.
Chief Complaint: First visco left knee.
History From: Patient
Race: Black or African American
Family Physician: Dr. Wiley
Mr Moore comes in today for followup on his left knee. Three months ago he was seen and received cortisone injection. It gave him good relief. Previously, he has completed viscosupplementation on his left knee. Last visit was on 06/26/2020. He is working full duty. He has a little discomfort with prolonged standing and going up and down stairs. He is known to have chondromalacia of the left knee.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 4/10

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 12/07/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee

Ivan Moore
Male DOB: [redacted]1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019
Fracture/Surgery/Injection: 1st visco, L knee 1/10/20, 2nd visco L knee 1/17/20, 3rd visco L Knee 1/31/20
Date of Procedure: 01/10/2020
Fracture/Surgery/Injection: 1st visco, L knee 6/12/2020, 2nd visco, L knee 06/19/2020, 3rd visco L knee 6/26/2020
Date of Procedure: 06/26/2020
Fracture/Surgery/Injection: L knee w/c csi
Date of Procedure: 09/22/2020
Fracture/Surgery/Injection: 1st Visco Lt knee 12/29/20

Past Medical History
Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd; Route: ORAL
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.

Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood
Gastrointestinal: Patient denies vomiting, diarrhea, nausea
Genitourinary: Patient denies pain, urinary retention, frequent UTI
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss
Psychiatric: Positive for anxiety
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 71
Weight (lb): 207
BMI (in-lb) 28.87
P: **64** R: **16** BP: **125/85**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee reveals good range of motion, trace effusion, diffuse medial joint line tenderness.

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

IMAGING:

X-rays show medial narrowing mildly

An MRI shows grade 2 signal within the medial meniscus. Mild to moderate chondromalacia medial compartment

ASSESSMENT

Left knee chondromalacia and arthritis

PLAN

Under strict sterile technique, the left knee was injected with Visco without incident. Continue working full duty See him back next week for his second injection

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD

kb
New Orders:
Large joint Shoulder, Hip, Knee [20610]
Visco-3 [J7321]

Disposition: Return to office
in **1 week** .

Patient at risk for falls: no
Last Flu Vax: 10/16/2018
The patient declined the influenza vaccine.
]

Electronically signed by Brad Harrison PA-C on 01/04/2021 at 9:37 AM

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 167649 Date 12/29/20 Patient's Name Ivan Moore Physician Hoenig

1. X **Full duty** – no limitations on _____
2. ___ **Light duty** start on _____ or **Continue** light duty
3. ___ **Fulltime / Part time** _____hrs.
4. ___ **Out of Work**
5. **Next appt** _____
6. ___ **MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ **UE**

Floor to waist ____**lbs.**

Waist to shoulder _____ **lbs.**

Shoulder to overhead _____ **lbs.**

No push/pull > _____ **lbs.**

____**No overhead either hand**

____**Must wear sling / brace**

____**No crawling/climbing/squatting or kneeling**

____**No driving for work**

____**Crutches / brace**

____**No push/pull >** _____ **lbs.**

___ **Rotate Standing/Sedentary** _____

____**No bending / twisting**

____**Floor level work**

Other: _____

_____

Physician signature: _____

RM 1 DOI 3/1/2016 SX

01/05/2021 03:15PM 167649 Ivan Moore DOB 961 * 59 yrs * M

Charles B Harrison P Carolina Orthopaedic & Ne SPARTANBURG STEEL

1 week Recheck 1357092

No Copay Sedgwick WC

Flu 2nd VISCO, L KNEE $0.00 $0.00

-LOV 12/29/2020

-clo pain 3/10

Prior Diag 1: M22.42

Prior Diag 2:

Prior Diag 3:

Global Period 1 Expires:

Global Period 2 Expires:

ATTACH TO PATIENT'S RECORD

CAT. NO. 00-1111-001-03 EDI: 00111100103
VISCO-3 SODIUM HYALURONATE
25MG/2.5ML SYRINGE
0020G14V
Zimmer

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

01/05/2021 - Office Visit: F/U 2nd visco, L knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 59 Years Old Black or African American male, who is here for a follow-up appointment.
Chief Complaint: Left knee 2nd Visco.
History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr. Wiley
Mr. Moore comes in today for his 2nd Visco in his left knee. He states it is feeling a little bit better. He rates his pain 3/10. He is working full duty. He is known to have chondromalacia in his left knee.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 3 /10

Location of Your Injury / condition
left knee, knee left, back pain bilateral

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, , , , ,

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 12/07/2018

Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019
Fracture/Surgery/Injection: 1st visco, L knee 1/10/20, 2nd visco L knee 1/17/20, 3rd visco L Knee 1/31/20
Date of Procedure: 01/10/2020
Fracture/Surgery/Injection: 1st visco, L knee 6/12/2020, 2nd visco, L knee 06/19/2020, 3rd visco L knee 6/26/2020
Date of Procedure: 06/26/2020
Fracture/Surgery/Injection: L knee w/c csi
Date of Procedure: 09/22/2020
Fracture/Surgery/Injection: 1st Visco Lt knee 12/29/20, 2nd visco left knee 01/05/2021

Past Medical History

Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd; Route: ORAL
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 71
Weight (lb): 207
BMI (in-lb) 28.87
P: **73** R: **17** BP: **100/80**

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee reveals a full range of motion. No significant effusion today. No diffuse medial joint line tenderness.
IMAGING:
X-rays show medial narrowing mildly

An MRI shows a grade 2 signal within the medial meniscus and mild-to-moderate chondromalacia in the medial compartment.

ASSESSMENT

Left knee chondromalacia and arthritis

PLAN

Under strict sterile technique, the left knee was injected with Visco without incident He will continue working full duty and we will see him back for his 3rd injection next week.

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD
New Orders:
Finding of Hypertension Episode [SCT-62275004]
Lifestyle Education Regarding Hypertension [SCT-443402002]
Referral to Alternate Provider [SCT-183516009]
Large joint Shoulder, Hip, Knee [20610]
Visco-3 [J7321]

Disposition: Return to office
in 1 week .

Patient at risk for falls: no
Last Flu Vax: 10/16/2018
The patient declined the influenza vaccine
]

Electronically signed by Michael P Hoenig MD on 01/06/2021 at 9:27 AM

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 167649 Date 1/5/21 Patient's Name Van Meter Physician [illegible]

1. X **Full duty** – no limitations on _____
2. ___ **Light duty** start on _____ or **Continue** light duty
3. ___ **Fulltime / Part time** _____hrs.
4. ___ **Out of Work**
5. **Next appt** _____
6. ___ **MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ **UE**

Floor to waist ____**lbs.**

Waist to shoulder _____ **lbs.**

Shoulder to overhead _____ **lbs.**

No push/pull > _____ **lbs.**

___**No overhead either hand**

___**Must wear sling / brace**

___**No crawling/climbing/squatting or kneeling**

___**No driving for work**

___**Crutches / brace**

___**No push/pull >** _____ **lbs.**

___ **Rotate Standing/Sedentary** _____

___**No bending / twisting**

___**Floor level work**

Other: _____

_____

Physician signature: [signature] _____

RM → DOL 3/1/2016 SX ?

01/12/2021 03:15PM 167649 Ivan Moore DOB 1961 - 59 yrs - M

Charles B Harrison P Carolina Orthopaedic & Ne SPARTANBURG STEEL

1 week Recheck 1363210

No Copay Sedgwick WC

Flu 3rd visco, (L) knee	$814.00	$0.00
-LOV 1/5/2021		
C/IC - pain today		

Prior Diag 1 M22.42

Prior Diag 2.

Prior Diag 3.

Global Period 1 Expires:

Global Period 2 Expires:

ATTACH TO PATIENT'S RECORD

CAT. NO. 00-1111-001-03 EDI: 00111100103
VISCO-3™ SODIUM HYALURONATE
25MG/2.5ML SYRINGE

zimmer 0020G14V

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

01/12/2021 - Office Visit: F/U 3rd visco, L knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 59 Years Old Black or African American male, who is here for a follow-up appointment.
Chief Complaint: Third Visco left knee
History From: Patient
Race: Black or African American
Referral Source: wc
Family Physician: Dr. Wiley
Mr. Moore comes in today for his third Visco of his left knee. He says he is feeling good. Denies any pain today. He has just gotten off work, he is working full duty. Known to have chondromalacia of his left knee

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 0/10

Location of Your Injury / condition
left knee, knee left, back pain bilateral

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, , , , ,,

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 12/07/2018

Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019
Fracture/Surgery/Injection: 1st visco, L knee 1/10/20, 2nd visco L knee 1/17/20, 3rd visco L Knee 1/31/20
Date of Procedure: 01/10/2020
Fracture/Surgery/Injection: 1st visco, L knee 6/12/2020, 2nd visco, L knee 06/19/2020, 3rd visco L knee 6/26/2020
Date of Procedure: 06/26/2020
Fracture/Surgery/Injection: L knee w/c csi
Date of Procedure: 09/22/2020
Fracture/Surgery/Injection: 1st Visco Lt knee 12/29/20, 2nd visco left knee 01/05/2021, 3rd visco, L knee 01/12/2020

Past Medical History

Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
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LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
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ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Current Allergies (reviewed today):
No known allergies

Review of Systems

General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History

Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb

Height (in): 71
Weight (lb): 207
BMI (in-lb) 28.87
R: **17** BP: **110/82**

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee reveals adequate range of motion No significant joint line tenderness today No appreciable effusion
IMAGING:
X-rays show mild medial narrowing.

An MRI shows a grade 2 signal within the medial meniscus and mild to moderate chondromalacia in the medial compartment.

ASSESSMENT

Left knee chondromalacia and arthritis

PLAN

Under strict sterile technique, the left knee was injected with Visco without incident. We will see him back for recheck in about 3 months for likely repeat cortisone injection at that time He can continue working full duty

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD

New Orders:
Finding of Hypertension Episode [SCT-62275004]
Finding of Hypertension Episode [SCT-62275004]
Lifestyle Education Regarding Hypertension [SCT-443402002]
Referral to Alternate Provider [SCT-183516009]
Large joint Shoulder, Hip, Knee [20610]
Visco-3 [J7321]

Disposition: Return to office
in 3 weeks c brad.

Patient at risk for falls: no
Last Flu Vax: 10/23/2020
]

Electronically signed by Michael P Hoenig MD on 01/13/2021 at 10:46 AM

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 1676449 Date 1/12/2021 Patient's Name IVAN PABON Physician [illegible]

1. + **Full duty** – no limitations on _____
2. ___ **Light duty** start on _____ or **Continue** light duty
3. ___ **Fulltime / Part time** _____hrs.
4. ___ **Out of Work**
5. **Next appt** _____
6. ___ **MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. ____ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. ____ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small loots.
3. ____ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. ____ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. ____ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. ____ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use ____ UE

Floor to waist ____lbs.

Waist to shoulder _____ lbs.

Shoulder to overhead _____ lbs.

No push/pull > _____ lbs.

____No overhead either hand

____Must wear sling / brace

____No crawling/climbing/squatting or kneeling

____No driving for work

____Crutches / brace

____No push/pull > ____ lbs.

___ Rotate Standing/Sedentary _____

____No bending / twisting

___Floor level work

Other: _____

_____

Physician signature: [signature]

RM 1 DOI 3/1/2016 DOS _____

04/13/2021 03:00PM 167649 Ivan Moore DOB 1961 • 59 yrs • M (864) 251-9796

Charles B Harrison P Carolina Orthopaedic & Ne SAME 600 A John B White Sr Blvd Spartanburg, SC 29306

Recheck 1409791

No Copay Sedgwick WC

flu Left Knee Chondromalacia and Arthritis $0.00 $0.00
LOV 1/12/2021 3rd Visco
CSI?
- clo pain 4/10 (worse 12 hrs today)
- Swelling
- wants CSI today

Prior Diag 1: M22.42
Prior Diag 2:
Prior Diag 3:

Global Period 1 Expires:
Global Period 2 Expires:

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 1677429 Date 4/13/21 Patient's Name Ivan Marc Physician Hering

1. X **Full duty** – no limitations on _____
2. ____**Light duty** start on _____ or **Continue** light duty
3. ____**Fulltime / Part time** _____hrs.
4. ____**Out of Work**
5. **Next appt** _____
6. ____**MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____**Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____**Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____**Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____**Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____**Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____**Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ UE

Floor to waist ____lbs.

Waist to shoulder _____ lbs.

Shoulder to overhead _____ lbs.

No push/pull > _____ lbs.

____No overhead either hand

____Must wear sling / brace

____No crawling/climbing/squatting or kneeling

____No driving for work

____Crutches / brace

____No push/pull > _____ lbs.

____ Rotate Standing/Sedentary _____

____No bending / twisting

____Floor level work

Other: _____

Physician signature: _____

Rm 4 DOI 3/1/16 SX

07/13/2021 03:15PM 167649 Ivan Moore DOB 961 • 59 yrs • M (864) 251-9796

Charles B Harrison P Carolina Orthopaedic & Ne SAME 600 A John B White Sr Blvd Spartanburg, SC 29306

3 month Recheck 1459745

No Copay Sedgwick WC

F/u (L) Knee chondromalacia $224.00 $0.00
Arthritis

- LOV 4/13/2021 (L) Knee CSI

pain 4/10

Prior Diag 1: M22.42

Prior Diag 2:

Prior Diag 3:

Global Period 1 Expires:

Global Period 2 Expires:

CSI

FD

3 wks

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

07/13/2021 - Office Visit: F/U L knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 60 Years Old Black or African American male, who is here for a follow-up appointment
Chief Complaint: Followup left knee.
History From: Patient
Race: Black or African American
Family Physician: Dr. Wiley
Mr. Moore comes in today for a followup of his left knee for an injection. He routinely gets injections about every three months. He has done viscosupplementation in the past as well and completed that series last on 01/21/2021. Got good relief. He states he gets about the same relief with cortisone and the viscosuppiementation. He is known to have chondromalacia of his left knee. Rates his pain a 4/10. He is working full duty.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 4/10

Location of Your Injury / condition
left knee, knee left, back pain bilateral

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: Cortisone Injection- Left knee
Date of Procedure: 11/01/2016
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Date of Procedure: 12/07/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019
Fracture/Surgery/Injection: 1st visco, L knee 1/10/20, 2nd visco L knee 1/17/20, 3rd visco L Knee 1/31/20
Date of Procedure: 01/10/2020
Fracture/Surgery/Injection: 1st visco, L knee 6/12/2020, 2nd visco, L knee 06/19/2020, 3rd visco L knee 6/26/2020
Date of Procedure: 06/26/2020
Fracture/Surgery/Injection: L knee w/c csi
Date of Procedure: 09/22/2020
Fracture/Surgery/Injection: 1st Visco Lt knee 12/29/20, 2nd visco left knee 01/05/2021, 3rd visco, L knee 01/12/2020
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 04/13/2021
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 07/13/2021

Past Medical History
Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12 5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd; Route: ORAL
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd

CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems

General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening

Family History

Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

VITAL SIGNS

Body Mass Index in-lb

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Height (in): 71
Weight (lb): 207
BMI (in-lb) 28.87
R: **17** BP: **128/74**

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee reveals a good range of motion. He does have mild effusion with some tenderness medially. Stable ligamentously.
IMAGING:
X-rays show mild medial narrowing.

An MRI shows a grade 2 signal within the medial meniscus and mild-to-moderate chondromalacia of the medial compartment.

ASSESSMENT

Left knee chondromalacia and arthritis.

PLAN

Under strict sterile technique, the left knee was injected with 6 mL of bupivacaine, 2 mL of Kenalog 40 mg/mL without incident. Continue working full duty, and we will see him back for a recheck in three months.

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD

New Orders:
Large joint Shoulder, Hip, Knee [20610]
Depo-Medrol [J1030]
Marcaine [S0020]

Disposition: Return to office
in 3 Months.

Patient at risk for falls: no
Last Flu Vax: 10/23/2020
The patient declined the influenza vaccine
]

Electronically signed by Michael P Hoenig MD on 07/21/2021 at 3:30 PM

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 1076491 **Date** 7/13/21 **Patient's Name** Ivan Moore **Physician** Hsiung

1. _X_ **Full duty** – no limitations on _____
2. ____ **Light duty** start on _____ or **Continue** light duty
3. ____ **Fulltime / Part time** _____ hrs.
4. ____ **Out of Work**
5. **Next appt** _____
6. ____ **MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ **UE**

Floor to waist ____ **lbs.**

Waist to shoulder _____ **lbs.**

Shoulder to overhead _____ **lbs.**

No push/pull > _____ **lbs.**

____ **No overhead either hand**

____ **Must wear sling / brace**

____ **No crawling/climbing/squatting or kneeling**

____ **No driving for work**

____ **Crutches / brace**

____ **No push/pull >** _____ **lbs.**

____ **Rotate Standing/Sedentary** _____

____ **No bending / twisting**

____ **Floor level work**

Other: _____

_____

Physician signature: _____

RM 3 DOI 3/1/14 SX _____

11/02/2021 03:15PM 167649 Ivan Moore DOB 1961 • 60 yrs • M (864) 251-9796

Charles B Harrison P Carolina Orthopaedic & Ne SAME 600 A John B White Sr Blvd Spartanburg, SC 29306

3months Recheck 1518156

No Copay Sedgwick WC

f/u- left knee chondromalacia, arthritis $0.00 $0.00

lov 7/13/21 - L knee CSI - 100% relief x 2 mths

CSI today

pain has returned over past 2-3 weeks

3,5/10 @ rest

5-6/10 w/ activity

Wants Lt Knee CSI today

Injection, supplies, & spray in room

Prior Diag 1 M22.42

Prior Diag 2:

Prior Diag 3:

Global Period 1 Expires:

Global Period 2 Expires:

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

11/02/2021 - Office Visit: Lt knee f/u
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 60 Years Old Black or African American male, who is here for a follow-up appointment.
Chief Complaint: Followup left knee
History From: Patient
Race: Black or African American
Family Physician: Dr. Wiley
Mr. Moore returns today for a recheck of his left knee. It has been about 3-1/2 months since his last injection. He states it felt pretty good until about the last couple of weeks. He has noticed a slight increase in pain. He is working full duty. He has done viscosupplementation in the past, completed his last series on 01/21/2021.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 3.5/10 at rest
pain 5-6/10 with activity

Location of Your Injury / condition
left knee, knee left, back pain bilateral

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: left knee cortisone injection (WC kit)
Date of Procedure: 11/02/2021
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 01/24/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection

Date of Procedure: 12/07/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019
Fracture/Surgery/Injection: 1st visco, L knee 1/10/20, 2nd visco L knee 1/17/20, 3rd visco L Knee 1/31/20
Date of Procedure: 01/10/2020
Fracture/Surgery/Injection: 1st visco, L knee 6/12/2020, 2nd visco, L knee 06/19/2020, 3rd visco L knee 6/26/2020
Date of Procedure: 06/26/2020
Fracture/Surgery/Injection: L knee w/c csi
Date of Procedure: 09/22/2020
Fracture/Surgery/Injection: 1st Visco Lt knee 12/29/20, 2nd visco left knee 01/05/2021, 3rd visco, L knee 01/12/2020
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 04/13/2021
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 07/13/2021

Past Medical History

Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
OneTouch Delica Plus Lancet 33 gauge 33 gauge (lancets)
Edarbi 80 mg tablet (azilsartan medoxomil)
OneTouch Verio test strips strip (blood sugar diagnostic)
Klor-Con M20 20 mEq tablet,ER particles/crystals (potassium chloride)
dicyclomine 20 mg tablet (dicyclomine)
indapamide 2.5 mg tablet (indapamide) TAKE 1 TABLET BY MOUTH EVERY MORNING
tamsulosin 0.4 mg capsule (tamsulosin)
hydrocodone-acetaminophen mg tablet (hydrocodone-acetaminophen)
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
OneTouch Delica Plus Lancet 33 gauge 33 gauge (lancets)
Edarbi 80 mg tablet (azilsartan medoxomil)
OneTouch Verio test strips strip (blood sugar diagnostic)
Klor-Con M20 20 mEq tablet,ER particles/crystals (potassium chloride)
dicyclomine 20 mg tablet (dicyclomine)
indapamide 2.5 mg tablet (indapamide) TAKE 1 TABLET BY MOUTH EVERY MORNING
tamsulosin 0.4 mg capsule (tamsulosin)
hydrocodone-acetaminophen mg tablet (hydrocodone-acetaminophen)
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd; Route: ORAL
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does exercise.
Occupation: Spartanburg Automotive - welder

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

VITAL SIGNS

Body Mass Index in-lb
Height (in): 71
Weight (lb): 207
BMI (in-lb) 28.87
P: **81** Rhythm: **regular** R: **17** BP: **122/78**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Antalgic
Type of Antalgic Gait: Favoring Left Lower Extremity
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee reveals good range of motion. No significant effusion today. Mild medial joint line tenderness. Stable ligamentously.
IMAGING:
X-rays show mild medial narrowing.

MRI shows a grade 2 signal within the medial meniscus and mild to moderate chondromalacia of the medial compartment.

ASSESSMENT

Left knee chondromalacia and arthritis

Overweight .02) (ICD10-E66.3)

PLAN
Under strict sterile technique, the left knee was injected with 6 mL of bupivacaine and 2 mL of Kenalog 40 mg/mL without incident. Continue working full duty and we will see him back for a recheck in 3 months.

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

New Orders:
Large joint Shoulder, Hip, Knee [20610]
Finding of Hypertension Episode [SCT-62275004]
Lifestyle Education Regarding Hypertension [SCT-443402002]
Referral to Alternate Provider [SCT-183516009]

Disposition: Return to office
in 3 Months

Vital Signs:

Patient Profile:	60 Years Old Male
CC:	Followup left knee.
Height:	71 inches
Weight:	207 pounds
BMI:	28.87
Pulse rate:	81 / minute
Pulse rhythm:	regular
Resp:	17 per minute
BP Sitting:	122 / 78

Exercise Counseling: yes
Dietary Counseling: yes

Problems: Active problems were reviewed with the patient during this visit.
Medications: Medications were reviewed with the patient during this visit.
Allergies: Allergies were reviewed with the patient during this visit.
No Known Allergy.

Problems:
Added new problem of Overweight 02) (ICD10-E66.3)

Medications:
Added new medication of hydrocodone-acetaminophen mg tablet (hydrocodone-acetaminophen) - Signed
Added new medication of tamsulosin 0.4 mg capsule (tamsulosin) - Signed
Added new medication of indapamide 2.5 mg tablet (indapamide) TAKE 1 TABLET BY MOUTH EVERY MORNING - Signed
Added new medication of dicyclomine 20 mg tablet (dicyclomine) - Signed
Added new medication of Klor-Con M20 20 mEq tablet,ER particles/crystals (potassium chloride) - Signed
Added new medication of OneTouch Verio test strips strip (blood sugar diagnostic) - Signed
Added new medication of Edarbi 80 mg tablet (azilsartan medoxomil) - Signed
Added new medication of OneTouch Delica Plus Lancet 33 gauge 33 gauge (lancets) - Signed

Patient at risk for falls: no
Last Flu Vax: 10/15/2021

Ivan Moore
Male DOB: [redacted]1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Electronically signed by Michael P Hoenig MD on 11/07/2021 at 8:13 PM

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 1670479 Date 11/2/21 Patient's Name Ivan Moore Physician Koenig

1. X **Full duty** – no limitations on _____
2. ____ **Light duty** start on _____ or **Continue** light duty
3. ____ **Fulltime / Part time** _____ hrs.
4. ____ **Out of Work**
5. Next appt _____

WORK MODIFICATIONS

Start Date: _____

1. _____ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ **UE**

Floor to waist ____**lbs.**

Waist to shoulder _____ **lbs.**

Shoulder to overhead _____ **lbs.**

No push/pull > _____ **lbs.**

____**No overhead either hand**

____**Must wear sling / brace**

____**No crawling/climbing/squatting or kneeling**

____**No driving for work**

____**Crutches / brace**

____**No push/pull >** _____ **lbs.**

____ **Rotate Standing/Sedentary** _____

____**No bending / twisting**

____**Floor level work**

Other: _____

_____

Physician signature: _____

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

02/15/2022 - Office Visit: f/u - left knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

Mr. Ivan Moore is a 60 Years Old Black or African American male, who is here for a .
Chief Complaint: Followup left knee.
Race: Black or African American
Family Physician: Dr. Wiley
Mr. Moore returns today for recheck of his left knee. It has been 3-1/2 months since his last injection. He states he got relief until about the last week-and-a-half ago. He is working full duty He has done viscosupplementation in the past. It has been over a year since he completed that series.

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: left knee cortisone injection (WC kit)
Date of Procedure: 11/02/2021
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/15/2022
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 12/07/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019
Fracture/Surgery/Injection: 1st visco, L knee 1/10/20, 2nd visco L knee 1/17/20, 3rd visco L Knee 1/31/20
Date of Procedure: 01/10/2020
Fracture/Surgery/Injection: 1st visco, L knee 6/12/2020, 2nd visco, L knee 06/19/2020, 3rd visco L knee 6/26/2020
Date of Procedure: 06/26/2020

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Fracture/Surgery/Injection: L knee w/c csi
Date of Procedure: 09/22/2020
Fracture/Surgery/Injection: 1st Visco Lt knee 12/29/20, 2nd visco left knee 01/05/2021, 3rd visco, L knee 01/12/2020
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 04/13/2021
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 07/13/2021

Past Medical History

Diabetes
High Blood Pressure

*** **Please Note** ***
Patient has Metal in Body

Active Medications Prior to This Update:
OneTouch Delica Plus Lancet 33 gauge 33 gauge (lancets)
Edarbi 80 mg tablet (azilsartan medoxomil)
OneTouch Verio test strips strip (blood sugar diagnostic)
Klor-Con M20 20 mEq tablet,ER particles/crystals (potassium chloride)
dicyclomine 20 mg tablet (dicyclomine)
indapamide 2.5 mg tablet (indapamide) TAKE 1 TABLET BY MOUTH EVERY MORNING
tamsulosin 0.4 mg capsule (tamsulosin)
hydrocodone-acetaminophen mg tablet (hydrocodone-acetaminophen)
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day
TYLENOL WITH CODEINE #3 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications:
OneTouch Delica Plus Lancet 33 gauge 33 gauge (lancets)
Edarbi 80 mg tablet (azilsartan medoxomil)
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JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies:
No known allergies

Review of Systems

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does exercise.
Occupation: Spartanburg Automotive - welder

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening
Patient has been advised / referred to their PCP for Bone Density Screening & Management

VITAL SIGNS

Body Mass Index in-lb
Height (in): 71
BMI (in-lb) 28.87

GENERAL EXAM
Hand Dominance: Right
PHYSICAL EXAM:
Examination of the left knee reveals good range of motion, trace effusion, a little prominence medially with some mild tenderness, stable ligamentously
IMAGING:
X-rays show mild medial narrowing.

An MRI shows grade 2 signal within the medial meniscus and mild to moderate chondromalacia of the medial compartment.

ASSESSMENT

Left knee chondromalacia and arthritis

PLAN
Under strict sterile technique, the left knee was injected with 5 mL of bupivacaine and 2 mL of Kenalog 40 mg/mL without incident. Continue working full duty and we will see him back for recheck in 3 months.

Carolina Orthopaedic & Neurosurgical Associates
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(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD

New Orders:
Large joint Shoulder, Hip, Knee [20610]
Marcaine [S0020]
Depo-Medrol [J1030]

Disposition: Return to office
in 3 Months.

Vital Signs:

Patient Profile: 60 Years Old Male
CC: Followup left knee.

Patient at risk for falls: no
Last Flu Vax: 10/15/2021

Electronically signed by Michael P Hoenig MD on 02/24/2022 at 5:25 PM

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 167049 Date 2/15/22 Patient's Name Ivan Moore Physician Hoenig

1. X **Full duty** – no limitations on _____
2. ____ **Light duty** start on _____ or **Continue** light duty
3. ____ **Fulltime / Part time** _____hrs.
4. ____ **Out of Work**
5. Next appt _____

WORK MODIFICATIONS

Start Date: _____

1. _____ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ **UE**

Floor to waist ____**lbs.**

Waist to shoulder _____ **lbs.**

Shoulder to overhead _____ **lbs.**

No push/pull > _____ **lbs.**

____**No overhead either hand**

____**Must wear sling / brace**

____**No crawling/climbing/squatting or kneeling**

____**No driving for work**

____**Crutches / brace**

____**No push/pull >** _____ **lbs.**

____ **Rotate Standing/Sedentary** _____

____**No bending / twisting**

____**Floor level work**

Other: _____

_____

Physician signature _____

SCRIPT: Work Comp Injection Kit

FIRST COAST HEALTH SOLUTIONS

www.firstcoasthealthsolutions.com

Please Put in Yellow Folder in Cabinet for Roger to pick up

Physician Name: Dr Michael P. Hoenig DEA: FH0130346

Address: 115 DeaconTiller Court, Duncan, SC 29334

Phone: 864-721-0025 Fax: 864-582-1608 NPI#: 1912118035

Patient Name: DOB:

Address:

City: State: Zip:

Phone: Home Cell

Allergies:

DIAGNOSIS: M 22.42 DOI: 3/1/2016

Name of Injection Kit	NDC #	Quantity
Circle Kit Used:		Circle
Dyural-80	76420-0755-01	1 or 2
MLK F1	76420-0740-01	(1) or 2
Dyural-LM	76420-0795-01	1 or 2
Other Kit_____		1 or 2

Signature of Physician: _____ Date: 2/15/22

Carolina Orthopaedic & Neurosurgical Associates
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Ivan Moore
Male DOB: DOB 961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

05/17/2022 - Office Visit: f/u left knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 60 Years Old Black or African American male, who is here for a follow-up appointment.
Chief Complaint: Followup left knee.
History From: Patient
Race: Black or African American
Referral Source: workers compensation
Family Physician: Dr. Wiley
Mr. Moore returns today for recheck of his left knee. It has been 3 months since his last injection. He states that it helped him for about 2 months. He is working full duty. He has completed viscosupplementation in the past.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 4/10

Location of Your Injury / condition
left knee, knee left, back pain bilateral

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: left knee cortisone injection (WC kit)
Date of Procedure: 11/02/2021
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/15/2022
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 04/25/2017
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 08/29/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 12/07/2018

Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019
Fracture/Surgery/Injection: 1st visco, L knee 1/10/20, 2nd visco L knee 1/17/20, 3rd visco L Knee 1/31/20
Date of Procedure: 01/10/2020
Fracture/Surgery/Injection: 1st visco, L knee 6/12/2020, 2nd visco, L knee 06/19/2020, 3rd visco L knee 6/26/2020
Date of Procedure: 06/26/2020
Fracture/Surgery/Injection: L knee w/c csi
Date of Procedure: 09/22/2020
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Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 04/13/2021
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 07/13/2021

Past Medical History
Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):
OneTouch Delica Plus Lancet 33 gauge 33 gauge (lancets)
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OneTouch Verio test strips strip (blood sugar diagnostic)
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Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Current Medications (reviewed today):
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EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Past Surgical History
no surgical history

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does exercise.
Occupation: Spartanburg Automotive - welder

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

VITAL SIGNS

Body Mass Index in-lb
Height (in): 71
Weight (lb): 206
BMI (in-lb) 28.73
P: **73** Rhythm: **regular** R: **16** BP: **124/76**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee reveals full range of motion. Mild medial joint line tenderness. Stable ligamentously No significant effusion today
IMAGING:
X-rays show mild medial narrowing.

An MRI shows grade 2 signal within the medial meniscus with mild-to-moderate chondromalacia of the medial compartment.

ASSESSMENT

Left knee chondromalacia and arthritis

PLAN
Under strict sterile technique, the left knee was injected with 5 mL of bupivacaine and 2 mL of Kenalog 40 mg/mL without incident. He can continue working full duty and we will see him back for recheck in 3 months. He did inquire about Zilretta, which is a long-acting triamcinolone. This was discussed with Dr. Hoenig, not sure if its long-term effects yet and it is unlikely that Worker's Comp would cover it

Dictated by: Charles B. Harrison, PA-C for Michael Hoenig, MD
lcm
Disposition: Return to office

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Vital Signs:

Patient Profile:	60 Years Old Male
CC:	Followup left knee
Height:	71 inches
Weight:	206 pounds
BMI:	28.73
Pulse rate:	73 / minute
Pulse rhythm:	regular
Resp:	16 per minute
BP Sitting:	124 / 76

Dietary Counseling: yes

Problems: Active problems were reviewed with the patient during this visit.
Medications: Medications were reviewed with the patient during this visit.
Allergies: Allergies were reviewed with the patient during this visit.
No Known Allergy.

Electronically signed by Michael P Hoenig MD on 05/24/2022 at 3:11 PM

rm (1) DOI 3/1/2016 Sx ———

09/20/2022 03:15PM 167649 Ivan Moore DOB 1961 - 61 yrs * M (864) 251-9796

Charles B Harrison P Carolina Orthopaedic & Ne SAME 600 A John B White Sr Blvd Spartanburg, SC 29306

3 month recheck Recheck 1722532

No Copay Sedgwick WC

f/u- left knee chondromalacia
dynnitis
lov 5/17/22 - Lt knee CSI

75% relief until 3 wks ago

4/10 pain today
6/10 with activity

$0.00 $0.00

Prior Diag 1 M22 42
Prior Diag 2 M25 462
Prior Diag 3

Global Period 1 Expires:
Global Period 2 Expires:

CSI
EP

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Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

09/20/2022 - Office Visit: f/u Left Knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 61 Years Old Black or African American male, who is here for a follow-up appointment
Chief Complaint: Follow up left knee.
History From: Patient
Race: Black or African American
Referral Source: Workers Compensation
Family Physician: Dr. Wiley
Mr. Moore returns today for recheck of his left knee. It has actually been four months since his last visit and injections. He stated pretty good relief until about three weeks ago and then the pain has started to gradually increase. He rates the pain at 4/10 today, 6/10 with activity. He gets injections about every three months. He has completed viscosupplementation in the past.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain 4/10 today
pain 6/10 after activity

Location of Your Injury / condition
left knee, knee left, back pain bilateral

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, X-ray

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: left knee cortisone injection (WC kit)
Date of Procedure: 11/02/2021
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/15/2022
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 05/17/2022
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 09/20/2022
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/c steroid injection

Ivan Moore
Male DOB: DOB 961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 12/07/2018
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/c steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019
Fracture/Surgery/Injection: 1st visco, L knee 1/10/20, 2nd visco L knee 1/17/20, 3rd visco L Knee 1/31/20
Date of Procedure: 01/10/2020
Fracture/Surgery/Injection: 1st visco, L knee 6/12/2020, 2nd visco, L knee 06/19/2020, 3rd visco L knee 6/26/2020
Date of Procedure: 06/26/2020
Fracture/Surgery/Injection: L knee w/c csi
Date of Procedure: 09/22/2020
Fracture/Surgery/Injection: 1st Visco Lt knee 12/29/20, 2nd visco left knee 01/05/2021, 3rd visco, L knee 01/12/2020
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 04/13/2021
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 07/13/2021

Past Medical History
Diabetes
High Blood Pressure

*** **Please Note** ***
Patient has Metal in Body

Active Medications Prior to This Update (reviewed today):
OneTouch Delica Plus Lancet 33 gauge 33 gauge (lancets)
Edarbi 80 mg tablet (azilsartan medoxomil)
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JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
OneTouch Delica Plus Lancet 33 gauge 33 gauge (lancets)
Edarbi 80 mg tablet (azilsartan medoxomil)
OneTouch Verio test strips strip (blood sugar diagnostic)
Klor-Con M20 20 mEq tablet,ER particles/crystals (potassium chloride)
dicyclomine 20 mg tablet (dicyclomine)
indapamide 2.5 mg tablet (indapamide) TAKE 1 TABLET BY MOUTH EVERY MORNING
tamsulosin 0.4 mg capsule (tamsulosin)
hydrocodone-acetaminophen mg tablet (hydrocodone-acetaminophen)
MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL
TYLENOL WITH CODEINE #3 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain
NAPROSYN 500 MG ORAL TABLET (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd; Route: ORAL
ASPIRIN 81 MG ORAL TABLET (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABLET (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPSULE (DICYCLOMINE HCL) qd; Route: ORAL
JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Past Surgical History
no surgical history

Review of Systems
General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections

Social History
Patient is married, Never smoker, no use of smokeless tobacco. and lives with spouse/partner. Has 2 children. does not drink alcohol. does exercise. Education completed: unknown Occupation: Spartanburg Automotive - welder.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Diabetes (Father, Mother)
High Blood Pressure (Mother)

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

VITAL SIGNS

Body Mass Index in-lb
Height (in): 71
Weight (lb): 215
BMI (in-lb) 29.98
P: **71** Rhythm: **regular** R: **18** BP: **158/78**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Antalgic
Type of Antalgic Gait: Favoring Left Lower Extremity
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee reveals a full range of motion. He does have a lot of effusion today and mild to moderate jointline tenderness, stable ligamentously
IMAGING:
X-rays showed mild medial narrowing.

An MRI shows grade 2 signal within the medial meniscus with mild to moderate chondromalacia of the medial compartment.

ASSESSMENT

Left knee chondromalacia and arthritis

PLAN
Under strict sterile technique, the left knee was injected with 4 mL of bupivacaine and 1 mL of Kenalog 40 mg/mL without incident. Continue working full duty and we will see him back for recheck in three months.

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

Dictated by: Charles B Harrison, PA-C for Michael Hoenig, MD

New Orders:
Large joint Shoulder, Hip, Knee [20610]
Marcaine [S0020]
Kenalog [J3301]

Disposition: Return to office
in 3 Months.

Vital Signs:

Patient Profile:	61 Years Old Male
CC:	Follow up left knee.
Height:	71 inches
Weight:	215 pounds
BMI:	29.98
Pulse rate:	71 / minute
Pulse rhythm:	regular
Resp:	18 per minute
BP Sitting:	158 / 78

Patient in pain? Yes
Location: knee
Intensity: 6
Exercise Counseling: yes
Dietary Counseling: yes

Problems: Active problems were reviewed with the patient during this visit.
Medications: Medications were reviewed with the patient during this visit.
Allergies: Allergies were reviewed with the patient during this visit.
No Known Allergy.

Electronically signed by Michael P Hoenig MD on 09/26/2022 at 8:15 AM

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # [redacted] Date 9/20/22 Patient's Name [redacted] Physician [redacted]

1. X **Full duty** – no limitations on _____
2. ___ **Light duty** start on _____ or **Continue** light duty
3. ___ **Fulltime / Part time** _____hrs.
4. ___ **Out of Work**
5. **Next appt** _____
6. ___ **MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ UE

Floor to waist ____lbs.

Waist to shoulder _____ lbs.

Shoulder to overhead _____ lbs.

No push/pull > _____ lbs.

___No overhead either hand

___Must wear sling / brace

___No crawling/climbing/squatting or kneeling

___No driving for work

___Crutches / brace

___No push/pull > _____ lbs.

___ Rotate Standing/Sedentary _____

___No bending / twisting

___Floor level work

Other: _____

_____

Physician signature: _____

MOORE, Ivan (id # ID dob: DOB 1961)
Mar. 29 2023 9:18AM

Carolina Orthopaedic Neurosurgical Associates • 1320 Boiling Springs Road, Suite 160C, Spartanburg SC 29303-4759

MOORE, Ivan (id # ID dob: DOB 1961)

MOORE, IVAN DOB 1961 #441164

* 091972w26879 ClinDoc

Room: 1 DOI: 3/1/2016 DOS: XRAY TODAY

Imaging: _____

Appointment Time	Patient I.D.	Patient First Name	Patient Last Name	Patient DOB
3/28/23 3:45	ID	IVAN	MOORE	DOB 1961 61

Appointment Type: Hoenig Recheck

Primary Insurance: Sedgwick WC

Secondary Insurance

Flu Left Knee Chondromalacia and arthritis
LOV 12/27/22 - Lt Knee CSI, full duty
Lt Knee CSI?
- Wanting shot today

3/2/10

D
3/11, 2 to 16
harm- CVS, ridville rd

click here to view original file

MOORE, Ivan (id # [redacted], dob: [redacted]/1961)
Encounter Date: 03/28/2023

Patient

Name	MOORE, IVAN (61yo, M) ID# [redacted]	**Appt. Date/Time**	03/28/2023 03:45PM
DOB	[redacted]1961	**Service Dept.**	OA ES
Provider	MICHAEL P HOENIG , MD		
Insurance	Med Worker's Comp: SEDGWICK CMS Employer Name : SPARTANBURG STEEL Case # : 301655266960001 Case Injury Date : 03/01/2016 Prescription: CVS|CAREMARK - Member is eligible, details		

Chief Complaint

Followup: Chondromalacia of patella

f/u Left Knee Chondromalacia and Arthritis
WC DOI: 3/1/2016
12/27/22 - Lt Knee CSI
Lt Knee CSI today

Patient's Care Team

Insurance Adjuster (Worker's Comp): BETH PADGETT: Ph (615) 874-7180 Fax (859) 264-4060

Patient's Pharmacies

CVS/PHARMACY #3586 (ERX): 2397 REIDVILLE ROAD, SPARTANBURG, SC 29301, Ph (864) 576-9288, Fax (864) 587-1309

Vitals

Ht:	5 ft 11 in 03/28/2023 03:42 pm	**Wt:**	210 lbs 03/28/2023 03:42 pm	**BMI:**	29.3 03/28/2023 03:42 pm
BP:	126/84 03/28/2023 03:42 pm	**Pulse:**	86 bpm 03/28/2023 03:42 pm	**RR:**	14 03/28/2023 03:44 pm
Pain Scale:	3 03/28/2023 03:44 pm				

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

clonazePAM 1 mg tablet — 01/03/23 filled
TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 90 DAYS

DEPO-MedroL 40 mg/mL suspension for injection — 03/29/23 administered
Take 40 mg by injection route.

dicyclomine 10 mg capsule — 05/10/16 started
qd
Internal Note: Entered By: Amanda RFreestone|Signed By: Amanda RFreestone|Uncoded: N|BMN: N|, start 05/10/2016

dicyclomine 20 mg tablet — 02/16/23 filled
TAKE 1 TABLET BY MOUTH TWICE A DAY

Edarbi 80 mg tablet — 11/29/22 entered
TAKE 1 TABLET BY MOUTH EVERY NIGHT
Internal Note: Entered By: Janet Burns|Signed By: Janet Burns|Uncoded: N|BMN: N|

escitalopram 10 mg tablet — 03/04/23 filled
TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS

HYDROcodone 5 mg-acetaminophen mg tablet — 11/29/22 entered
Internal Note: Entered By: Janet Burns|Signed By: Janet Burns|Uncoded: N|BMN: N|

indapamide 2.5 mg tablet — 11/29/22 filled
TAKE 2 TABLET BY MOUTH EVERY MORNING

Klor-Con M20 mEq tablet,extended release — 02/27/23 filled
1 TABLET WITH FOOD TWICE A DAY 90 DAYS

Marcaine (PF) 0.5 % (5 mg/mL) injection solution — 03/29/23 administered
Take 4 mL by injection route.

Mobic 15 mg tablet — 05/01/20 started
one pill once a day
Internal Note: Entered By: Amanda Hudson|Signed By: Amanda Hudson|Pharmacy Name: CVS Reidville Road' 2397 Reidville Road Suite 2 Spartanburg, SC 29301 Ph: (864) 576-4399 Fax: (864) 587-1309|Clinical Date: 01-May-2020|Rx ID: 1903944414020190|Authorized By: Michael P Hoenig MD|Uncoded: N|BMN: N|RxDate: 01-May-2020|, start 05/01/2020

OneTouch Delica Plus Lancet 33 gauge — 01/12/23 filled
USE TO TEST TWICE A DAY 90 DAYS

OneTouch Verio test strips — 12/24/22 filled
TEST 2 TIMES A DAY

Paxlovid mg (150 mg x 2)-100 mg tablets in a dose pack (EUA) — 06/19/22 filled
TAKE 3 TABLETS BY MOUTH TWICE DAILY AS DIRECTED FOR 5 DAYS

rosuvastatin 20 mg tablet — 02/27/23 filled
TAKE 1 TABLET BY MOUTH EVERY DAY

sodium,potassium,mag sulfates 17.5 gram-3.13 gram-1.6 gram oral soln — 10/17/22 filled
USE AS DIRECTED

tamsulosin 0.4 mg capsule — 11/29/22 entered
Internal Note: Entered By: Janet Burns|Signed By: Janet Burns|Uncoded: N|BMN: N|

FISH OIL 1000 MG ORAL CAPSULE(Active): Direction: qd; StartDate: 05/10/2016;

Vaccines

Reviewed Vaccines
patient declined flu vaccine

Problems

Reviewed Problems

MOORE, Ivan (id # [redacted] dob: [redacted] 1961)

- Overweight - Onset: 11/02/2021 - Overweight
- Chondromalacia of patella - Onset: 07/12/2016 - Chondromalacia patellae, left knee
- Knee joint effusion - Onset: 09/10/2016 - Knee effusion, left

Family History

Reviewed Family History

Father	- Diabetes mellitus
Mother	- Diabetes mellitus
	- Hypertensive disorder

Social History

Reviewed Social History

Substance Use

Do you or have you ever smoked tobacco?: Never smoker
Do you or have you ever used any other forms of tobacco or nicotine?: No
What was the date of your most recent tobacco screening?: 03/28/2023
Has tobacco cessation counseling been provided?: Yes
On what date was tobacco cessation counseling provided?: 03/28/2023
What is your level of alcohol consumption?: None
Do you use any illicit or recreational drugs?: No

Marriage and Sexuality

What is your relationship status?: Married
How many children do you have?: 2

Education and Occupation

Are you currently employed?: Yes
What is your occupation?: Spartanburg Automotive - welder.

Home and Environment

Where do you live?: (Notes: lives with spouse/partner)

Diet and Exercise

What is your exercise level?: Occasional

Surgical History

Reviewed Surgical History
Injection of knee - 03/28/2023 - left knee corticosteroid injection

Fracture/Surgery/Injection: left knee cortisone injection (WC kit)
Date of Procedure: 11/02/2021
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/15/2022
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 05/17/2022
Fracture/Surgery/Injection:: Left knee steroid injection
Date of Procedure: 09/20/2022
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 11/28/2017
Fracture/Surgery/Injection: Left knee steroid injection
Date of Procedure: 02/28/2018
Fracture/Surgery/Injection: left knee w/o steroid injection
Date of Procedure: 06/26/2018
Fracture/Surgery/Injection: left knee w/o steroid injection
Date of Procedure: 12/07/2018
Fracture/Surgery/Injection: left knee w/o steroid injection
Date of Procedure: 03/15/2019
Fracture/Surgery/Injection: left knee w/o steroid injection
Date of Procedure: 06/14/2019
Fracture/Surgery/Injection: 1st visco, L knee
Date of Procedure: 06/21/2019
Fracture/Surgery/Injection: 2nd visco, L knee
Date of Procedure: 06/28/2019
Fracture/Surgery/Injection: 3rd visco, L knee
Date of Procedure: 07/05/2019
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 10/04/2019
Fracture/Surgery/Injection: 1st visco, L knee 1/10/20, 2nd visco L knee 1/17/20, 3rd visco L Knee 1/31/20
Date of Procedure: 01/10/2020
Fracture/Surgery/Injection: 1st visco, L knee 6/12/2020, 2nd visco, L knee 06/19/2020, 3rd visco L knee 6/26/2020
Date of Procedure: 06/26/2020
Fracture/Surgery/Injection: L knee w/o csi
Date of Procedure: 09/22/2020

MOORE, Ivan (id # [redacted] dob: [redacted] 1961)
Fracture/Surgery/Injection: 1st Visco Lt knee 12/29/20, 2nd visco left knee 01/05/2021, 3rd visco. L knee 01/12/2020
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 04/13/2021
Fracture/Surgery/Injection: left knee cortisone injection
Date of Procedure: 07/10/2021

Past Medical History

Reviewed Past Medical History
Diabetes: Y
Hypertension: Y

Documents for Discussion

Discussed the following documents:
- Clinical Document - 03/29/23
- WORK STATUS REPORT* - 03/28/23
- WORK STATUS REPORT* - 12/27/22
- Clinical Document - 12/27/22

HPI

Ivan returns today for recheck of his left knee and to get a repeat injection. Last visit occurred on 12/27/2022 and got good relief with the injection. Rates his pain a 3-1/2 out of 10 today. He has done viscosupplementation in the past as well.

ROS

Patient reports **muscle aches and arthralgias/joint pain**. He reports **weakness**. He reports **anxiety**. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, no exercise intolerance, no chills, and no malaise. He reports no dry eyes, no vision change, no irritation, and no eye disease/injury. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds, no nose problems, and no sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, no teeth problems, no ringing in the ears, and no sinusitis. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, no known heart murmur, and no ankle swelling. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no nausea, no vomiting, no constipation, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, no rashes, no laceration, no non-healing areas, no changes in hair/nails, no psoriasis, no change in skin color, and no breast lump. He reports no fatigue. He reports no swollen glands, no bruising, no excessive bleeding, no anemia, and no phlebitis. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Examination of the left knee reveals full range of motion with some mild crepitus on end ranges of extension. Stable ligamentously. No significant effusion. Does have some mild to moderate joint line tenderness.

Imaging: X-rays show mild medial narrowing

MRI shows grade 2 signal within the medial meniscus with mild to moderate chondromalacia of the medial compartment

Assessment / Plan

Left knee chondromalacia and arthritis

Plan: Under strict sterile technique the left knee was injected. Utilizing sterile technique, the appropriate landmarks were noted and the site was prepped with betadine and alcohol. We then injected 3 cc of 0.5% Bupivicane and 1 cc of Depomedrol 40mg/ml. There were no complications. Patient was advised to carefully ice the affected site twice a day and told of signs and symptoms of complications to watch for occurring. I have him continue working full duty and we will see him back for recheck in 3 months.

1. **Chondromalacia of patella** - Left
   M22.42: Chondromalacia patellae, left knee
- Depo-Medrol 40 mg/mL suspension for injection - Take 40 mg by injection route. Quantity: (40) mg Route: Injection Administered
- Marcaine (PF) 0.5 % (5 mg/mL) injection solution - Take 4 mL by injection route. Quantity: (4) mL Route: Injection Administered
- INTRA-ARTICULAR INJECTION, KNEE (PROC)

Return to Office

- Michael P Hoenig , MD for Recheck 15 at OA ES on 07/11/2023 at 03:45 PM

Encounter Sign-Off

Encounter signed-off by Michael P Hoenig , MD, 03/30/2023.

Encounter performed and documented by Michael P Hoenig , MD
Encounter reviewed & signed by Michael P Hoenig , MD on 03/30/2023 at 7:13am

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # ID Date 3/28/23 Patient's Name Ivan Moore Physician Hoenig

1. ✓ **Full duty** – no limitations on _____
2. ____**Light duty** start on _____ or **Continue** light duty
3. ____ **Fulltime / Part time** _____hrs.
4. ____**Out of Work**
5. **Next appt** _____
6. ____**MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____**Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____**Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____**Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____**Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____**Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____**Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ **UE**

Floor to waist ____**lbs.**

Waist to shoulder _____ **lbs.**

Shoulder to overhead _____ **lbs.**

No push/pull > _____ **lbs.**

____**No overhead either hand**

____**Must wear sling / brace**

____**No crawling/climbing/squatting or kneeling**

____**No driving for work**

____**Crutches / brace**

____**No push/pull >** _____ **lbs.**

____ **Rotate Standing/Sedentary** _____

____**No bending / twisting**

____**Floor level work**

Other: _____

_____

Physician signature: _____

MOORE, Ivan (id # ID dob: DOB 1961)
Jul. 12 2023 7:56AM

Carolina Orthopaedic Neurosurgical Associates • 1330 Boiling Springs Road, Suite 1600, Spartanburg SC 29303-4409

MOORE, Ivan (id # ID dob: DOB 1961)

MOORE, IVAN DOB 61 # ID

*4205081w26879 ClnDoc

Room: 2 DOI: 3/1/2016 DOS: NO XRAY TODAY

Imaging: _____

Appointment Time	Patient I.D.	Patient First Name	Patient Last Name	Patient DOB
7/11/23 345	ID	IVAN	MOORE	DOB 1961 61

Appointment Type	Primary Insurance	Secondary Insurance
Hoenig Recheck	Sedgwick WC	

f/u Lt Knee Chondromalacia + arthritis
LOV 3/28/23 - Lt Knee CSI, full duty
70 70 x 2 mths

Lt Knee CSI today?
"can I get a gel shot" - last Visco completed 1/5/21

9/10

CAT. NO. 00-1111-001-03 EDI: 3011100103
VISCO-3™ SODIUM HYALURONATE
25MG/2.5ML SYRINGE
0022X07V

MOORE, Ivan (id # [redacted], dob: [redacted]1961)
Encounter Date: 07/11/2023

Patient

Name	MOORE, IVAN (61yo, M) ID# [redacted]	**Appt. Date/Time**	07/11/2023 03:45PM
DOB	[redacted]1961	**Service Dept.**	OA ES
Provider	MICHAEL P HOENIG , MD		
Insurance	Med Worker's Comp: SEDGWICK CMS Employer Name : SPARTANBURG STEEL Case # : 301655266960001 Case Injury Date : 03/01/2016 Prescription: CMX - The payer is currently unavailable. Please try again later. details check again		

Chief Complaint

Followup: Chondromalacia of patella

f/u Left Knee Chondromalacia and Arthritis
WC DOI: 3/1/2016
3/28/23 - Lt Knee CSI - 70% relief x 2 months
Lt Knee Visco #1 today

Patient's Care Team

Insurance Adjuster (Worker's Comp): BETH PADGETT: Ph (615) 874-7180, Fax (859) 264-4060

Patient's Pharmacies

CVS/PHARMACY #3586 (ERX): 2397 REIDVILLE ROAD, SPARTANBURG, SC 29301, Ph (864) 576-9268, Fax (864) 587-1309

Vitals

Ht:	5 ft 11 in 07/13/2023 04:36 pm	**Wt:**	212.3 lbs 07/13/2023 04:36 pm	**BMI:**	29.6 07/13/2023 04:36 pm
BP:	125/81 07/13/2023 04:36 pm	**Pulse:**	87 bpm 07/13/2023 04:36 pm	**RR:**	16 07/13/2023 04:36 pm
Pain Scale:	9 07/13/2023 04:37 pm				

Allergies

Reviewed Allergies

DILTIAZEM, low criticality: Dizziness (Mild)

HYDROCHLOROTHIAZIDE, low criticality: Dizziness (Mild)

Medications

MOORE, Ivan (id #[ID] dob:[DOB]1961)

Reviewed Medications

clonazePAM 1 mg tablet 04/02/23 filled
TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 90 DAYS

dicyclomine 20 mg tablet 06/12/23 filled
TAKE 1 TABLET BY MOUTH TWICE A DAY

escitalopram 10 mg tablet 05/30/23 filled
TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS

Fish Oil 1,000 mg (120 mg-180 mg) capsule 07/13/23 entered
Take by oral route.

indapamide 2.5 mg tablet 05/04/23 filled
TAKE 2 TABLET BY MOUTH EVERY MORNING

meloxicam 15 mg tablet 07/05/23 filled
TAKE 1 TABLET BY MOUTH EVERY DAY FOR 30 DAYS

methocarbamoL 500 mg tablet 07/02/23 filled
TAKE 1 TABLET BY MOUTH 4 TIMES A DAY AS NEEDED FOR MUSCLE SPASMS.

OneTouch Delica Plus Lancet 33 gauge 07/02/23 filled
TESTS TWICE A DAY 90 DAYS

OneTouch Verio test strips 07/05/23 filled
USE AS DIRECTED TWICE DAILY

potassium chloride ER 20 mEq tablet,extended release(part/cryst) 05/31/23 filled
TAKE 1 TABLET BY MOUTH TWICE A DAY

rosuvastatin 20 mg tablet 05/25/23 filled
TAKE 1 TABLET BY MOUTH EVERY DAY

Visco-3 10 mg/mL intra-articular syringe 07/12/23 administered
Inject 2 mL by intra-articular route for 35 days.

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	NDC/Lot #	MVX	Exp Date	VIS	IS Given	Vaccinator
Influenza										
influenza	10/15/2*									

DTP 05/26/1967, 04/28/1967, 03/31/1967
Influenza (FLUCELVAX) QUAD IM 10/15/2021, 09/24/2017
Influenza (FLUZONE) => 3YO Preservative Free IM 10/27/2018
Influenza, injectable, quadrivalent, preservative free ages 6 mos and up 09/01/2020, 11/01/2018, 10/27/2018, 09/29/2017
Measles 08/01/1967
Mumps 11/01/1967
OPV 07/01/1967, 05/01/1967, 04/01/1967
Smallpox 03/01/1967
Td 06/08/2021
Tdap 11/16/2016

MOORE, Ivan (id # [redacted] dob: [redacted] 1961)

Problems

Reviewed Problems
- Overweight - Onset: 11/02/2021 - Overweight
- Chondromalacia of patella - Onset: 07/12/2016 - Chondromalacia patellae, left knee
- Knee joint effusion - Onset: 05/10/2016 - Knee effusion, left

Family History

Reviewed Family History

Father	- Diabetes mellitus
Mother	- Diabetes mellitus
	- Hypertensive disorder

Social History

Reviewed Social History
Substance Use
Do you or have you ever smoked tobacco?: Never smoker
Do you or have you ever used any other forms of tobacco or nicotine?: No
What was the date of your most recent tobacco screening?: 03/28/2023
Has tobacco cessation counseling been provided?: Yes
On what date was tobacco cessation counseling provided?: 03/28/2023
What is your level of alcohol consumption?: None
Do you use any illicit or recreational drugs?: No
Education and Occupation
Are you currently employed?: Yes
What is your occupation?: Spartanburg Automotive - welder.
Home and Environment
Where do you live?: (Notes: lives with spouse/partner)
Marriage and Sexuality
What is your relationship status?: Married
How many children do you have?: 2
Diet and Exercise
What is your exercise level?: Occasional

Surgical History

Reviewed Surgical History
- Injection of knee - Left Knee Visco #1 (7/11/23)
- Injection of knee - 03/28/2023 - left knee corticosteroid injection
- Injection of knee - 09/20/2022 - Left knee steroid injection
- Injection of knee - 05/17/2022 - Left knee steroid injection
- Injection of knee - 02/15/2022 - Left knee steroid injection
- Injection of knee - 11/02/2021 - left knee cortisone injection (WC kit)
- Injection of knee - 07/13/2021 - left knee cortisone injection
- Injection of knee - 04/13/2021 - left knee cortisone injection
- Injection of knee - 01/12/2021 - Left Knee 1st Visco (12/29/20), Left Knee 2nd visco (01/05/2021), Left Knee 3rd visco (01/12/2021)
- Injection of knee - 09/22/2020 - L knee w/c cs
- Injection of knee - 06/26/2020 - Left Knee 1st visco (6/12/2020), Left Knee 2nd visco (06/19/2020), Left Knee 3rd visco (06/26/2020)
- Injection of knee - 01/31/2020 - Left Knee 1st visco (1/10/20), Left Knee 2nd visco (1/17/20), Left Knee 3rd visco (1/31/20)
- Injection of knee - 10/04/2019 - left knee cortisone injection
- Injection of knee - 07/05/2019 - Left Knee 1st visco (06/21/2019), Left Knee 2nd visco (6/28/19), Left Knee 3rd visco (07/05/2019)
- Injection of knee - 06/14/2019 - left knee w/c steroid injection
- Injection of knee - 03/15/2019 - left knee w/c steroid injection
- Injection of knee - 12/07/2018 - left knee w/c steroid injection
- Injection of knee - 06/26/2018 - left knee w/c steroid injection
- Injection of knee - 02/28/2018 - Left knee steroid injection
- Injection of knee - 11/28/2017 - Left knee steroid injection

Past Medical History

Reviewed Past Medical History
Cancer: **Y - Prostate cancer**
Diabetes: **Y**
Gastrointestinal Disease: **Y - Colon Polyps**
Hypertension: **Y**
Other: **Y - hypokalemia, Cirrhosis of liver**

Documents for Discussion

Discussed the following documents:
- Clinical Document - 07/12/23

MOORE, Ivan (id # [ID], dob: [DOB] 1961)
- General Medicine - Continuity of Care Document - Spartanburg Regional Healthcare System - 07/13/23

HPI

Ivan returns today for recheck of his left knee. Last visit unfortunately he did not get significant relief with the steroid injection. It only helped about 70% for 3 months. Comes in today walking with an antalgic gait. He last completed the Visco series on 1/5/2021.

ROS

Patient reports **muscle aches and arthralgias/joint pain**. He reports **weakness**. He reports **anxiety**. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, no exercise intolerance, no chills, and no malaise. He reports no dry eyes, no vision change, no irritation, and no eye disease/injury. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds, no nose problems, and no sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, no teeth problems, no ringing in the ears, and no sinusitis. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, no known heart murmur, and no ankle swelling. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no nausea, no vomiting, no constipation, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, no rashes, no laceration, no non-healing areas, no changes in hair/nails, no psoriasis, no change in skin color, and no breast lump. He reports no fatigue. He reports no swollen glands, no bruising, no excessive bleeding, no anemia, and no phlebitis. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Examination of the left knee reveals full range of motion slight decrease in terminal extension. Just a few degrees lacking. Stable ligamentously. No significant effusion. Diffuse joint line tenderness.

Imaging: X-rays show mild medial narrowing

MRI shows grade 2 signal within the medial meniscus with mild to moderate chondromalacia of the medial compartment.

Assessment / Plan

Left knee chondromalacia and arthritis

Plan: We will go ahead and try gel shot today Since he did not get significant benefit with the last steroid injection. Under strict sterile technique the left knee was injected with Visco 3 without incident. We will see him back for second injection next week. Continue working full duty.

Encounter performed by Brad Harrison, PA-C

1. Chondromalacia of patella -
left knee chondromalacia and arthritis, WC DOI: 3/16/2016
M22.42: Chondromalacia patellae, left knee
- **INTRA-ARTICULAR INJECTION, KNEE, VISCOSUPPLEMENT (PROC)**
- **Visco-3** 10 mg/mL intra-articular syringe - Inject 2 mL by intra-articular route for 35 days. Quantity: (2) mL Route: Intraarticular Administered

Return to Office
- Charles Bradley Harrison, PAC for Recheck 15 at OA ES on 07/18/2023 at 03:30 PM
- Charles Bradley Harrison, PAC for Recheck 15 at OA ES on 07/25/2023 at 03:30 PM

Encounter Sign-Off
Encounter signed-off by Michael P Hoenig , MD, 07/13/2023.

Encounter performed and documented by Michael P Hoenig , MD
Encounter reviewed & signed by Michael P Hoenig , MD on 07/13/2023 at 9:32pm

MOORE, Ivan (id # ID dob: DOB 1961)

Jul. 18 2023 4:42PM

Carolina Orthopaedic Neurosurgical Associates • 1330 Boiling Springs Road, Suite 1600, Spartanburg SC 29303-4209

MOORE, Ivan (id # ID dob: DOB 1961)

MOORE, IVAN DOB 61 # ID

* 1212874w26879 ClinDoc

Room: 5 DOI: 3/1/16 DOS: No XRAY TODAY

Imaging: _____

Appointment Time	Patient I.D.	Patient First Name	Patient Last Name	Patient DOB
7/18/23 3:30	ID	IVAN	MOORE	DOB 1961 62

Appointment Type: Brad Recheck

Primary Insurance: Sedgwick - WC

Secondary Insurance

F/U: Left Knee Chondromalacia + arthritis

LOV: 7/11/23 - Left Knee Visco #1 2 90 x 2

Left Knee Visco #2 today - 25

CAT. NO. 00-1111-C01-03 EA: 00111100103
VISCO-3® SODIUM HYALURONATE
2.0KG/2.5ML SYRINGE

0022X07V

F/U 1 L

MOORE, Ivan (id # [redacted], dob: [redacted]1961)
Encounter Date: 07/18/2023

Patient

Name	MOORE, IVAN (62yo, M) ID# [redacted]	**Appt. Date/Time**	07/18/2023 03:30PM
DOB	[redacted]1961	**Service Dept.**	OA ES
Provider	CHARLES BRADLEY HARRISON, PAC		
Insurance	Med Worker's Comp: SEDGWICK CMS Employer Name : SPARTANBURG STEEL Case # : 301655266960001 Case Injury Date : 03/01/2016 Med Worker's Comp: ONE CALL CARE MANAGEMENT - DIAGNOSTICS Employer Name : SPARTANBURG STEEL Case # : P00873630 Case Injury Date : 03/01/2016 Prescription: check now		

Chief Complaint

Transition of Care Encounter
Followup: Chondromalacia of patella

F/U: Left knee chondromalacia & arthritis
WC- DOI: 03/01/2016
LOV: 07/11/2023- Left knee Visco #1
Left knee Visco #2 today

Patient's Care Team

Insurance Adjuster (Worker's Comp): BETH PADGETT: Ph (615) 874-7180, Fax (859) 264-4060

Patient's Pharmacies

CVS/PHARMACY #3586 (ERX): 2397 REIDVILLE ROAD, SPARTANBURG, SC 29301, Ph (864) 576-9268, Fax (864) 587-1309

Vitals

2023-07-18 16:05

Ht:	5 ft 11 in	**Wt:**	212 lbs	**BMI:**	29.6
BP:	121/78	**Pulse:**	89 bpm	**RR:**	16
Pain Scale:	6				

Allergies

Reviewed Allergies

DILTIAZEM, low criticality: Dizziness (Mild)

HYDROCHLOROTHIAZIDE, low criticality: Dizziness (Mild)

Medications

MOORE, Ivan (id #[redacted] dob: ([redacted]1961)

Reviewed Medications

clonazePAM 1 mg tablet TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 90 DAYS	04/02/23	filled
DEPO-MedroL 40 mg/mL suspension for injection Take 40 mg by injection route.	07/25/23	administered
dicyclomine 20 mg tablet 1 TABLET TWICE A DAY	07/20/23	filled
escitalopram 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS	05/30/23	filled
Fish OiL 1,000 mg (120 mg-180 mg) capsule Take by oral route.	07/13/23	entered
indapamide 2.5 mg tablet TAKE 2 TABLET BY MOUTH EVERY MORNING	05/04/23	filled
Marcaine (PF) 0.5 % (5 mg/mL) injection solution Take 4 mL by injection route.	07/25/23	administered
meloxicam 15 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY FOR 30 DAYS	07/05/23	filled
methocarbamoL 500 mg tablet TAKE 1 TABLET BY MOUTH 4 TIMES A DAY AS NEEDED FOR MUSCLE SPASMS.	07/02/23	filled
OneTouch Delica Plus Lancet 33 gauge TESTS TWICE A DAY 90 DAYS	07/02/23	filled
OneTouch Verio test strips USE AS DIRECTED TWICE DAILY	07/05/23	filled
potassium chloride ER 20 mEq tablet,extended release(part/cryst) TAKE 1 TABLET BY MOUTH TWICE A DAY	05/31/23	filled
rosuvastatin 20 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	05/25/23	filled
Visco-3 10 mg/mL intra-articular syringe Inject 2 mL by intra-articular route for 35 days.	07/25/23	administered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	NDC	Lot #	MVX	Exp. Date	VIS	VIS Given	Vaccinator
Influenza											
Influenza	10/15/21										

DTP 05/26/1967, 04/28/1967, 03/31/1967
Influenza (FLUCELVAX) QUAD IM 10/15/2021, 09/24/2017

MOORE, Ivan (id #[redacted] dob: [redacted]1961)
Influenza (FLUZONE) >= 3 Y.O. Preservative Free IM 10/27/2018
Influenza, injectable, quadrivalent, preservative free ages 6 mos and up 09/01/2020, 11/01/2016, 10/27/2018, 09/29/2017
Measles 08/01/1967
Mumps 11/01/1967
OPV 07/01/1967, 05/01/1967, 04/01/1967
Smallpox 03/01/1967
Td 06/08/2021
Tdap 11/16/2016

Problems

Reviewed Problems
- Overweight - Onset: 11/02/2021 - Overweight
- Chondromalacia of patella - Onset: 07/12/2016 - Chondromalacia patellae, left knee
- Knee joint effusion - Onset: 05/10/2016 - Knee effusion, left

Family History

Reviewed Family History

Father	- Diabetes mellitus
Mother	- Diabetes mellitus
	- Hypertensive disorder

Social History

Reviewed Social History
Activities of Daily Living
Are you deaf or do you have serious difficulty hearing?: No
Do you have difficulty walking or climbing stairs?: No
Are you able to walk?: Yes: walks without restrictions
Which of your hands is dominant?: Right
Substance Use
Do you or have you ever smoked tobacco?: Never smoker
Do you or have you ever used any other forms of tobacco or nicotine?: No
What was the date of your most recent tobacco screening?: 07/18/2023
Has tobacco cessation counseling been provided?: Yes
On what date was tobacco cessation counseling provided?: 07/18/2023
What is your level of alcohol consumption?: None
Do you use any illicit or recreational drugs?: No
Education and Occupation
Are you currently employed?: Yes
What is your occupation?: Spartanburg Automotive - welder.
Do you work in healthcare?: No
Advance Directive
What is your code status?: (Notes: no decision made)
Home and Environment
Where do you live?: (Notes: lives with spouse/partner)
Marriage and Sexuality
What is your relationship status?: Married
How many children do you have?: 2
Diet and Exercise
What is your exercise level?: Occasional

Surgical History

Reviewed Surgical History
- Injection of knee - Left Knee Visco #1 (7/11/23), Left Knee Visco #2 (7/18/23)
- Injection of knee - 03/28/2023 - left knee corticosteroid injection
- Injection of knee - 09/20/2022 - Left knee steroid injection
- Injection of knee - 05/17/2022 - Left knee steroid injection
- Injection of knee - 02/15/2022 - Left knee steroid injection
- Injection of knee - 11/02/2021 - left knee cortisone injection (WC kit)
- Injection of knee - 07/13/2021 - left knee cortisone injection
- Injection of knee - 04/13/2021 - left knee cortisone injection
- Injection of knee - 01/12/2021 - Left Knee 1st Visco (12/29/20), Left Knee 2nd visco (01/05/2021), Left Knee 3rd visco (01/12/2021)
- Injection of knee - 09/22/2020 - L knee w/c csi
- Injection of knee - 06/26/2020 - Left Knee 1st visco (6/12/2020), Left Knee 2nd visco (06/19/2020), Left Knee 3rd visco (06/26/2020)
- Injection of knee - 01/31/2020 - Left Knee 1st visco (1/10/20), Left Knee 2nd visco (1/17/20), Left Knee 3rd visco (1/31/20)
- Injection of knee - 10/04/2019 - left knee cortisone injection
- Injection of knee - 07/05/2019 - Left Knee 1st visco (06/21/2019), Left Knee 2nd visco (6/28/19), Left Knee 3rd visco (07/05/2019)
- Injection of knee - 06/14/2019 - left knee w/c steroid injection
- Injection of knee - 03/15/2019 - left knee w/c steroid injection

MOORE, Ivan (id #[redacted] dob: [redacted] 1961)
Injection of knee - 12/07/2018 - left knee w/c steroid injection
Injection of knee - 06/26/2018 - left knee w/c steroid injection
Injection of knee - 02/28/2018 - Left knee steroid injection
Injection of knee - 11/28/2017 - Left knee steroid injection

Past Medical History

Reviewed Past Medical History
Cancer: **Y - Prostate cancer**
Diabetes: **Y**
Gastrointestinal Disease: **Y - Colon Polyps**
Hypertension: **Y**
Other: **Y - hypokalemia, Cirrhosis of liver**

Documents for Discussion

Discussed the following documents:
- Clinical Document - 07/18/23

HPI

Ivan comes in for his second Visco injection today. He has not noticed any significant improvement thus far after the first injection. Last steroid injection did not give him as much relief. He is concerned that the injections are not going to help with moving forward and he is tired of being in significant pain. He is walking with antalgic gait working full duty.

ROS

Patient reports **muscle aches and arthralgias/joint pain**. He reports **weakness**. He reports **anxiety**. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, no exercise intolerance, no chills, and no malaise. He reports no dry eyes, no vision change, no irritation, and no eye disease/injury. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds, no nose problems, and no sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, no teeth problems, no ringing in the ears, and no sinusitis. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, no known heart murmur, and no ankle swelling. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no nausea, no vomiting, no constipation, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, no rashes, no laceration, no non-healing areas, no changes in hair/nails, no psoriasis, no change in skin color, and no breast lump. He reports no fatigue. He reports no swollen glands, no bruising, no excessive bleeding, no anemia, and no phlebitis. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Examination of the left knee reveals full range of motion slight decrease in terminal extension. Just a few degrees lacking. Stable ligamentously. No significant effusion. Diffuse joint line tenderness.

Imaging: X-rays show mild medial narrowing

MRI shows grade 2 signal within the medial meniscus with mild to moderate chondromalacia of the medial compartment.

Assessment / Plan

Left knee chondromalacia and arthritis

Plan: Strict sterile technique the left knee was injected with Visco without incident. Hopefully he will get better relief with the remainder of the HA series. Continue working full duty. If we do not get significant relief with these injections, I have been is interested in considering other treatment options including surgery.

Encounter performed by Brad Harrison, PA-C

1. Chondromalacia of patella -
F/U: Left knee chondromalacia & arthritis
WC- DOI: 03/01/2016
M22.42: Chondromalacia patellae, left knee
- INTRA-ARTICULAR INJECTION, KNEE, VISCOSUPPLEMENT (PROC)
- Visco-3 10 mg/mL intra-articular syringe - Inject 2 mL by intra-articular route for 35 days. Quantity: (2) mL Lot #: 0022x07V
  Route: Intraarticular Site: Knee, Left Manufacturer: SEIKAGAKU CORPO Exp Date: 03/31/2026 Administered

Return to Office

- North Grove MRI for MRI at OA ES on 08/10/2023 at 04:45 PM
- Michael P Hoenig , MD for Recheck 15 at OA ES on 09/01/2023 at 08:45 AM

Encounter Sign-Off

Encounter signed-off by Michael P Hoenig , MD, 08/02/2023.

Encounter performed and documented by Charles Bradley Harrison, PAC
Encounter reviewed & signed by Michael P Hoenig , MD on 08/02/2023 at 6:50pm

MOORE, Ivan (id # ID dob: DOB 1961)

Jul 27 2023 8:37AM

Carolina Orthopaedic Neurosurgical Associates - Boiling Springs Road, Suite 1600, Spartanburg SC 29303-4209

MOORE, Ivan (id # ID dob: DOB 1961)

MOORE, IVAN DOB 61 # ID

3222574w20879 ClinDoc

Room: 3 DOI: 3/1/2016 DOS: no XRAY TODAY

Imaging:

Appo Time	Patient I.D.	Patient First Name	Patient Last Name	Patient DOB
7/25/23	ID	IVAN	MOORE	DOB 1961 62

Appointment Type: Brad Recheck

Primary Insurance: Sedgwick WC

Secondary Insurance:

F/u Left Knee Chondromalacia and Arthritis
LOV 7/18/23- L Knee Visco #2
R 7.0 R
Left Knee Visco #3 today

Pt is worried about Rt knee due to comp. for the Lt knee pain. Stable it is really hard w/ the pain + working.

6-7/10

0

CAT. NO. 8611111-001-05 EDP 8611111001705
ASSOC. SOLUTION/ANCHOR/SUTURE
INSERTION SYRINGE
LOT 0022X07V

MM

9/20/16

x mos up

MOORE, Ivan (id # [redacted], dob: [redacted]1961)
Encounter Date: 07/25/2023

Patient

Name	MOORE, IVAN (62yo, M) ID# [redacted]	**Appt. Date/Time**	07/25/2023 03:30PM
DOB	[redacted]1961	**Service Dept.**	OA ES
Provider	CHARLES BRADLEY HARRISON, PAC		
Insurance	Med Worker's Comp: SEDGWICK CMS Employer Name : SPARTANBURG STEEL Case # : 301655266960001 Case Injury Date : 03/01/2016 Med Worker's Comp: ONE CALL CARE MANAGEMENT - DIAGNOSTICS Employer Name : SPARTANBURG STEEL Case # : P00873830 Case Injury Date : 03/01/2016 Prescription: check now		

Chief Complaint

None recorded.

Patient's Care Team

Insurance Adjuster (Worker's Comp): BETH PADGETT: Ph (615) 874-7180, Fax (859) 264-4060

Patient's Pharmacies

CVS/PHARMACY #3586 (ERX): 2397 REIDVILLE ROAD, SPARTANBURG, SC 29301, Ph (864) 576-9268, Fax (864) 587-1309

Vitals

2023-07-25 15:51

Ht:	5 ft 11 in	**Wt:**	212 lbs	**BMI:**	29.6
BP:	125/83	**Pulse:**	89 bpm	**RR:**	16
Pain Scale:	7				

Allergies

Allergies not reviewed (last reviewed 07/13/2023)

DILTIAZEM, low criticality: Dizziness (Mild)

HYDROCHLOROTHIAZIDE, low criticality: Dizziness (Mild)

Medications

MOORE, Ivan (id # [redacted], dob: [redacted]1961)

Medications not reviewed (last reviewed 07/13/2023)

clonazePAM 1 mg tablet TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 90 DAYS	04/02/23	filled
DEPO-MedroL 40 mg/mL suspension for injection Take 40 mg by injection route.	07/25/23	administered
dicyclomine 20 mg tablet 1 TABLET TWICE A DAY	07/20/23	filled
escitalopram 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS	05/30/23	filled
Fish OiL 1,000 mg (120 mg-180 mg) capsule Take by oral route.	07/13/23	entered
indapamide 2.5 mg tablet TAKE 2 TABLET BY MOUTH EVERY MORNING	05/04/23	filled
Marcaine (PF) 0.5 % (5 mg/mL) injection solution Take 4 mL by injection route.	07/25/23	administered
meloxicam 15 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY FOR 30 DAYS	07/05/23	filled
methocarbamoL 500 mg tablet TAKE 1 TABLET BY MOUTH 4 TIMES A DAY AS NEEDED FOR MUSCLE SPASMS.	07/02/23	filled
OneTouch Delica Plus Lancet 33 gauge TESTS TWICE A DAY 90 DAYS	07/02/23	filled
OneTouch Verio test strips USE AS DIRECTED TWICE DAILY	07/05/23	filled
potassium chloride ER 20 mEq tablet,extended release(part/cryst) TAKE 1 TABLET BY MOUTH TWICE A DAY	05/31/23	filled
rosuvastatin 20 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	05/25/23	filled
Visco-3 10 mg/mL intra-articular syringe Inject 2 mL by intra-articular route for 35 days.	07/25/23	administered

Vaccines

Vaccines not reviewed (last reviewed 07/13/2023)

Vaccine Type	Date	Amt	Route	Site	NDC	Lot #	MVX	Exp. Date	VIS	VIS Given	Vaccination
Influenza											
Influenza	10/15/21										

DTP 05/26/1967, 04/28/1967, 03/31/1967
Influenza (FLUCELVAX) QUAD IM 10/15/2021, 09/24/2017

MOORE, Ivan (id # [redacted], dob: [redacted] 1961)
Influenza (FLUZONE) => 3YO Preservative Free IM 10/27/2018
Influenza, injectable, quadrivalent, preservative free ages 6 mos and up 09/01/2020, 11/01/2018, 10/27/2018, 09/29/2017
Measles 08/01/1967
Mumps 11/01/1967
OPV 07/01/1967, 05/01/1967, 04/01/1967
Smallpox 03/01/1967
Td 06/08/2021
Tdap 11/16/2016

Problems

Reviewed Problems
- Overweight - Onset: 11/02/2021 - Overweight
- Chondromalacia of patella - Onset: 07/12/2016 - Chondromalacia patellae, left knee
- Knee joint effusion - Onset: 05/10/2016 - Knee effusion, left

Family History

Family History not reviewed (last reviewed 07/13/2023)

Father	- Diabetes mellitus
Mother	- Diabetes mellitus
	- Hypertensive disorder

Social History

Social History not reviewed (last reviewed 07/13/2023)
Activities of Daily Living
Are you deaf or do you have serious difficulty hearing?: No
Do you have difficulty walking or climbing stairs?: No
Are you able to walk?: Yes: walks without restrictions
Which of your hands is dominant?: Right
Substance Use
Do you or have you ever smoked tobacco?: Never smoker
Do you or have you ever used any other forms of tobacco or nicotine?: No
What was the date of your most recent tobacco screening?: 07/18/2023
Has tobacco cessation counseling been provided?: Yes
On what date was tobacco cessation counseling provided?: 07/18/2023
What is your level of alcohol consumption?: None
Do you use any illicit or recreational drugs?: No
Education and Occupation
Are you currently employed?: Yes
What is your occupation?: Spartanburg Automotive - welder.
Do you work in healthcare?: No
Advance Directive
What is your code status?: (Notes: no decision made)
Home and Environment
Where do you live?: (Notes: lives with spouse/partner)
Marriage and Sexuality
What is your relationship status?: Married
How many children do you have?: 2
Diet and Exercise
What is your exercise level?: Occasional

Surgical History

Surgical History not reviewed (last reviewed 07/13/2023)
Injection of knee - Left Knee Visco #1 (7/11/23), Left Knee Visco #2 (7/18/23)
Injection of knee - 03/28/2023 - left knee corticosteroid injection
Injection of knee - 09/20/2022 - Left knee steroid injection
Injection of knee - 05/17/2022 - Left knee steroid injection
Injection of knee - 02/15/2022 - Left knee steroid injection
Injection of knee - 11/02/2021 - left knee cortisone injection (WC kit)
Injection of knee - 07/13/2021 - left knee cortisone injection
Injection of knee - 04/13/2021 - left knee cortisone injection
Injection of knee - 01/12/2021 - Left Knee 1st Visco (12/29/20), Left Knee 2nd visco (01/05/2021), Left Knee 3rd visco (01/12/2021)
Injection of knee - 09/22/2020 - L knee w/o cel
Injection of knee - 06/26/2020 - Left Knee 1st visco (6/12/2020), Left Knee 2nd visco (06/19/2020), Left Knee 3rd visco (06/26/2020)
Injection of knee - 01/31/2020 - Left Knee 1st visco (1/10/20), Left Knee 2nd visco (1/17/20), Left Knee 3rd visco (1/31/20)
Injection of knee - 10/04/2019 - left knee cortisone injection
Injection of knee - 07/05/2019 - Left Knee 1st visco (06/21/2019), Left Knee 2nd visco (6/28/19), Left Knee 3rd visco (07/05/2019)
Injection of knee - 06/14/2019 - left knee w/o steroid injection
Injection of knee - 03/15/2019 - left knee w/c steroid injection

MOORE, Ivan (id # [redacted], dob: [redacted]1961)
Injection of knee - 12/07/2018 - left knee w/c steroid injection
Injection of knee - 06/26/2018 - left knee w/c steroid injection
Injection of knee - 02/28/2018 - Left knee steroid injection
Injection of knee - 11/28/2017 - Left knee steroid injection

Past Medical History

Past Medical History not reviewed (last reviewed 07/13/2023)
Cancer: **Y - Prostate cancer**
Diabetes: **Y**
Gastrointestinal Disease: **Y - Colon Polyps**
Hypertension: **Y**
Other: Y - **hypokalemia, Cirrhosis of liver**

HPI

Ivan returns for his third Visco injection today. He is still in not had any improvement from the first 2 injections. He is still having difficulty at work with continued pain. Last steroid injection that he received did not give him as much relief either. He is concerned that the knee pain is going to continue. He states that he has not settled his original claim with Worker's Comp.

Physical Exam

Examination of the left knee reveals near full but painful range of motion with some occasional crepitus. He is lacking just a few degrees of terminal extension. No significant effusion today. Stable ligamentously. Diffuse joint line tenderness.

Imaging: X-rays from previous visit show mild medial compartment narrowing

MRI done years ago shows grade 2 signal within the medial meniscus with mild to moderate chondromalacia of the medial compartment.

Assessment / Plan

Knee chondromalacia and arthritis

Plan: Patient was discussed with Dr. Hornig. We will go ahead and do the final Visco injection today along with a steroid injection consisting of 1 mL of bupivacaine and 1 mL of Depo-Medrol 40 mils per milliliter without incident.-Feels that he can continue working full duty. We will also go ahead and order a repeat MRI since its been several years since his last MRI. Upon follow-up we will get repeat x-rays of the left knee.

Encounter performed by Brad Harrison, PA-C

1. Chondromalacia of patella -
F/U: Left knee chondromalacia & arthritis, WC- DOI: 03/01/2016
M22.42: Chondromalacia patellae, left knee

- MRI, LOWER EXT. JOINT, W/O CONTRAST - Note to Imaging Facility: MRI left knee without contrast

Height (ft.): 5 ft 11 Weight (lbs): 212
in

- Visco-3 10 mg/mL intra-articular syringe - Inject 2 mL by intra-articular route for 35 days. Quantity: (2) mL Route: Intraarticular Administered
- Depo-Medrol 40 mg/mL suspension for injection - Take 40 mg by injection route. Quantity: (40) mg Route: Injection Administered
- Marcaine (PF) 0.5 % (5 mg/mL) injection solution - Take 4 mL by injection route. Quantity: (4) mL Route: Injection Administered
- INTRA-ARTICULAR INJECTION, KNEE (PROC) - Note to Provider: left knee Visco #3 and CSI

Return to Office

- North Grove MRI for MRI at OA ES on 08/10/2023 at 04:45 PM
- Michael P Hoenig , MD for Recheck 15 at OA ES on 09/01/2023 at 08:45 AM

Encounter Sign-Off

Encounter signed-off by Michael P Hoenig , MD, 08/02/2023.

Encounter performed and documented by Charles Bradley Harrison, PAC
Encounter reviewed & signed by Michael P Hoenig , MD on 08/02/2023 at 5:28pm

Imaging Results

MOORE, Ivan (id # ID dob: DOB 1961)

MRI, LOWER EXT.,JOINT, W/O CONTRAST (#1186932, 08/10/2023 12:00am)

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

Carolina Orthopaedic and Neurosurgical Associates
1 Boiling Springs Rd #1600
Spartanburg, SC 29303
(864) 582-6396 (864)

Patient Name:	MOORE, IVAN	**Accession Number:**	G230810163611966
Patient ID:	ID	**Requested Date:**	August 10, 2023 16:40
Gender:	Male	**Report Status:**	Final
Date of Birth:	DOB 1961	**Requested Procedure:**	1
Home Phone:		**Procedure Description:**	MR LEFT KNEE WO CONTRAST
Referring Physician:	HARRISON, CHARLES	**Modality:**	MR
Organization:	CONA		

Findings

Reporting MD:	Smith, Joshua
Dictation Time:	August 10, 2023 20:14
Transcriptionist:	Not available
Transcription Date:	

Exam: Left knee MRI without contrast.
Indication: Chronic left knee pain with weakness and instability and catching mostly in the front of the knee.
Comparison: None.
Technique: Multiplanar multisequence imaging of the knee without contrast.

FINDINGS:
Menisci: Superior articular surface irregularity/tearing evident of the posterior horn medial meniscus. Complex appearing tear medial meniscal body with a diminutive appearance extending into the anterior horn/body junction. Lateral meniscus is intact.

Cruciate ligaments: Mucoid degeneration of the ACL which remains intact. PCL is intact.

Collateral ligaments: MCL is intact. Trace fluid in the MCL bursa and mild soft tissue edema about the distal MCL. Lateral collateral complex is intact.

Tendons: Mild distal quadriceps tendinosis. Extensor mechanism is intact. Tendons are intact. There is mild muscular edema of the medial gastrocnemius and lateral gastrocnemius muscle bellies indicative of mild muscular strain.

Bones: Chronic appearing bone infarct of the proximal tibial metaphysis. Focal bone marrow edema of the lateral tibial spine which is favored chronic reactive/degenerative change. Tricompartmental osteophytic change of the knee.

Articular cartilage:
Patellofemoral compartment: Mild chondral thinning along the far inferior aspect of the patella.

Medial compartment: Diffuse full-thickness cartilage loss of the weightbearing surface medial femoral condyle spanning approximately 40 x 25 mm with opposing full-thickness chondral loss of the medial tibial plateau spanning approximately 3 x 22 mm underlying slight subcortical bone marrow edema of the medial femoral condyle and medial tibial plateau.

Lateral compartment: Full-thickness chondral loss of the far central aspect lateral femoral condyle weightbearing surface spanning approximately 7 x 4 mm.

Miscellaneous: Small knee joint effusion and small multiloculated Baker's cyst.

IMPRESSION:
1. Diffuse full-thickness chondral loss of the medial compartment with complex tearing of the medial meniscal body and body/anterior horn junction. Superior articular surface irregularity/tearing along the posterior horn medial meniscus.
2. Edema about the MCL and trace fluid in the MCL bursa indicative of grade 1 sprain without tear.
3. Mild chondral loss of the patellofemoral and lateral compartment as described above.
4. Chronic appearing bone infarct of the proximal tibial metaphysis.
5. Small knee joint effusion and small multiloculated Baker's cyst.

MOORE, Ivan (id #[redacted] dob:[redacted]1961)

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

Carolina Orthopaedic and Neurosurgical Associates
1338 Boiling Springs Rd #1600
Spartanburg, SC 29
(864) 582-6396 / (864)

This report was dicated and electronically signed by Joshua Smith on 8/10/2023 9:14 PM EDT.

MOORE, Ivan (id # [redacted], dob: [redacted]1961)
Encounter Date: 09/01/2023

Patient

Name	MOORE, IVAN (62yo, M) ID# [redacted]	**Appt. Date/Time**	09/01/2023 08:45AM
DOB	[redacted]1961	**Service Dept.**	OA ES
Provider	MICHAEL P HOENIG , MD		
Insurance	Med Worker's Comp: SEDGWICK CMS Employer Name : SPARTANBURG STEEL Case # : 301655266960001 Case Injury Date : 03/01/2016 Med Worker's Comp: ONE CALL CARE MANAGEMENT - DIAGNOSTICS Employer Name : SPARTANBURG STEEL Case # : P00873830 Case Injury Date : 03/01/2016 Prescription: CVS|CAREMARK - Member is eligible. details		

Chief Complaint

Followup: Chondromalacia of patella

F/U: Left knee chondromalacia & arthritis
WC- DOI: 03/01/2016
LOV: 07/25/2023- Left knee Visco #3
MRI Left knee 08/10/2023 @ CONA
Xray Left knee today

Patient's Care Team

Insurance Adjuster (Worker's Comp): BETH PADGETT: Ph (615) 874-7180, Fax (859) 264-4060

Patient's Pharmacies

CVS/PHARMACY #3586 (ERX): 2397 REIDVILLE ROAD, SPARTANBURG, SC 29301, Ph (864) 576-9268, Fax (864) 587-1309

Vitals

Ht:	5 ft 11 in 09/03/2023 11:39 am	**Wt:**	212 lbs 09/03/2023 11:40 am	**BMI:**	29.6 09/03/2023 11:40 am
BP:	126/75 09/03/2023 11:40 am	**Pulse:**	84 bpm 09/03/2023 11:40 am	**RR:**	16 09/03/2023 11:40 am
Pain Scale:	7 09/03/2023 11:40 am				

Allergies

Reviewed Allergies

DILTIAZEM, low criticality: Dizziness (Mild)

HYDROCHLOROTHIAZIDE, low criticality: Dizziness (Mild)

Medications

MOORE, Ivan (id # [redacted], dob: [redacted] 1961)

Reviewed Medications

clonazePAM 1 mg tablet — 04/02/23 filled
TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 90 DAYS

dicyclomine 20 mg tablet — 08/15/23 filled
TAKE 1 TABLET BY MOUTH TWICE A DAY

escitalopram 10 mg tablet — 08/19/23 filled
TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS

Fish Oil 1,000 mg (120 mg-180 mg) capsule — 07/13/23 entered
Take by oral route.

indapamide 2.5 mg tablet — 08/21/23 filled
TAKE 2 TABLET BY MOUTH EVERY MORNING

Klor-Con M20 mEq tablet,extended release — 08/18/23 filled
TAKE 2 TABLETS WITH FOOD IN MORNING AND 1 TABLET WITH FOOD IN THE EVENING FOR 90 DAYS

meloxicam 15 mg tablet — 07/05/23 filled
TAKE 1 TABLET BY MOUTH EVERY DAY FOR 30 DAYS

methocarbamoL 500 mg tablet — 07/02/23 filled
TAKE 1 TABLET BY MOUTH 4 TIMES A DAY AS NEEDED FOR MUSCLE SPASMS.

OneTouch Delica Plus Lancet 33 gauge — 07/02/23 filled
TESTS TWICE A DAY 90 DAYS

OneTouch Verio test strips — 07/05/23 filled
USE AS DIRECTED TWICE DAILY

rosuvastatin 20 mg tablet — 08/14/23 filled
TAKE 1 TABLET BY MOUTH EVERY DAY

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	NDC	Lot #	Mfr	Exp. Date	VIS	VIS Given	Vaccinator
Influenza											
Influenza	10/15/2*										

DTP 05/28/1967, 04/28/1967, 03/31/1967
Influenza (FLUCELVAX) QUAD IM 10/15/2021, 09/24/2017
Influenza (FLUZONE) => 3YO Preservative Free IM 10/27/2018
Influenza, injectable, quadrivalent, preservative free ages 6 mos and up 09/01/2020, 11/01/2018, 10/27/2018, 09/29/2017
Measles 08/01/1967
Mumps 11/01/1967
OPV 07/01/1967, 05/01/1967, 04/01/1967
Smallpox 03/01/1967
Td 06/08/2021
Tdap 11/16/2016

Problems

Reviewed Problems

MOORE, Ivan (id # [redacted], dob: [redacted] 1961)

- Overweight - Onset: 11/02/2021 - Overweight
- Chondromalacia of patella - Onset: 07/12/2016 - Chondromalacia patellae, left knee
- Knee joint effusion - Onset: 05/10/2016 - Knee effusion, left
- Osteoarthritis of left knee joint - Onset: 09/01/2023

Family History

Reviewed Family History

Father	- Diabetes mellitus
Mother	- Diabetes mellitus
	- Hypertensive disorder

Social History

Reviewed Social History

Activities of Daily Living

Are you deaf or do you have serious difficulty hearing? : No
Do you have difficulty walking or climbing stairs?: No
Are you able to walk?: Yes: walks without restrictions
Which of your hands is dominant?: Right

Substance Use

Do you or have you ever smoked tobacco?: Never smoker
Do you or have you ever used any other forms of tobacco or nicotine?: No
What was the date of your most recent tobacco screening?: 09/01/2023
Has tobacco cessation counseling been provided?: Yes
On what date was tobacco cessation counseling provided?: 09/01/2023
What is your level of alcohol consumption?: None
Do you use any illicit or recreational drugs?: No

Education and Occupation

Are you currently employed?: Yes
What is your occupation?: Spartanburg Automotive - welder.
Do you work in healthcare?: No

Advance Directive

What is your code status?: (Notes: no decision made)

Home and Environment

Where do you live?: (Notes: lives with spouse/partner)

Marriage and Sexuality

What is your relationship status?: Married
How many children do you have?: 2

Diet and Exercise

What is your exercise level?: Occasional

Surgical History

Reviewed Surgical History

Radiographic imaging procedure - Xray left knee 09/01/2023 @ CONA
Injection of knee - Left Knee Visco #1 (7/11/23), Left Knee Visco #2 (7/18/23), Left knee Visco #3 (07/25/2023)
Injection of knee - 07/25/2023 - Left knee CSI
Injection of knee - 03/28/2023 - left knee corticosteroid injection
Injection of knee - 09/20/2022 - Left knee steroid injection
Injection of knee - 05/17/2022 - Left knee steroid injection
Injection of knee - 02/15/2022 - Left knee steroid injection
Injection of knee - 11/02/2021 - left knee cortisone injection (WC kit)
Injection of knee - 07/13/2021 - left knee cortisone injection
Injection of knee - 04/13/2021 - left knee cortisone injection
Injection of knee - 01/12/2021 - Left Knee 1st Visco (12/29/20), Left Knee 2nd visco (01/05/2021), Left Knee 3rd visco (01/12/2021)
Injection of knee - 09/22/2020 - L knee w/c csi
Injection of knee - 06/26/2020 - Left Knee 1st visco (6/12/2020), Left Knee 2nd visco (06/19/2020), Left Knee 3rd visco (06/26/2020)
Injection of knee - 01/31/2020 - Left Knee 1st visco (1/10/20), Left Knee 2nd visco (1/17/20), Left Knee 3rd visco (1/31/20)
Injection of knee - 10/04/2019 - left knee cortisone injection
Injection of knee - 07/05/2019 - Left Knee 1st visco (06/21/2019), Left Knee 2nd visco (6/28/19), Left Knee 3rd visco (07/05/2019)
Injection of knee - 06/14/2019 - left knee w/c steroid injection
Injection of knee - 03/15/2019 - left knee w/c steroid injection
Injection of knee - 12/07/2018 - left knee w/c steroid injection
Injection of knee - 06/26/2018 - left knee w/c steroid injection
Injection of knee - 02/28/2018 - Left knee steroid injection
Injection of knee - 11/28/2017 - Left knee steroid injection

Past Medical History

Reviewed Past Medical History
Cancer: **Y - Prostate cancer**

MOORE, Ivan (id # [redacted] dob: [redacted] 1961)
Diabetes: **Y**
Gastrointestinal Disease: **Y - Colon Polyps**
Hypertension: **Y**
Other: **Y - hypokalemia, Cirrhosis of liver**

Documents for Discussion

Discussed the following documents:
- MRI, LOWER EXTREMITY JOINT(S), W/O CONTRAST - 08/10/23
  Notes - MRI LEFT KNEE REPORT@CONA
- Clinical Document - 07/27/23
- Patient Case - 09/01/23
  Notes - WC- referral put in to see Dr. G please scheduled when approved
- Referral Note - MICHAEL P HOENIG MD - 09/01/23

HPI

Ivan comes in today for follow-up of an MRI of his left knee. His original injury was back in March 2016 he had an MRI that showed some mild chondromalacia but no significant meniscal tear. He has gotten intermittent injections and some Visco injections but they are helping less and less. He states at this point he is fairly miserable and really cannot enjoy life. He cannot walk long distances and every day is a struggle. He has significant pain on the medial part of the knee. The knee gives out and locks up. His last injection was on July 25 and he had a cortisone injection and a Visco injection on that date.

ROS

Patient reports **muscle aches and arthralgias/joint pain**. He reports **weakness**. He reports **anxiety**. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, no exercise intolerance, no chills, and no malaise. He reports no dry eyes, no vision change, no irritation, and no eye disease/injury. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds, no nose problems, and no sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, no teeth problems, no ringing in the ears, and no sinusitis. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, no known heart murmur, and no ankle swelling. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no nausea, no vomiting, no constipation, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, no rashes, no laceration, no non-healing areas, no changes in hair/nails, no psoriasis, no change in skin color, and no breast lump. He reports no fatigue. He reports no swollen glands, no bruising, no excessive bleeding, no anemia, and no phlebitis. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Examination of the left knee shows motion of -5 to about 120 degrees. There is varus malalignment. He is very tender on the medial joint line. No tenderness laterally. There is some crepitus with motion.

Imaging

4 views left knee ordered and reviewed and show severe arthritis of the medial compartment and mild arthritis of the patellofemoral compartment

MRI of the left knee shows diffuse full-thickness chondral loss of the medial compartment with complex tear of the medial meniscal body and anterior horn. Edema about the MCL. Mild chondral loss in the patellofemoral and lateral compartments. Bone infarct of the proximal tibial metaphysis. Baker's cyst.

Assessment / Plan

Left knee arthritis

Plan

At this point Mr. Moore has fairly severe arthritis of his left knee. This is now significant affecting his quality of life. I would like to recommend him to one of my total joint specialist for a knee replacement. Work restrictions be to sedentary duty.

1. Chondromalacia of patella -
left knee chondromalacia and arthritis, WC DOI: 3/01/2016
M22.42: Chondromalacia patellae, left knee
- XR, KNEE 3 VIEW (AP/LAT/SUN) - Note to Imaging Facility: Left, A 4
- XR, KNEE WEIGHTBEARING - Note to Imaging Facility: Left, A 4

2. Osteoarthritis of left knee joint -
Left knee OA, WC- DOI: 03/01/2016
M17.12: Unilateral primary osteoarthritis, left knee
- ORTHOPEDIC SURGEON REFERRAL - Schedule Within: provider's discretion Note to Provider: Left knee OA, WC- DOI: 03/01/2016

Return to Office
Patient will return to the office as needed.

MOORE, Ivan (id # [redacted], dob: [redacted]1961)

Encounter Sign-Off

Encounter signed-off by Michael P Hoenig , MD, 09/03/2023.

Encounter performed and documented by Michael P Hoenig , MD
Encounter reviewed & signed by Michael P Hoenig , MD on 09/03/2023 at 4:04pm

MOORE, Ivan (id # [redacted], dob: [redacted]1961)

Referral Order

09/01/2023

To Provider	From Provider
DANIEL GERSCOVICH MD 1330 BOILING SPRINGS RD SPARTANBURG, SC 29303 Phone: Phone: (864) 582-6396 Fax: Fax: (864) 542-2939	MICHAEL P HOENIG , MD OA ES 1330 Boiling Springs Road, Suite 1600 Spartanburg, SC 29303-4209 Phone: (864) 582-6396 Fax: (864) 542-2939

Referral Order Information

Diagnosis	• Osteoarthritis of left knee joint ICD-10: M17.12: Unilateral primary osteoarthritis, left knee
Order Name	Orders included: 1 Osteoarthritis of left knee joint ICD-10: M17.12: Unilateral primary osteoarthritis, left knee • ORTHOPEDIC SURGEON REFERRAL Schedule Within: provider's discretion Note to Provider: Left knee OA, WC-DOI: 03/01/2016
Notes	Left knee OA. WC- DOI: 03/01/2016

Patient Information

Patient Name	MOORE, IVAN
Sex - DOB - Age	M [redacted]1961 62yo
Address	238 ST MATTHEWS LANE SPARTANBURG, SC 29301
Phone	H: (864) 251-9796
Primary Insurance	SEDGWICK CMS Policy Holder: SPARTANBURG STEEL
Secondary Insurance	None recorded.

Electronically Signed by: MICHAEL P HOENIG , MD

MICHAEL P HOENIG , MD

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MOORE, Ivan (id # [redacted], dob: [redacted] 1961)
(Last amended by James O'Leary, MD on 01/15/2024 at 4:59pm)

Patient

Name	MOORE, IVAN (62yo, M) ID# [redacted]	**Appt. Date/Time**	01/15/2024 12:45PM
DOB	[redacted] 1961	**Service Dept.**	Blanding
Provider	JAMES O'LEARY, MD		
Insurance	Med Legal: STEWART LAW OFFICES LLC Insurance # : DOI: 3/1/16 Employer Name : SPARTANBURG STEEL PRODUCTS Prescription: CVS|CAREMARK - Member is eligible. details		

Chief Complaint

Left Knee

Patient's Care Team

Primary Care Provider: DOUGLAS WILEY: 3021 REIDVILLE RD, SPARTANBURG, SC 29301, Ph (864) 576-9201, Fax (864) 576-6584 NPI: 1922298967

Patient's Pharmacies

CVS/PHARMACY #7061 (ERX): 5895 REIDVILLE RD., MOORE, SC 29369, Ph (864) 486-6995, Fax (864) 486-6996

Vitals

Ht: 5 ft 11 in (180.34 cm) **Wt:** 223 lbs (101.15 kg) **BMI:** 31.1

Pain Scale: 7

Allergies

Reviewed Allergies

NKDA

Medications

MOORE, Ivan (id # [redacted] dob: [redacted]/1961)

Reviewed Medications

clonazePAM 1 mg tablet TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 90 DAYS	12/20/23 filled
dicyclomine 20 mg tablet TAKE 1 TABLET BY MOUTH TWICE A DAY	11/09/23 filled
escitalopram 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS	11/11/23 filled
indapamide 2.5 mg tablet TAKE 2 TABLET BY MOUTH EVERY MORNING	11/08/23 filled
Klor-Con M20 mEq tablet,extended release TAKE 2 TABLETS WITH FOOD IN MORNING AND 1 TABLET WITH FOOD IN THE EVENING FOR 90 DAYS	11/07/23 filled
meloxicam 15 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY FOR 30 DAYS	07/05/23 filled
methocarbamoL 500 mg tablet TAKE 1 TABLET BY MOUTH 4 TIMES A DAY AS NEEDED FOR MUSCLE SPASMS.	07/02/23 filled
OneTouch Delica Plus Lancet 33 gauge TESTS TWICE A DAY	01/04/24 filled
OneTouch Verio test strips TEST TWICE A DAY. DX:E11.51	12/31/23 filled
Paxlovid mg (150 mg x 2)-100 mg tablets in a dose pack TAKE AS DIRECTED	04/25/23 filled
predniSONE 20 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY FOR 5 DAYS	07/05/23 filled
rosuvastatin 20 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	11/09/23 filled
tiZANidine 4 mg tablet TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR MUSCLE SPASMS FOR UP TO 10 DAYS	01/08/24 filled

Problems

Reviewed Problems
- Pain of left knee joint - Onset: 01/15/2024

Family History

Reviewed Family History

Brother - Hypertensive disorder

Social History

Reviewed Social History

Substance Use
Do you or have you ever smoked tobacco?: Never smoker
Do you or have you ever used any other forms of tobacco or nicotine?: No
What is your level of alcohol consumption?: Occasional
Marriage and Sexuality
What is your relationship status?: Married
How many children do you have?: 2
Education and Occupation
Are you currently employed?: Yes
Who is your employer?: Spartanburg Steel
What is your occupation?: Weld Operator

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History
Elevated Cholesterol: **Y**
High Blood Pressure: **Y**

Screening

None recorded.

HPI

General HPI

Reported by patient.

Location: left; deep
Quality: constant; worsening
Severity: pain level 7/10; worst pain 10/10
Timing: chronic
Context: work injury
Alleviating Factors: nothing helps
Aggravating Factors: standing
Associated Symptoms: **swelling; catching/locking; popping/clicking; grinding; instability**
Prior Imaging: x ray; MRI
Previous Injections: helped temporarily
Previous PT: none
Working: modified duty
Notes:
This this is an independent medical evaluation regarding chronic left knee pain. The patient is a 62-year-old male who states that he has worked for Spartanburg steel company for 20 years. He was doing well until March 1, 2016 when he was using a dolly and injured his left knee at work. He noted immediate medial sided pain. He was initially treated with medicines and rest. Over the past 7 years he has been under continuous treatment with injections and states that he has had over 35 shots in that knee over 7 years. He was on regular duty until October 1, 2023 where he was placed on light duty due to persistent pain. He is now been told that he needs a knee replacement. He states he never got better since 2016. His pain has been continuous. His last injection was in the fall 2023. His pain is over the medial knee. Pain with twisting and turning

ROS

ROS as noted in the HPI

Physical Exam

None recorded.

Assessment / Plan

PHYSICAL EXAM:
The patient is alert and oriented x3. Affect is normal. Respirations are clear and not labored. Cardiovascular demonstrates regular rate and rhythm by palpitation. No assistive devices.
The gait is antalgic on the affected side []. moderate crepitation.The spine is straight and nontender with full motion and no stepoffs or deformities. The hips have a full and painless range of motion with no weakness, focal tenderness, or deformity. Bilateral varus deformities. Left worse than right. Range of motion 5 degrees to 130 degrees. Moderate crepitation. The knee has a trace effusion with Limited and painful motion and a normal ligament exam. There is focal tenderness over the medial joint line with a positive McMurray test. The opposite knee has full motion with no focal tenderness and a normal ligament exam. The compartments are soft and the skin is intact with no warmth, erythema or other abnormalities. Pulses are 2+ and there are no motor or sensory deficits.

1. Pain of left knee joint
M25.562: Pain in left knee
- XR, KNEE

Side: LEFT

Views (X-RAY, KNEE): AP, Lateral and Sunrise

Weighted / Unweighted:
Weighted

2. Osteoarthritis of knee
M17.9: Osteoarthritis of knee, unspecified
- KNEE ARTHRITIS: CARE INSTRUCTIONS

XR, KNEE
- Side: LEFT, Views (X-RAY, KNEE): AP, Lateral and Sunrise, Weighted / Unweighted: Weighted

Discussion Notes
X-rays of the knees demonstrate complete loss of medial joint space with bone-on-bone changes in the left medial compartment and severe degenerative changes patellofemoral compartment

Review of an MRI of the left knee dated August 10, 2023 demonstrates severe tricompartmental arthritis with a degenerative medial meniscal tear and bone infarct of proximal tibia. Small Baker's cyst

I have reviewed the medical records provided to me including those from Carolina orthopedic and neurosurgical Associates in Spartanburg

I reviewed the medical record and transcription of the deposition of Dr. Hoenig

The patient has severe bone-on-bone arthritis of the left knee. The patient had pre-existing arthritis at the time of his injury in 2016. This was aggravated by the injury. There was suspicion for a medial meniscal tear at the time of injury in 2016. At the present time, I agree that total knee replacement is the best option for intervention. The patient has had pain for 7 years continuously and had many injections over the years and a continual sequence of treatment related to his injury.. It is my opinion that this is a continuation of his Worker's Compensation injury and that he is not at maximal medical improvement. His treatment over the past 7 years has been directly related to his 2016 injury. He never reached a plateau. He never had any additional injury. At the time of his initial injury he aggravated and accelerated his osteoarthritis of the knee which has been continuously symptomatic for 7 years. It is my opinion that his current symptoms are directly related to his 2016 injury. His treatment has been appropriate. He is not at maximal medical improvement. I recommended total knee arthroplasty to decrease his impairment and improve his functional capacity.. I discussed risks benefits and techniques with him. He may perform light duty with no kneeling squatting crawling or climbing. He should perform primarily sedentary duty. My opinions are within a reasonable degree of medical certainty.

Return to Office
Patient will return to the office as needed.

Amendment Sign-Off
Encounter signed-off by James O'Leary, MD, 01/15/2024.

Encounter performed and documented by James O'Leary, MD
Encounter reviewed & signed by James O'Leary, MD on 01/15/2024 at 4:50pm
Amendment closed by James O'Leary, MD on 01/15/2024 at 4:59pm

MOORE, Ivan (id # [redacted], dob: [redacted]1961)

Last amended by Daniel A Gerscovich, MD on 05/13/2024 at 8:10pm

Patient

Name	MOORE, IVAN (62yo, M) ID# [redacted]	**Appt. Date/Time**	04/16/2024 03:45PM
DOB	[redacted] 961	**Service Dept.**	OA ES
Provider	DANIEL A GERSCOVICH, MD		
Insurance	Med Primary: *SELF PAY* Med Worker's Comp: SEDGWICK CMS Employer Name : SPARTANBURG STEEL Case # : 301655266960001 Case Injury Date : 03/01/2016 Med Worker's Comp: ONE CALL CARE MANAGEMENT - DIAGNOSTICS Employer Name : SPARTANBURG STEEL Case # : P00873830 Case Injury Date : 03/01/2016 Prescription: check now		

Chief Complaint

Second Opinion

SECOND OPINION: LEFT KNEE

Patient's Care Team

Insurance Adjuster (Worker's Comp):BETH PADGETT: Ph (615) 874-7180, Fax (859) 264-4060

Patient's Pharmacies

CVS/PHARMACY #3586 (ERX): 2397 REIDVILLE ROAD, SPARTANBURG, SC 29301, Ph (864) 576-9268, Fax (864) 587-1309

Vitals

Ht: 5 ft 11 in 04/16/2024 04:22 pm

Wt: 225 lbs With clothes 04/16/2024 04:23 pm

BMI: 31.4 04/16/2024 04:22 pm

Pain Scale: 8 04/16/2024 04:23 pm

Allergies

Reviewed Allergies

DILTIAZEM, low criticality: Dizziness (Mild)

HYDROCHLOROTHIAZIDE, low criticality: Dizziness (Mild)

Medications

Reviewed Medications

amLODIPine 5 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS	02/15/24	filled
clonazePAM 1 mg tablet TAKE 1 TABLET BY MOUTH TWICE A DAY	03/19/24	filled
dicyclomine 20 mg tablet TAKE 1 TABLET BY MOUTH TWICE A DAY	01/28/24	filled
escitalopram 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/07/24	filled
Fish OiL 1,000 mg (120 mg-180 mg) capsule Take by oral route.	07/13/23	entered
indapamide 2.5 mg tablet TAKE 2 TABLETS BY MOUTH EVERY MORNING	03/22/24	filled

MOORE, Ivan (id #[redacted] dob:[redacted]1961)

Klor-Con M20 mEq tablet,extended release 04/10/24 filled
TAKE 2 TABLETS WITH FOOD IN MORNING AND 1 TABLET WITH FOOD IN THE EVENING FOR 90 DAYS

meloxicam 15 mg tablet 07/05/23 filled
TAKE 1 TABLET BY MOUTH EVERY DAY FOR 30 DAYS

metFORMIN ER 500 mg tablet,extended release 24 hr 02/15/24 filled
TAKE 1 TABLET BY MOUTH EVERY DAY WITH EVENING MEAL FOR 90 DAYS

methocarbamoL 500 mg tablet 07/02/23 filled
TAKE 1 TABLET BY MOUTH 4 TIMES A DAY AS NEEDED FOR MUSCLE SPASMS.

OneTouch Delica Plus Lancet 33 gauge 04/05/24 filled
TESTS TWICE A DAY

OneTouch Verio Flex Meter 02/19/24 filled
N/A AS DIRECTED

OneTouch Verio test strips 03/17/24 filled
TEST TWICE A DAY

rosuvastatin 20 mg tablet 02/15/24 filled
TAKE 1 TABLET BY MOUTH EVERY DAY

tiZANidine 4 mg tablet 01/08/24 filled
TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR MUSCLE SPASMS FOR UP TO 10 DAYS

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
Influenza											
influenza	10/15/21										

DTP 05/26/1967, 04/28/1967, 03/31/1967
Influenza (FLUCELVAX) QUAD IM 10/15/2021, 09/24/2017
Influenza (FLUZONE) => 3YO Preservative Free IM 10/27/2018
Influenza, injectable, quadrivalent, preservative free ages 6 mos and up 09/01/2020, 11/01/2018, 10/27/2018, 09/29/2017
Measles 08/01/1967
Mumps 11/01/1967
OPV 07/01/1967, 05/01/1967, 04/01/1967
Smallpox 03/01/1967
Td 06/08/2021
Tdap 11/16/2016

Problems

Reviewed Problems
- Overweight - Onset: 11/02/2021 - Overweight
- Chondromalacia of patella - Onset: 07/12/2016 - Chondromalacia patellae, left knee
- Knee joint effusion - Onset: 05/10/2016 - Knee effusion, left
- Osteoarthritis of left knee joint - Onset: 09/01/2023

Family History

Reviewed Family History

Father	- Diabetes mellitus
Mother	- Diabetes mellitus
	- Hypertensive disorder

Social History

MOORE, Ivan (id # [redacted], dob: [redacted]/1961)

Reviewed Social History
Activities of Daily Living
Are you deaf or do you have serious difficulty hearing? : No
Do you have difficulty walking or climbing stairs?: No
Are you able to walk?: Yes: walks without restrictions
Which of your hands is dominant?: Right
Substance Use
Do you or have you ever smoked tobacco?: Never smoker
Do you or have you ever used any other forms of tobacco or nicotine?: No
What was the date of your most recent tobacco screening?: 09/01/2023
Has tobacco cessation counseling been provided?: Yes
On what date was tobacco cessation counseling provided?: 09/01/2023
What is your level of alcohol consumption?: None
Do you use any illicit or recreational drugs?: No
Education and Occupation
Are you currently employed?: Yes
What is your occupation?: Spartanburg Automotive - welder.
Do you work in healthcare?: No
Advance Directive
What is your code status?: (Notes: no decision made)
Home and Environment
Where do you live?: (Notes: lives with spouse/partner)
Marriage and Sexuality
What is your relationship status?: Married
How many children do you have?: 2
Diet and Exercise
What is your exercise level?: Occasional

Surgical History

Reviewed Surgical History
- Radiographic imaging procedure - Xray left knee 09/01/2023 @ CONA
- Injection of knee - Left Knee Visco #1 (7/11/23), Left Knee Visco #2 (7/18/23), Left knee Visco #3 (07/25/2023)
- Injection of knee - 07/25/2023 - Left knee CSI
- Injection of knee - 03/28/2023 - left knee corticosteroid injection
- Injection of knee - 09/20/2022 - Left knee steroid injection
- Injection of knee - 05/17/2022 - Left knee steroid injection
- Injection of knee - 02/15/2022 - Left knee steroid injection
- Injection of knee - 11/02/2021 - left knee cortisone injection (WC kit)
- Injection of knee - 07/13/2021 - left knee cortisone injection
- Injection of knee - 04/13/2021 - left knee cortisone injection
- Injection of knee - 01/12/2021 - Left Knee 1st Visco (12/29/20), Left Knee 2nd visco (01/05/2021), Left Knee 3rd visco (01/12/2021)
- Injection of knee - 09/22/2020 - L knee w/c csi
- Injection of knee - 06/26/2020 - Left Knee 1st visco (6/12/2020), Left Knee 2nd visco (06/19/2020), Left Knee 3rd visco (06/26/2020)
- Injection of knee - 01/31/2020 - Left Knee 1st visco (1/10/20), Left Knee 2nd visco (1/17/20), Left Knee 3rd visco (1/31/20)
- Injection of knee - 10/04/2019 - left knee cortisone injection
- Injection of knee - 07/05/2019 - Left Knee 1st visco (06/21/2019), Left Knee 2nd visco (6/28/19), Left Knee 3rd visco (07/05/2019)
- Injection of knee - 06/14/2019 - left knee w/c steroid injection
- Injection of knee - 03/15/2019 - left knee w/c steroid injection
- Injection of knee - 12/07/2018 - left knee w/c steroid injection
- Injection of knee - 06/26/2018 - left knee w/c steroid injection
- Injection of knee - 02/28/2018 - Left knee steroid injection
- Injection of knee - 11/28/2017 - Left knee steroid injection

Past Medical History

Reviewed Past Medical History
Cancer:**Y-Prostate cancer**
Diabetes:**Y**
Gastrointestinal Disease:**Y-Colon Polyps**
Hypertension:**Y**
Other:**Y-hypokalemia, Cirrhosis of liver**

HPI

~~Mr. Moore is a 62 year old male who presents for second opinion. Worker's Comp. he has had a claim left knee pain. He has an extensive history of treatment with Dr. Koenig, for the greater part of nearly 8 years. He states his injury was in March 2016, a dolly hit his knee twisting his injury with a valgus force. Another opinion by Dr. O'Leary. This was when he was employed at~~

MOORE, Ivan (id # [redacted], dob: [redacted] 1961)

~~Spartanburg steel, he had previously reached MMI for this. After extensive conservative treatment Dr. Hornick, including corticosteroid injections after the injury in 2016, he continued to receive corticosteroid injection and viscosupplementation injections for over 8 years, every 3 months. States has had over 35 injections. Denies any pain prior to the injury. He is on methocarbamol as well as Mobic. He notes instability and swelling, with crepitus. He is on light duty currently. He recently had an MRI that showed severe arthritis of the left knee, from August 2023, accomplished of the medial meniscus and body, with tricompartmental arthritis. Was noted that MRI in April 2016 after the injury showed grade 2 signal to the posterior medial meniscus, with MCL sprain and mild to moderate chondral damage. Ns to significant decrease in quality of life and daily teas, with a decreased walking tolerance. Is considering TKA. All of his records were reviewed extensively prior to this visit, including the note specifically by Dr. Hoenig dating back to 2016~~ Mr. Moore is a 62-year-old male who presents for second opinion, Worker's Comp. he has had a claim left knee pain. He has an extensive history of treatment with Dr. Koenig, for the greater part of nearly 8 years. He states his injury was in March 2016, a dolly hit his knee twisting his injury, with a valgus force. Another opinion by Dr. O'Leary. This was when he was employed at Spartanburg steel, he had previously reached MMI for this. After extensive conservative treatment Dr. Hornick, including corticosteroid injections after the injury in 2016, he continued to receive corticosteroid injection and viscosupplementation injections for over 8 years, every 3 months. States has had over 35 injections. Denies any pain prior to the injury. He is on methocarbamol as well as Mobic. He notes instability and swelling, with crepitus. He is on light duty currently. He recently had an MRI that showed severe arthritis of the left knee, from August 2023, accomplished of the medial meniscus and body, with tricompartmental arthritis. Was noted that MRI in April 2016 after the injury showed grade 2 signal to the posterior medial meniscus, with MCL sprain and mild to moderate chondral damage. Notes a significant decrease in quality of life and daily activities, with a decreased walking tolerance. Is considering TKA. All of his records were reviewed extensively prior to this visit, including the note specifically by Dr. Hoenig dating back to 2016

ROS

Additionally reports: Negative as above

Physical Exam

The patient is well developed, well nourished and in no acute distress. Alert and oriented x3. Pleasant and cooperative. HEENT WNL. Cranial nerves II-XII are grossly intact.
Examination of the left knee shows knee is 8 varus, corrects to neutral. He has trace effusion, with range of motion 3 to 120 degrees. Positive grind. Positive McMurray's sign

Previous x-rays reviewed
Four views of the left knee show evidence of joint space narrowing, subchondral sclerosis, and osteophytic changes with small subchondral cysts consistent with end stage osteoarthritis.

Assessment / Plan

Left knee arthritis
Worker's Comp., injury 2016
~~Patient radiographs~~ Patient radiographs And exam discussed in detail with the patient. I agree, he has significant left knee arthritis has tried failed multiple conservative options over the better part of 8 years. He notes a significant decrease in quality of life and daily tubes, and I recommended in my professional opinion for total knee arthroplasty. It is my opinion that, since he subjectively had no knee symptoms prior to his injury, he would not be in this position as a candidate for TKA after failing 8 years of conservative treatment had he no incurred this injury.
~~And exam discussed in detail with the patient. I agree, he has significant left knee arthritis has tried failed multiple conservative options over the better part of 8 years. He notes a significant decrease in quality of life and daily tubes, and I recommended in my professional opinion for total knee arthroplasty. He did request to move forward as a treating surgeon, I advised him I would have to cover this with his Worker's Comp. team etc. If this is allowed to proceed forward, I would be happy to move forward with TKA for the left knee. He denies any pain prior to the injury, an MRI from 2016 did show grade 2 signal of the posterior medial meniscus consistent with tear with mild arthritis. This is since progressed significantly from his pre existing chondro damage~~ He did request to move forward as a treating surgeon, I advised him I would have to cover this with his Worker's Comp. team etc. If this is allowed to proceed forward, I would be happy to move forward with TKA for the left knee. He denies any pain prior to the injury, an MRI from 2016 did show grade 2 signal of the posterior medial meniscus consistent with tear with mild arthritis. This is since progressed significantly from his pre existing chondro damage

Specifically as requested:
1. End stage arthritis of his left knee
2. Aggravated from a likely milder pre existing form of arthritis from his injury 3/1/2016
3. No, he is not yet at MMI
4. Recommend Left TKA
5. NA
6. Currently working light duty per restrictions previously recommended
7. Currently limited and thus recommendation for light duty, but goal for TKA would be return to work full duty without restrictions after recovery.
8. 25 %(good outcome after TKA) from 6th edition impairment rating

Daniel Gerscovich MD

1. Osteoarthritis of left knee joint

MOORE, Ivan (id # [redacted] dob: [redacted] 1961)

M17.12: Unilateral primary osteoarthritis, left knee

- XR, KNEE, 4 OR MORE VIEW - Note to Imaging Facility: HW

Return to Office

Patient will return to the office as needed.

Amendment Sign-Off

~~Encounter signed-off by Daniel A Gerscovich, MD, 04/23/2024.~~ Encounter signed-off by Daniel A Gerscovich, MD, 05/13/2024.

Encounter performed and documented by Daniel A Gerscovich, MD
Encounter reviewed & signed by Daniel A Gerscovich, MD on 04/23/2024 at 3:55pm
Amendment closed by Daniel A Gerscovich, MD on 05/13/2024 at 8:10pm

Stewart
LAW OFFICES

ROCK HILL | COLUMBIA | CHARLOTTE
SPARTANBURG | BEAUFORT

Reply To:

Sam Bass
sam@stewartlawoffices.net

Licensed in SC

February 7, 2024

Dr. Dan Gerscovich
CONA

RE: Client: **Ivan Moore**
DOB: DOB 1961
SSN: SSN
DOI: **March 1, 2016**

Dear Dr. Gerscovich:

We represent Mr. Moore for a March 1, 2016 injury which occurred while working on the job. Enclosed you will find Mr. Moore's medical records. This is an admitted work accident, and the carrier has been providing treatment for Mr. Moore's injury on a regular basis since that time.

Mr. Moore initially injured his left knee when he struck it on a dolly at work. He began his treatment with Dr. Hoenig at CONA shortly thereafter. He treated with Dr. Hoenig in May (injection), June, July (injection), and August (injection). At the August 2016 visit it was noted that at the next visit they would make a decision regarding MMI or possible knee scope for debridement. The limited note from the next visit noted relief with the last injection, pain without a knee brace of 7/10, and popping and swelling. Mr. Moore was released on the date with a 10% impairment to the left knee, no restrictions, and was to receive cortisone injections intermittently.

At this point the carrier and employer did not take any further action to close or move the claim along further. Mr. Moore continued to receive either steroid or vicso injections in his left knee for the next 7 years (more than 35 injections in total). The carrier continued to pay for his treatment, and he continued to work at his job.

On July 18, 2023, Mr. Moore returned to CONA for another injection. It was noted at that time that he did not get much relief from the last steroid injections, was walking with an antalgic gait, and was concerned the injections were not going to help moving forward. An MRI was ordered on July 25, 2023.

Mr. Moore followed up on September 1, 2023, after his MRI. According to Dr. Hoenig, it showed full-thickness chondral loss of the medial compartment with complex tear of the medial meniscal body and anterior horn, edema about the MCL, mild chondral loss in the patellofemoral and lateral compartments, bone infarct of the proximal tibial metaphysis, and Baker's cyst. Dr. Hoenig referred Mr. Moore to a total joint specialist for a knee replacement and gave him sedentary work restrictions.

Shortly after that, and prior to my involvement in the case, the adjuster sent Dr. Hoenig a questionnaire in which he indicated that despite there not being any intervening injury to the left knee, that the knee replacement recommendation was not related to his original work accident but was instead a natural progression of his knee condition. I took Dr. Hoenig's deposition, and I have included it for your review if you wish. He explains his reasoning on pages pg. 32-41.

My client is disappointed with this opinion, and I'm at a loss as well. I would think that need for the knee replacement would be related to the original work injury, as there has been no intervening accident as well as no appreciable break in continuing care, but I'm not a doctor and that's why I've asked for your opinion on this case.

We also sent Mr. Moore to Dr. O'Leary for an IME regarding this issue. I have attached a copy of his report for your review as well. In essence though, it is Dr. O'Leary's opinion that the need for a TKA is related to his fall.

Upon a review of these medical records, I would greatly appreciate you offering your opinion, more probable than not and to a reasonable degree of medical certainty, as to the following questions attached.

1. What conditions currently affect Mr. Moore?

2. Are the above conditions a result of, or exacerbated or aggravated by the accident of March 1, 2016?

3. Do you feel Mr. Moore is at Maximum Medical Improvement at this time?

4. If not, what medical and/or other treatment (inclusive of medication), if any, would you recommend at this time or feel they may require in the future regarding these injuries?

5. If you feel Mr. Moore is at MMI, based upon your clinical examination and a review of his medical records, using the *Guides to Permanent Impairment* what degree of permanent partial impairment would you

assign to the left knee as well as other areas of Mr. Moore's body that may have been affected or aggravated by the accident and these injuries?

6. Do you feel he are capable of working, and if so, what limitations and/or restrictions would you prescribe and would these limitations be permanent and if not, for what length of time/duration?

7. Do these limitations/restrictions limit the type of job or work that they will be capable of performing now or in the future?

8. If Mr. Moore is not at MMI, what would you assign today, based upon your examination and a review of the records, as a ***premature impairment rating*** to the areas of his body affected?

Thanking you in advance.

Sincerely,

Sam Bass
Attorney at Law

mgc

Reply To
MARK ALLISON
Direct Dial: (864) 242-1713
mallison@mgclaw.com

October 17, 2023

Sam Bass, Esquire
Stewart Law Offices, L.L.C.
409 South Pine Street
Spartanburg, South Carolina 29302

RE: Ivan Moore vs. Spartanburg Steel Products and Hartford Accident & Indemnity Company c/o Sedgwick Claims Management Services, Inc
Date of Accident: March 1, 2016
WCC File No.: 1613880
Our File No.: 20194.23966
Claim No.: 30165526696-0001

Dear Sam:

Please be advised that our firm has been retained as legal counsel for the employer and insurance carrier in the above-referenced Workers' Compensation matter.

If you have any questions or require further information or assistance from us, please do not hesitate to contact me.

Very truly yours,

Mark Allison

MAA/csf
cc: Beth Padgett, Sedgwick Claims Management Services, Inc

Outlook

RE: Ivan Moore vs. Spartanburg Steel Products

From: Katia Camacho <Katia@stewartlawoffices.net>
Date: [illegible]
To: Sam Bass <sam@stewartlawoffices.net>; Mark Allison <MAllison@mgclaw.com>; Cara Farotto <cara.farotto@mgclaw.com>

[illegible]

Good afternoon
Please see attached.
Thank you!

Stewart Law Offices

Katia Camacho | Paralegal

Stewart Law Offices
409 South Pine St. Spartanburg, SC 29302
katia@stewartlawoffices.net | www.stewartlawoffices.net
864.583.2223 | Fax 864.310.4099
866.STEWART

[illegible]

From: Sam Bass <sam@stewartlawoffices.net>
Sent: Friday, July 26, 2024 2:28 PM
To: Mark Allison <MAllison@mgclaw.com>; Cara Farotto <cara.farotto@mgclaw.com>; Katia Camacho <Katia@stewartlawoffices.net>
Subject: RE: Ivan Moore vs. Spartanburg Steel Products

Mark,

I'm filing for a hearing on this one. Mr. Moore wants his knee fixed, and doesn't agree with Dr. Hoenig that it's not work related. I don't either.

Attached are an IME from Dr. O'Leary as well as Dr. Gerscovich. Both think it's an aggravation. Regarding Dr. G, you will see some numbered questions answered on page 4 of the report. Those correspond to the questions posed in the attached letter.

I also think Dr. Hoenig's opinion via the questionnaire, and subsequent deposition gets excluded. The carrier violated 42-15-95 when they send the questionnaire, and any subsequent opinions by Dr. Hoenig in another form (especially since it's the same opinion) are excluded as well. Fruit of the poisonous tree, etc.

Call me to discuss.

Stewart 25 Law Offices

Sam Bass | Attorney

Stewart Law Offices

[illegible]

Exhibit 1 - 002

sam@stewartlawoffices.net | www.stewartlawoffices.net
[illegible]

[illegible]

From: Mark Allison <MAllison@mgclaw.com>
Sent: Friday, May 31, 2024 10:21 AM
To: Cara Farotto <cara.farotto@mgclaw.com>; Sam Bass <sam@stewartlawoffices.net>; Katia Camacho <Katia@stewartlawoffices.net>
Subject: RE: Ivan Moore vs. Spartanburg Steel Products

Good morning. Can you please let us get the attached released signed? thanks

From: Mark Allison <MAllison@mgclaw.com>
Sent: Tuesday, May 7, 2024 2:59 PM
To: Cara Farotto <cara.farotto@mgclaw.com>; Sam Bass <sam@stewartlawoffices.net>; Katia Camacho <Katia@stewartlawoffices.net>
Subject: Re: Ivan Moore vs. Spartanburg Steel Products

Hey Sam. Sedgwick needs to obtain an MSA to see how much it is and if a cheaper settlement would be viable. The release is required by the vendor preparing the set aside.

Sent from my iPhone

> On May 7, 2024, at 2:50 PM, Cara Farotto <cara.farotto@mgclaw.com> wrote:

mgc

Mark Allison [illegible]
mallison@mgclaw.com
[illegible]
Main [illegible]
Main [illegible] Direct [illegible] Fax [illegible]
VCARD BIO

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From: Sam Bass <sam@stewartlawoffices.net>
Sent: [illegible]
To: [illegible] <cara.farotto@mgclaw.com>

Exhibit 1 - 003

Cc: Katia Camacho <Katia@stewartlawoffices.net>
Subject: Re: Jean Moore vs. Spartanburg Steel Products

Cara,

Why is he signing this?

Sam Bass | Attorney

Stewart Law Offices

409 South Pine St. | Spartanburg, SC 29302

sam@stewartlawoffices.net | www.stewartlawoffices.net
864.583.2223 | Fax 864.310.4099

866.STEWART

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From: Cara Farotto <cara.farotto@mgclaw.com>
Sent: Tuesday, May 7, 2024 2:45 PM
To: Sam Bass <sam@stewartlawoffices.net>
Cc: Katia Camacho <Katia@stewartlawoffices.net>
Subject: Jean Moore vs. Spartanburg Steel Products

Good Afternoon,

Could you please have Mr. Moore sign the attached Medical Release?

Thanks!

Cara Farotto, *Paralegal*
cara.farotto@mgclaw.com
55 E. Camperdown Way Suite 300, Greenville, SC 29601
Mail: PO Box 2985, Greenville, SC 29602
Main: 864-232-8080 **Direct:** 864-232-8013 **Fax:** 864-232-2309
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understand that any distribution, copying, or use of the information is unauthorized and strictly prohibited. If you have received this electronic mail in error, please immediately notify the sender and destroy all copies which you may have of this communication!

Katia Camacho

From: Barbara Germain <bgermain@mgclaw.com>
Sent: Tuesday, October 8, 2024 12:49 PM
To: Katia Camacho
Subject: Ivan Moore vs. Spartanburg Steel Products (Claim No.: tbd)

Categories: Neos

Hey Katia:

Mark Allison would like to schedule a one hour in person deposition regarding the above claim. Are Sam and his client available on any of the following dates/times:

November 4, 5, 6, 13, or 14 at 10:00 or 11:00.

If not, please let me know additional availability.

Thanks for your help,
Barbara Germain
Legal Assistant to Mark Allison

Barbara Germain, *Legal Assistant*
bgermain@mgclaw.com
201 W. McBee Avenue, 2nd Floor, Greenville, SC 29601
Mail: PO Box 2980, Greenville, SC 29602
Main: 864-239-4000 **Direct:** 864-239-4033 **Fax:** 864-242-3199
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Katia Camacho

From: Barbara Germain <bgermain@mgclaw.com>
Sent: Tuesday, October 8, 2024 4:55 PM
To: Katia Camacho
Subject: RE: Ivan Moore vs. Spartanburg Steel Products (Claim No : tbd)

Categories: Neos

Thank you, we will get a notice sent out and schedule the court reporter.

Barbara Germain, *Legal Assistant*
bgermain@mgclaw.com
201 W. McBee Avenue, 2nd Floor, Greenville, SC 29601
Mail: PO Box 2900, Greenville, SC 29602
Main: 864-239-4000 **Direct:** 864-239-4033 | **Fax:** 864-242-3199
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Please consider the environment before printing this email

From: Katia Camacho <Katia@stewartlawoffices.net>
Sent: Tuesday, October 8, 2024 4:34 PM
To: Barbara Germain <bgermain@mgclaw.com>
Subject: RE: Ivan Moore vs. Spartanburg Steel Products (Claim No.: tbd)

We can do November 14 at 10.

Katia Camacho | Paralegal

Stewart Law Offices
409 South Pine St | Spartanburg, SC 29302
katia@stewartlawoffices.net | www.stewartlawoffices.net
864.583.2223 | Fax 864.310.4099
866.STEWART

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mgc

Reply To
CARA FAROTTO
Direct Dial : (864) 239-4013
cara.farotto@mgclaw.com

November 14, 2024

Sam Bass, Esquire
Stewart Law Offices, L.L.C.
409 South Pine Street
Spartanburg, South Carolina 29302

RE: Ivan Moore vs. Spartanburg Steel Products and Hartford Accident & Indemnity Company c/o Sedgwick Claims Management Services, Inc.
Date of Accident: March 1, 2016
WCC File No.: 1613880
Our File No.: 20194.23966
Claim No.: 30165526696-0001

Dear Mr. Bass:

This letter will confirm that we have made arrangements for Ivan Moore to see Daniel E. Lee, M.D. at Foothills Orthopaedic and Sports Medicine for a medical evaluation. The appointment has been scheduled for Friday, November 22, 2024, at 10:30 AM **(arrival time of 10:00 AM)** in his office at 3150 Highway 153 Piedmont, South Carolina 29673. I would appreciate it if you would advise your client of this appointment and ensure his attendance at the appropriate time. ***Also, please be sure that your client brings any diagnostic films to this appointment.***

Should you have any questions or comments, please do not hesitate to call. Thank you for your assistance in this matter.

Very truly yours,

Cara Farotto
Paralegal to Mark Allison

/csf
cc: Beth Padgett, Sedgwick Claims Management Services, Inc.

Outlook

Re: Ivan Moore vs. Spartanburg Steel Products

From Sam Bass <sam@stewartlawoffices.net>
Date Tue, [illegible]/2024 12:02 PM
To Cara Tarotto <cara.tarotto@mgclaw.com>
Cc Katia Camacho <Katia@stewartlawoffices.net>, Mark Allison <mallison@mgclaw.com>

Mark,

We intend to send a NCM with Mr. Moore to the exam. Per the instructions provided by Dr. Lee below, he does not permit NCMs. This is unacceptable to us.

Also, we intend to move to exclude the opinions of Dr. Lee as anything we receive will be untimely. You were provided copies of our IME reports in late July and notified we were filing for a hearing. We filed for the hearing in early August. That would leave plenty of time to schedule an IME in a timely manner. 5 days prior to a hearing is simply not fair to my client and I would hope that the Commission would agree.

Additionally, it is my understanding that you will likely move to postpone based on the need to gather additional medical records and conduct additional discovery in that the deposition was just completed earlier this morning. Any lack of records that are not in your possession is not the responsibility of the claimant and is certainly not caused by any delay on our part.

We were notified of your representation in October 2023. We provided all our IMEs in July 2024. We filed for a hearing in August 2024. We received the hearing notice on September 11, 2024. Your office reached out for deposition dates almost a month later on October 8th and gave us 5 dates to pick from in the first half of November. We responded before the end of the day agreeing to one of the dates you provided. Additionally, this claim is almost 8 years old. Prior to any attorneys involvement in this case starting in 2023, the carrier had unfettered access to Mr. Moore and his providers. It is my understanding that adjuster even attended some early appointments.

It will be our position before Comm. Beck that you have been provided with every opportunity to conduct discovery in a timely manner, and we insist on proceeding to a hearing.

*Disclaimer regarding unaccompanied exams: **Please make sure the claimant is aware that they must be unaccompanied during their appointment and that their spouse or children cannot go in the exam room with them.** If a spouse, family member, or other acquaintance will be driving them to the office, they will need to wait in the lobby until the exam is complete. Any legal representatives, case managers, or other persons who are not the claimant will not be permitted in the exam room either.
We understand that it can be comforting to have that extra person present, however, this is to ensure that the claimant is able to provide their own account of their work-related incident and current symptoms with as little outside influence as possible. There will always be a female staff member present in addition to the examining physician, and the claimant will not be alone with the physician at any time. If the claimant insists on being accompanied, the examination will be canceled and a late cancellation fee will be charged.

*Disclaimer regarding filming/recording during exams: Our providers are not comfortable with being filmed or recorded during the exam. If the claimant insists on filming or recording, the examination will be canceled and a late cancellation fee will be charged.

*If the claimant is currently on prescription medications, we ask that they either bring a typed list of their medications and dosages with them to check-in.

Stewart 25 Law Offices

Sam Bass | Attorney

Stewart Law Offices
[illegible]
sam@stewartlawoffices.net www.stewartlawoffices.net
864 [illegible] Fax 864 [illegible]

Exhibit 1 - 009

866.STEWART

From: Cara Farotto <cara.farotto@mgclaw.com>
Sent: Thursday, November 14, 2024 9:20 AM
To: Sam Bass <sam@stewartlawoffices.net>
Cc: Katia Camacho <Katia@stewartlawoffices.net>
Subject: Ivan Moore vs. Spartanburg Steel Products

Good Morning,

We have set an IME with Dr. Lee for 11:22 arrival time of 10:00 AM. Please see attached letter and below for additional details.

Thanks!

*Disclaimer regarding unaccompanied exams. **Please make sure the claimant is aware that they must be unaccompanied during their appointment and that their spouse or children cannot go in the exam room with them.** If a spouse, family member, or other acquaintance will be driving them to the office, they will need to wait in the lobby until the exam is complete. Any legal representatives, case managers, or other persons who are not the claimant will not be permitted in the exam room either. We understand that it can be comforting to have that extra person present, however, this is to ensure that the claimant is able to provide their own account of their work-related incident and current symptoms with as little outside influence as possible. There will always be a female staff member present in addition to the examining physician, and the claimant will not be alone with the physician at any time. If the claimant insists on being accompanied, the examination will be canceled and a late cancellation fee will be charged.

*Disclaimer regarding filming/recording during exams. Our providers are not comfortable with being filmed or recorded during the exam. If the claimant insists on filming or recording, the exam nation will be canceled and a late cancellation fee will be charged.

*If the claimant is currently on prescription medications, we ask that they either bring a typed list or their medication bottles with them to check in.

mgc

Cara Farotto Paralegal
cara.farotto@mgclaw.com
201 A. Magee Avenue, Suite [illegible], [illegible], SC 29601
Mail: PO Box 2487, Greenville, SC 29602
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VCARD

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Outlook

Re: Ivan Moore vs. Spartanburg Steel Products

From: Sam Bass <sam@stewartlawoffices.net>
Date: Tue 11/19/2024 8:35 AM
To: Cara Farotto <cara.farotto@mgclaw.com>
Cc: Kaba Camacho <kaba@stewartlawoffices.net>; Mark A Ilson <MAIlson@mgclaw.com>

Mark,

To be clear, we were still sending him to this appointment, but with a NCM. If Dr. Lee chose not to do the exam at that point it would have been his decision. We'll still send him to this appointment if it's rescheduled.

Stewart LAW OFFICES 25

Sam Bass | Attorney

Stewart Law Offices
409 South Pine St. Spartanburg, SC 29302
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864.582.2222 Fax 864.319.4099
866 STEWART

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From: Cara Farotto <cara.farotto@mgclaw.com>
Sent: Monday, November 18, 2024 5:03 PM
To: Sam Bass <sam@stewartlawoffices.net>
Cc: Kaba Camacho <Kaba@stewartlawoffices.net>; Mark A Ilson <MAIlson@mgclaw.com>
Subject: RE: Ivan Moore vs. Spartanburg Steel Products

Good evening,

The IME has been cancelled.

mgc

Cara Farotto, Paralegal
cara.farotto@mgclaw.com
[illegible] Main Street, Columbia, SC 29201
Mailing Address: [illegible]
Main: 803.[illegible] Direct: [illegible] Fax: 803.252.[illegible]
vCARD

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1613880

IVAN MOORE, Employee, Claimant, vs. SPARTANBURG STEEL, Employer, AND HARTFORD ACCIDENT & INDEMNITY COMPANY C/O SEDGWICK CLAIMS MANAGEMENT SERVICES, INC., Carrier, Defendants.	}	**NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANT**

TO: COMMISSIONER T. SCOTT BECK, SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND SAM BASS, ESQUIRE:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

APA#	DOCTOR	PRACTICE	DATES	PAGES
4.	Michael Hoenig, MD	CONA	9/13/16 – 9/20/2016	243-247
5.	Michael Hoenig, MD	Deposition Transcript of Dr. Michael Hoenig	10/31/2023	248-290

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule

the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Claimant.

MARK ALLISON
MCANGUS GOUDELOCK & COURIE LLC
Post Office Box 2980
201 West McBee Avenue, 2nd Floor (29601)
Greenville, South Carolina 29602
(864) 239-4000
Attorneys for the Employer/Carrier

Greenville, South Carolina
November 15, 2024

APA #4

Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Ivan Moore
Male DOB: DOB 1961 167649

Home: (864) 251-9796
Ins: Sedgwick WC

09/13/2016 - Office Visit: F/u: Left knee
Provider: Michael P Hoenig MD
Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness
Mr. Ivan Moore is a 55 Years Old Black or African American male, who is here for a follow-up appointment.
Chief Complaint: Left knee pain.
History From: Patient
Race: Black or African American
Family Physician: Dr. Wiley
Mr. Moore comes in today for followup of his left knee. He was injured on March 1st and had valgus type impact to lateral aspect of the knee. He has had several injections which provide temporary relief. He has taken intermittent Mobic and also using a brace which helps him a good bit. He is working full duty. He feels overall that his knee is only about 70%. It was 100% prior to injury. The pain is all located about medial joint line.

Injury / Condition
Was this the result of an injury? yes
Injury Date: 03/01/2016

Are you claiming as Workers Compensation? yes

Type of Problem
pain /10

Location of Your Injury / condition
Left Knee, knee left

Previous Treatment
Have you had any of the following for this problem? MRI left knee @ PI 04/08/2016, X-Ray left knee @ OA 05/10/2016, X-ray

History of OA Fractures or Procedures:

Past Medical History
Diabetes
High Blood Pressure

***** Please Note *****
Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABS (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPS (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABS (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABS (CLONAZEPAM) bid

LEXAPRO 10 MG ORAL TABS (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPS (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABS (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Medications (reviewed today):
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
MOBIC 15 MG TABS (MELOXICAM) one pill once a day
NAPROSYN 500 MG ORAL TABS (NAPROXEN) bid
FISH OIL 1000 MG ORAL CAPS (OMEGA-3 FATTY ACIDS) qd
ASPIRIN 81 MG ORAL TABS (ASPIRIN) qd
CLONAZEPAM 1 MG ORAL TABS (CLONAZEPAM) bid
LEXAPRO 10 MG ORAL TABS (ESCITALOPRAM OXALATE) qd
DICYCLOMINE HCL 10 MG ORAL CAPS (DICYCLOMINE HCL) qd
JANUMET 50-1000 MG ORAL TABS (SITAGLIPTIN-METFORMIN HCL) bid
EDARBYCLOR 40-12.5 MG ORAL TABS (AZILSARTAN-CHLORTHALIDONE) qd

Current Allergies (reviewed today):
No known allergies

Review of Systems

General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Patient denies joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness, gout.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.
Psychiatric: Positive for anxiety.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is married, Never smoker, and lives with spouse/partner. Has 2 children. does not drink alcohol. does not exercise. Occupation: Spartanburg Automotive - welder.

Family History

Diabetes (Father, Mother)
High Blood Pressure (Mother)

Ivan Moore Home: (864) 251-9796
Male DOB: DOB 1961 167649 Ins: Sedgwick WC

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb
Height (in): 70.5
Weight (lb): 205
BMI (in-lb) 29.00
R: **16**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Antalgic
Type of Antalgic Gait: Favoring Left Lower Extremity
Durable Goods: No
PHYSICAL EXAM:
Examination of the left knee shows no effusion. He has good range of motion. He is tender over the medial joint line and this recreates the majority of his pain. No tenderness laterally. No pain with varus or valgus testing.
IMAGING:
Radiographs reviewed unremarkable.

MRI shows a grade 2 signal within medial meniscus. Baker's cyst and strain of MCL. Mild-to-moderate chondromalacia of medial compartment.

ASSESSMENT

Left knee pain.

PLAN
At this point, I do not have a whole lot more to offer him. We have done several injections. I am worried that surgery would lead to minimal improvement given the chondromalacia. We will therefore discharge him at maximum medical improvement. He may work full duty. He will have a 10% impairment rating to the left knee. In the future, he may require cortisone injections intermittently. We will see him back for recheck as needed.

Dictated by: Michael P. Hoenig, MD

New Orders:
Disability exam by treating doctor [CPT-99455]
Consult w WC Nurse Case Manager [CPT-99366]
SNOMED-CT: 428191000124101 Current Medications Documented [SCT-428191000124101]

Disposition: Return to office on a PRN basis

]

ORTHOPAEDIC ASSOCIATES
WORK STATUS FORM

Chart # 1107649 **Date** 9/3/16 **Patient's Name** Ivan Moore **Physician** Dr. Hoenig

1. ✓ **Full duty** – no limitations on 9/13
2. ____ **Light duty** start on _____ or **Continue** light duty
3. ____ **Fulltime / Part time** _____hrs.
4. ____ **Out of Work**
5. **Next appt** _____
6. ✓ **MMI** and rating to follow

WORK MODIFICATIONS

Start Date: _____

1. _____ **Complete Sedentary:** Sitting only – no walking or standing expect to and from job.
2. _____ **Light/Sedentary:** lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
3. _____ **Light Duty:** lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
4. _____ **Light/Medium:** lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
5. _____ **Medium:** Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
6. _____ **Light/Heavy:** Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

No use _____ **UE**

Floor to waist ____**lbs.**

Waist to shoulder _____ **lbs.**

Shoulder to overhead _____ **lbs.**

No push/pull > _____ **lbs.**

____**No overhead either hand**

____**Must wear sling / brace**

____**No crawling/climbing/squatting or kneeling**

____**No driving for work**

____**Crutches / brace**

____**No push/pull >** _____ **lbs.**

___ **Rotate Standing/Sedentary** _____

____**No bending / twisting**

____**Floor level work**

Other: _____

_____

Physician signature: _____

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.wcc.sc.gov

Physician's Statement

Claimant's Name: Ivan moore
Physician's Name: Michael Haenig, MD
Practice/Clinic: Orthopaedic Associates
Preparer's Name: Torrie Allen

Employer's Name: Spartanburg Steel
Insurance Carrier: Sedgwick
SCWCC File No:
Phone:

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her injury by accident pursuant to **§§42-15-60, 42-15-80, 42-1-172, or 42-11-10.**

Date of first office visit: 5/10/10 Date of last visit: 9/13/10 **Date of injury or illness:** 3/1/10

Diagnosis or nature of injury or illness: (L) knee MCL strain

Body part(s) injured: Lt knee Body part(s) affected:

Date of **Maximum Medical Improvement:** 9/13/10

Based on the AMA Guidelines, 6 Edition, the Claimant has sustained the following medical impairment as a result of the work related injury:
10 % medical impairment to the (L) LE (injured body part)

If there is causally-related medical impairment to other body parts as a result of the work related injury, please indicate the impairment below.
_____% medical impairment to the _____ (additional body part injured or affected)
_____% medical impairment to the _____ (additional body part injured or affected)

X The Claimant is **able to return to work** without restriction.

____ The Claimant is **able** to return to work **with the following restrictions:**

____ The Claimant is **unable to return to work** at the employment in which the patient was injured.

____ The Claimant **possesses retained hardware** casually related to this injury.

As of the date you last saw the patient, please provide your opinion to a reasonable degree of medical certainty as to whether the patient will most probably need future medical care related to his or her work related injury or illness. **"Most probably" means more likely than not or with greater than 50% probability.**

_____ The patient **most probably will not** (50% or less probability) need future medical care related to his or her work related injury or illness.

X The patient **most probably will** (greater than 50% probability) need future medical care and treatment related to his or her work related injury or illness and that future medical care and treatment including medication is as follows:

The future medical care and treatment including medication is as follows:
Cortisone injections intermittently

***An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.**

Treating or Evaluating Physician **Date** 9/20/10

APA #5

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1613880

IVAN MOORE, CLAIMANT, VS. SPARTANBURG STEEL PRODUCTS, EMPLOYER, AND HARTFORD ACCIDENT AND INDEMNITY CO., CARRIER, DEFENDANTS.	DEPOSITION OF MICHAEL HOENIG, M.D.

THE DEPOSITION OF MICHAEL HOENIG, M.D., TAKEN BEFORE LISA P. KOPCHO, PROFESSIONAL VERBATIM REPORTER AND NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF 12:04 P.M., TUESDAY, THE 31ST DAY OF OCTOBER, 2023, AT CAROLINA ORTHOPAEDIC AND NEUROSURGICAL ASSOCIATES, 1330 BOILING SPRINGS ROAD, SUITE 1600, SPARTANBURG, SOUTH CAROLINA.

APPEARANCES

FOR THE CLAIMANT
SAMUEL R. BASS II, ESQUIRE
STEWART LAW OFFICES, LLC
409 SOUTH PINE STREET
SPARTANBURG, SOUTH CAROLINA 29302
sam@stewartlawoffices.net

FOR THE DEFENDANTS
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REPORTED BY
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EXAMINATION BY MR. BASS.....4

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EXHIBITS

CLAIMANT'S EXHIBIT NUMBER 1, MARKED,
LETTER FROM THE CARRIER, ATTACHED.....30

*DIGITALLY RECORDED AUDIO RETAINED FOR TWELVE (12) MONTHS FROM DATE OF CERTIFICATION.

STIPULATIONS

IT IS STIPULATED BY AND BETWEEN COUNSEL FOR THE RESPECTIVE PARTIES THAT ALL OBJECTIONS ARE RESERVED UNTIL THE TIME OF TRIAL, EXCEPT AS TO THE FORM OF THE QUESTION.

THIS DEPOSITION IS BEING TAKEN PURSUANT TO THE SOUTH CAROLINA RULES OF CIVIL PROCEDURE.

- - - -

THE READING AND SIGNING OF THIS DEPOSITION IS WAIVED BY THE DEPONENT AND COUNSEL FOR THE RESPECTIVE PARTIES.

WHEREUPON, MICHAEL HOENIG, M.D., BEING DULY SWORN AND CAUTIONED TO SPEAK THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH, TESTIFIED AND DEPOSED AS FOLLOWS:

EXAMINATION

BY MR. BASS:

Q Dr. Hoenig, my name is Sam Bass. I represent Mr. Moore in his workers' compensation case from a March 1, 2016, work accident.

MR. BASS: Mark, can we stipulate he’s an expert in orthopedic surgery?

MR. ALLISON: You bet.

MR. BASS: All right.

BY MR. BASS:

Q Doctor, have you had your deposition taken before?
A Yes, sir.
Q Okay. I think I've done it a couple of times. Do you need me to go over the ground rules for you?
A No, sir.
Q Okay. Are all the opinions you give today going to be stated to a reasonable degree of medical certainty unless you say it the otherwise?
A Yes, sir.
Q Okay. All right. The first time I have Mr. Moore coming in to visit you was on May 1st of 2- -- from May 10, 2016. Is that correct?
A Sorry. Bear with me.
Q Sure.
A This is -- because it’s been going on for a long time, so we're going to have to -- we have an old system. Yes. Looks like May 10, 2016.
Q I have the note, if you’d like to re- -- is it easier for me to hand it to you or on your computer? What’s easier --
A Yeah, if you want to --
Q Yeah.
A -- or I can -- whatever is easier. Can you?
Q Well, if you're right there, if it's easier. I mean --
A Yeah.

Q I have that -- tell me what you've -- what you observed that day.
A Sure. So, he said he injured it on March 1st when he was hit, kind of the outer part of his left knee. That created pain on the inner part of his knee and had a lot of swelling. He continued having issues, swelling. Denies any previous problems or pain elsewhere. Wants to get off of the buckle. He's still working full duty but discomfort. Treatment, so far, has just been a sleeve and some medications. And then...
Q Looks like on that date, you got him a hinged knee brace, prescribed Mobic, work restrictions of sedentary duty. And did you guys also do an injection that day?
A Correct. We did an injection that day.
Q Okay. All right. And had he had an MRI at that point as well?
A He had.
Q Okay. What did the MRI show?
A So, MRI showed kind of degeneration of the medial meniscus, but no obvious tear, possible small, little radial tear. He had some swelling in the knee, in the back knee, called a Baker's cyst, a strain of the muscle called the popliteus.

He had some edema or strain around his MCL, and had some cartilage wear in the groove that his kneecap runs

in, and also already had some early arthritis in the inner compartment.
Q Okay. All right. Then he followed up with you on June 7, 2016. Is that correct?
A That is correct, sir.
Q Okay. And on that day, it looks like you returned him to full duty and were going to re-check him a couple weeks and try to get him at MMI. Is that right?
A Correct.
Q Okay. All right. But it's also noted that he was still using his knee brace and taking Mobic; right?
A (No response.)
Q And I can refer to this. This is handwritten --
A I believe so. He -- he just told me he's doing fairly well. He feels like overall, doing much better.
Q Okay. And -- and this is the first time I've seen some of these records. What are these notes that I see in some of these produced records?
A Oh.
Q These are the handwritten notes that you guys take and then --
A Yes. We then take -- use that to do the dictation.
Q Got it, Okay. So, this is when you're actually in the room with them, this is you're writing it down, right, and then you go out and you do the dictation

afterwards; correct?
A Yes, sir.
Q Okay. All right, all right. And then you saw him again, and the next time was on July 12, 2016. Is that right?
A Yes.
Q Okay. And I have noted here -- this is a handwritten note, is it a note that says swelling if he does not take his medication; is that correct?
A Correct.
Q Okay. All right, all right. And then in the -- the actual -- the dictated note, it says he still takes Mobic in order to be able to work, and he's still wearing a hinged knee brace. Is that right?
A Correct.
Q And you also did another steroid injection on that date; correct?
A Yes, sir.
Q Okay.
A That’s correct.
Q All right. And you have him working full duty and re-check him in four weeks?
A Correct.
Q All right. You saw him again on August 16, 2016; is that right?

A Yes, sir.
Q Okay. And he stated that he got great relief from the injection, but it gradually wore off, still working full duty, using his knee brace and taking Mobic. Is that right?
A Yes, sir.
Q Okay. All right. And on that date, you did another injection, steroid injection; is that correct?
A Correct.
Q Okay. And you talked about having a re-check in four weeks and see if you can put him at MMI or do a possible knee scope?
A Correct.
Q Okay. All right. I don't actually have the note itself, but I do have this portion from September. You saw him again September 13th; is that right?
A Yes, sir.
Q Okay. I have on this note that he's noting pain without the knee brace a seven out of ten, and popping and swelling in his knee. Is that what he's noted for that date?
A That's what my nurse noted, yes.
Q Okay. All right. Well, I don't have the actual note. What does -- what does the note say as well?
A It says Mr. Moore comes in today for a fall above his

left knee. He was injured March 1st, and had a valgus-type impact injury. He had several injections which provide temporary relief. He has taken intermittent Mobic, and also using a brace which helps him a good bit. He is working full duty. He feels overall that his knee is only about 70 percent. It was 100 percent prior to the injury. The pain is all located about the medial joint line.

Q Okay. And here -- did you release him at MMI on that date? I have a 14B that was completed, if you could review this.

A (Witness views document.) Correct. So, we discharged him at MMI --

Q Uh-huh.

A -- said he could work full duty. He had a 10 percent impairment rating, and in the future, he may require our cortisone injections intermittently.

Q Okay.

A See back as needed.

Q Okay. All right. And is this -- is that the 14B that would have been completed at that time?

A Yes, sir.

Q Okay. Is that your signature at the bottom?

A Yes, it is.

Q All right. How about the -- the filling out the 14B,

who actually filled that out?
A My -- I have a work comp case manager who --
Q Okay.
A -- or not a case manager, but a work comp coordinator at the office who fills all that out, and then, if it's correct, I sign it.
Q Tell me the process of filling out these 14Bs.
A I dictate my note --
Q Uh-huh.
A -- and then, I believe, my work comp coordinator knows that someone's here -- or, they know that they get released. So then they read my note, and then they kind of transcribe whatever I say to put on the 14B.
Q Okay. All right. Do you know if -- if Mr. Moore was provided a copy of this 14B at the time, of his -- of his release?
A I'm not aware.
Q Okay. All right. But you noted that at that time, this is back in September 2016, again, pain without a knee brace of seven out of ten; correct?
A I believe that's what he noted; yes, sir.
Q Okay. And popping and swelling in his knee; correct?
A I believe so.
Q Okay. And you did an injection on that day. Is that right?

A I don't -- I'm not entire- -- I don't believe I did an injection then.
Q Okay. All right. I didn't have the note, so I wasn't sure.
He followed up with you again on November -- November 1, 2016; right?
A Yes, sir.
Q Okay. This is still all -- all under the auspices -- all under the auspices -- I'm not pronouncing that correctly -- of work comp. Is that right?
A Yes.
Q Okay. All right. You're still giving him -- filling out work restriction forms. You're still getting -- charging the adjuster -- charging the carrier and getting paid by the carrier; correct?
A Correct. Under my -- under my knowledge, I felt that he was discharged at MMI and these are his injections as part of his 14B.
Q Okay. All right. I'm not going to go through every single note.
A Okay.
Q But, so you saw him on November 1, 2016, and provided an injection in his knee; correct?
A Yes, sir.
Q All right. You saw him on January 24, 2017, provided

an injection in his left knee. Is that correct?
A Yes, sir.
Q Okay. You saw him in April 25, 2017, and provided an injection in his left knee. Is that correct?
A Yes, sir.
Q All right. You saw him on August 29, 2017, and provided an injection in his left knee. Is that correct?
A I believe so.
Q Okay.
A Yes.
Q All right. All right. You saw him in November 28, 2017, and provided an injection in his left knee. Is that correct?
A Yes, sir.
Q Okay. Does it also note in that note that, over the last seven or eight days, he had noticed an increase in pain with some swelling in his -- in his leg?
A Yes.
Q Okay. And throughout this time, was he also taking from -- Mobic frequently?
A Yes, sir.
Q Okay. All right. And then it looks like, in the actual physical exam note, it says he does have mild swelling and an effusion. What's an effusion?

A Effusion just means fluid within a joint.
Q Okay. All right. And on that date, you gave him an injection as well, in his -- in his left knee?
A Yes, sir.
Q Okay. And all these injections so far have been steroid injections. Is that correct?
A Ye- -- I believe so.
Q Okay. You saw him in February 27, 2018, provided another injection in his left knee and prescribed more Mobic. Is that correct?
A That sounds correct.
Q Okay. Then, in June 26, 2018, another injection with -- also noted with an increased pain and trace effusion in his knee. Is that right?
A That sounds correct.
Q Okay. Then, on December 7, 2018, another injection. Is it noted the last one worked for about four months, approximately?
A Yes. His last injection was in June.
Q Okay. And I think it said that -- let me see here. Okay. Then, you saw him again on March 15, 2019, gave another steroid injection. That one was -- the last one worked approximately a month. Is that right?
A Yes, sir.
Q Okay. All right. Then, on June 14, 2019, see him

again. He said that he's found that the last few injections he's gotten less and less relief with them?
A Correct.
Q Okay. He's noted that he gets pain with prolonged standing, and at that point, he's interested in -- I'm not going to pronounce it right -- hy- --
A H- -- HA injections.
Q There we go. Are those the same as visco injections?
A Yeah, same thing.
Q Okay. All right. Okay. And looks like you're going to seek a work comp approval for those on that date?
A Yes, we did a cortisone injection and also tried to get approval.
Q Okay. And you also prescribed more Mobic at that point; correct?
A Correct.
Q All right. And then, it looks like these visco injections were approved because you did the first one on June 21st, the second one on June 28th, and the third one on July 5th, all of 2019. Is that correct?
A I believe so.
Q Okay. What is the -- why are you doing three? What is the treatment protocol for doing three of those injections?
A So there's a variety of protocols. You can either do a

single large injection, or you can break it up over five injections, or three injections. My preference, personally, is to do the three injections. That way, if you miss the injection on a single shot, that kind of stinks, so you try to do three; you shouldn't miss three times. And then five times, it just sounds like way too many times to stick someone's knee.

Q So, what do you -- how does -- how does this injection work as compared to a steroid injection?

A So, there's a -- normally, a mole- -- normally, there's a molecule called hyaluronic acid; it's a very large molecule that acts as a little bit of a microscopic cushion in the knee.

Q Okay.

A And so the hope is, is that by putting that gel in there -- it's new, more robust hyaluronic acid -- it's a big spring to help provide some comfort. It also has been shown to kind of alleviate some of the inflammatory markers in the knee, so we try to do it about every six months for folks who are -- kind of have arthritis in the knee. And if the cortisone stops working --

Q Okay.

A -- that's when we typically do that.

Q All right. And -- and they're not the same as a

cortisone injection?
A Correct.
Q And so, as part of your original 14B, you said cortisone injections, but here you saw it -- work comp approval for these visco injections, and it was approved by work comp. Is that correct?
A Correct.
Q Okay. All right. All right. And then he saw you on October 4, 2019. It notes that, I believe, that the injection's wearing off, and you gave him another cortisone injection, and you were going to seek approval for additional visco injections. Is that right?
A Yes.
Q Okay. And then those visco injections, the series of three of them were, again, given -- they were approved, apparently, and given on January 10th, January 17th, and January 31, 2020. Is that right?
A That sounds correct.
Q Okay. And it notes, at least on the last one, that he got good relief thus far from that injection -- those series of injections. Is that correct?
A Yes.
Q Okay. Okay. And then on May 1, 2020, you did another cortisone injection; right?

A Yes.
Q Okay. And then you did another series of visco injections on June 12, 2020, June 19th, and June 26, 2020. Is that right?
A Yes. That sounds right.
Q Okay. And it notes on -- let's see -- on the June 19th visit, does it note that he has an antalgic gait that -- on that date?
A (No response.)
Q And that he's favoring his right lower extremity and wearing a knee brace. Is that right?
A Correct.
Q Okay. All right. And again, all the stuff we've gone over so far, this is all -- these are all injections and treatments that's dating back to his March 1, 2016, work accident. Is that right -- is that right?
A Correct.
Q Okay. All right. Then you --
MR. ALLISON: Object -- object to the form of the question.
MR. BASS: Okay.
BY MR. BASS:
Q On September 22, 2020, you provide another cortisone injection in his left knee. Is that right?
A That sounds correct.

Q Okay. And then, on December 29, 2020, and then January 5th and January 12, 2021, you do another series of visco injections. Is that right?
A Correct.
Q Okay. And then, on 4/13/2021 -- I don't actually have the note, but I have this portion of the note, which said there was pain and swelling. And did you do a -- also a cortisone injection that day?
A Correct. He said he had visco series completed on January 12, 2021, and got good relief until the last week or so. He's working full duty. He has known to have chondromalacia of his left knee. And we did a cortisone injection that day, and we were going to see him back in three months with possible visco injection.
Q Okay. Just as an aside, this is the first time I've seen, like, these handwritten notes as part of the records. So, when we ask for records, do you know why these haven't, like, been provided until recently?
THE WITNESS: Off the record.
(OFF THE RECORD)
BY MR. BASS:
Q All right. Doctor, I briefly asked you about these handwritten notes that I've seen in some of these records that correspond with some of those treatment dates which have handwritten notes. If you could,

explain to me what they are and how you use them in your -- in your practice.

A Sure. So, it's kind of the working note sheet. Prior to the clinic, the nurse will get prepared and will try to look up, maybe, the old history and see that, “Okay, it's a gentleman who we've seen in the past for right knee pain. He's now coming in today for left knee pain.” And then when the patient comes in that day, the nurse will go in and talk to him and, oftentimes, write a few notes. And then I will go in and use that same sheet of paper to write notes as a reminder or an aid for dictation.

Q Okay. And so, when we get a dictated note that's provided to us, that's coming -- that note’s dictated by you or your PA?

A Yes, sir.

Q Okay. All right. And these notes, these handwritten notes are what you use to do that dictation?

A It's an -- it’s an aid.

Q It’s an aid.

A So, there's some notes written by the nurse before the patient even comes to clinic. There's some other notes that the pa- -- that the nurse may write after they've, kind of, brought them back and talked to them in clinic.

Q Okay.
A And then either my PA or myself will write, kind of, notes on there to help us with the dictation.
Q And I'm not saying that this happened here, but is it possible, then, that there could be things that they report that are in these handwritten notes that don't make it into the dictated note?
A Yes, it's possible. If the -- if it's something that maybe the nurse thought was important, that maybe the physician didn't think was important, they wouldn't include it.
Q Okay. All right. And so that was on -- what date was that -- that was on April 13th. They did another -- sorry -- an injection there, a cortisone injection, right?
A Yes, sir.
Q Okay. And you did a cortisone injection on July 13, 2021, and another cortisone injection on November 2, 2021. Is that correct?
A Correct.
Q All right. And then a -- another cortisone injection on, let's see, February 15, 2022. Is that right?
A Yes, I believe that's correct.
Q Okay. And it appears at least that -- at least on this one, he notes that he got relief until about a week and

a half ago. Is that right?
A That's the February 15th note?
Q Correct.
A Correct.
Q Okay. Has that basically been a -- through what we've gone through so far, his basic treatment pattern and protocol is he gets injections. They work for, it seems, a period of between one and six months, depending on however it works out. He has pain, comes back and gets another series of injections. Is that how it's been -- how it’s been working so far?
A Correct.
Q Okay. All right. Okay. And then on May 17, 2022, he comes in for another injection. Is that right?
A Yes, sir.
Q Okay. You provide him a cortisone injection; correct?
A Yes, sir.
Q Okay. There's a note in here where he asked about XARELTO. What is XARELTO?
A It's something that's marketed as supposedly being a long-acting cortisone shot.
Q Okay. And so, is this something you use in your practice?
A No.
Q Okay. How long has it been out?

A I'm not familiar -- I'm not too familiar with that. I just -- I know it's out there. I haven't heard any phenomenal studies suggesting it, so we haven't pursued it.

Q Okay. All right. It notes in the record -- so, I guess, is the idea behind it -- I'm not saying whether it works. The idea behind it that you would get it -- so, it's a long-acting cortisone shot? Is that how it's supposed to --

A That's how --

Q -- how it's marketed?

A That's how it's marketed, yeah.

Q Okay. So it presumably, instead of -- if it's marketed instead of every three months or six months or whatever, what are they saying that it should last? Do you know?

A I'm not sure.

Q Okay. All right. It says -- and this is what -- actually, this note, he met with -- is it Brad Harrison?

A Yes.

Q Mr. Harrison, okay. He met Mr. Harrison. He asked about XARELTO, and that Mr. Harrison discuss that with you. Is that right?

A Correct.

Q Okay. And it notes here that you -- you're not sure of its long-term effects yet, which is what you just noted to me; correct?
A Correct.
Q Okay. But also, that it is unlikely that workers' comp would cover it.
A Yes.
Q Is that also noted?
A Yes.
Q Okay. Is that -- whether or not workers' compensation would cover something, is that a -- something you take into consideration when you make a referral for something?
A I think it's a complex -- it's too -- I think it's too complex of a situation to kind of have a blanket statement for that.
Q Okay. So --
A If I thought that there was something that could significantly benefit my patient, I would order it and try to argue with work comp to get it approved, if I thought it was going to be substantially better. But that's not something that -- again, there have been no good long-term studies showing that it was -- it's effective, so I didn't think it's worth doing it. And most of these new things are -- it's the same thing re-

branded that would be --
Q Okay.
A -- super expensive.
Q All right. But in -- so, but in this case, there's at least some notation here of whether or not -- a discussion of whether or not work comp would cover it, as well as discussing the long-term effects of it?
A Yes. There's a statement in there.
Q Okay. All right. On -- and he comes back in for another cortisone injection on September 20, 2022; correct?
A Correct.
Q All right. And then I don't have a note from -- it looks like he came in for the last office visit next was going to be on December 27, 2022, and you did an injection. And I -- I only know that because I have the March 28, 2023, note, which notes his last office visit was on December 27th. So, did he come again on December 27, 2022, and get another injection?
A Yes.
Q Okay.
A So, he said comes in there for re-check of his left knee a little over three months since the last injection, which did give him 100 percent relief for good period of time. He rates his pain today four out

of a ten. He is -- he -- it said he has done viscosupplementation -- but has done viscosupplementation, as well.

Q Okay.

A And we did a cortisone shot that day.

Q All right. And then you did another cortisone shot on March 28, 2023?

A Yes.

Q Okay. All right. And then the next time he comes and sees you is on July 11, 2023. Is that correct?

A Correct.

Q All right. And does it note in there that he is walking with an antalgic gait?

A Yes.

Q Okay. All right. And is that when you start another round of visco injections; is that right?

A Yes.

Q Okay. You did one on that date, on -- on July 11th. You did another one on July 18, 2023; correct?

A Correct.

Q Okay. And on that date, it’s of note he's still walking with an antalgic gait?

A Correct.

Q Okay. And does it note down there at the bottom -- it's the bottom line thing here -- it says, “If we do

not get some significant relief with these injections," it says, "I" -- I don't know -- "I have been -- is considering" -- I guess it means Ivan, maybe. "Ivan is considering or interested in considering other treatment options including surgery"?

A Yeah. So I think -- so, this is a new electronic medical record --

Q Okay.

A -- that is all voice transcription, so there's...

Q Okay. So, you think "I have been" would be Ivan?

A I believe so.

Q Okay. All right. Then, the third injection is done on July 25, 2023?

A Correct.

Q Okay. Then it notes in that that he has -- that he actually hasn't settled his original workers' compensation claim.

A That's what he says.

Q Okay.

A Yes.

Q All right. Well, he hasn't and he had not.

A I have no idea. I'm not an attorney, man.

Q I understand.

A I'm just a doctor.

Q I understand. I'm not just -- I understand. I'm just

--

A He told me he has not settled his original claim.

Q Okay.

A That's all I know.

Q All right. And all the treatment up through -- from, you know, May 2016 up until now, has all been paid by the carrier. Is that -- to your knowledge, is that correct?

A As far as I know, yes.

Q Okay. All right. Then you order a repeat MRI. Is that right?

A Yes.

Q Okay. And he goes and has that MRI. What does that show?

A Diffuse full-thickness chondral loss in the medial compartment with complex tearing of the medial meniscal body, edema up around the MCL, cartilage loss in the patellofemoral compartment and lateral compartment, and joint effusion with Baker's cyst.

Q Okay.

A And a bone infarct in the proximal tibia.

Q Okay. And you see him back again on September 1st, 2023; correct?

A Correct.

Q Okay. All right. And what is noted on that date?

A I said, (as read) "Ivan comes in today for a follow-up of an MRI of his left knee. His original injury was back in March 2016, and he had an MRI that showed some mild chondromalacia, but no significant meniscal tear. He has gotten intermittent injections and some visco injections, but they are helping less and less.

"He states at this point, he is fairly miserable and really cannot enjoy life. He cannot walk long distances and every day is a struggle. He has significant pain on the medial part of his knee. The knee gives out and locks up. His last injection is on July 25th, and he had a cortisone injection and visco injection on that date."

Q Okay. And you provide him sedentary work restrictions on that date. Is that correct?

A Correct.

Q And you also make a referral to Dr. Gerscovich, which would be your total knee -- for a knee replacement referral. Is that right?

A Correct.

Q Okay. And is this a copy of your signed referral order?

A (Witness views document.) Correct.

Q Okay. All right. And it notes on there left knee, work comp date of March 1, 2016. Is that right?

A Correct.
Q Okay. All right. Okay. If you could, take a look at -- look at this letter, please. This is a --
MR. ALLISON: Is that your only copy?
MR. BASS: Yeah. I'll put it -- I'll mark it as an exhibit until we get it --
MR. ALLISON: That's good.
THE WITNESS: Do you need to see it?
MR. ALLISON: No, no. You go -- I'll take a look after you do.
THE WITNESS: Okay.
MR. BASS: Okay. I'm going to see if I can mark it real quick as an exhibit, and I'll get it to you. Do you want to look at it first?
MR. ALLISON: It doesn't matter. I'd like to look at it before you ask him about it.
MR. BASS: Sure.
MR. ALLISON: Sorry. I haven't seen this. I just need another minute.
MR. BASS: I didn't see it until ten o'clock this morning. We'll refer back to this.
(MARKED FOR IDENTIFICATION, CLAIMANT'S EXHIBIT NUMBER 1, LETTER FROM THE CARRIER, ATTACHED.)
BY MR. BASS:
Q All right, Doctor. If you want to refer back to this.

A Sure.
Q All right, Doctor. I'm going to -- this is a -- it's marked as Exhibit --
MR. BASS: Is it 1 or A?
THE COURT REPORTER: 1.
BY MR. BASS:
Q Exhibit 1, Claimant's Exhibit 1. This appears to be a September 29, 2023, letter from the insurance carrier to your office. Is that correct?
A (Witness views document.) Correct.
Q Okay. Do you recall reading this letter prior to today?
A No, I do not.
Q Okay. All right. Is that your signature on the questionnaire there, that you --
A Yes, sir.
Q Okay. All right. Regarding this correspondence, do you have any knowledge as to whether or not Mr. Moore was copied on this correspondence at the same time you got it?
A I have no idea.
Q Okay. Do you know if -- if he was -- if the contents of this letter were communicated to him prior to it being sent to you?
A I'm not sure.

Q Okay. Do you know if he was given a copy of it after you filled it out?
A I have no idea.
Q Okay. All right. I mean, he wasn't there when you filled it out; correct?
A Correct.
Q Okay. All right. It notes there that, on the questionnaire, that you think is -- the order for the -- well, tell me what -- tell me what the questionnaire notes.
A So there's a question, number one, “Please indicate whether you believe to a reasonable degree of medical certainty that Ivan Moore's left knee condition which you have diagnosed is osteoarthritis is causally related to his March 1, 2016, left knee work injury at Spartanburg Steel Products, Incorporated, or whether he has experienced a natural progression of a personal health condition.” And I checked the line that says, “Natural progression of personal health condition.”
Q Okay. And at what point does it -- what was your -- what was your reasoning behind that?
A So, this is -- it's a gray area. It's not cut-and-dry. When I first saw him back in March 2016, his main issue was chondromalacia --
Q Uh-huh.

A -- of that medial compartment, so the cartilage was already damaged. There wasn't a new meniscus tear; it was simply that that cartilage was damaged. It appeared that that was stuff that was already there and then the work injury aggravated it, exacerbated it, what -- I'm not sure the legal term, but pain was worse.

Q Made it worse?

A Made it worse. And then, the injections made him feel fairly good, bought him some time, and then his pro- -- his arthritis that he started with, that at time was unknown, continued to progress as arthritis naturally does, and then seven years later after his injury, he's now having more pain and needing a total knee.

Q Okay.

A Which to me, seems like normal progression. So, typically, in my mind, if someone has an injury and -- and because of that, needs a knee replacement within the next year to two years possibly, I would include that -- I would relate that more to workman's comp. But if it's been -- in my mind, if it's been seven years since his injury and now he needs the place -- replacement, to me, that seems like -- and he started with arthritis to begin with --

Q Okay.

A -- to me, that seems a natural progression.
Q Okay. So, the -- but the injury itself back in March 2016, made -- made his knee worse to begin with; correct?
A Correct.
Q All right. And the treatment he was getting from March 2016 to September 2023 consisted of, well, 39 knee injections.
A That's a lot.
Q Was that corr- -- well, I counted. Does that sound about like what we've gone over today?
A Yes, that --
Q Okay.
A -- sounds about right.
Q All right. And of those 39 knee injections, 36 of them were post your original MMI note. Does that sound approximately correct?
A Yes.
Q Okay. And if you split those up, 24 of them were steroid injections, and 15 of them were viscosupplementation injections. Does that sound like what went over today?
A Roughly. I agree, yes.
Q Okay. And his first set of visco injections came in, if you recall, June 2019. Does that sound about right

--
A Correct.
Q -- of we went through; correct?
A Yes.
Q Okay. All right. And that was -- the rest of them were also done, you know, post MMI, opposed to your initial MMI. Is that right?
A Correct.
Q Okay. And your first 14B only said that he should get cortisone injections; right?
A Correct.
Q But then the carrier also continued to approve visco injections after that?
A Correct.
Q And they're not the same?
A Correct.
Q Okay. All right. Do you know if anyone from your office had any communications with the insurance carrier other than this letter after, you know, September 1, 2023? Do you have any knowledge of that?
A Not that I know of.
Q All right. Did you have a --
A Unless -- I'm sorry, go ahead.
Q No, go ahead, finish.
A No, unless someone when we put the referral in for the

total joint specialist, so there may have been some communication from, like, the billing department.

Q Okay. Did you have any conversations with the insurance carrier other than this letter, that you can recall?

A Not that I recall.

Q Okay. All right. If you did, that would have been -- I'm assuming it's kind of the same process for when you talk to claimant's attorneys or else there's a pay for a 15-minute slot and talk to them on the phone. Is that -- if that did happen, that would -- would that be how that would have occurred?

A Correct. But I'm aware I can talk to you, but I can't talk to him without you.

Q Okay.

A So...

Q Correct.

A I do try to -- I'm not perfect, but I do try to look out for that, typically.

Q All right. And, so, at what point in his six years -- I'm going to -- if you could give me a date -- when did it stop being -- when did it cross over to a natural progression? He's getting these injections and providing relief for, you know, for three to six months at a time. Is that correct?

A Correct.
Q And then they stop working; right?
A Uh-huh.
Q Okay. Is that a “yes”?
A Yes.
Q Okay.
A That's a correct; yes.
Q So, you know, often you see someone in work comp, they get treated, let’s say, conservatively with injections or PT, and then it fails, and then they get referred for surgery. Is that a lot of times how your -- you know, things with your patients occur?
A Yes, on occasion.
Q All right. So, is -- at what point in his treatment did this become a natural progression problem and not just an aggravation of something that was already there, that -- that the conservative treatment was no longer working for?
A Again, I think this is very much a gray area. There's no exact answer.
Q Uh-huh.
A My typical thought is that, after two or three years, then roughly, that's when his arthritis would have naturally progressed to this point.
Q Okay. But throughout his treatment here, you continued

to, even though that naturally progressed, at that point would be known or a workers' compensation injury?
A Yes.
Q Okay.
A And so sometimes workman's comp will only pay for injections for two years; sometimes they pay indefinitely. Honestly, I'm not going to sit there and try to argue.
Q Okay.
A If the patient comes in and asks for a shot, I'm going to do the shot, and then I'll let my billing department figure out if it's -- if we're going to bill BlueCross BlueShield, or if we're going to bill workman's comp.
Q Why do you -- why will, like -- you said you know work comp only pay for two years? Where does that come from?
Q Some care -- sometimes on the 14B, we put limits on there.
A Okay.
Q For him, I don't think we did, and so some carriers will as part of their settlement, I think, that they would kind of put a time limit on there.
Q Why -- why do you put a time limit on a 14B?
A It's a good question.
Q And I only ask that because in Mr. Moore's case --

A Yeah.
Q -- he continued to get relief for, you know, five, six years past --
A Yeah.
Q -- his initial MMI. So why -- why do you -- why would you put a time limit on somebody getting injections?
A So, I would -- he did not have a time limit on his.
Q Correct.
A But again, it's I guess, you know, for some I do because I -- the thought is is that if -- if someone has say, a condition like arthritis, so maybe they already have arthritis. They have a work comp condition that aggravates it a little bit, so if they already had arthritis and they're going down this pathway that, at some point, they're going to get to the destination where they need a knee placement, they have a work comp injury that kind of puts them on a different pathway. But after about a year or two, they kind of get back on that natural -- that natural pathway that they were already on.
Q Okay. So, at what -- so at what point with Mr. Moore, would -- is it your opinion he got back on this natural pathway?
A About two or three years after his work comp injury.
Q Okay. All right.

MR. BASS: And so I know --
THE WITNESS: No, it's fine.
MR. BASS: -- I don't want to have to make you have to come back again.
THE WITNESS: It's fine.
BY MR. BASS:
Q So, he gets back on this natural pathway and what about his knee getting worse, and no longer the injections are helping, does he then have a natural progression of a changing condition of his knee to where he needs a knee placement?
A I'm sorry. What was -- was there a question there, or?
Q Yeah. So -- yeah. At some point, is -- his knee gets to the point where he needs a knee placement; correct?
A Correct.
Q Okay. So, there's been a changing condition of his knee. Is that correct?
A Are you asking that in the work comp sense or just in the general --
Q General sense.
A -- non-legal term -- yes. He's had a change in his -- he's had a worsening of his condition.
Q Okay. I'll -- but it should matter for me, comp or just if he's had a worsening in condition in his knee; correct?

A Correct.
Q Okay. And that worsening condition in his knee is what has led to the need for the knee replacement. Is that right?
A Yes, sir.
Q Okay. All right. And again, can you look at the letter that came with that.
A Yes, sir.
Q Sure. At the bottom of that letter, that's the question on your portion, the bot- -- the letter itself. The letter, is there -- does it show a carbon copy to Mr. Moore at all?
A I think it says CC either file or FIFE.
Q Okay. All right. Is there any indication on that letter that he was provided a copy of it at the same time it was sent to you?
A I don't believe so.
Q Okay. If -- do you think that his -- his need for a knee replacement was hastened because of his injury in March 2016?
A No.
Q Okay. All right. So, you're saying he would have gotten -- he would need a knee replacement at this time whether he had this injury in 2016 or not?
A Roughly, yes.

Q Okay. All right.
MR. BASS: I don't have any more questions for him.
EXAMINATION
BY MR. ALLISON:
Q Dr. Hoenig, Mr. Moore is 62 years old, date of birth DOB '61. Does that -- does that sound accurate?
A Yes, sir.
Q Okay. And so, is his age part of the consideration that you give in trying to answer this question as to whether it relates to workers' comp versus the natural progression?
A Yes, it's a small part of it.
Q Okay.
A Or, a part of it.
Q All right. Have all of your -- has all of your testimony today been given to a standard of more likely than not?
A Yes, sir.
Q And to a standard to a reasonable degree of medical certainty?
A Yes, sir.
Q Okay.
MR. ALLISON: That's all the questions I have.
MR BASS: That's it.
(WHEREUPON, THE DEPOSITION CONCLUDED AT 12:51 P.M.)

CERTIFICATE

This is to certify that the foregoing deposition of MICHAEL HOENIG, M.D., consisting of 42 pages, is a true and correct transcript of the testimony given by said deponent after first being duly sworn; said deposition was reported by method of Stenomask with digital backup. This transcript may contain quoted material; said material is transcribed as read or quoted by the speaker.

I further certify that I am neither employed by nor related to any of the parties in this matter nor their counsel; nor do I have any interest, financial or otherwise, in the outcome of the same.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 18th day of November, 2023.

Lisa P Kopcho

Lisa P. Kopcho
Professional Verbatim Reporter

Notary in and for the State of South Carolina
My Commission Expires: November 2, 2030

BEFORE THE SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

CASE NO.: 1613880

IVAN MOORE,
Claimant,

vs.

SPARTANBURG STEEL PRODUCTS MOTOR DIVISION,
Employer,

and

HARTFORD ACCIDENT AND INDEMNITY COMPANY
Carrier,

Defendants.

H E A R I N G

DATE: Thursday, December 19, 2024

TIME: 11:17 a.m.

LOCATION: Spartanburg County Administration Building
366 North Church Street
Spartanburg, South Carolina 29304

BEFORE: Commissioner T. Scott Beck

REPORTED BY: Megan Rish Brown
South Carolina Court Reporter

ABC REPORTING SERVICE
257 Summerland Avenue
Batesburg, South Carolina 29006
1-803-532-5255
1-803-730-3015 (cell)

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Greenville, South Carolina 29601

(INDEX AT REAR OF TRANSCRIPT)

(CLMNT. EXH. NO. 1, Claimant Supplemental Brief, was premarked for identification.)

THE COURT: All right. Today's date is December 19, 2024. This is workers' compensation file number 1613880. Claimant in this matter is Ivan Moore. Mr. Moore is represented today by Attorney Samuel Bass.

The employer is Spartanburg Steel Products Motor Division. Carrier is Hartford Accident and Indemnity Company. They are both represented today by Attorney Mark Allison.

Date of accident in this matter is March 1, 2016. Average weekly wage, $801.52. Compensation rate, $534.37. We're here today on Claimant's Form 50.

I will note for the record we had initially convened this hearing on November 27, 2024. The matter was reset to today for the sole purpose of Claimant counsel providing Defense counsel records from his primary care physician and records from an intervening accident. It is my understanding that that exchange of discovery has occurred.

Mr. Allison, are you satisfied that you've been provided everything you need as a result of that November 27th hearing?

MR. ALLISON: Yes, Commissioner.

THE COURT: All right. I've also received

APAs from the Claimant in this matter and then a supplemental brief that I have marked in its entirety as Claimant's Exhibit Number 1. I've received submissions from the Defendants in this matter.

There was a discussion prior to going on the record in which Claimant objected to Defendants' pages 291 to 292 asserting that they were violative of 42-15-95, paragraph C. I am sustaining that objection, and those two pages, 291 and 292, have been removed and returned to Defense counsel.

There was also an objection raised by Claimant's counsel regarding the admissibility of the deposition of Dr. Hoenig. I am overruling that objection and admitting that document. I find that it is not violative of 42-15-95 and that I've been advised that Claimant counsel noticed and conducted that deposition, and I don't believe that that is the intent of 42-15-95, subsection C, to exclude those matters that were initiated by Claimant counsel.

Other than those objections, any other objections to APAs, jurisdiction, venue, or any other matter. Mr. Bass?

MR. BASS: No, your Honor.

THE COURT: All right. Mr. Allison?

MR. ALLISON: No, your Honor.

THE COURT: All right. Without further objection, the commission file becomes a part of the record with the exception of self-serving declarations and unstipulated medical reports. It is my understanding we are here for a singular purpose today, and that is to determine Mr. Moore's entitlement to a total knee arthroscopy to his left leg. It is Mr. Moore's position that it is causally related to the admitted injury to the left leg.

It is the Defendants' position that it is not related, and therefore, they are not responsible for providing that medical care. Mr. Bass, anything in addition to that with regard to Claimant's position we're here to discuss today or litigate?

MR. BASS: No, Commissioner.

THE COURT: Mr. Allison?

MR. ALLISON: Yes, Commissioner. In the event that you find that the total knee replacement surgery is not related, I would ask for a finding of maximum medical improvement. I understand that permanency is not at issue. However, I think the issue of maximum medical improvement is in play, and implicit of any finding if the surgery is not related, we would ask for findings consistent with Dr. Hoenig's opinion that he did reach maximum medical improvement in September

2016.

THE COURT: Mr. Bass, your position on that matter?

MR. BASS: It -- I guess my position on that would be that if Commissioner is inclined to agree with Dr. Hoenig's opinion as to whether or not it's related, also that opinion is -- and which is also maximum medical improvement finding, so the only issue for us is not determine permanency --

THE COURT: Withholding permanency?

MR. BASS: Correct. Yes.

THE COURT: Okay. All right. Mr. Bass, I believe your first and only witness today is Mr. Moore?

MR. BASS: That is correct. Mr. Moore, would you like to --

THE COURT: Have a seat up here, sir.

MR. MOORE: Thank you.

THE COURT: Careful with that cart in front of you. I don't want you to fall.

MR. MOORE: Okay. Thank you.

MR. BASS: Sorry. I'll move that for you.

THE COURT: All right. Mr. Moore, would you raise your right hand, sir?

IVAN MOORE, being duly sworn and cautioned to speak the truth, the whole truth and nothing but the

truth, testified as follows:

THE COURT: Please state your full name for the record.

THE WITNESS: Ivan L. Moore.

THE COURT: All right. Mr. Moore, thank you very much. You can put your hand down.

Mr. Bass?

DIRECT EXAMINATION

BY MR. BASS:

Q. Mr. Moore, I'm going to kind of keep this testimony fairly brief. Okay. We're here for an admitted accident of March 1st of 2016. Your initial treatment and all of your treatment, has that been with Dr. Hoenig or someone with his office, Dr. Hoenig or his PA?

A. Yes. Yes.

Q. All right. And it looks like the first time you saw Dr. Hoenig or someone in his office was back in May of 2016. Does that sound about correct to you?

A. Yes, sir.

Q. Okay. All right. During those first visits back in 2016, who was -- who was there with you with those visits?

A. When I first arrived, Beth Padgett, the -- the workman comp agent was there when I first came to

the office, and she was there for my first visit to see Dr. Hoenig.

Q. So you said -- so the work comp adjuster was there for some of your visits; is that correct?

A. The workman -- can you -- can you -- what did you say, sir?

Q. So the work comp adjuster, Beth Padgett, she was there for some of your visits with Dr. Hoenig back in the beginning of 2016?

A. Yes.

Q. Okay. All right. Tell me about some of the treatment that Dr. Hoenig did for you back in the beginning of -- or right after this accident.

A. Right after the accident, he -- he started giving me Cortisone injections, and -- and he -- he -- and he placed me with a knee brace, and for about three months -- for about -- for about three months, I didn't do no standing on my knee or anything, and he -- from -- he -- he was giving me injections the full time periodically until, and then I come back to see him again, and Beth Padgett was there and this time too, and so he determined that I had a torn meniscus in my knee, and he told me that it would -- it could -- it could heal on itself or I could have a scope surgery to my knee.

Q. And let me ask you about that. You said you had a scope to your knee. Can I approach, Commissioner?

THE COURT: Yes, sir.

BY MR. BASS:

Q. All right. This is APA 22. Can you read right here? This is from an August 6th -- August 16th of 2016 visit with Dr. Hoenig. Could you read right here, this sentence? It starts with, At that time.

A. At that time, we will make a decision of MMI or possible knee scope for --

Q. That's a tough one. Debridement.

A. -- debridement.

Q. All right. Thank you very much. Is this -- is this the visit where Dr. Hoenig discussed possible knee surgery with you?

A. Yes, sir.

Q. Okay. Was Beth Padgett at that visit as well?

A. Yes, sir.

Q. Okay. And following that visit, did you have any discussions with Beth Padgett about knee surgery?

A. She told me if I have knee surgery, that I would have to be out of work for so many months and that I would only receive 2/3 of a 40-hour check. And

at that time, it kind of scared me, because I wouldn't be able to pay my bills with -- with 2/3 of my check for 40 hours, and she said -- and Dr. Hoenig told me that they could keep treating me, and it could possibly heal on its own.

Q. Did your knee ever heal on its own?

A. My -- my knee never healed on its own, and from that day on, every -- every three months, I -- from that day on, I had come back to his office from 2016 to 2023 to get injections in my knee. He tried the Cortisone shots, and he kept -- and he give me the three incision shots, and he tried everything, and then it was doing okay, and then up until -- it would relieve the pain up until about two to right at three months, and I -- they -- they have me come back to get another shot. They would schedule my shots before I leave.

They -- the office that day want me to come back in three months. Every three months, it was the same thing, that I have to come back and get injections in that -- my left knee.

Q. Did those injections eventually -- well, so you did -- he did -- he did Cortisone shots on you?

A. He did Cortisone shot.

Q. And then he -- then he switched to something

else?

A. He switched to the three injection shots, which I -- at that time, I would go every week three times to get it in my knee, and that shot didn't help as good, and then he went -- the next time, he give me a mixture of Cortisone shot with the -- the other kind of shot, half-and-half. He put it together in my knee to try that to see would that make it feel better.

Q. At some point, did these shots stop helping?

A. Around two -- around a year-and-a-half, they stopped working altogether.

Q. When you say "a year-and-a-half," a year-and-a-half ago?

A. About a year-and-a-half ago --

Q. Okay.

A. -- they stopped working altogether, and I told Brad Harrison, which is Dr. Hoenig's assistant. I told him that the injections wasn't working no more, and so he -- he made me an appointment to come back to see Dr. Hoenig. So when I come back to see Dr. Hoenig the next time, he took a MRI, x-ray, and stuff, and he said that I needed a knee replacement, and -- and he told me that do I want to keep getting injections, and I told him that the injections stopped working, and I -- they not helping me anymore, and he told me that

he would set me up for -- give me a knee replacement, and he said that he would contact workman comp to -- to arrange me to get the surgery --

Q. Okay.

A. -- but he never did. He never did reply back to me.

Q. At some point -- well, talk just a little bit about your work history. How long have you been at Spartanburg Steel?

A. I started working at Spartanburg Steel in 2014 as a temporary employee.

Q. 2014?

A. 2004. I'm sorry.

Q. Okay.

A. I started there in 2004 as a temporary employee, and 90 days I was hired on in August 16th of 2004, and I've been there ever since.

Q. What kind of -- what kind of job were you hired to do?

A. I was hired to do operators "C" job at first, and I've worked my way up to a operator "A," what I'm currently doing now and --

Q. What's the difference between those operators?

A. Operator "C" is when you first get hired on,

and operator "A," you go from operator "C" to operator "B." You have to take a test and to become a operator "A," you have to take a test, and you have to be able to change the machines over and everything, and I ran the high capacity machine. That's the machine that I worked on when I injured my knee, and you have to do a lot of changeover.

I ran four parts on that particular machine, and -- and so at the time when I injured my knee, it had the wheels on it. It's called a dolly.

Q. Well, we -- you don't have to testify -- it's an admitted injury. You don't have to talk about the accident that you had. We'll --

A. I'm sorry.

Q. We'll hold off on that. It's okay.

A. I'm sorry.

Q. All right. Mr. Moore, do you -- do you want this knee surgery?

A. I -- every day at work, my -- my knee hurt. My knee hurt every day, and it gives out, and it gives out and gets -- if I walk on it, it'll -- like it'll just give out completely, and -- and I -- I pray and -- and I -- and I -- for the last two years, I've been wearing a knee brace on it, and it still don't help any.

MR. BASS: Okay. All right. Commissioner, I don't have any further questions.

THE COURT: All right. Mr. Allison?

MR. ALLISON: Thank you, Commissioner. I'll be brief.

CROSS-EXAMINATION

BY MR. ALLISON:

Q. Good morning, Mr. Clark.

A. Okay. Thank you.

Q. I'm sorry. Mr. Moore. You said you've been wanting the surgery for a long time?

A. No. I'd say -- I say I only wanted it when it -- when the knee injection stopped working.

Q. Okay. So for more than a year --

A. Yes, sir.

Q. -- because I think you had said that they stopped working a year-and-a-half ago?

A. Yes. They stopped working altogether, but they -- they -- they -- they never stopped -- the pain never went away when I injured my knee. I -- from the time I got -- injured my knee in 2016, I've been going to see Dr. Hoenig and Brad to get injections in my knee --

Q. Right.

A. -- ever since 2016.

Q. Understood, but my question to you was about the fact that you've known that you might need surgery for about a year-and-a-half --

A. I --

Q. -- right?

A. And because -- because Dr. Hoenig said I needed it, and because I -- my knee had started collapsing on the job when I stand up doing my -- my full-duty activities, and it was just --

Q. Right.

A. And so that's when I told them -- they wanted to keep on giving me injections, but I told him the injections wasn't working anymore.

Q. Understood. So do you have health insurance?

A. Yes, I do.

Q. Okay. Could you get the knee surgery paid for by your health insurance?

A. I could, but I got injured on my job, and -- and -- and they've been treating me for my knee ever since 2016 --

Q. Right.

A. -- and they -- and if I do it through my health insurance, I have to pay a lot of money, and I -- that I -- that I can't afford, and my injury was caused on the job, and they've been treating me ever

since 2016 giving me injections in the same spot, doing everything they can to kill the pain every three months, and it's every -- about every two or three months, the pain will come back. They'll schedule me to come back in. I think I done had about 40 shots altogether in this one knee here.

Q. Do you have any -- did you have any problems with Dr. Hoenig being your doctor?

A. I didn't have no problem with Dr. Hoenig --

Q. Okay.

A. -- but then when Dr. Hoenig turned me over to his -- his assistant, Brad Harrison, and every three months, he would put the injections in my knee, and he would try different things to make it better, and every -- before I leave, they'll make me appointment to come back every three months to keep putting injections in my knee, sir.

Q. All right. You testified about possibly having surgery way back in 2016 --

A. Yeah.

Q. -- right?

A. They told me I --

Q. Well, just let me -- well, you can finish, but --

A. He said -- they told me that they could go in

there, because I had a meniscus tear, and they could -- they could fix it or they -- or they could -- they sat me down, put a brace on my knee for three months, and I sat on the job for three months, and they said that would help it, but it didn't help it.

Q. Did Dr. Hoenig offer to do the surgery?

A. He said he -- he -- him and Beth Padgett was in there together when they talked to me, and she -- she told me that --

Q. Sir, I'm asking you what -- did Dr. Hoenig offer to give you surgery to your knee back in 2016?

A. He -- he said I could do the surgery or it'll heal on its own.

Q. Okay. And did -- so did you decide that you didn't want the surgery? Did you say, No, I don't want a surgery? Let's see if it heals on its own?

A. I told him that we'll see will it heal on its own, but it never did, sir.

Q. All right. So you chose not to have the surgery in 2016?

A. He said it would heal on its own. That's what made me decide not to do it.

MR. ALLISON: Okay. That's all the questions I have.

THE COURT: Any further, Mr. Bass?

MR. BASS: No, Commissioner.
THE COURT: All right. Any other witnesses on behalf of the Claimant?
MR. BASS: No. I would just like the opportunity to address Dr. -- so some portions of Dr. Hoenig's deposition testimony before we close out the -- close out the hearing.
THE COURT: Well, I'll be reading it.
MR. BASS: And I -- and I understand you will. I just wanted to -- to point some things out in the deposition testimony.
THE COURT: I will read it in its entirety. Any other witnesses on behalf of Defendants?
MR. BASS: No, sir.
THE COURT: All right. That will conclude this proceeding.
(WHEREUPON, the taking of this sworn hearing was concluded at approximately 11:40 a.m.)

CERTIFICATE OF REPORTER

I, Megan Rish Brown, Court Reporter and Notary Public in and for the State of South of South Carolina, do hereby certify that I reported the hearing on the 19th day of December, 2024; and that the foregoing 18 pages constitute a true and correct transcription of the said hearing.

I further certify that I am neither attorney nor counsel for, nor related to or employed by, any of the parties connected with this action, nor am I financially interested in said cause.

I further certify that the original of said transcript shall be hereafter sealed and delivered to Commissioner T. Scott Beck, 1333 Main Street, Columbia, South Carolina.

In witness whereof I set my hand and seal this 23rd day of March, 2025.

_____

Megan Rish Brown, Court Reporter, Notary Public
State of South Carolina at Large
My Commission expires:
10/18/2028

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E X H I B I T S

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MARKED/ADMITTED FOR IDENTIFICATION:

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Reporter's Note:
Claimant's Exhibit Retained by the Court.

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

IVAN MOORE,
Employee,
Claimant,

vs. WCC FILE NO.: 1613880

SPARTANBURG STEEL PRODUCTS,
Employer,
and

HARTFORD ACCIDENT & INDEMNITY COMPANY,
Carrier,
Defendants.

H E A R I N G
(VIA COURTCALL)

DATE: Monday, August 25, 2025

TIME: 3:46 p.m.

LOCATION: Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, South Carolina

BEFORE: Commissioner Dooley, Chair
Commission Gene McCaskill
Commission Wendy James

REPORTED BY: Cheryl A. Wiszowaty
South Carolina Court Reporter

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COMMISSIONER DOOLEY: All right. Our first appellant is Mr. Bass. You have the floor. Mr. Bass you have the floor. Can you hear me?

MR. BASS: I'm sorry. I can hear you, yes.

COMMISSIONER DOOLEY: All right. You may proceed.

ORAL ARGUMENT

MR. BASS: Thank you. As I was saying but not heard, I believe this case presents a fundamental question about the integrity of the South Carolina Workers' Compensation system.

The legislature crafted 42-15-95 to prevent ex parte manipulation of medical and venues and in this case the defendants violated the statute, obtained a tainted opinion, and now seek to use that opinion through the back door of a deposition.

There are two critical errors that we're seeking this panel to address regarding the single commissioner's orders; one of them being that the single commissioner improperly admitted Dr. Hoenig's deposition testimony, despite it containing the exact opinion obtained through statutory violation of 14 -- I'm sorry, 42-15-95.

The second error being that even if the deposition of Dr. Hoenig were deemed admissable, that the substantial evidence and the record establishes that the knee replacement that the claimant is seeking here is causally related to his March 1, 2016, work injury.

I will address first that the plain language of 42-15-95, which states that any discussions, communications, medical reports or opinions, which is what we are focusing on here, obtained in violation of the section must be excluded.

The key points within that statute are, one must -- that's mandatory, it's not discretionary when it comes to opinions of pain, and two, opinions of pain, it's not -- we're focusing here on the opinion itself, which is tainted, and it's not just the document that we're talking about. In this case it was an excluded questionnaire, which the commissioner -- the commissioner rightly excluded, and this all goes back to the legislative purpose of 42-15-95, which is clear.

Before 2007 there was a rampant ex parte communication with treating physicians.

Okay? Bi-Lo v. Brown Supreme Court said that they clearly prohibited ex parte communications. It limited to records only.

Then a 2007 amendment came to 42-15-95 and the legislature crafted a very balanced solution of the problem, which is that employers can communicate directly with medical providers but it must provide notice and opportunity to participate in those communications and that the violation of that statute renders the violation and the opinion of pain to a mandatory exclusion.

Here what we have is the single commissioner's error of law that kind of creates an absurd result where the defendants can violate the statute; they can get an opinion, a tainted opinion, by an improper questionnaire and then introduce the same opinion through a later deposition.

It puts the claimants in a hostile position. Either they don't depose the doctor and they are stuck with a tainted opinion or they do depose the doctor and they're still stuck with a tainted opinion.

As I've briefed in my arguments,

there is an analogous principle here. It's the Fruit of the Poisonous Tree in criminal law where we have illegally obtained evidence. It remains tainted. You cannot cure the illegally obtained evidence, a constitutional violation, by some later obtaining of the evidence through other means, and here, you know, the enforcement requires a meaningful consequence in this case; excluding Dr. Hoenig's deposition.

If Dr. Hoenig's deposition is excluded, then the only remaining arguments as to causation are unrebutted medical evidence of Dr. O'Leary and Dr. Gerscovich, but even with the deposition, the substantial medical evidence supports causation where the claimant is seeking this total knee replacement. Substantial medical evidence supports causation.

In this case, we have a March 1, 2016, injury. Claimants -- the defendants are arguing a MMI date of September of 2016. What we have after that is no finding of permanency and instead, seven years of continuous treatment by Dr. Hoenig, encompassing 39 objections -- injections.

All of these injections were

authorized and paid for by the carrier. There were no treatment gaps and there was a documented aggressive deterioration of the claimant's knee.

Dr. Hoenig's own deposition testimony provides numerous contradictions. One, he says, Well, we have this MMI date of September of 2016, but then we have, He treated continuously for seven years after that, and importantly, he treated beyond what his initial future medical projections -- or future medical treatment called for. He called for steroid injections.

He goes beyond that and does viscosupplementation injections, and those were, again, authorized and approved by the carrier. He never documented this theory of a natural progression in his medical records and he only offered an opinion regarding a natural progression when it was suggested in the excluded questionnaire.

He also gives his opinion of an arbitrary two-to-three-year cutoff, but Dr. Hoenig himself can't -- hasn't stated, Well, is it two years at MMI; Is it three years at MMI; What is the cutoff for what his treatment should be?

Beyond that, he -- I expect that, you

know, the arguments, at least what the commissioner relied on and what the defendants will rely on, is that, well, the claimant possibly noticed the deposition, so we are stuck with it.

Rule 32(c) of the Rules of Civil Procedure clearly state that noticing a deposition doesn't make the deponent their witness. The defendants introduced the deposition at the hearing. He became their witness. We objected to it.

The claimant -- we have no choice but to investigate a violation of whether or not 42-15-95 was violated, and we can't waive statutory protections of that statute simply by investigating the wrongdoing.

Now, it's also argued that, you know, the intent is not to -- is only to exclude defendant initiating communications. This deposition was not a defendant-initiated communication.

Well, the statute doesn't distinguish between who initiates subsequent proceedings, especially those trying to establish whether a violation occurred. It just says, Opinions Obtained in Violation, period.

The opinion was obtained through a violation. The deposition really repeated the tainted opinion and the defendants' interpretation and the -- and the -- quite frankly, the single commissioner's interpretation would reward the defendants' violation of 42-15-95.

It's -- if the Commission were to uphold the single commissioner's order here, it would effectively gut the statutory protections of 42-15-95. We would turn to a pre-Brown area of ex parte communication with doctors and it would put workers in an impossible choice of are we going to look for the -- look for, you know, a violation, can we actually depose a doctor, not depose a doctor, and it's going to encourage future violations.

And it's -- the remedy is simple. All the employer has to do is follow the statute, and if they don't, the opinion gets excluded.

The legislature mandated that, you know, these opinions through these statutory violations, they must be excluded. There is no exception for depositions, no cure through subsequent proceedings, and there should be no discretion to admit the tainted evidence.

And if you -- even if you do consider Dr. Hoenig's opinion, the weight of the evidence, including the seven years of continuous authorized treatment, the two independent evaluations of Dr. O'Leary and Dr. Gerscovich, establish that his need for a knee replacement is causally related to his 2016 injury.

Note that I do -- I can take any questions from the panel or wait for Mark to respond to give my reply.

COMMISSIONER DOOLEY: Any questions at this point?

(No questions.)

All right. Mr. Allison.

ORAL ARGUMENT REPLY

MR. ALLISON: Thank you, your Honor, and may it please the Commission. So I think that counsel has fairly stated the issues here. There is an additional issue that we cross-appealed and I'll save that for last, because I think that is probably the smallest of these issues.

So let's start with the admission of Dr. Hoenig's deposition testimony. Defendants concede that there was a questionnaire that was obtained in violation of the statute and that that

questionnaire and the information contained in that questionnaire was excluded by the hearing commissioner.

However, Mr. Moore took the deposition of the doctor, so Mr. Moore noticed the deposition, and as a specific finding of fact by Commissioner Beck from the underlying order, the deposition was then noticed by claimant in an attempt to change Dr. Hoenig's opinion. All right?

So this is a situation where it's not merely the information that was contained in a medical questionnaire response that was at issue. This was a deposition that was taken, and might I add in a significant amount of time for this deposition, and so what we end up with is a deposition that lasted nearly an hour and spanned 42 pages of testimony.

The testimony that was elicited by Mr. Moore addressed issues across the board. It addressed issues not merely contained in the, quote, tainted questionnaire, but other issues.

All of that evidence, every bit of it, was obtained by Mr. Moore. It was obtained at Mr. Moore's request. Each question that was asked

of the doctor was done so at the choice and choosing of Mr. Moore, not by defendants.

If defendants had noticed the deposition and sought to create a different mechanism or piece of evidence, that could arguably, submitted under the statute, that would be in error. That would be -- that would not be admissable. That would be a true, quote, obtaining or getting the information in through the back door, as opposing counsel claims.

That's not what happened. There is no back-door effort by defendants to do anything other than appear for the deposition and participate in the deposition.

Let's assume that this deposition was noticed by Mr. Moore and we did not appear and Mr. Moore obtained evidence that was favorable to his position on causation. To rule that a claimant can take -- of his own volition and his own choosing, can choose to obtain evidence and then somehow imply that defendants, by participating in the deposition, have tried to back door obtain an opinion is patently false.

That's not -- that's not at all what happened in this case. We don't have a choice but

to defend and appear for the deposition and defend not only information that was contained in the questionnaire but also to defend the exchange of information that was not in the questionnaire.

The commissioner specifically ruled that for him to rule otherwise would be to conclude the defendants acted improperly in participating in the deposition, which would clearly be erroneous.

So, you know, the fact that Dr. Hoenig's deposition was unfavorable to Mr. Moore's position, that's neither illegal nor a reasonable justification for excluding the testimony. If the testimony in that deposition had been favorable to Mr. Moore, this wouldn't be an issue because, guess what, Mr. Moore would have submitted that deposition into evidence.

You can't have it both ways. You can't elect to choose a mechanism for obtaining evidence and then decide that it shouldn't come in because you don't like what it says. That would be a violation of the fundamental integrity of the system.

That's not what happened here. That was not any violation to the fundamental integrity

of the system because defendants did not choose this.

If Mr. Moore had not taken the deposition in an attempt to change Dr. Hoenig's opinion, then the only opinion would be the opinion that was excluded. In other words, there would be no opinion and the commissioner would have been bound by the only other opinions in the case.

But, again, that's not what happened. There was new evidence obtained, new and different evidence, and it was the basis for the commissioner's conclusion that this was not causally related.

There was an argument set forth that the -- about the intent behind 42-15-95 and what is intended to be excluded. The intent of the statute is to exclude information that's initiated by defendants. The statute is silent as to excluding matters that are initiated by the claimant.

That's not the intent of the statute. It is to exclude information or evidence that was improperly obtained in violation of the statute.

With regard to the issue of causation, not only is the commission entitled to weigh conflicting or inconsistent medical reports but it is the commission's role to do so, and there have been appeal cases that back the commission's weighing of evidence.

One particular case, Corbin versus Kohler Company, the Appellate Court in that case supported the full commission's conclusions about weighing the evidence and pointed out that the other providers in that case only saw the claimant on one occasion, the same as in this case.

In this case we have Dr. Hoenig, who treated the patient for seven years and then rendered an opinion about whether or not his need for a surgery was related to the injury or not, and the only other opinions in the case are one-time opinions from IME physicians that were obtained by claimant, that were paid for and obtained by claimant.

And so the hearing commissioner, as it is his role and job to do, had to judge these conflicting opinions, and in doing so he relied on the opinion of the person who knew this guy and had treated him on 25 occasions for seven years.

Now, as for the actual opinion of Dr. Hoenig, is Dr. Hoenig's opinion reasonable? Just because you treat somebody for seven years, does that mean that your opinion always wins the day? I would submit not. It's not just about time.

But what is the -- what is Dr. Hoenig's opinion based on? And he explains it in great detail in the deposition that was taken by Mr. Moore, and he says, The claimant's arthritis continued to progress, as it naturally does, and seven years after his work injury, the injections stopped working. He started having more pain and now he needs a knee replacement. Seven years.

And he goes on to explain why that's important, and he says, If the claimant had needed the knee replacement within two years of his work injury, I would likely relate it to the work injury; however, because the need for the replacement did not occur until seven years after the injury and because he had arthritis to begin with, then the need for this replacement is a natural progression.

So he explains it. And he even says,

Look, I'm not saying that there is not a circumstance where this wouldn't be related. It would be related if it had been closer in time to the injury, but guess what, seven years later this need for surgery arises and in my opinion and in my dealing with him for those seven years, this need for surgery is not related to the work injury.

He goes on to note, and this is very important, He would have needed a knee replacement at this time whether or not he sustained the injury in 2016.

So even if there had not been a work injury, he would have still needed this replacement, which further supports his medical opinions on causation.

COMMISSIONER DOOLEY: Thank you.

Any questions?

(No questions.)

All right. You'll have three -- we're going to give you three minutes of reply after Mr. Bass has his three minutes.

MR. ALLISON: Thank you. Thank you, Madam Commissioner.

MR. BASS: Thank, you, Madam Commissioner. There is a lot of beeping. Am I good?

COMMISSIONER DOOLEY: You are good.

ORAL ARGUMENT REPLY

MR. BASS: Okay. I'm going to briefly address something Mr. Allison pointed out to you, of that if this deposition didn't occur, then the opinion of Dr. Hoenig wouldn't be there, and I think that presupposes that the hearing commissioner would have excluded it and that would have been done; that would have been the end of it at the hearing, and we know that in practice that that just is not what would have happened.

We would have ended up having to go take the doctor's deposition. You know, Mr. Allison would have -- would have postponed it. You know, it just wouldn't have been excluded and then that would be the end of it. That just doesn't happen in practice.

In order for the defendants to -- and even if it was, we wouldn't know it was going to be excluded until we got there, and we would have to at least establish that a -- that a violation occurred prior to that, and that wasn't

established until we took the doctor's deposition.

I will say that regarding the defendants' cross-appeal that Mr. Moore should be ruled at MMI, here what we have is, based on Mr. Allison's last arguments, the defendants are now attempting to kind of have it -- have it both ways.

They want you to uphold the hearing commissioner's ruling as it pertains to listening to Dr. Hoenig on causation for the knee replacement but at the same time the hearing commissioner heard all the evidence, including the seven years of treatment, including the fact that that treatment exceeded what Dr. Hoenig had initially said the defendant needed at his initial MMI date back in September of 2016, and the commission took all of that information and made a determination that Mr. Moore was not at maximum medical improvement.

There is two separate determinations that the commissioner made. One he made said that -- he said that the total knee was not related to the 2016 accident, but he also, in a separate -- in a separate determination, looking

at the same medical evidence, looking at the same opinions, said, you know what, based on his seven years of treatment with Dr. Hoenig, Dr. Hoenig exceeded his mandate of what is maximum medical improvement and what is needed to keep him at a plateau, and therefore he's not at maximum medical improvement and needs to continue with treatment.

It's that -- that is my response to defendants' cross-appeal.

COMMISSIONER DOOLEY: Very good. Any questions?

(No questions)

All right. Mr. Allison, your reply.

MR. ALLISON: Thank you, your Honor.

ORAL ARGUMENT REPLY

First I want to speak to a couple of points raised in Mr. Moore's reply brief that was filed on August 18th, that in the brief he states that Dr. Hoenig's deposition was necessary to establish that a violation of the statute occurred. That's not true.

The violation of the statute occurred not withstanding any additional evidence. If there was no other deposition taken and nothing else done, there would be nothing further or in

addition to that that would be needed to establish that a violation of the statute occurred.

The second point is, Mr. Moore raises that this finding puts the claimant in an unwinable position; do nothing and be stuck with Dr. Hoenig's opinion or establish a violation occurred and be stuck with the subsequent opinion.

Well, that's -- again, that's not how it works. Do nothing and be stuck with Dr. Hoenig's opinion is not the only outcome. Do nothing, move to exclude the opinion and have it excluded is an option.

And not only was it an option; it is precisely what the commissioner did here. He excluded the opinion because it violated the statute, but then he also had to consider the additional and new evidence that was generated by Mr. Moore, so Mr. Moore did not have to do nothing and be stuck with the opinion.

Now, with regard to the issue of maximum medical improvement, it's our position that that finding is inconsistent with the commissioner's determination that the need for knee replacement is not related, and the reason

that that is inconsistent is this:

Dr. Hoenig placed Mr. Moore at maximum medical improvement in September 2016 and he continued to provide treatment and injections that we would consider Dodge medicals.

Now, in providing that treatment, it -- he has -- it has ultimately been determined that Mr. Moore would benefit from surgery, and that is the only treatment at this time that has been identified by anyone moving forward, and so to find that he's entitled to additional treatment and has somehow now not reached maximum medical improvement, even though Dr. Hoenig opined that he had back in September of 2016, implies that there is more treatment that he needs to obtain maximum medical improvement and the only treatment in the record is a surgery that has already been ruled out by a commissioner.

So it is a situation for which the evidence reflects that he has, in fact, obtained maximum medical improvement where, number one, Dr. Hoenig opined to such, number two, the hearing commissioner specifically found and gave reason for affording weight to the opinions of Dr. Hoenig, and number three, to find that he's

not at maximum medical improvement leaves the carrier in a position in which they would have to provide treatment that has not been recommended by any physician.

COMMISSIONER DOOLEY: All right. Very good.

All right. Any questions?

(No questions.)

Okay. Very good. That concludes this hearing.

(The hearing concluded at 4:13 p.m.)

CERTIFICATE OF REPORTER

I, Cheryl A. Wiszowaty, Court Reporter and Notary Public in and for the State of South Carolina, do hereby certify that I reported the above mentioned hearing and that the foregoing pages constitute a true and correct transcription of said hearing.

I further certify that I am neither attorney nor counsel for, nor related to or employed by any of the parties connected with this action, nor am I financially interested in said cause.

I further certify that the original of said transcript shall be hereafter sealed and delivered to the proper person for admissability.

In witness whereof I set my hand and seal this 30th day of May 2026, at Lexington County, South Carolina.

_____

Cheryl A. Wiszowaty,
Court Reporter and Notary
Public for the
State of South Carolina

My Commission expires
5/16/2027