

THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

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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

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**RECEIVED**  
**Oct 29 2026**  
**SC Court of Appeals**

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

v.

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

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RECORD ON APPEAL

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## INDEX

### **Orders**

|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| Decision and Order of the Single Commissioner, the Honorable T. Scott Beck, May 6, 2025 ..... | 1  |
| Appellate Panel Decision and Order, January 29, 2026 .....                                    | 13 |

### **Pleadings**

|                                                                                                                                                                                                                                           |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Form 50, Claimant's Request for Hearing, August 9, 2024 .....                                                                                                                                                                             | 23  |
| Form 51, Employer's Answer to Request for Hearing, September 6, 2024 .....                                                                                                                                                                | 27  |
| Form 58, Claimant's Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports, November 12, 2024 .....                                                                                                                        | 32  |
| Form 58, Defendants' Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports, November 15, 2024 .....                                                                                                                       | 39  |
| Form 58, Claimant's Supplemental Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports, November 22, 2024 .....                                                                                                           | 45  |
| Form 30, Claimant's Request for Commission Review, May 12, 2025 .....                                                                                                                                                                     | 56  |
| Form 30, Defendants' Request for Commission Review (cross-appeal), May 15, 2025 .....                                                                                                                                                     | 72  |
| Claimant's Appellant's Brief to the Appellate Panel, July 25, 2025 .....                                                                                                                                                                  | 75  |
| Defendants' Initial Brief of Cross-Appellants, July 28, 2025 .....                                                                                                                                                                        | 91  |
| Defendants' Reply Brief of Cross-Appellants, August 8, 2025 .....                                                                                                                                                                         | 102 |
| Claimant's Response to the Initial Brief of Cross-Appellants, August 11, 2025 .....                                                                                                                                                       | 110 |
| Claimant's Reply to the Response Brief of Cross-Appellants, August 13, 2025 .....                                                                                                                                                         | 117 |
| Claimant's Notice of Witnesses and Written Reports or Other Evidence, together with the medical records submitted thereunder as APA Nos. 1 through 3, pages 1–242 .....                                                                   | 122 |
| Defendants' Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of Defendant, dated November 15, 2024, together with the medical records submitted thereunder as APA No. 4, pages 243–247 ..... | 376 |

## **Transcripts**

|                                                                                                       |     |
|-------------------------------------------------------------------------------------------------------|-----|
| Defendants’ APA No. 5, Deposition of Michael Hoenig, M.D., taken October 31, 2023, pages 248–290..... | 384 |
| Michael Hoenig, M.D.- Direct Examination by Mr. Bass .....                                            | 388 |
| Michael Hoenig, M.D.- Cross Examination by Mr. Allison.....                                           | 426 |
| Transcript - Single Commissioner Hearing, December 19, 2024.....                                      | 428 |
| IVAN L. MOORE - Direct Examination by Mr. Bass .....                                                  | 434 |
| IVAN L. MOORE - Cross Examination by Mr. Allison .....                                                | 441 |
| Transcript - Appellate Panel Hearing, August 25, 2025 .....                                           | 448 |

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.

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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 kncc 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 kncc 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 kncc 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. Hoenig 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 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 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.**

A handwritten signature in black ink, appearing to read 'T. Beck', is written over a horizontal line.

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**

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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 & Couric,  
LLC, appeared on behalf of Defendants/  
Respondent/Cross-Appellant.

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

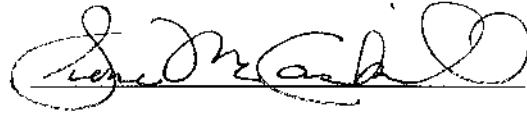
### **ORDER**

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

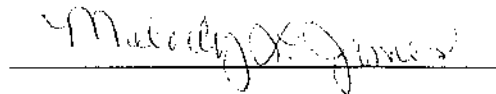
**IT IS HEREBY ORDERED** that Claimant is not entitled to a left total knee replacement surgery, as it is not causally related to Claimant's work accident on March 1, 2016.

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

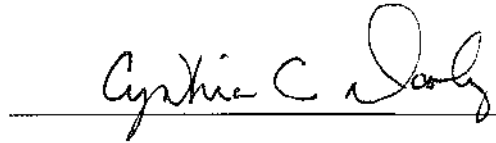
AND SO IT IS ORDERED.

A handwritten signature in cursive script, appearing to read "Gene McCaskill", written over a horizontal line.

Gene McCaskill, Commissioner

A handwritten signature in cursive script, appearing to read "Melody L. James", written over a horizontal line.

Melody L. James, Commissioner

A handwritten signature in cursive script, appearing to read "Cynthia C. Dooley", written over a horizontal line.

Cynthia C. Dooley, Commissioner

\_\_\_\_\_ Date

Columbia, SC

**Order Served via email:**

|                                                                                                               |                                                                                                                |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Mark A. Allison<br>McAngus Goudelock & Courie<br><a href="mailto:mallison@mgclaw.com">mallison@mgclaw.com</a> | Samuel Bass<br>Stewart Law Offices<br><a href="mailto:sam@stewartlawoffices.net">sam@stewartlawoffices.net</a> |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|

**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***



Reply To:

ROCK HILL | COLUMBIA | CHARLOTTE  
SPARTANBURG | BEAUFORT

Sam Bass  
sam@stewartlawoffices.net

*Licensed in SC*

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,

A handwritten signature in blue ink, appearing to be "SB", is written over the word "Sincerely,".

Sam Bass  
Attorney at Law

SB/kc

CC: Mark Allison, Esquire

409 S PINE STREET • SPARTANBURG, SC 29302 • PHONE (864) 583-2223 • FAX (864) 310-4099

[WWW.STEWARTLAWOFFICES.NET](http://WWW.STEWARTLAWOFFICES.NET)

1-866-STEWART

**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](http://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](mailto: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  
Title

sam@stewartlawoffices.net  
Email

5-9-24  
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<br>Spartanburg, SC 29303  |
| 2. | Imaging Services - SMC at North Grove           | 1330 Boiling Springs Road Suite 1500<br>Spartanburg, SC 29303 |
| 3. | Piedmont Imaging                                | 684 North Pine Street<br>Spartanburg, SC 29303                |
| 4. | Midlands Orthopaedics, P.A.                     | 1910 Blanding Street<br>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, )  
 )  
and )  
 )  
HARTFORD ACCIDENT AND INDEMNITY )  
CO. )  
 )  
Carrier, )  
 )  
Defendants. )

**CERTIFICATE OF SERVICE**

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,

A handwritten signature in black ink, appearing to read 'Mark Allison', is positioned above the printed name.

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,                     | } | <b>CERTIFICATE</b> |
|                               | } | <b>OF</b>          |
| AND                           | } | <b>SERVICE</b>     |
|                               | } |                    |
| HARTFORD ACCIDENT & INDEMNITY | } |                    |
| COMPANY C/O SEDGWICK CLAIMS   | } |                    |
| MANAGEMENT SERVICES, INC.,    | } |                    |
|                               | } |                    |
| Carrier,                      | } |                    |
|                               | } |                    |
| Defendants.                   | } |                    |

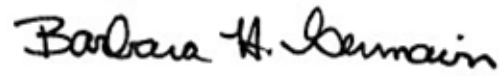
The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of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

TO: **VIA EMAIL**  
[sam@stewartlawoffices.net](mailto: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

A handwritten signature in black ink, reading "Barbara H. Germain". The signature is written in a cursive style with a large initial 'B' and a distinct 'H'.

---

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 Employer's Name: Spartanburg Steel  
Address: 238 Saint Matthews Lane Post Office Box 6428  
Spartanburg, South Carolina 29301 Address: Spartanburg, South Carolina 29304  
Home Phone: (864) 251-9796 Work Phone #: \_\_\_\_\_ Insurance Carrier: Hartford Accident & Indemnity Company c/o  
Date of Injury: 3/1/16 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:**

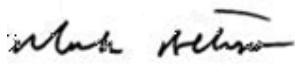
- It is ☒ **Admitted** ☐ **Denied** the employee sustained an injury or illness on or about the date set forth in the application. The reasons for denial are: Defendants admit Claimant injured his left leg.
- It is ☒ **Admitted** ☐ **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See No. 1 above.
- 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.
- 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.
- It is ☒ **Admitted** ☐ **Denied** notice of injury was given the employer. The reasons for denial are: See No. 1 above.
- 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.
- 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.
- 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.
- It is ☐ **Admitted** ☒ **Denied** the employee has serious disfigurement.
- It is contended that an average weekly wage of \$ 801.52 applies, according to attached Form 20 as provided by law.
- 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](mailto: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

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.



Reply To:

Sam Bass  
sam@stewartlawoffices.net

ROCK HILL | COLUMBIA | CHARLOTTE  
SPARTANBURG | BEAUFORT

*Licensed in SC*

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,

A handwritten signature in blue ink, appearing to be "S. Bass", written over a light blue horizontal line.

Sam Bass  
Attorney At Law

SB/kc

Enclosures

cc: Mr. Mark Allison, Esquire



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, 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](mailto: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: \_\_\_\_\_

Date of hearing: November 27, 2024

Email: sam@stewartlawoffices.net

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

**58**

**PRE-HEARING BRIEF**



## 34

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

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

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

2all

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:

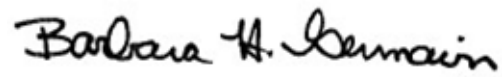
TO: **VIA ELECTRONIC SERVICE**  
[sam@stewartlawoffices.net](mailto:sam@stewartlawoffices.net)  
**Katia@stewartlawoffices.net**  
Sam Bass, Esquire  
Stewart Law Offices, L.L.C.  
409 South Pine Street  
Spartanburg, South Carolina 29302

**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

A handwritten signature in black ink, reading "Barbara H. Germain". The signature is written in a cursive style with a large, stylized 'B' and 'G'.

---

Barbara H. Germain  
Legal Assistant to Mark Allison





**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](mailto: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:   
Date of Hearing: November 27, 2024

Email: mallison@mgclaw.com  
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.

WCC FORM # 58  
Revised 9/23

**58**

PRE-HEARING BRIEF

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:

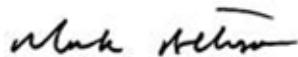
| APA# | DOCTOR             | PRACTICE                                       | DATES               | PAGES   |
|------|--------------------|------------------------------------------------|---------------------|---------|
| 4.   | Michael Hoenig, MD | CONA                                           | 9/13/16 – 9/20/2016 | 243-247 |
| 5.   | Michael Hoenig, MD | Deposition Transcript of Dr.<br>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



Reply To:

ROCK HILL | COLUMBIA | CHARLOTTE  
SPARTANBURG | BEAUFORT

Sam Bass  
sam@stewartlawoffices.net

*Licensed in SC*

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,

A handwritten signature in blue ink, appearing to be "S. Bass", written over a light blue horizontal line.

Sam Bass  
Attorney At Law

SB/kc

Enclosures

cc: Mr. Mark Allison, Esquire

409 S PINE STREET - SPARTANBURG, SC 29302 - PHONE (864) 583-2223 - FAX (864) 310-4099

[WWW.STEWARTLAWOFFICES.NET](http://WWW.STEWARTLAWOFFICES.NET)

1-866-STEWART



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](mailto: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:

Date of hearing: November 27, 2024

Email: [sam@stewartlawoffices.net](mailto:sam@stewartlawoffices.net)

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**

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

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 SUPPLEMENTAL PRE-HEARING BRIEF** has been served upon the following by depositing the same in the U.S. Mail this 22<sup>ND</sup> 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





Reply To:

ROCK HILL | COLUMBIA | CHARLOTTE  
SPARTANBURG | BEAUFORT

Sam Bass  
sam@stewartlawoffices.net

*Licensed in SC*

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,

A handwritten signature in blue ink, appearing to read "Sam Bass", with a stylized flourish at the end.

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](http://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: ( ) 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 ☒ 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 ☒ 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](mailto: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 12<sup>th</sup> day of May 2025, by electronic mail.

Preparer's Signature: \_\_\_\_\_ Claimant's Attorney: \_\_\_\_\_ sam@stewartlawoffices.net \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_ Date: 5-12-25

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](mailto: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  
sam@stewartlawoffices.net

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. Hoenig 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. (Cl't.'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. (Cl't.'s APA pp. 233). Dr. O'Leary reviewed Claimant's August 10, 2023, MRI, medical records from CONA, and Dr. Hoenig's deposition transcript. (Cl't.'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. (Cl't.'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. (Cl't.'s APA pp. 234).

On April 16, 2024, Claimant presented to Dr. Daniel Gerscovich for a second opinion of his left knee. (Cl't.'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. (Cl't.'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. (Cl't.'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 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 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,

and

HARTFORD ACCIDENT AND INDEMNITY  
CO.

Carrier,

Defendants.

CERTIFICATE OF SERVICE

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 12<sup>th</sup> 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 Employer's Name: Spartanburg Steel  
Address: 238 Saint Matthews Lane Post Office Box 6428  
Spartanburg, South Carolina 29301 Address: Spartanburg, South Carolina 29304  
Home Phone: (864) 251-9796 Work Phone: Insurance Carrier: Hartford Accident & Indemnity Company  
c/o Sedgwick Claims Management  
Preparer's Name: Mark Allison Law Firm: McAngus Goudelock & Courie Services, Inc.  
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.

Preparer's Signature

Attorney for Employer/Carrier  
Title

mallison@mgclaw.com  
Email

May 15, 2025  
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](mailto: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](mailto: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



Reply To:

ROCK HILL | COLUMBIA | CHARLOTTE  
SPARTANBURG | BEAUFORT

Sam Bass  
sam@stewartlawoffices.net

*Licensed in SC*

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,

A handwritten signature in blue ink, appearing to be "S. Bass", written over a horizontal line.

Sam Bass  
Attorney at Law

SB/kc

CC: Mark Allison, Esq.

409 S PINE STREET • SPARTANBURG, SC 29302 • PHONE (864) 583-2223 • FAX (864) 310-4099

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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<sup>1</sup> 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).<sup>2</sup> 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

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<sup>1</sup> The reference to *employers* should be understood to include insurance adjusters, nurse case managers and insurance defense attorneys.

<sup>2</sup> 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,<sup>3</sup> 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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<sup>3</sup> 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 statute. 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 statute; 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. Hoenig, 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 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 injections 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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Sam Bass  
409 S. Pine Street  
Spartanburg, SC 29306  
(864)583-2223  
[sam@stewartlawoffices.net](mailto: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 **Brief of Claimant/Appellant**, has been served upon the following by this 25<sup>th</sup> 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,  
mallison@mgclaw.com  
McAngus, Goudelock & Courie LLC  
PO Box 2980  
Greenville, SC 29602

Ashley Hughes  
STEWART LAW OFFICES, LLC  
409 S Pine Street  
Spartanburg, SC 29302  
(864) 583-2223

Spartanburg, South Carolina  
July 25, 2025



**Reply To**

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

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

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APPEAL FROM SINGLE COMMISSIONER  
The Honorable Scott Beck

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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,

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INITIAL BRIEF OF CROSS-APPELLANTS

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## **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 degree of impairment. (Dodge v. Brucoli, 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.

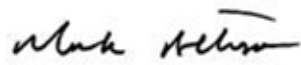
### **CONCLUSION**

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

A handwritten signature in black ink, appearing to read "Mark Allison", is positioned above a horizontal line.

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,                                | } |  |
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| Claimant,                                | } |  |
|                                          | } |  |
| vs.                                      | } |  |
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| SPARTANBURG STEEL,                       | } |  |
|                                          | } |  |
| Employer,                                | } |  |
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| AND                                      | } |  |
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| 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](mailto: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

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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

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APPEAL FROM SINGLE COMMISSIONER  
The Honorable Scott Beck

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WCC No. 1613880

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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,

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REPLY BRIEF OF CROSS-APPELLANTS

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## **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

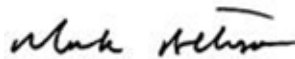
needed a total knee replacement at this time whether or not he sustained the injury in 2016.  
(Def.'s APA p. 288).

### **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



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Mark Allison, Esquire  
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Greenville, South Carolina 29602  
(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,                  | } | <b>CERTIFICATE</b> |
|                            | } | <b>OF</b>          |
| AND                        | } | <b>SERVICE</b>     |
|                            | } |                    |
| SEDGWICK CLAIMS MANAGEMENT | } |                    |
| SERVICES, INC.,            | } |                    |
|                            | } |                    |
| Carrier,                   | } |                    |
|                            | } |                    |
| Defendants.                | } |                    |
|                            | } |                    |

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](mailto: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*

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Jayne McJunkin  
Legal Assistant to Mark Allison



Reply To:

ROCK HILL | COLUMBIA | CHARLOTTE  
SPARTANBURG | BEAUFORT

Sam Bass  
sam@stewartlawoffices.net

*Licensed in SC*

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,

A handwritten signature in blue ink, appearing to be "S. Bass", written over a horizontal line.

Sam Bass  
Attorney at Law

SB/kc

CC: Mark Allison, Esq.

409 S PINE STREET · SPARTANBURG, SC 29302 · PHONE (864) 583-2223 · FAX (864) 310-4099

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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. (Cl. '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  
409 S. Pine Street  
Spartanburg, SC 29306  
(864)583-2223  
[sam@stewartlawoffices.net](mailto: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 11<sup>th</sup> 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**

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

  
Ashley Hughes  
STEWART LAW OFFICES, LLC  
409 S Pine Street  
Spartanburg, SC 29302  
(864) 583-2223

Spartanburg, South Carolina  
August 11, 2025



Reply To:

ROCK HILL | COLUMBIA | CHARLOTTE  
SPARTANBURG | BEAUFORT

Sam Bass  
sam@stewartlawoffices.net

*Licensed in SC*

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,

A handwritten signature in blue ink, appearing to be "S. Bass", written over a horizontal line.

Sam Bass  
Attorney at Law

SB/kc

CC: Mark Allison, Esq.

409 S PINE STREET • SPARTANBURG, SC 29302 • PHONE (864) 583-2223 • FAX (864) 310-4099

[WWW.STEWARTLAWOFFICES.NET](http://WWW.STEWARTLAWOFFICES.NET)

1-866-STEWART

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 his 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 statute 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,



Sam Bass  
409 S. Pine Street  
Spartanburg, SC 29306  
(864)583-2223  
[sam@stewartlawoffices.net](mailto: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**

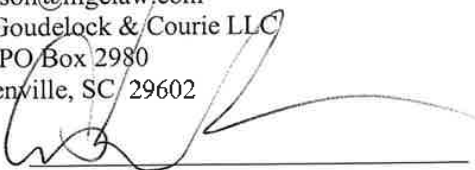
I, Ashley Hughes, an employee with Stewart Law Offices, L.L.C., do hereby certify that a true and correct copy of **Reply Brief to Response Brief of Cross-Appellant**, has been served upon the following by this 13<sup>th</sup> day of August, 2025, addressed as follows:

**VIA E-CASE**

Amy Bracy  
Judicial Director  
SC Workers' Compensation Commission  
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Mr. Mark Allison,  
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Ashley Hughes  
STEWART LAW OFFICES, LLC  
409 S Pine Street  
Spartanburg, SC 29302  
(864) 583-2223

Spartanburg, South Carolina  
August 13, 2025



IVAN MOORE,  
Employee/Claimant,  
vs.  
SPARTANBURG STEEL PRODUCTS, INC.,  
Employer/Defendant,  
And  
HARTFORD ACCIDENT AND  
INDEMNITY CO.,  
Servicing Agent/Carrier,

| <b>Exhibits</b>                     | <b>Date(s)</b>       | <b>Page Number(s)</b> |
|-------------------------------------|----------------------|-----------------------|
| Correspondence with Defense Counsel | 10/17/2023 - PRESENT | 1-11                  |

ROOM 2 DATE OF INJURY 3/1/14 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 w steel parts hit the  
 @ side of his knee (lateral) but more painful (medial)

valgus force  
 swelled, still swell  
 medial pain, G.O. - buckle in  
 brace, med, neg  
 4x side of sharp pain

med / med  
 - Valgus /  
 ant / med  
 post / med

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

Dr.  
 right knee  
 motion  
 4 w  
 gch

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

October 10, 2023  
Page 1  
Office Visit

**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

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

October 10, 2023

Page 2  
Office Visit

**Ivan Moore**  
Male DOB **DOB**961

167649

Home: (864) 251-9796  
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  
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

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October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB [REDACTED] 1961

167649

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

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

**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 961

167649

Home: (864) 251-9796  
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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

**Carolina Orthopaedic & Neurosurgical Associates**  
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303  
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October 10, 2023  
Page 5  
Office Visit

**Ivan Moore**

Male DOB: **DOB** 961

167649

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

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 MC Orthopaedic Associates PA 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 nistic QHS and using knee brace - some relief.

better with twist + less pain M + L,  
extra motion, light duty

Prior Diag 1

M25 462

Prior Diag 2:

Prior Diag 3:

tx: CSI - helped some, nistic QHS

Global Period 1 Expires

Global Period 2 Expires:

TT Pomeroy MC

Full



**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023

Page 1  
Office Visit

**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

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

October 10, 2023  
Page 2  
Office Visit

**Ivan Moore**  
Male DOB: **DOB 961**

187649

Home: (864) 251-9796  
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  
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  
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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.

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October 10, 2023

Page 3  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

167649

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

### 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.

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*October 10, 2023*

Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 961

167649

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

Electronically signed by Michael P Hoenig MD on 08/10/2018 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 @ knee strain  
pain S/I/O today.

Full Duty - going "ok", swelling if he doesn't take  
medication.

Prior Diag 1. M25 462

Prior Diag 2

Prior Diag 3

Global Period 1 Expires:

Global Period 2 Expires:

F

Dr  
M  
Full  
Y-L

**Carolina Orthopaedic & Neurosurgical Associates**  
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(864) 582-6396 Fax: (864) 542-2939

October 10, 2023

Page 1  
Office Visit

**Ivan Moore**  
Male DOB [REDACTED] 961

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

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

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October 10, 2023

Page 2  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 951

167649

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

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  
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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

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

October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB **DOB** 961

167649

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

**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



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October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB **DOB** 1961

167649

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

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 Haewig

- |                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty – no limitations on _____   | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                  | 6. <input type="checkbox"/> 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 <input type="checkbox"/> UE                 | <input type="checkbox"/> No crawling/climbing/squatting or kneeling   |
| Floor to waist <input type="checkbox"/> lbs.       | <input type="checkbox"/> No driving for work                          |
| Waist to shoulder <input type="checkbox"/> lbs.    | <input type="checkbox"/> Crutches / brace                             |
| Shoulder to overhead <input type="checkbox"/> lbs. | <input type="checkbox"/> No push/pull > <input type="checkbox"/> lbs. |
| No push/pull > <input type="checkbox"/> lbs.       | <input type="checkbox"/> Rotate Standing/Sedentary _____              |
| <input type="checkbox"/> No overhead either hand   | <input type="checkbox"/> No bending / twisting                        |
| <input type="checkbox"/> Must wear sling / brace   | <input type="checkbox"/> Floor level work                             |

Other: \_\_\_\_\_

Physician signature: *Haewig*

ROOM CR DATE OF INJURY 3/1/14 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 9/1 • 55 yrs • M (864) 251-9796

Michael P Hoenig MD Orthopaedic Associates PC 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 - <sup>significant</sup> ~~some~~ relief, but feels  
like it is wearing off

pain 4/10 today -

shot wearing off, good 2-3 wks

pain well

tr: bone, Mobic, CSI

Prior Diag 1: M22.42

Prior Diag 2:

Prior Diag 3:

Global Period 1 Expires:

Global Period 2 Expires:

- CSI

- Mobic

- bone

- shot

- Full

**Carolina Orthopaedic & Neurosurgical Associates**  
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303  
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October 10, 2023  
Page 1  
Office Visit

**Ivan Moore**  
Male DOB **DOB** 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):**

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October 10, 2023

Page 2  
Office Visit

**Ivan Moore**

Male DOB **DOB 961**

167649

Home: (864) 251-9796

Ins: Sedgwick WC

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  
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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 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  
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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

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**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

**Carolina Orthopaedic & Neurosurgical Associates**  
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303  
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October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 961

167649

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

**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**  
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October 10, 2023  
Page 4  
Office Visit

**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 Hoening

- |                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input type="checkbox"/> Full duty - no limitations on <u>8/16</u>        | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                  | 6. <input type="checkbox"/> 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

Michael P Hoenig MC Orthopaedic Associates PA SAME

4wk knee

No Copay

Sedgwick WC

DOB 361 • 55 yrs • M (864) 251-9796  
600 A John B White Sr Blvd Spartanburg, SC 29306

Recheck

709398

\$292.00

\$0.00

Flu: Lt knee  
injection @ last on 8/16/16  
17 50 % relief → lasted a few weeks

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

70%

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

1/17/18 medial

Global Period 1 Expires.  
Global Period 2 Expires:

MAN  
Full / CSI

10%

ORTHOPAEDIC ASSOCIATES  
WORK STATUS FORM

Chart # 1167649 Date 9/13/16 Patient's Name Ivan Moore Physician Dr. Hoening

- |                                                                                  |                                                                 |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty - no limitations on <u>9/13</u> | 4. <input checked="" type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty     | 5. Next appt _____                                              |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                      | 6. <input checked="" type="checkbox"/> MMI and rating to follow |

WORK MODIFICATIONS

Start Date: \_\_\_\_\_

- ☐ Complete Sedentary: Sitting only - no walking or standing expect to and from job.
- ☐ Light/Sedentary: lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
- ☐ Light Duty: lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighting up to 10 lbs.
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- ☐ Medium: Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighting up to 25lbs.
- ☐ Light/Heavy: Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighting up to 40lbs.

No use ☐ UE

☐ No crawling/climbing/squatting or kneeling

Floor to waist ☐ lbs.

☐ No driving for work

Waist to shoulder ☐ lbs.

☐ Crutches / brace

Shoulder to overhead ☐ lbs.

☐ No push/pull > \_\_\_\_\_ lbs.

No push/pull > \_\_\_\_\_ lbs.

☐ Rotate Standing/Sedentary \_\_\_\_\_

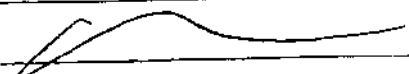
☐ No overhead either hand

☐ No bending / twisting

☐ Must wear sling / brace

☐ 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 Employer's Name: Spartanburg Steel  
Physician's Name: Michael Haenig, MD Insurance Carrier: Sedgwick  
Practice/Clinic: Orthopaedic Associates SCWCC File No: \_\_\_\_\_  
Preparer's Name: Torrie Allen 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: 3/1/16

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)

☒ 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.

☒ 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

WCC Form #14B  
09/2016

14B

Physician's Statement



September 24, 2016

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

Re: Claimant: Ivan Moore  
Claim #: 301655266960001F  
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,

A handwritten signature in cursive script that reads "Julie Goss".

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

JG/w

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

ROOM 4 DATE OF INJURY 3/11/16 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** 961 \* 55 yrs \* M (864) 251-9796  
Michael P Hoening MD Orthopaedic Associates PA SAME 600 A John B White Sr Blvd Spartanburg, SC 29306  
knee in- ok per adjuster be able to come by 2pm - OPEN SLOT FOR I 720601  
No Copay Sedgwick WC

Flu: Left Knee

\$207.00

\$0.00

xray today (per d@last on 9/13/16)

- pain medial aspect of knee

- pt would like an injection today

worse if out of brace, pain medial

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

Global Period 1 Expires:  
Global Period 2 Expires:

CS1

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

October 10, 2023  
Page 1  
Office Visit

**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

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

October 10, 2023  
Page 2  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 961

167649

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

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  
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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

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

October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 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



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

October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 961

167649

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

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

11/16

Chart # 107649 Date 11/16 Patient's Name van moore Physician De Haenig

1. ☒ Full duty - no limitations on 11/1
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 weighing 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

☐ No crawling/climbing/squatting or kneeling

Floor to waist ☐ lbs.

☐ No driving for work

Waist to shoulder ☐ lbs.

☐ Crutches / brace

Shoulder to overhead ☐ lbs.

☐ No push/pull > \_\_\_\_\_ lbs.

No push/pull > \_\_\_\_\_ lbs.

☐ Rotate Standing/Sedentary \_\_\_\_\_

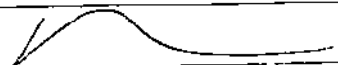
☐ No overhead either hand

☐ No bending / twisting

☐ Must wear sling / brace

☐ Floor level work

Other: \_\_\_\_\_

Physician signature: 

DOM 1 DATE OF INJURY 3/11/16 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 MD 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 11/11/16

L it 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  
- Nubia 2.1

- Tylenol #3 2.1  
OHS

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

October 10, 2023  
Page 1  
Office Visit

**Ivan Moore**  
Male DOB [REDACTED] 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

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

October 10, 2023  
Page 2  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 961

167649

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

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):**

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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

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

October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 961 167649

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

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.

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October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 961

167649

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

**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 # 11671649 Date 12/4/12 Patient's Name Van Noye Physician Deffenig

- |                                                                                  |                                                      |
|----------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty - no limitations on <u>1/24</u> | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty     | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                      | 6. <input type="checkbox"/> MMI and rating to follow |

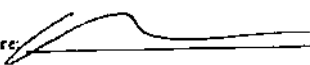
## WORK MODIFICATIONS

Start Date: \_\_\_\_\_

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

- |                                                  |                                                                     |
|--------------------------------------------------|---------------------------------------------------------------------|
| No use <input type="checkbox"/> UE               | <input type="checkbox"/> No crawling/climbing/squatting or kneeling |
| Floor to waist _____ lbs.                        | <input type="checkbox"/> No driving for work                        |
| Waist to shoulder _____ lbs.                     | <input type="checkbox"/> Crutches / brace                           |
| Shoulder to overhead _____ lbs.                  | <input type="checkbox"/> No push/pull > _____ lbs.                  |
| No push/pull > _____ lbs.                        | <input type="checkbox"/> Rotate Standing/Sedentary _____            |
| <input type="checkbox"/> No overhead either hand | <input type="checkbox"/> No bending / twisting                      |
| <input type="checkbox"/> Must wear sling / brace | <input type="checkbox"/> Floor level work                           |

Other: \_\_\_\_\_

Physician signature: 



DOM 4 DATE OF INJURY 3/1/17 DATE OF SURGERY \_\_\_\_\_  
LAY: 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

flu- Lt knee

ing @ last visit - 1/24/17

helped until 8-9 days ago

req. antibiotic today - in room

pain 7/10

\$0.00

\$0.00

Prior Diag 1: M22.42

Prior Diag 2:

Prior Diag 3:

Global Period 1 Expires:

Global Period 2 Expires:

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October 10, 2023  
Page 1  
Office Visit

**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

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October 10, 2023  
Page 2  
Office Visit

**Ivan Moore**  
Male DOB **DOB** 961

167649

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

**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

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October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: **DOB**1961

167649

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

### **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:** Hoerig 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.

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(864) 582-6396 Fax: (864) 542-2939

October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 961

167649

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

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.

1

**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 Hoening

- |                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty - no limitations on _____   | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                  | 6. <input type="checkbox"/> 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 weighing 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

☐ No crawling/climbing/squatting or kneeling

Floor to waist ☐ lbs.

☐ No driving for work

Waist to shoulder ☐ lbs.

☐ Crutches / brace

Shoulder to overhead ☐ lbs.

☐ No push/pull > \_\_\_\_\_ lbs.

No push/pull > \_\_\_\_\_ lbs.

☐ Rotate Standing/Sedentary \_\_\_\_\_

☐ No overhead either hand

☐ No bending / twisting

☐ Must wear sling / brace

☐ Floor level work

Other: \_\_\_\_\_

Physician signature: \_\_\_\_\_

Hoening /s/

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. \_\_\_\_\_

08/23/2017 02:15PM 167849

Ivan Moore

DOB 961 • 56 yrs • M

Michael P Hoenig MD Carolina Orthopaedic & Ne SPARTANBURG STEEL

3 months needed this time slot for work

Recheck

798012

No Copay

Sedgwick WC

Flu & 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
- weightbearing good, favoring R leg
- 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 wks ago - medial

Global Period 1 Expires:

Global Period 2 Expires:

- Mobic  
- CSI



**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023  
Page 1  
Office Visit

**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



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October 10, 2023  
Page 2  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

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

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(864) 582-6396 Fax: (864) 542-2939

October 10, 2023

Page 3  
Office Visit

**Ivan Moore**  
Male DOB **DOB** 961

167649

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

**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.

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

October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 961

167649

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

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

*October 10, 2023*  
Page 5  
Office Visit

**Ivan Moore**  
Male DOB: **DOB**961

167649

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

ORTHOPAEDIC ASSOCIATES  
WORK STATUS FORM

Chart # 167649 Date 8/29/17 Patient's Name Ivan moore Physician Moehrig

- |                                                                                   |                                                      |
|-----------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty -- no limitations on <u>8/29</u> | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty      | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                       | 6. <input type="checkbox"/> 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

☐ No crawling/climbing/squatting or kneeling

Floor to waist ☐ lbs.

☐ No driving for work

Waist to shoulder ☐ lbs.

☐ Crutches / brace

Shoulder to overhead ☐ lbs.

☐ No push/pull > ☐ lbs.

No push/pull > ☐ lbs.

☐ Rotate Standing/Sedentary \_\_\_\_\_

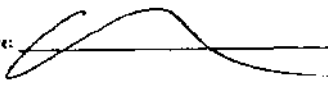
☐ No overhead either hand

☐ No bending / twisting

☐ Must wear sling / brace

☐ Floor level work

Other: \_\_\_\_\_

Physician signature: 

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

flu- Lt knee  
chondromalacia

\$117.00 \$0.00

inj. @ last OV- 8/29/17  
good relief until 1 week ago  
clo- swelling/pain

req. inj. today  
in room



Prior Diag 1 M22 42  
Prior Diag 2  
Prior Diag 3

Global Period 1 Expires:  
Global Period 2 Expires:

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October 10, 2023

Page 1  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

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 \*\*\*

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

October 10, 2023  
Page 2  
Office Visit

**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



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

October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: (DOB) 961

167649

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

### **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

**Customist:** 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:**

**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023

Page 4  
Office Visit

**Ivan Moore**  
Male DOB [REDACTED] 961

167649

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

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.

I

**Electronically signed by Michael P Hoenig MD on 11/30/2017 at 12:56 PM**

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# CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

## WORK STATUS FORM

Chart # 167649 Date 11/28/17 Patient's Name Ivan Moore Physician Hoenig

- |                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty – no limitations on _____   | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                  | 6. <input type="checkbox"/> MMI and rating to follow |

## WORK MODIFICATIONS

Start Date: \_\_\_\_\_

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

- |                                                    |                                                                       |
|----------------------------------------------------|-----------------------------------------------------------------------|
| No use <input type="checkbox"/> UE                 | <input type="checkbox"/> No crawling/climbing/squatting or kneeling   |
| Floor to waist <input type="checkbox"/> lbs.       | <input type="checkbox"/> No driving for work                          |
| Waist to shoulder <input type="checkbox"/> lbs.    | <input type="checkbox"/> Crutches / brace                             |
| Shoulder to overhead <input type="checkbox"/> lbs. | <input type="checkbox"/> No push/pull > <input type="checkbox"/> lbs. |
| No push/pull > <input type="checkbox"/> lbs.       | <input type="checkbox"/> Rotate Standing/Sedentary _____              |
| <input type="checkbox"/> No overhead either hand   | <input type="checkbox"/> No bending / twisting                        |
| <input type="checkbox"/> Must wear sling / brace   | <input type="checkbox"/> Floor level work                             |

Other: \_\_\_\_\_

Physician signature: Hoenig / pth

KUUM 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 MC 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 1 1/2 weeks ago good for ankle
- Swelling intermittently
- Painful to fully WB
- Pain 7.5/10
- He wants to discuss synovise/supartz today

Prior Diag 1: M22 42  
 Prior Diag 2:  
 Prior Diag 3:

fr: nubic

Global Period 1 Expires:

Global Period 2 Expires:

- CSI WC

- Nubic EZ

- Full

1 +  
 FTR nubic

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1330 Bolling Springs Road Suite 1600 Spartanburg, SC 29303  
(864) 582-6396 Fax: (864) 542-2939

October 10, 2023  
Page 1  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 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

October 10, 2023  
Page 2  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 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

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

October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB [REDACTED] 961

167649

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

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**

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

October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB**1961

167649

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

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**

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## WORK STATUS FORM

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

**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 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

DU 2/1/18

\$           

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

SLU L knee chondromalacia

\* CSI last DU 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:

3/5/2 Konly

HLK F3 KIT  
MOC 7642074601  
SN # 14927908 QTY 1

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

October 10, 2023

Page 1  
Office Visit

**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

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October 10, 2023  
Page 2  
Office Visit

**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  
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FISH OIL 1000 MG ORAL CAPSULE (OMEGA-3 FATTY ACIDS) qd  
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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.

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October 10, 2023

Page 3  
Office Visit

**Ivan Moore**  
Male DOB **DOB** 961

167649

Home: (864) 251-9796  
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**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: 16 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.

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October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 961

167649

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

## 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

DOB 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 recheck "pt rsc in sept" "pt rsc in nov"

Recheck

982820

No Copay

Sedgwick WC

Flu (L) Knee Chondromalacia

\$0.00

\$0.00

- last ov 6/26/18 csi (L) Knee 100% relief

(S/U)

\* Rescheduled  
last 2 appts

CM

Par = 1m

Prior Diag 1

M22.42

Prior Diag 2

Prior Diag 3

Global Period 1 Expires.

Global Period 2 Expires.

CS1

Full

TTP m

HLA/P1 KIT  
HDC 75420074007  
51 # 145272107 QW 1

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October 10, 2023

Page 1  
Office Visit

**Ivan Moore**  
Male DOB [REDACTED] 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



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October 10, 2023  
Page 2  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 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  
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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):

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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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.

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October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB **DOB** 1961

167649

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**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:**

**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

167649

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

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.

I  
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      Dd 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    1039000  
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:

by  
FD  
3-16

FILE P1 KIT  
HOC 78420274001  
SN 814978217    Qtr 1

**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023  
Page 1  
Office Visit

**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

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October 10, 2023  
Page 2  
Office Visit

**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  
**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  
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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):

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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

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October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 1961

167649

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

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.

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

October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 1961

167649

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

**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**

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CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 167649 Date 3/5/19 Patient's Name Ivan Moore Physician Huenig

- |                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty - no limitations on _____   | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                  | 6. <input type="checkbox"/> 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 weighing 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: Huenig

27 1

DOI 3/1/16 SC

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 3/15/19 — % relief → less than 50% effective as best time

★ Repeat CSI

(8/16)

-swelling & pain  
-interested in Enflex

(C)

Prior Diag 1 M22 42  
Prior Diag 2  
Prior Diag 3

Global Period 1 Expires  
Global Period 2 Expires

MUS F1 KIT  
HDC 7642274001  
SN #1502597 Qty 1

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

October 10, 2023

Page 1  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 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/c steroid injection

**Date of Procedure:** 06/26/2018

**Carolina Orthopaedic & Neurosurgical Associates**  
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(864) 582-6396 Fax: (864) 542-2939

October 10, 2023  
Page 2  
Office Visit

**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  
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

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

October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

167649

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

**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

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October 10, 2023

Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

167649

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

**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

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

October 10, 2023  
Page 5  
Office Visit

**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**

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CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 167649 Date 6/14/19 Patient's Name Juan Moore Physician Hoenig

1. ☒ Full duty - no limitations on 6/14/19 4. ☐ Out of Work  
 2. ☐ Light duty start on \_\_\_\_\_ or Continue light duty 5. Next appt \_\_\_\_\_  
 3. ☐ Fulltime / Part time \_\_\_\_\_ hrs. 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 ☐ I/E

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



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(864) 582-6396 Fax: (864) 542-2939

October 10, 2023

Page 1  
Office Visit

**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:** 02/28/2018

**Fracture/Surgery/Injection:** left knee w/c steroid injection

**Date of Procedure:** 06/26/2018

**Fracture/Surgery/Injection:** left knee w/c steroid injection

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

October 10, 2023  
Page 2  
Office Visit

**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**

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

October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 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

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

October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 1961

167649

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

**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**

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# CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

## WORK STATUS FORM

Chart # 1167649 Date 6/21/19 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

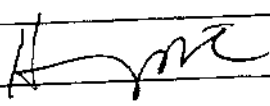
☐ No push/pull > ☐ lbs.

☐ Rotate Standing/Sedentary \_\_\_\_\_

☐ No bending / twisting

☐ Floor level work

Other: \_\_\_\_\_

Physician signature: 

Rm 2

doi 3/1/16

SX

06/28/2019 10:30AM

167649

Ivan Moore

DOB 1961 \* 57 yrs \* M

Michael P Hoening MD Carolina Orthopaedic & Ne SPARTANBURG STEEL

2ND VISCO

Recheck

1093546

No Copay

Sedgwick WC

flu 2nd visco, L knee

\$324.00

\$0.00

- 1st visco, L knee last ov 6/21/19 09 relief

- no relief yet  
- Pain 5/10

Prior Diag 1

M22.42

Prior Diag 2:

Prior Diag 3

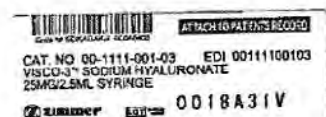
Global Period 1 Expires:

Global Period 2 Expires:

- Visco-3

- luk for #3

- Full



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

October 10, 2023

Page 1  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

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

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October 10, 2023  
Page 2  
Office Visit

**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  
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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



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October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

167649

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

### 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

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October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

167649

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

**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**

---

EMT

DOI 3/1/10

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 Copsy

Sedgwick WC

Flu 3<sup>rd</sup> Visco, 2 knee → in room no CS

\$1,138.00

\$0.00

2<sup>nd</sup> 6/28/19 75% relief

o/o

Prior Diag 1 M22 42

Prior Diag 2

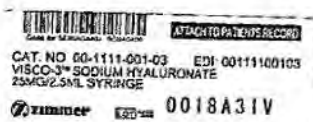
Prior Diag 3

Global Period 1 Expires

Global Period 2 Expires

3nos

Full



CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 67049 Date 7/5/11 Patient's Name Van Mure Physician Henry

- |                                                                                 |                                                      |
|---------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty - no limitations on <u>7/5</u> | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty    | 5. Next appt. _____                                  |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                     | 6. <input type="checkbox"/> 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

☐ No crawling/climbing/squatting or kneeling

Floor to waist ☐ lbs.

☐ No driving for work

Waist to shoulder ☐ lbs.

☐ Crutches / brace

Shoulder to overhead ☐ lbs.

☐ No push/pull > \_\_\_\_\_ lbs.

No push/pull > \_\_\_\_\_ lbs.

☐ Rotate Standing/Sedentary \_\_\_\_\_

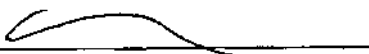
☐ No overhead either hand

☐ No bending / twisting

☐ Must wear sling / brace

☐ Floor level work

Other: \_\_\_\_\_

Physician signature: 

Rm 4

Doc still SK

10/04/2019 08.30AM

167649

Ivan Moore

DOB 961 58 yrs M

Charles B Harrison P Carolina Orthopaedic & Ne SPARTANBURG STEEL

3 month

Recheck

1130228

No Copay

Sedgwick WC

Flu L knee chondromalacia

\$0.00

\$0.00

- 3rd visco 7/5 85% relief

- patient wants injection today.  
- Having increased L knee w/ Rom.

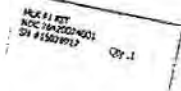


Prior Diag 1

M22 42

Prior Diag 2:

Prior Diag 3



Global Period 1 Expires:

Global Period 2 Expires:

dy

3 wks  
Synth

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(864) 582-6396 Fax: (864) 542-2939

October 10, 2023  
Page 1  
Office Visit

**Ivan Moore**  
Male DOB [REDACTED] 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 @ PT 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**  
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October 10, 2023  
Page 2  
Office Visit

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

**Ivan Moore**  
Male DOB: **DOB** 1961

167649

**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

#### **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  
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MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day  
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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):**

MOBIC 15 MG ORAL TABLET (MELOXICAM) one pill once a day; Route: ORAL  
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TYLENOL WITH CODEINE #3 300-30 MG ORAL TABLET (ACETAMINOPHEN-CODEINE) 1 po q HS prn pain  
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JANUMET 50-1000 MG ORAL TABLET (SITAGLIPTIN-METFORMIN HCL) bid  
EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

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October 10, 2023  
Page 3  
Office Visit

**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: 69 Rhythm: regular R: 14 BP: 128/76



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

October 10, 2023  
Page 4  
Office Visit

**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 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

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*October 10, 2023*

Page 5

Office Visit

**Ivan Moore**

Male DOB: **DOB** 961

167649

Home: (864) 251-9796

Ins: Sedgwick WC

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 167049 Date 10/4/19 Patient's Name Van Moore Physician Hoening

- |                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty - no limitations on _____   | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                  | 6. <input type="checkbox"/> 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 weighting up to 20lbs.
5. ☐ Medium: Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighting up to 25lbs.
6. ☐ Light/Heavy: Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighting up to 40lbs.

- |                                                    |                                                                       |
|----------------------------------------------------|-----------------------------------------------------------------------|
| No use <input type="checkbox"/> UE                 | <input type="checkbox"/> No crawling/climbing/squatting or kneeling   |
| Floor to waist <input type="checkbox"/> lbs.       | <input type="checkbox"/> No driving for work                          |
| Waist to shoulder <input type="checkbox"/> lbs.    | <input type="checkbox"/> Crutches / brace                             |
| Shoulder to overhead <input type="checkbox"/> lbs. | <input type="checkbox"/> No push/pull > <input type="checkbox"/> lbs. |
| No push/pull > <input type="checkbox"/> lbs.       | <input type="checkbox"/> Rotate Standing/Sedentary _____              |
| <input type="checkbox"/> No overhead either hand   | <input type="checkbox"/> No bending / twisting                        |
| <input type="checkbox"/> Must wear sling / brace   | <input type="checkbox"/> Floor level work                             |

Other: \_\_\_\_\_

Physician signature Hanning

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

October 10, 2023  
Page 1  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

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

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October 10, 2023  
Page 2  
Office Visit

**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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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

**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 1961

167649

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

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

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October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 1961

167649

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

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

Don 3/1/16 SX

01/17/2020 08:30AM

167649

Ivan Moore

DOB 1961 \* 58 yrs \* M

Michael P Hoenig MC Carolina Orthopaedic & Ne SPARTANBURG STEEL

1st visco/ 3 months f/u-pts from 12/27-sick with flu

Recheck

1169376

No Copay

Sedgwick WC

F/U 2nd visco, 1 knee

- 1st 1/w

3/1 - feels better

\$0.00

\$0.00

0

Prior Diag 1

M22 42

Prior Diag 2.

Prior Diag 3

Global Period 1 Expires

Global Period 2 Expires:



111

233



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October 10, 2023  
Page 1  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 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

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October 10, 2023  
Page 2  
Office Visit

**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:** 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):**

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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  
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**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023  
Page 3  
Office Visit

**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) 26.87  
P: 61 R: 16 BP: 123/74

**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: [DOB] 961

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 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 # 1078049 Date 1/17/20 Patient's Name Iwan Moore Physician Haring

- |                                                               |                                       |
|---------------------------------------------------------------|---------------------------------------|
| 1. <u>2</u> Full duty - no limitations on _____               | 4. <u>  </u> Out of Work              |
| 2. <u>  </u> Light duty start on _____ or Continue light duty | 5. Next appt _____                    |
| 3. <u>  </u> Fulltime / Part time _____ hrs.                  | 6. <u>  </u> MMI and rating to follow |

## WORK MODIFICATIONS

Start Date: \_\_\_\_\_

- Complete Sedentary: Sitting only - no walking or standing expect to and from job.
- Light/Sedentary: lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
- Light Duty: lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs.
- Light/Medium: lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
- Medium: Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
- 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: Haring

RM 4

01/11/10

Sx

01/31/2020 08:15AM 167649

Ivan Moore

DOB 1961 • 58 yrs • M (864) 251-9766

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

Flu 3rd visco, L knee

\$814.00

\$0.00

- 2nd 1/17 — 4/6 reling  
1/10

O

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

Global Period 1 Expires:  
Global Period 2 Expires:

0019E16V  
CAT. NO. 00-1111-001-03  
VISCO-3™ SODIUM HYALURONATE  
25MG/2.5ML SYRINGE  
ED: 00111100103  
ATTACH TO PATIENT'S RECORD

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

October 10, 2023  
Page 1  
Office Visit

**Ivan Moore**  
Male DOB: **DOB**1961

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

**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023  
Page 2  
Office Visit

**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 pm 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 pm 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



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

October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 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: 85 R: 15 BP: 125/71

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October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 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 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 # 167049 Date 1/31/20 Patient's Name Juan M. M. M. Physician Heenig

- |                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty - no limitations on _____   | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                  | 6. <input type="checkbox"/> 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 weighing 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 <input type="checkbox"/> UE                 | <input type="checkbox"/> No crawling/climbing/squatting or kneeling   |
| Floor to waist <input type="checkbox"/> lbs.       | <input type="checkbox"/> No driving for work                          |
| Waist to shoulder <input type="checkbox"/> lbs.    | <input type="checkbox"/> Crutches / brace                             |
| Shoulder to overhead <input type="checkbox"/> lbs. | <input type="checkbox"/> No push/pull > <input type="checkbox"/> lbs. |
| No push/pull > <input type="checkbox"/> lbs.       | <input type="checkbox"/> Rotate Standing/Sedentary _____              |
| <input type="checkbox"/> No overhead either hand   | <input type="checkbox"/> No bending / twisting                        |
| <input type="checkbox"/> Must wear sling / brace   | <input type="checkbox"/> Floor level work                             |

Other: \_\_\_\_\_

Physician signature: Hansie P. K.

PM *[Signature]*

Dec 31/16

SK \_\_\_\_\_

05/01/2020 08:15AM 187649 Ivan Moore **DOB** 1951 58 yrs M (864) 251-9795  
Michael P Hoerig MD Carolina Orthopaedic & Ne SAME 600 A John B White Sr Blvd Spartanburg, SC 29306  
3 months Recheck 1229802  
No Copay Sedgwick WC

Pl L knee chondromalacia

\$0.00 \$0.00

- Low 1/31/20
- 3rd visco 1/31 <sup>100</sup> to relief
- CSI today
- Pain 4/10 x 2wk
- refill of med

Prior Diag 1: V22.42  
Prior Diag 2: V25.462  
Prior Diag 3:

Cat 120419 X5  
exp 9/22/20  
Global Period 1 Expires:  
Global Period 2 Expires:

NC CSI

Full

3mo *[Signature]*

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October 10, 2023  
Page 1  
Office Visit

**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

**Carolina Orthopaedic & Neurosurgical Associates**  
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(864) 582-6396 Fax: (864) 542-2939

October 10, 2023  
Page 2  
Office Visit

**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:** 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

**Carolina Orthopaedic & Neurosurgical Associates**  
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(864) 582-6396 Fax: (864) 542-2939

October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: **DOB**1961

167649

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

#### 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

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

October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

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



**Carolina Orthopaedic & Neurosurgical Associates**  
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(864) 582-6396 Fax: (864) 542-2939

October 10, 2023

Page 5  
Office Visit

**Ivan Moore**

Male DOB: **DOB** 1961

167649

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

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 5

du 3/1/16

Sx

08/12/2020 10:15AM 187649

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 1 kna, 1st visco → in room

- CW 5/1/20

u/p

- Apprude

0

Prior Diag 1: M22.42

Prior Diag 2:

Prior Diag 3:

  
CAT. NO. 00.1111-001-03 ED: 00111100103  
VISCO-3 SODIUM HYALURONATE  
25MG/2.5ML SYRINGE  
Zimmer 0019601V

Global Period 1 Expires:

Global Period 2 Expires:

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 107049 Date 6/18/90 Patient's Name Ivan Moore Physician Henig

- |                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty - no limitations on _____   | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                  | 6. <input type="checkbox"/> 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 weighing 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 <input type="checkbox"/> UE                 | <input type="checkbox"/> No crawling/climbing/squatting or kneeling   |
| Floor to waist <input type="checkbox"/> lbs.       | <input type="checkbox"/> No driving for work                          |
| Waist to shoulder <input type="checkbox"/> lbs.    | <input type="checkbox"/> Crutches / brace                             |
| Shoulder to overhead <input type="checkbox"/> lbs. | <input type="checkbox"/> No push/pull > <input type="checkbox"/> lbs. |
| No push/pull > <input type="checkbox"/> lbs.       | <input type="checkbox"/> Rotate Standing/Sedentary _____              |
| <input type="checkbox"/> No overhead either hand   | <input type="checkbox"/> No bending / twisting                        |
| <input type="checkbox"/> Must wear sling / brace   | <input type="checkbox"/> Floor level work                             |

Other: \_\_\_\_\_

Physician signature: Henig

Rm L

on 3/1/16

St

06/19/2020 9:15 AM

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

Flu and visco, L knee

\$0.00

\$0.00

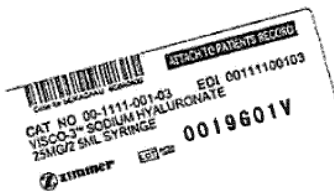
-w 6/12/20

-Pain 2/10

Prior Diag 1 M22.42

Prior Diag 2

Prior Diag 3



Global Period 1 Expires:

Global Period 2 Expires:

by  
FD  
/w

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

October 10, 2023  
Page 1  
Office Visit

**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

October 10, 2023  
Page 2  
Office Visit

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

**Ivan Moore**  
Male DOB: **DOD** 1961

167649

**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

#### **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  
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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

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

October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 1961

167649

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

### 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

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October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 961

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**

---



*EM 13*

*Dr. J. H. Lee*

*Dr. J. H. Lee*

06/28/2028 9:00 AM

157849

Van Moore

DOB 1981 68 yrs M

(804) 251-8795

Michael P. Herring MD, Carolinas Orthopaedic & Spine Center

600 N. John St. Suite 200, Spartanburg, SC 29326

Visco 3

Recheck

1257862

No Copy

24000000

*File 8 Visco, CMA → 1/1/20*

\$0.00

\$0.00

*in 01/9/20 → 1/2, full*

Prior Diag 1: M22.41

Prior Diag 2:

Prior Diag 3:

Global Period 1 Expires:

Global Period 2 Expires:

*Visco #3*

*3ws → CSI*

 **0019601V**  
CAT. NO. 00-1111-001-03 EDI: 00111100103  
VISCO-3 SODIUM HYALURONATE  
25MG/2.5ML SYRINGE  


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October 10, 2023  
Page 1  
Office Visit

**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

**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023  
Page 2  
Office Visit

**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  
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**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  
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EDARBYCLOR 40-12.5 MG ORAL TABLET (AZILSARTAN-CHLORTHALIDONE) qd

#### **Current Allergies (reviewed today):**

No known allergies

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October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

167649

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

### 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**  
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October 10, 2023  
Page 4  
Office Visit

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

**Ivan Moore**  
Male DOB **DOB** 1961

167649

**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 months 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 6/20/20 Patient's Name Van Murre Physician Hoening

- |                                                                                  |                                                      |
|----------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty - no limitations on <u>6/26</u> | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty     | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                      | 6. <input type="checkbox"/> MMI and rating to follow |

**WORK MODIFICATIONS**

Start Date: \_\_\_\_\_

- ☐ Complete Sedentary: Sitting only - no walking or standing expect to and from job.
- ☐ Light/Sedentary: lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
- ☐ Light Duty: lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs.
- ☐ Light/Medium: lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
- ☐ Medium: Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
- ☐ 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: \_\_\_\_\_

*212*

*Dr. S.H.H.*

*Dr. S.H.H.*

09/22/2020 03:15PM 167649 Ivan Moore **DOB** 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

*Dr. S.H.H.*

*Dr. S.H.H.*

*Dr. S.H.H.*

*Dr. S.H.H.*

*(P)*

Prior Diag 1 M22 42  
Prior Diag 2  
Prior Diag 3

Global Period 1 Expires  
Global Period 2 Expires



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October 10, 2023  
Page 1  
Office Visit

**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



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October 10, 2023  
Page 2  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 1961

167649

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

**Date of Procedure:** 12/07/2018  
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**Fracture/Surgery/Injection:** left knee w/c steroid injection  
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**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  
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**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  
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October 10, 2023  
Page 3  
Office Visit

**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.

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**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

October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 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 4/20/11 Patient's Name James H. Hines Physician James H. Hines

- |                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty – no limitations on _____   | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                  | 6. <input type="checkbox"/> 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 weighing 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 <input type="checkbox"/> UE                 | <input type="checkbox"/> No crawling/climbing/squatting or kneeling   |
| Floor to waist <input type="checkbox"/> lbs.       | <input type="checkbox"/> No driving for work                          |
| Waist to shoulder <input type="checkbox"/> lbs.    | <input type="checkbox"/> Crutches / brace                             |
| Shoulder to overhead <input type="checkbox"/> lbs. | <input type="checkbox"/> No push/pull > <input type="checkbox"/> lbs. |
| No push/pull > <input type="checkbox"/> lbs.       | <input type="checkbox"/> Rotate Standing/Sedentary _____              |
| <input type="checkbox"/> No overhead either hand   | <input type="checkbox"/> No bending / twisting                        |
| <input type="checkbox"/> Must wear sling / brace   | <input type="checkbox"/> Floor level work                             |

Other: \_\_\_\_\_

Physician signature: James H. Hines

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

RG: Lt Knee Chondromalacia

\$0.00

\$0.00

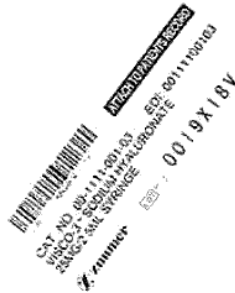
LOV: 9/22/20 - Lt Knee WC CSI



|              |        |
|--------------|--------|
| Prior Diag 1 | M22.42 |
|--------------|--------|

Prior Diag 2:

Prior Diag 3.



Global Period 1 Expires:

Global Period 2 Expires:

4/10

148

270

**Carolina Orthopaedic & Neurosurgical Associates**  
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(864) 582-6396 Fax: (864) 542-2939

October 10, 2023  
Page 1  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 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

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October 10, 2023  
Page 2  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 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.

**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

167649

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

**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.



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October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 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 Van Moore Physician Hoenig

- |                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty - no limitations on _____   | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                  | 6. <input type="checkbox"/> MMI and rating to follow |

## WORK MODIFICATIONS

Start Date: \_\_\_\_\_

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

No use ☐ UE

☐ No crawling/climbing/squatting or kneeling

Floor to waist ☐ lbs.

☐ No driving for work

Waist to shoulder ☐ lbs.

☐ Crutches / brace

Shoulder to overhead ☐ lbs.

☐ No push/pull > ☐ lbs.

No push/pull > ☐ lbs.

☐ Rotate Standing/Sedentary \_\_\_\_\_

☐ No overhead either hand

☐ No bending / twisting

☐ Must wear sling / brace

☐ Floor level work

Other: \_\_\_\_\_

Physician signature: Hoenig

RM - DO 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

-lv 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 PATIENTS RECORD  
CAT NO. 00-1111-001-02 EOL: 00111100103  
VISCO-J SODIUM HYALURONATE  
20MG/2.5ML SYRINGE  
0020614V  
Zimmer

**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023  
Page 1  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 961

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

**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023  
Page 2  
Office Visit

**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:** 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

**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023  
Page 3  
Office Visit

**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**

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

October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

167649

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

**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 1/5/2021 Patient's Name Van Moore Physician U. C. C.

- |                                                                                            |                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> <b>Full duty</b> - no limitations on _____          | 4. <input type="checkbox"/> <b>Out of Work</b>              |
| 2. <input type="checkbox"/> <b>Light duty</b> start on _____ or <b>Continue</b> light duty | 5. <b>Next appt</b> _____                                   |
| 3. <input type="checkbox"/> <b>Fulltime / Part time</b> _____ hrs.                         | 6. <input type="checkbox"/> <b>MMI</b> 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 weighing 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

☐ No crawling/climbing/squatting or kneeling

Floor to waist ☐ lbs.

☐ No driving for work

Waist to shoulder ☐ lbs.

☐ Crutches / brace

Shoulder to overhead ☐ lbs.

☐ No push/pull > \_\_\_\_\_ lbs.

No push/pull > \_\_\_\_\_ lbs.

☐ Rotate Standing/Sedentary \_\_\_\_\_

☐ No overhead either hand

☐ No bending / twisting

☐ Must wear sling / brace

☐ Floor level work

Other: \_\_\_\_\_

Physician signature: \_\_\_\_\_



Rm

DOB 3/1/2016 SX 1

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

-100 1/5/2021

CIC -- pain today



Prior Diag 1

M22 42

Prior Diag 2.

Prior Diag 3.

Global Period 1 Expires:

Global Period 2 Expires:



AT-PATIENTS RECORD

CAT. NO 00-1111-001-03 EDI: 00111100103  
VISCO-3" SODIUM HYALURONATE  
25MG/2.5ML SYRINGE



0020614V

160

282

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

October 10, 2023  
Page 1  
Office Visit

**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

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October 10, 2023  
Page 2  
Office Visit

**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:** 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  
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

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October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 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

**Carolina Orthopaedic & Neurosurgical Associates**  
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303  
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October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

167649

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

**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**

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# CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

## WORK STATUS FORM

Chart # 107649 Date 1/13/2021 Patient's Name IVAN VADUJE Physician Dr. J. G.

- |                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty - no limitations on _____   | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                  | 6. <input type="checkbox"/> MMI and rating to follow |

## WORK MODIFICATIONS

Start Date: \_\_\_\_\_

- ☐ Complete Sedentary: Sitting only - no walking or standing expect to and from job.
- ☐ Light/Sedentary: lifting 10 lbs maximum and occasionally lifting and carrying paperwork and/or small tools.
- ☐ Light Duty: lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs.
- ☐ Light/Medium: lifting 30 lbs maximum with frequent lifting and/or carrying of objects weighing up to 20lbs.
- ☐ Medium: Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25lbs.
- ☐ Light/Heavy: Lifting 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.

- |                                                    |                                                                       |
|----------------------------------------------------|-----------------------------------------------------------------------|
| No use <input type="checkbox"/> UE                 | <input type="checkbox"/> No crawling/climbing/squatting or kneeling   |
| Floor to waist <input type="checkbox"/> lbs.       | <input type="checkbox"/> No driving for work                          |
| Waist to shoulder <input type="checkbox"/> lbs.    | <input type="checkbox"/> Crutches / brace                             |
| Shoulder to overhead <input type="checkbox"/> lbs. | <input type="checkbox"/> No push/pull > <input type="checkbox"/> lbs. |
| No push/pull > <input type="checkbox"/> lbs.       | <input type="checkbox"/> Rotate Standing/Sedentary _____              |
| <input type="checkbox"/> No overhead either hand   | <input type="checkbox"/> No bending / twisting                        |
| <input type="checkbox"/> Must wear sling / brace   | <input type="checkbox"/> Floor level work                             |

Other: \_\_\_\_\_

Physician signature: [Signature]

RM   

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?

- c/o pain 4/w (worse 12 hrs today)
- Swelling
- wants CSI today

XO

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 4/13/21 Patient's Name Ivan M. Carr Physician Hernig

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 weighing 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: Hernig



Rm 4      DOI 3/1/16      SX \_\_\_\_\_

07/13/2021   03:15PM   167849   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

- 100 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 - 1s

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

October 10, 2023  
Page 1  
Office Visit

**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 viscosupplementation. 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

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October 10, 2023  
Page 2  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 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

**Carolina Orthopaedic & Neurosurgical Associates**  
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303  
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October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

167649

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

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**

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October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

167649

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

**Height (in):** 71  
**Weight (lb):** 207  
**BMI (in-lb)** 28.67  
**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  
1

Electronically signed by Michael P Hoenig MD on 07/21/2021 at 3:30 PM

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# CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

## WORK STATUS FORM

Chart # 107649 Date 7/13/21 Patient's Name Ivan Moore Physician W. J. H. G.

- |                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty - no limitations on _____   | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                  | 6. <input type="checkbox"/> MMI and rating to follow |

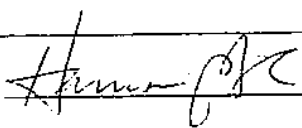
## WORK MODIFICATIONS

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 <input type="checkbox"/> UE                 | <input type="checkbox"/> No crawling/climbing/squatting or kneeling   |
| Floor to waist <input type="checkbox"/> lbs.       | <input type="checkbox"/> No driving for work                          |
| Waist to shoulder <input type="checkbox"/> lbs.    | <input type="checkbox"/> Crutches / brace                             |
| Shoulder to overhead <input type="checkbox"/> lbs. | <input type="checkbox"/> No push/pull > <input type="checkbox"/> lbs. |
| No push/pull > <input type="checkbox"/> lbs.       | <input type="checkbox"/> Rotate Standing/Sedentary _____              |
| <input type="checkbox"/> No overhead either hand   | <input type="checkbox"/> No bending / twisting                        |
| <input type="checkbox"/> Must wear sling / brace   | <input type="checkbox"/> Floor level work                             |

Other: \_\_\_\_\_

Physician signature: 

Rm 3

DOI 3/1/16

Sx

11/02/2021 03:15PM 167649 Ivan Moore  
Charles B Harrison P Carolina Orthopaedic & Ne SAME  
3months  
No Copay Sedgwick WC  
Recheck 1518156

DOB 1961 • 60 yrs • M (864) 251-9798  
600 A John B White Sr Blvd Spartanburg, SC 29306

f/u- left knee chondromalacia, arthrits  
10/ 7/13/21 - L knee CSI - 100% relief x 2 mths  
CSI today  
pain has returned over past 2-3 weeks

\$0.00 \$0.00

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

October 10, 2023

Page 1  
Office Visit

**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



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October 10, 2023  
Page 2  
Office Visit

**Ivan Moore**  
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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):**

OneTouch Delica Plus Lancet 33 gauge 33 gauge (lancets)  
Ecarbi 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

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October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
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Home: (864) 251-9796  
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**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**

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October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
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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

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October 10, 2023  
Page 5  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 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

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October 10, 2023  
Page 6  
Office Visit

**Ivan Moore**

Male DOB: **DOB** 1961

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

Electronically signed by Michael P Hoenig MD on 11/07/2021 at 8:13 PM

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180

302

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 167049 Date 11/2/21 Patient's Name IVAN MOORE Physician Hoening

1. ☒ Full duty – no limitations on \_\_\_\_\_ 4. ☐ Out of Work  
2. ☐ Light duty start on \_\_\_\_\_ or Continue light duty 5. Next appt \_\_\_\_\_  
3. ☐ Fulltime / Part time \_\_\_\_\_ hrs.

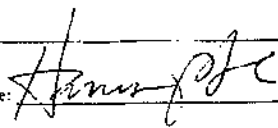
WORK MODIFICATIONS

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 ☐ No crawling/climbing/squatting or kneeling  
Floor to waist ☐ lbs. ☐ No driving for work  
Waist to shoulder ☐ lbs. ☐ Crutches / brace  
Shoulder to overhead ☐ lbs. ☐ No push/pull > ☐ lbs.  
No push/pull > ☐ lbs. ☐ Rotate Standing/Sedentary \_\_\_\_\_  
☐ No overhead either hand ☐ No bending / twisting  
☐ Must wear sling / brace ☐ Floor level work

Other: \_\_\_\_\_

Physician signature: 

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October 10, 2023  
Page 1  
Office Visit

**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



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October 10, 2023  
Page 2  
Office Visit

**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)

OneTouch Verio test strips strip (blood sugar diagnostic)

Klor-Con M20 20 mEq tablet, ER particles/crystals (potassium chloride)

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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



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October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

167649

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

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:**  
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**  
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303  
(864) 582-6396 Fax: (864) 542-2939

October 10, 2023

Page 4  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 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 6:25 PM**

---

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart # 167049 Date 2/15/22 Patient's Name Lucy Moore Physician Moening

1. ☒ Full duty – no limitations on \_\_\_\_\_ 4. ☐ Out of Work  
2. ☐ Light duty start on \_\_\_\_\_ or Continue light duty 5. Next appt \_\_\_\_\_  
3. ☐ Fulltime / Part time \_\_\_\_\_ hrs.

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 weighing 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

☐ No crawling/climbing/squatting or kneeling

Floor to waist ☐ lbs.

☐ No driving for work

Waist to shoulder ☐ lbs.

☐ Crutches / brace

Shoulder to overhead ☐ lbs.

☐ No push/pull > ☐ lbs.

No push/pull > ☐ lbs.

☐ Rotate Standing/Sedentary \_\_\_\_\_

☐ No overhead either hand

☐ No bending / twisting

☐ Must wear sling / brace

☐ 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

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October 10, 2023  
Page 1  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 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

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October 10, 2023  
Page 2  
Office Visit

**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:** 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

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October 10, 2023  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB: **DOB** 1961

167649

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

**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)  
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indapamide 2.5 mg tablet (indapamide) TAKE 1 TABLET BY MOUTH EVERY MORNING  
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hydrocodone-acetaminophen mg tablet (hydrocodone-acetaminophen)  
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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, and lives with spouse/partner. Has 2 children. does not drink alcohol. does exercise.  
Occupation: Spartanburg Automotive - welder.

**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023  
Page 4  
Office Visit

**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 Ziretta, 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



**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023  
Page 5  
Office Visit

**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**

---

pm ①

DOI 3/2016

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  
arthritis

\$0.00

\$0.00

lv 5/17/22-Lt knee CSI

75% relief until 3 wks ago

4/10 pain today  
w/10 with activity

Prior Diag 1

M22 42

Prior Diag 2

M25 462

Prior Diag 3

Global Period 1 Expires:

Global Period 2 Expires:

CSI

FD

3.16

**Carolina Orthopaedic & Neurosurgical Associates**  
1330 Bolling Springs Road Suite 1600 Spartanburg, SC 29303  
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October 10, 2023  
Page 1  
Office Visit

**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

**Carolina Orthopaedic & Neurosurgical Associates**  
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October 10, 2023  
Page 2  
Office Visit

**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)  
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

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October 10, 2023  
Page 3  
Office Visit

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Ins: Sedgwick WC

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 pm 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

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October 10, 2023  
Page 4  
Office Visit

**Ivan Moore**  
Male DOB: [REDACTED] 961

167649

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

### **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

October 10, 2023  
Page 5  
Office Visit

**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 ]  
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**

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# CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

## WORK STATUS FORM

Chart # 207049 Date 9/20/22 Patient's Name JOHN DEWITT Physician PLUENING

- |                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty - no limitations on _____   | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                  | 6. <input type="checkbox"/> 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 weighing 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 <input type="checkbox"/> UE                 | <input type="checkbox"/> No crawling/climbing/squatting or kneeling   |
| Floor to waist <input type="checkbox"/> lbs.       | <input type="checkbox"/> No driving for work                          |
| Waist to shoulder <input type="checkbox"/> lbs.    | <input type="checkbox"/> Crutches / brace                             |
| Shoulder to overhead <input type="checkbox"/> lbs. | <input type="checkbox"/> No push/pull > <input type="checkbox"/> lbs. |
| No push/pull > <input type="checkbox"/> lbs.       | <input type="checkbox"/> Rotate Standing/Sedentary _____              |
| <input type="checkbox"/> No overhead either hand   | <input type="checkbox"/> No bending / twisting                        |
| <input type="checkbox"/> Must wear sling / brace   | <input type="checkbox"/> Floor level work                             |

Other: \_\_\_\_\_

Physician signature: [Signature]



MOORE, Ivan (id # [REDACTED] ID dob: DOB 1961)  
Mar. 29 2023 9:18AM 12.8741 P 2'

Carolina Orthopaedic & Neurological Associates - 1330 Bolling Springs Road, Suite 1602, Spartanburg SC 29303-4229  
MOORE, Ivan (id # [REDACTED] ID dob: DOB 1961) MOORE, IVAN DOB: 31 8441154  
  
\* 091872w25879 ClnDoc

Room: 1 DOB: 3/1/2016 DOS: XRAY TODAY

Imaging: \_\_\_\_\_  
3/29/23 Appointment Time 3:45 Patient I.D. ID Patient First Name IVAN Patient Last Name MOORE Patient DOB DOB 1961 61

Hoenig Appointment Type Recheck Primary Insurance Sedgwick WC Secondary Insurance  
Flu Left Knee Chondromalacia and arthritis  
LOW 12/27/22 - Lt Knee CSI, full duty  
Lt Knee CSI?  
3/12/10 - wanting shot today



0  
5'11, 210 lb  
harm- CVS, rridville rd

[click here to view original file](#)

MOORE, Ivan (id # ID, dob: DOB/1961)

Encounter Date: 03/28/2023

Patient

Name

MOORE, IVAN (61yo, M) ID# ID

Appt. Date/Time

03/28/2023 03:45PM

DOB

DOB 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

flu Left Knee Chondromalacia and Arthritis

WC DOI: 3/1/2016

12/27/22 - LI Knee CSI

LI Knee CSI today

Patient's Care Team

Insurance Adjuster (Worker's Comp): BETH PADGETT: Ph (815) 874-7180 Fax (859) 264-4060

Patient's Pharmacies

CVS/PHARMACY #3586 (ERX): 2397 REIDVILLE ROAD, SPARTANBURG, SC 29301, Ph (864) 576-9266, 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: 29.5 03/28/2023 03:42  
pm

BP: 128/84 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

TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 90 DAYS

01/03/23 filled

DEPO-Medrol 40 mg/mL suspension for injection

Take 40 mg by injection route.

03/29/23 administered

dicyclomine 10 mg capsule

qd

05/10/16 started

Internal Note: Entered By: Amanda RFreestone[Signed By: Amanda RFreestone]Uncoded:  
N|BMN: N|, start 05/10/2016

dicyclomine 20 mg tablet

TAKE 1 TABLET BY MOUTH TWICE A DAY

02/16/23 filled

MOORE, Ivan (id # ID dob: DOB 1961)

**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 # ID, dob: DOB 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

#### 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/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

MOORE, Ivan (id # [REDACTED] ID [REDACTED] dob: DOB 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: 07/13/2021

#### 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% Bupivacaine 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 Hoening, MD for Recheck 15 at OA ES on 07/11/2023 at 03:45 PM

#### Encounter Sign-Off

Encounter signed-off by Michael P Hoening, MD, 03/30/2023.

Encounter performed and documented by Michael P Hoening, MD

Encounter reviewed & signed by Michael P Hoening, MD on 03/30/2023 at 7:13am

MOORE, Ivan (id #     ID     dob: DOB 1961)

CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

WORK STATUS FORM

Chart #     ID     Date 3/28/23 Patient's Name Ivan Moore Physician Hoenig

- |                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty - no limitations on _____   | 4. <input type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty | 5. Next appt _____                                   |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                  | 6. <input type="checkbox"/> MMJ 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 weighing 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 <input type="checkbox"/> UE                 | <input type="checkbox"/> No crawling/climbing/squatting or kneeling   |
| Floor to waist <input type="checkbox"/> lbs.       | <input type="checkbox"/> No driving for work                          |
| Waist to shoulder <input type="checkbox"/> lbs.    | <input type="checkbox"/> Crutches / brace                             |
| Shoulder to overhead <input type="checkbox"/> lbs. | <input type="checkbox"/> No push/pull > <input type="checkbox"/> lbs. |
| No push/pull > <input type="checkbox"/> lbs.       | <input type="checkbox"/> Rotate Standing/Sedentary _____              |
| <input type="checkbox"/> No overhead either hand   | <input type="checkbox"/> No bending / twisting                        |
| <input type="checkbox"/> Must wear sling / brace   | <input type="checkbox"/> Floor level work                             |

Other: \_\_\_\_\_

Physician signature: Hoenig

MOORE, Ivan (id # ID dob: DOB 1961)

Jul 12 2023 7:56AM

63.6137 P 4

Carolina Orthopaedic Neurosurgical Associates • 1310 Bellvue Springs Road, Suite 1000, Spartanburg SC 29583-3209

MOORE, Ivan (id # ID dob: DOB 1961)

MOORE, IVAN DOB ID



\*4205081w26879 ClnDoc

Room: 2 DOI: 8/1/2016 DOS: XRAY TODAY

Imaging:

7/11/23  
Appointment Time  
345

Patient I.D.  
ID

Patient First Name  
IVAN

Patient Last Name  
MOORE

Patient DOB  
DOB 1961 61

Hoenig  
Appointment Type  
Recheck

Primary Insurance  
Sedgwick WC

Secondary Insurance

f/u Lt Knee Chondromalacia + arthritis  
LOV 3/28/23 - Lt Knee CSI, full duty  
TO 70 x 2 months

Lt Knee CSI today?

"can I get a gel shot" - last Visco completed 1/5/21

9/10

D

CAT. NO. 00-1111-001-03 EDE 00111100103  
VISCO-3™ SODIUM HYALURONATE  
254820ML STYRONGE  
0022X07V

**MOORE, Ivan** (id # **ID**) dob: **DOB 1961**)

Encounter Date: 07/11/2023

**Patient**

**Name** MOORE, IVAN (61yo, M) ID# **ID** **Appt. Date/Time** 07/11/2023 03:45PM

**DOB** **DOB** 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) 576-8268, 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 # [REDACTED] ID dob: DOB 1961)

Reviewed Medications

|                                                                                                               |                       |
|---------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>clonazepam 1 mg tablet</b><br>TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 90 DAYS                               | 04/02/23 filled       |
| <b>dicyclomine 20 mg tablet</b><br>TAKE 1 TABLET BY MOUTH TWICE A DAY                                         | 06/12/23 filled       |
| <b>escitalopram 10 mg tablet</b><br>TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS                              | 05/30/23 filled       |
| <b>Fish Oil 1,000 mg (120 mg-180 mg) capsule</b><br>Take by oral route.                                       | 07/13/23 entered      |
| <b>indapamide 2.5 mg tablet</b><br>TAKE 2 TABLET BY MOUTH EVERY MORNING                                       | 05/04/23 filled       |
| <b>meloxicam 15 mg tablet</b><br>TAKE 1 TABLET BY MOUTH EVERY DAY FOR 30 DAYS                                 | 07/05/23 filled       |
| <b>methocarbamol 500 mg tablet</b><br>TAKE 1 TABLET BY MOUTH 4 TIMES A DAY AS NEEDED FOR MUSCLE SPASMS.       | 07/02/23 filled       |
| <b>OneTouch Delica Plus Lancet 33 gauge</b><br>TESTS TWICE A DAY 90 DAYS                                      | 07/02/23 filled       |
| <b>OneTouch Verio test strips</b><br>USE AS DIRECTED TWICE DAILY                                              | 07/05/23 filled       |
| <b>potassium chloride ER 20 mEq tablet,extended release(part/cryst)</b><br>TAKE 1 TABLET BY MOUTH TWICE A DAY | 05/31/23 filled       |
| <b>rosuvastatin 20 mg tablet</b><br>TAKE 1 TABLET BY MOUTH EVERY DAY                                          | 05/25/23 filled       |
| <b>Visco-3 10 mg/mL intra-articular syringe</b><br>Inject 2 mL by intra-articular route for 35 days.          | 07/12/23 administered |

Vaccines

Reviewed Vaccines

| Vaccine Type | Date     | Amc | Route | Site | NDC Lot # | MM | Exp  | VIS | IS    | Vaccinator |
|--------------|----------|-----|-------|------|-----------|----|------|-----|-------|------------|
|              |          |     |       |      |           |    | Date |     | Given |            |
| 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

MOORE, Ivan (id # [REDACTED] ID [REDACTED] dob: DOB 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 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 - 02/26/2018 - 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 # [REDACTED] dob: [REDACTED] 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 Ball's Bluff 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:

7/18/23 Appointment Time 3:30 Patient ID Patient First Name IVAN Patient Last Name MOORE Patient DOB DOB 1961

Brad Appointment Type Recheck Primary Insurance Sedgwick-WC Secondary Insurance

F/U: Left Knee Chondromalacia + arthritis  
LOV: 7/11/23 - Left Knee Visco #1 90x  
Left Knee Visco #2 today - 125

CAT. NO. 00-1111-001-03 EMI 00111100103  
VISCO-2" BODILY HYALURONATE  
25402-20L 5-RINGS  
0022X07V

0

F/U 1-2

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 # : P00873830  
Case Injury Date : 03/01/2016  
Prescription: check now

**Chief Complaint**

**Transition of Care Encounter**  
Followup: Chondromelacia of patella

F/U: Left knee chondromelacia & 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 # [ID] dob: DOB 1961)

Influenza (FLUZONE) -> 3+0 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 (7/16/23)

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 steroid

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] ID [REDACTED] dob: DOB 1961)

Injection of knee - 12/07/2016 - 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 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 # [REDACTED] dob: [REDACTED] 1961)

MOORE, Ivan (id # ID dob: DOB 1961)

Jul 27 2023 8:37AM

VN 0355 P 4/43

Caroline Orthopaedic Neurosurgical Associates • Bolling Springs Road, Suite 1500, Spartanburg SC 29303-4209

MOORE, Ivan (id # ID dob: DOB 1961)

MOORE, IVAN DOB#1 ID



3222574w20679 ClinDoc

Room: 5 DOB: 3/1/2016 DOS: NO XRAY TODAY

Imaging:

7/25/23 Appx 1 Yr ID Patient ID Patient First Name IVAN Patient Last Name MOORE Patient DOB DOB 1961 62

Brad Appointment Type Recheck

Primary Insurance Sedgwick WC

Secondary Insurance

Flu Left Knee Chondromalacia and Arthritis

LOV 7/18/23 - Lt Knee Visco #2

Left Knee Visco #3 today

Pt is worried about Rt knee due to comp. for the Lt knee pain. State it is really hard w/ the pain & working.

O



MM

x mms up refer

9/20/16

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

Printed on: 07/25/2023 by: [redacted] # [redacted] - 20230725 10:41:31 AM EDT

**MOORE, Ivan** (id # [redacted] ID, dob: **DOB 1961**)

Medications not reviewed (last reviewed 07/13/2023)

|                                                                                                               |                       |
|---------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>clonazepam 1 mg tablet</b><br>TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 90 DAYS                               | 04/02/23 filled       |
| <b>DEPO-Medrol 40 mg/mL suspension for injection</b><br>Take 40 mg by injection route.                        | 07/25/23 administered |
| <b>dicyclomine 20 mg tablet</b><br>1 TABLET TWICE A DAY                                                       | 07/20/23 filled       |
| <b>escitalopram 10 mg tablet</b><br>TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS                              | 05/30/23 filled       |
| <b>Fish Oil 1,000 mg (120 mg-180 mg) capsule</b><br>Take by oral route.                                       | 07/13/23 entered      |
| <b>indapamide 2.5 mg tablet</b><br>TAKE 2 TABLET BY MOUTH EVERY MORNING                                       | 05/04/23 filled       |
| <b>Marcaline (PF) 0.5 % (5 mg/mL) Injection solution</b><br>Take 4 mL by injection route.                     | 07/25/23 administered |
| <b>meloxicam 15 mg tablet</b><br>TAKE 1 TABLET BY MOUTH EVERY DAY FOR 30 DAYS                                 | 07/05/23 filled       |
| <b>methocarbamol 500 mg tablet</b><br>TAKE 1 TABLET BY MOUTH 4 TIMES A DAY AS NEEDED FOR MUSCLE SPASMS.       | 07/02/23 filled       |
| <b>OneTouch Delica Plus Lancet 33 gauge</b><br>TESTS TWICE A DAY 90 DAYS                                      | 07/02/23 filled       |
| <b>OneTouch Verio test strips</b><br>USE AS DIRECTED TWICE DAILY                                              | 07/05/23 filled       |
| <b>potassium chloride ER 20 mEq tablet,extended release(part/cryst)</b><br>TAKE 1 TABLET BY MOUTH TWICE A DAY | 05/31/23 filled       |
| <b>rosuvastatin 20 mg tablet</b><br>TAKE 1 TABLET BY MOUTH EVERY DAY                                          | 05/25/23 filled       |
| <b>Visco-3 10 mg/mL intra-articular syringe</b><br>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     | Age | Route | Site | NDC | Lot # | Exp. | MS/UIS | Vaccination Given |
|--------------|----------|-----|-------|------|-----|-------|------|--------|-------------------|
| 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: DOB 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 (7/16/23)

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 oil

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 # ID, dob: DOB 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 mls 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: 03/01/2018

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

MOORE, Ivan (id # [REDACTED], dob: DOB [REDACTED])

MOORE, Ivan (id # [REDACTED], dob: DOB [REDACTED])

Imaging Results

MOORE, Ivan (id # [REDACTED] ID) dob: [REDACTED] 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 Boeing Springs Rd #1600  
Spartanburg, SC 29303  
(864) 582-6396 (864)

|                             |                     |                               |                           |
|-----------------------------|---------------------|-------------------------------|---------------------------|
| <b>Patient Name:</b>        | MOORE, IVAN         | <b>Accession Number:</b>      | G230810163611966          |
| <b>Patient ID:</b>          | [REDACTED] ID       | <b>Requested Date:</b>        | August 10, 2023 16:40     |
| <b>Gender:</b>              | Male                | <b>Report Status:</b>         | Final                     |
| <b>Date of Birth:</b>       | [REDACTED] DOB 1961 | <b>Requested Procedure:</b>   | 1                         |
| <b>Home Phone:</b>          |                     | <b>Procedure Description:</b> | MR LEFT KNEE W/O CONTRAST |
| <b>Referring Physician:</b> | HARRISON, CHARLES   | <b>Modality:</b>              | MR                        |
| <b>Organization:</b>        | 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] ID [REDACTED] dob: [REDACTED] DOB [REDACTED] 1961)**



**CAROLINA  
ORTHOPAEDIC &  
NEUROSURGICAL  
ASSOCIATES**

Carolina Orthopaedic and  
Neurosurgical Associates  
1330 Bayview Springs Rd #1600  
Spartanburg, SC 29306  
(803) 582-6336 / (803) 582-6337

This report was dictated 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 # ID, dob: DOB 1961)

#### Reviewed Medications

|                                                                                                                                           |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <b>clonazepam 1 mg tablet</b><br>TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 90 DAYS                                                           | 04/02/23 filled  |
| <b>dicyclomine 20 mg tablet</b><br>TAKE 1 TABLET BY MOUTH TWICE A DAY                                                                     | 08/15/23 filled  |
| <b>escitalopram 10 mg tablet</b><br>TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS                                                          | 08/19/23 filled  |
| <b>Fish Oil 1,000 mg (120 mg-180 mg) capsule</b><br>Take by oral route.                                                                   | 07/13/23 entered |
| <b>indapamide 2.5 mg tablet</b><br>TAKE 2 TABLET BY MOUTH EVERY MORNING                                                                   | 08/21/23 filled  |
| <b>Klor-Con M20 mEq tablet, extended release</b><br>TAKE 2 TABLETS WITH FOOD IN MORNING AND 1 TABLET WITH FOOD IN THE EVENING FOR 90 DAYS | 08/18/23 filled  |
| <b>meloxicam 15 mg tablet</b><br>TAKE 1 TABLET BY MOUTH EVERY DAY FOR 30 DAYS                                                             | 07/05/23 filled  |
| <b>methocarbamol 500 mg tablet</b><br>TAKE 1 TABLET BY MOUTH 4 TIMES A DAY AS NEEDED FOR MUSCLE SPASMS.                                   | 07/02/23 filled  |
| <b>OneTouch Delica Plus Lancet 33 gauge</b><br>TESTS TWICE A DAY 90 DAYS                                                                  | 07/02/23 filled  |
| <b>OneTouch Verio test strips</b><br>USE AS DIRECTED TWICE DAILY                                                                          | 07/05/23 filled  |
| <b>rosuvastatin 20 mg tablet</b><br>TAKE 1 TABLET BY MOUTH EVERY DAY                                                                      | 08/14/23 filled  |

#### Vaccines

##### Reviewed Vaccines

| Vaccine Type | Date     | Amnt | Route | Site | NDC | Lot # | MM | Exp. Date | VIS Date | VIS Given | Vaccinator |
|--------------|----------|------|-------|------|-----|-------|----|-----------|----------|-----------|------------|
| Influenza    | 10/15/21 |      |       |      |     |       |    |           |          |           |            |

DTP 05/26/1967, 04/26/1967, 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 # ID , dob: DOB 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 - 08/26/2018 - 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 # ID dob: DOB 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] ID, dob: [REDACTED] DOB 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] ID, dob: [REDACTED] DOB 1961)

## Referral Order

09/01/2023

| To Provider                                                                                                                                | From Provider                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| DANIEL GERSCOVICH MD<br>1330 BOILING SPRINGS RD<br>SPARTANBURG, SC 29303<br>Phone:<br>Phone: (864) 582-6396<br>Fax:<br>Fax: (864) 542-2939 | MICHAEL P HOENIG, MD<br>OA ES<br>1330 Boiling Springs Road, Suite 1600<br>Spartanburg, SC 29303-4209<br>Phone: (864) 582-6396<br>Fax: (864) 542-2939 |

### Referral Order Information

|            |                                                                                                                                                                                                                                                           |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnosis  | • Osteoarthritis of left knee joint<br>ICD-10: M17.12: Unilateral primary osteoarthritis, left knee                                                                                                                                                       |
| Order Name | Orders included: 1<br>Osteoarthritis of left knee joint<br>ICD-10: M17.12: Unilateral primary osteoarthritis, left knee<br>• ORTHOPEDIC SURGEON REFERRAL<br>Schedule Within: provider's discretion Note to Provider: Left knee OA, WC-<br>DOI: 03/01/2016 |
| Notes      | Left knee OA, WC- DOI: 03/01/2016                                                                                                                                                                                                                         |

### Patient Information

|                     |                                                  |
|---------------------|--------------------------------------------------|
| Patient Name        | MOORE, IVAN                                      |
| Sex - DOB - Age     | M [REDACTED] DOB 1961 62yo                       |
| Address             | 238 ST MATTHEWS LANE<br>SPARTANBURG, SC 29301    |
| Phone               | H: (864) 251-9796                                |
| Primary Insurance   | SEDGWICK CMS<br>Policy Holder: SPARTANBURG STEEL |
| Secondary Insurance | None recorded.                                   |

Electronically Signed by: MICHAEL P HOENIG, MD



MICHAEL P HOENIG, MD

MOORE, Ivan (id # ID2 , dob: DOB 1961)  
(Last amended by James O'Leary, MD on 01/15/2024 at 4:59pm)

Patient

Name MOORE, IVAN (62yo, M) ID# ID2 Appt. Date/Time 01/15/2024 12:45PM

DOB DOB 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

01/15/2024 12:45 PM

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



Reviewed Medications

|                                                                                                                                   |                 |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------|
| clonazepam 1 mg tablet<br>TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 90 DAYS                                                          | 12/20/23 filled |
| dicyclomine 20 mg tablet<br>TAKE 1 TABLET BY MOUTH TWICE A DAY                                                                    | 11/09/23 filled |
| escitalopram 10 mg tablet<br>TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS                                                         | 11/11/23 filled |
| indapamide 2.5 mg tablet<br>TAKE 2 TABLET BY MOUTH EVERY MORNING                                                                  | 11/08/23 filled |
| Klor-Con M20 mEq tablet,extended release<br>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<br>TAKE 1 TABLET BY MOUTH EVERY DAY FOR 30 DAYS                                                            | 07/05/23 filled |
| methocarbamol 500 mg tablet<br>TAKE 1 TABLET BY MOUTH 4 TIMES A DAY AS NEEDED FOR MUSCLE SPASMS.                                  | 07/02/23 filled |
| OneTouch Delica Plus Lancet 33 gauge<br>TESTS TWICE A DAY                                                                         | 01/04/24 filled |
| OneTouch Verio test strips<br>TEST TWICE A DAY. DX:E11.51                                                                         | 12/31/23 filled |
| Paxlovid mg (150 mg x 2)-100 mg tablets in a dose pack<br>TAKE AS DIRECTED                                                        | 04/25/23 filled |
| prednisone 20 mg tablet<br>TAKE 1 TABLET BY MOUTH EVERY DAY FOR 5 DAYS                                                            | 07/05/23 filled |
| rosuvastatin 20 mg tablet<br>TAKE 1 TABLET BY MOUTH EVERY DAY                                                                     | 11/09/23 filled |
| tizanidine 4 mg tablet<br>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

MOORE, Ivan (id # ID2 , dob: DOB 1961)

**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 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

MOORE, Ivan (id # ID2, dob: DOB 1961)

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] ID [REDACTED], dob: [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] ID [REDACTED] **Appt. Date/Time** 04/16/2024 03:45PM  
**DOB** [REDACTED] 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** 02/15/24 filled  
TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS

**clonazepam 1 mg tablet** 03/19/24 filled  
TAKE 1 TABLET BY MOUTH TWICE A DAY

**dicyclomine 20 mg tablet** 01/28/24 filled  
TAKE 1 TABLET BY MOUTH TWICE A DAY

**escitalopram 10 mg tablet** 02/07/24 filled  
TAKE 1 TABLET BY MOUTH EVERY DAY

**Fish Oil 1,000 mg (120 mg-180 mg) capsule** 07/13/23 entered  
Take by oral route.

**indapamide 2.5 mg tablet** 03/22/24 filled  
TAKE 2 TABLETS BY MOUTH EVERY MORNING

**MOORE, Ivan** (id # [REDACTED] 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] ID [REDACTED] dob: [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 jelly hit his knee twisting his injury with a vaigus force. Another opinion by Dr. O'Leary. This was when he was employed at

**MOORE, Ivan (id # [REDACTED] ID, dob: [REDACTED] DOB 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. No to significant decrease in quality of life and daily tasks, 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 tasks, 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 tasks, 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] ID [REDACTED] dob: [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





Reply To:

ROCK HILL | COLUMBIA | CHARLOTTE  
SPARTANBURG | BEAUFORT

Sam Bass  
sam@stewartlawoffices.net

*Licensed in SC*

February 7, 2024

Dr. Dan Gerscovich  
CONA

**RE: Client: Ivan Moore**  
**DOB: [REDACTED] 1961**  
**SSN: [REDACTED] 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.

409 S PINE STREET • SPARTANBURG, SC 29302 • PHONE (864) 583-2223 • FAX (864) 583-2224

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1-866-STEWART

240

362

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.

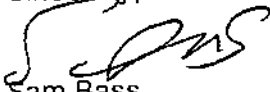
1. What conditions currently affect Mr. Moore?
2. Are the above conditions a result of, or exacerbated or aggravated by the accident of March 1, 2016?
3. Do you feel Mr. Moore is at Maximum Medical Improvement at this time?
4. If not, what medical and/or other treatment (inclusive of medication), if 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



**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

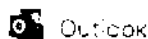
McANGUS GOUDELOCK & COURIE LLC

55 EAST CAMPERDOWN WAY  
SUITE 300-29601  
POST OFFICE BOX 2980  
GREENVILLE, SC 29602

864 239-1000 Pk Fax  
864 241-3199 Fax  
WWW.MGLAW.COM

Exhibit 1 - 001

Ex 1



RE: Ivan Moore vs. Spartanburg Steel Products

From: Sam Camacho <Katia@stewartlawoffices.net>

Date: Fri, 8 Jul 2024 1:01 PM

To: Sam Bass <sambass@stewartlawoffices.net>; Mark Allison <MAAllison@mgclaw.com>; Kara Farotto <kara.farotto@mgclaw.com>

2 Attachments (114 KB)

8674-437 Meeting.pdf

Good afternoon  
Please see attached.  
Thank you!



Katia Camacho | Paralegal

Stewart Law Offices

409 South Pine St. | Spartanburg, SC 29302

[katia@stewartlawoffices.net](mailto:katia@stewartlawoffices.net) | [www.stewartlawoffices.net](http://www.stewartlawoffices.net)

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From: Sam Bass <samb@stewartlawoffices.net>

Sent: Friday, July 26, 2024 2:28 PM

To: Mark Allison <MAAllison@mgclaw.com>; Kara Farotto <kara.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. Hoening 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. Hoening'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. Hoening in another form (especially since it's the same opinion) are excluded as well. Fruit of the poisonous tree, etc.

Call me to discuss.



Sam Bass | Attorney

Stewart Law Offices

409 South Pine St. | Spartanburg, SC 29302

Exhibit 1 - 002

[sam@stewartlawoffices.net](mailto:sam@stewartlawoffices.net) , [www.stewartlawoffices.net](http://www.stewartlawoffices.net)  
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---

From: Mark Allison <[MAllison@mgclaw.com](mailto:MAllison@mgclaw.com)>  
Sent: Friday, May 31, 2024 10:21 AM  
To: Cara Farotto <[cara.farotto@mgclaw.com](mailto:cara.farotto@mgclaw.com)>; Sam Bass <[sam@stewartlawoffices.net](mailto:sam@stewartlawoffices.net)>; Kana Camacho <[Kana@stewartlawoffices.net](mailto:Kana@stewartlawoffices.net)>  
Subject: Re: Ivan Moore vs. Spartanburg Steel Products

Good morning. Can you please help us get the attached release signed? thanks

From: Mark Allison <[MAllison@mgclaw.com](mailto:MAllison@mgclaw.com)>  
Sent: Tuesday, May 7, 2024 2:59 PM  
To: Cara Farotto <[cara.farotto@mgclaw.com](mailto:cara.farotto@mgclaw.com)>; Sam Bass <[sam@stewartlawoffices.net](mailto:sam@stewartlawoffices.net)>; Kana Camacho <[Kana@stewartlawoffices.net](mailto:Kana@stewartlawoffices.net)>  
Subject: Re: Ivan Moore vs. Spartanburg Steel Products

Hey Sam, Sedgwick needs to obtain an MSX to see how much it is, and if a thinner 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](mailto:cara.farotto@mgclaw.com)> wrote:



Mark Allison Attorney  
[mallison@mgclaw.com](mailto:mallison@mgclaw.com)  
1000 West Avenue, Suite 1000, Spartanburg, SC 29303  
Main: 864 531 0121 Fax: 864 310 4081  
Direct: 864 310 4081 Fax: 864 310 4081  
VCARD vCard

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---

From: Sam Bass <[sam@stewartlawoffices.net](mailto:sam@stewartlawoffices.net)>  
Sent: Tuesday, May 7, 2024 1:49 PM  
To: Cara Farotto <[cara.farotto@mgclaw.com](mailto:cara.farotto@mgclaw.com)>

Exhibit 1 - 003

Cc: Kara Cimache <[Kara@stewartlawoffices.net](mailto:Kara@stewartlawoffices.net)>  
Subject: Re: Ivan 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](mailto:sam@stewartlawoffices.net) | [www.stewartlawoffices.net](http://www.stewartlawoffices.net)  
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---

**From:** Cara Farotto <[cara.farotto@mgclaw.com](mailto:cara.farotto@mgclaw.com)>  
**Sent:** Tuesday, May 7, 2024 2:45 PM  
**To:** Sam Bass <[sam@stewartlawoffices.net](mailto:sam@stewartlawoffices.net)>  
**Cc:** Kara Cimache <[Kara@stewartlawoffices.net](mailto:Kara@stewartlawoffices.net)>  
**Subject:** Ivan Moore vs. Spartanburg Steel Products

Good Afternoon,

Could you please have Mr. Moore sign the attached Medical release?

Thanks,



Cara Farotto, *President*  
[cara.farotto@mgclaw.com](mailto:cara.farotto@mgclaw.com)  
55 E. Campdenway Way Suite 300, Greenville, SC 29601  
Mail: PO Box 2950, Greenville, SC 29601  
Main: 864-239-4000 | Direct: 864-239-4013 | Fax: 864-232-7199  
VCARD

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Exhibit 1 - 004

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## 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](mailto: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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---

Please recycle and save paper! Before printing this email

## 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](mailto: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  
VCARD

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*Please consider the environment before printing this email*

**From:** Katia Camacho <[Katia@stewartlawoffices.net](mailto: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](mailto:katia@stewartlawoffices.net) | [www.stewartlawoffices.net](http://www.stewartlawoffices.net)  
864.583.2223 | Fax 864.310.4099  
866.STEWART



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**Reply To**  
CARA FAROTTO  
Direct Dial : (854) 739-4013  
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.

McANGUS GOUDELOCK & COURIE LLC

Exhibit 1 - 008

---

Re: Ivan Moore vs. Spartanburg Steel Products

---

From: Sam Bass <sam@stewartlawoffices.net>  
Date: Thu, 11/14/24 12:03 PM  
To: Cara Farotto <cara.farotto@mgclaw.com>  
Cc: Katia Camacho <Katia@stewartlawoffices.net>, Mark Allison <marlison@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 8<sup>th</sup> 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 a 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 or their medication bottles with them to check in.



Sam Bass | Attorney

Stewart Law Offices

419 South Pine St., Spartanburg, SC 29329

Sam@stewartlawoffices.net [www.stewartlawoffices.net](http://www.stewartlawoffices.net)

864.664.2121 Fax 864.310.4999

Exhibit 1 - 009

766 STEWART



Stewart Law Office, PLLC is a law firm serving the needs of individuals and businesses in the greater Nashville area. We are committed to providing the highest quality legal services to our clients. We are currently seeking experienced attorneys to join our team. If you are interested in joining our team, please contact us at (615) 259-1100 or visit our website at [www.stewartlawoffice.com](http://www.stewartlawoffice.com). We are an equal opportunity employer. Minorities and women are encouraged to apply.

---

**From:** Cara Farotto <[cara.farotto@mgclaw.com](mailto:cara.farotto@mgclaw.com)>  
**Sent:** Thursday, November 14, 2024 9:20 AM  
**To:** Sam Bass <[sam@stewartlawoffices.net](mailto:sam@stewartlawoffices.net)>  
**Cc:** Kalia Camacho <[Kalia@stewartlawoffices.net](mailto:Kalia@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 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 or their medication bottles with them to check in.



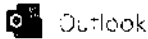
Cara Farotto - Paralegal  
[cara.farotto@mgclaw.com](mailto:cara.farotto@mgclaw.com)  
201 W. Market Street, 10th Floor, Nashville, TN 37203  
Mail: P.O. Box 2480, Nashville, TN 37202  
Main: (615) 259-1100 | Direct: (615) 471-1111 | Fax: (615) 447-3114  
VCARD

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Exhibit 1 - 010



Re: Ivan Moore vs. Spartanburg Steel Products

From: Sam Bass <sbass@stewartlawoffices.net>  
Date: Tue 11/19/2024 9:35 AM  
To: Cara Farotto <cara.farotto@mgclaw.com>  
Cc: Kalia Camacho <kalia@stewartlawoffices.net>; Mark Allison <MAAllison@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.



Sam Bass | Attorney

Stewart Law Offices  
409 South Pine St., Spartanburg, SC 29302  
sbass@stewartlawoffices.net | [www.stewartlawoffices.net](http://www.stewartlawoffices.net)  
864.660.2222 | Fax 864.610.4099  
866 STEWART



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From: Cara Farotto <cara.farotto@mgclaw.com>  
Sent: Monday, November 18, 2024 5:03 PM  
To: Sam Bass <sbass@stewartlawoffices.net>  
Cc: Kalia Camacho <kalia@stewartlawoffices.net>; Mark Allison <MAAllison@mgclaw.com>  
Subject: RE: Ivan Moore vs. Spartanburg Steel Products

Good evening,

The NCM has been cancelled.



Cara Farotto | Partner  
[cara.farotto@mgclaw.com](mailto:cara.farotto@mgclaw.com)  
P.O. Box 20000, Anderson, SC 29621  
Main 864.660.2222 | Direct 864.660.2222 | Fax 864.660.4099  
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Exhibit 1 - 011

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:

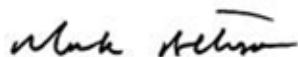
| APA# | DOCTOR             | PRACTICE                                       | DATES               | PAGES   |
|------|--------------------|------------------------------------------------|---------------------|---------|
| 4.   | Michael Hoenig, MD | CONA                                           | 9/13/16 – 9/20/2016 | 243-247 |
| 5.   | Michael Hoenig, MD | Deposition Transcript of Dr.<br>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

November 4, 2024  
Page 1  
Office Visit

**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

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

November 4, 2024  
Page 2  
Office Visit

**Ivan Moore**

Male DOB: **DOB**/1961

167649

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

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)

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

November 4, 2024  
Page 3  
Office Visit

**Ivan Moore**  
Male DOB **DOB** 1961

167649

Home: (864) 251-9796  
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 9/13/16 Patient's Name Ivan Moore Physician Dr. Hoening

- |                                                                                   |                                                                 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Full duty -- no limitations on <u>9/13</u> | 4. <input checked="" type="checkbox"/> Out of Work              |
| 2. <input type="checkbox"/> Light duty start on _____ or Continue light duty      | 5. Next appt _____                                              |
| 3. <input type="checkbox"/> Fulltime / Part time _____ hrs.                       | 6. <input checked="" type="checkbox"/> MMI and rating to follow |

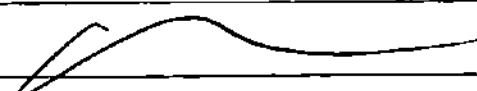
**WORK MODIFICATIONS**

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 weighing 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 <input type="checkbox"/> UE                 | ____ No crawling/climbing/squatting or kneeling |
| Floor to waist <input type="checkbox"/> lbs.       | ____ No driving for work                        |
| Waist to shoulder <input type="checkbox"/> lbs.    | ____ Crutches / brace                           |
| Shoulder to overhead <input type="checkbox"/> lbs. | ____ No push/pull > _____ lbs.                  |
| No push/pull > _____ lbs.                          | ____ Rotate Standing/Sedentary _____            |
| ____ No overhead either hand                       | ____ No bending / twisting                      |
| ____ Must wear sling / brace                       | ____ Floor level work                           |

Other: \_\_\_\_\_  
\_\_\_\_\_

Physician signature:  \_\_\_\_\_



## Physician's Statement

Claimant's Name: Ivan Moore  
Physician's Name: Michael Moenig, 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: R knee MCL strain  
Body part(s) injured: L 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)

☒ 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.

☒ 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,                   | ) | DEPOSITION           |
|                             | ) |                      |
| VS.                         | ) | OF                   |
|                             | ) |                      |
| SPARTANBURG STEEL PRODUCTS, | ) | MICHAEL HOENIG, M.D. |
|                             | ) |                      |
| EMPLOYER,                   | ) |                      |
|                             | ) |                      |
| AND                         | ) |                      |
|                             | ) |                      |
| HARTFORD ACCIDENT AND       | ) |                      |
| INDEMNITY CO.,              | ) |                      |
|                             | ) |                      |
| CARRIER,                    | ) |                      |
|                             | ) |                      |
| DEFENDANTS.                 | ) |                      |

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.



Page 2

APPEARANCES

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INDEX

|                                 |    |
|---------------------------------|----|
| STIPULATIONS.....               | 4  |
| EXAMINATION BY MR. BASS.....    | 4  |
| EXAMINATION BY MR. ALLISON..... | 42 |
| CERTIFICATE.....                | 43 |

EXHIBITS

|                                                                                |    |
|--------------------------------------------------------------------------------|----|
| CLAIMANT'S EXHIBIT NUMBER 1, MARKED,<br>LETTER FROM THE CARRIER, ATTACHED..... | 30 |
|--------------------------------------------------------------------------------|----|

\*DIGITALLY RECORDED AUDIO RETAINED FOR TWELVE (12) MONTHS  
FROM DATE OF CERTIFICATION.



1 STIPULATIONS

2 IT IS STIPULATED BY AND BETWEEN COUNSEL  
3 FOR THE RESPECTIVE PARTIES THAT ALL OBJECTIONS  
4 ARE RESERVED UNTIL THE TIME OF TRIAL, EXCEPT  
5 AS TO THE FORM OF THE QUESTION.

6 THIS DEPOSITION IS BEING TAKEN PURSUANT TO  
7 THE SOUTH CAROLINA RULES OF CIVIL PROCEDURE.

8 - - - -

9 THE READING AND SIGNING OF THIS DEPOSITION IS  
10 WAIVED BY THE DEPONENT AND COUNSEL FOR THE RESPECTIVE  
11 PARTIES.

12 WHEREUPON, MICHAEL HOENIG, M.D., BEING DULY  
13 SWORN AND CAUTIONED TO SPEAK THE TRUTH, THE WHOLE  
14 TRUTH, AND NOTHING BUT THE TRUTH, TESTIFIED AND DEPOSED  
15 AS FOLLOWS:

16 EXAMINATION

17 BY MR. BASS:

18 Q Dr. Hoenig, my name is Sam Bass. I represent Mr. Moore  
19 in his workers' compensation case from a March 1, 2016,  
20 work accident.

21 MR. BASS: Mark, can we stipulate he's an expert in  
22 orthopedic surgery?

23 MR. ALLISON: You bet.

24 MR. BASS: All right.

25 BY MR. BASS:

Page 5

1 Q Doctor, have you had your deposition taken before?

2 A Yes, sir.

3 Q Okay. I think I've done it a couple of times. Do you

4 need me to go over the ground rules for you?

5 A No, sir.

6 Q Okay. Are all the opinions you give today going to be

7 stated to a reasonable degree of medical certainty

8 unless you say it the otherwise?

9 A Yes, sir.

10 Q Okay. All right. The first time I have Mr. Moore

11 coming in to visit you was on May 1st of 2- -- from May

12 10, 2016. Is that correct?

13 A Sorry. Bear with me.

14 Q Sure.

15 A This is -- because it's been going on for a long time,

16 so we're going to have to -- we have an old system.

17 Yes. Looks like May 10, 2016.

18 Q I have the note, if you'd like to re- -- is it easier

19 for me to hand it to you or on your computer? What's

20 easier --

21 A Yeah, if you want to --

22 Q Yeah.

23 A -- or I can -- whatever is easier. Can you?

24 Q Well, if you're right there, if it's easier. I mean --

25 A Yeah.

Page 6

1 Q I have that -- tell me what you've -- what you observed  
2 that day.

3 A Sure. So, he said he injured it on March 1st when he  
4 was hit, kind of the outer part of his left knee. That  
5 created pain on the inner part of his knee and had a  
6 lot of swelling. He continued having issues, swelling.  
7 Denies any previous problems or pain elsewhere. Wants  
8 to get off of the buckle. He's still working full duty  
9 but discomfort. Treatment, so far, has just been a  
10 sleeve and some medications. And then...

11 Q Looks like on that date, you got him a hinged knee  
12 brace, prescribed Mobic, work restrictions of sedentary  
13 duty. And did you guys also do an injection that day?

14 A Correct. We did an injection that day.

15 Q Okay. All right. And had he had an MRI at that point  
16 as well?

17 A He had.

18 Q Okay. What did the MRI show?

19 A So, MRI showed kind of degeneration of the medial  
20 meniscus, but no obvious tear, possible small, little  
21 radial tear. He had some swelling in the knee, in the  
22 back knee, called a Baker's cyst, a strain of the  
23 muscle called the popliteus.

24 He had some edema or strain around his MCL, and had  
25 some cartilage wear in the groove that his kneecap runs

Page 7

1 in, and also already had some early arthritis in the  
2 inner compartment.  
3 Q Okay. All right. Then he followed up with you on June  
4 7, 2016. Is that correct?  
5 A That is correct, sir.  
6 Q Okay. And on that day, it looks like you returned him  
7 to full duty and were going to re-check him a couple  
8 weeks and try to get him at MMI. Is that right?  
9 A Correct.  
10 Q Okay. All right. But it's also noted that he was  
11 still using his knee brace and taking Mobic; right?  
12 A (No response.)  
13 Q And I can refer to this. This is handwritten --  
14 A I believe so. He -- he just told me he's doing fairly  
15 well. He feels like overall, doing much better.  
16 Q Okay. And -- and this is the first time I've seen some  
17 of these records. What are these notes that I see in  
18 some of these produced records?  
19 A Oh.  
20 Q These are the handwritten notes that you guys take and  
21 then --  
22 A Yes. We then take -- use that to do the dictation.  
23 Q Got it, Okay. So, this is when you're actually in the  
24 room with them, this is you're writing it down, right,  
25 and then you go out and you do the dictation

Page 8

1 afterwards; correct?

2 A Yes, sir.

3 Q Okay. All right, all right. And then you saw him  
4 again, and the next time was on July 12, 2016. Is that  
5 right?

6 A Yes.

7 Q Okay. And I have noted here -- this is a handwritten  
8 note, is it a note that says swelling if he does not  
9 take his medication; is that correct?

10 A Correct.

11 Q Okay. All right, all right. And then in the -- the  
12 actual -- the dictated note, it says he still takes  
13 Mobic in order to be able to work, and he's still  
14 wearing a hinged knee brace. Is that right?

15 A Correct.

16 Q And you also did another steroid injection on that  
17 date; correct?

18 A Yes, sir.

19 Q Okay.

20 A That's correct.

21 Q All right. And you have him working full duty and re-  
22 check him in four weeks?

23 A Correct.

24 Q All right. You saw him again on August 16, 2016; is  
25 that right?

1 A Yes, sir.

2 Q Okay. And he stated that he got great relief from the  
3 injection, but it gradually wore off, still working  
4 full duty, using his knee brace and taking Mobic. Is  
5 that right?

6 A Yes, sir.

7 Q Okay. All right. And on that date, you did another  
8 injection, steroid injection; is that correct?

9 A Correct.

10 Q Okay. And you talked about having a re-check in four  
11 weeks and see if you can put him at MMI or do a  
12 possible knee scope?

13 A Correct.

14 Q Okay. All right. I don't actually have the note  
15 itself, but I do have this portion from September.  
16 You saw him again September 13th; is that right?

17 A Yes, sir.

18 Q Okay. I have on this note that he's noting pain  
19 without the knee brace a seven out of ten, and popping  
20 and swelling in his knee. Is that what he's noted for  
21 that date?

22 A That's what my nurse noted, yes.

23 Q Okay. All right. Well, I don't have the actual note.  
24 What does -- what does the note say as well?

25 A It says Mr. Moore comes in today for a fall above his



Page 10

1 left knee. He was injured March 1st, and had a valgus-  
2 type impact injury. He had several injections which  
3 provide temporary relief. He has taken intermittent  
4 Mobic, and also using a brace which helps him a good  
5 bit. He is working full duty. He feels overall that  
6 his knee is only about 70 percent. It was 100 percent  
7 prior to the injury. The pain is all located about the  
8 medial joint line.

9 Q Okay. And here -- did you release him at MMI on that  
10 date? I have a 14B that was completed, if you could  
11 review this.

12 A (Witness views document.) Correct. So, we discharged  
13 him at MMI --

14 Q Uh-huh.

15 A -- said he could work full duty. He had a 10 percent  
16 impairment rating, and in the future, he may require  
17 our cortisone injections intermittently.

18 Q Okay.

19 A See back as needed.

20 Q Okay. All right. And is this -- is that the 14B that  
21 would have been completed at that time?

22 A Yes, sir.

23 Q Okay. Is that your signature at the bottom?

24 A Yes, it is.

25 Q All right. How about the -- the filling out the 14B,

Page 11

1           who actually filled that out?

2    A    My -- I have a work comp case manager who --

3    Q    Okay.

4    A    -- or not a case manager, but a work comp coordinator

5           at the office who fills all that out, and then, if it's

6           correct, I sign it.

7    Q    Tell me the process of filling out these 14Bs.

8    A    I dictate my note --

9    Q    Uh-huh.

10   A    -- and then, I believe, my work comp coordinator knows

11          that someone's here -- or, they know that they get

12          released. So then they read my note, and then they

13          kind of transcribe whatever I say to put on the 14B.

14   Q    Okay. All right. Do you know if -- if Mr. Moore was

15          provided a copy of this 14B at the time, of his -- of

16          his release?

17   A    I'm not aware.

18   Q    Okay. All right. But you noted that at that time,

19          this is back in September 2016, again, pain without a

20          knee brace of seven out of ten; correct?

21   A    I believe that's what he noted; yes, sir.

22   Q    Okay. And popping and swelling in his knee; correct?

23   A    I believe so.

24   Q    Okay. And you did an injection on that day. Is that

25          right?

Page 12

1 A I don't -- I'm not entire- -- I don't believe I did an  
2 injection then.

3 Q Okay. All right. I didn't have the note, so I wasn't  
4 sure.

5 He followed up with you again on November --  
6 November 1, 2016; right?

7 A Yes, sir.

8 Q Okay. This is still all -- all under the auspices --  
9 all under the auspices -- I'm not pronouncing that  
10 correctly -- of work comp. Is that right?

11 A Yes.

12 Q Okay. All right. You're still giving him -- filling  
13 out work restriction forms. You're still getting --  
14 charging the adjuster -- charging the carrier and  
15 getting paid by the carrier; correct?

16 A Correct. Under my -- under my knowledge, I felt that  
17 he was discharged at MMI and these are his injections  
18 as part of his 14B.

19 Q Okay. All right. I'm not going to go through every  
20 single note.

21 A Okay.

22 Q But, so you saw him on November 1, 2016, and provided  
23 an injection in his knee; correct?

24 A Yes, sir.

25 Q All right. You saw him on January 24, 2017, provided

Page 13

1 an injection in his left knee. Is that correct?

2 A Yes, sir.

3 Q Okay. You saw him in April 25, 2017, and provided an

4 injection in his left knee. Is that correct?

5 A Yes, sir.

6 Q All right. You saw him on August 29, 2017, and

7 provided an injection in his left knee. Is that

8 correct?

9 A I believe so.

10 Q Okay.

11 A Yes.

12 Q All right. All right. You saw him in November 28,

13 2017, and provided an injection in his left knee. Is

14 that correct?

15 A Yes, sir.

16 Q Okay. Does it also note in that note that, over the

17 last seven or eight days, he had noticed an increase in

18 pain with some swelling in his -- in his leg?

19 A Yes.

20 Q Okay. And throughout this time, was he also taking

21 from -- Mobic frequently?

22 A Yes, sir.

23 Q Okay. All right. And then it looks like, in the

24 actual physical exam note, it says he does have mild

25 swelling and an effusion. What's an effusion?

Page 14

1 A Effusion just means fluid within a joint.

2 Q Okay. All right. And on that date, you gave him an

3 injection as well, in his -- in his left knee?

4 A Yes, sir.

5 Q Okay. And all these injections so far have been

6 steroid injections. Is that correct?

7 A Ye- -- I believe so.

8 Q Okay. You saw him in February 27, 2018, provided

9 another injection in his left knee and prescribed more

10 Mobic. Is that correct?

11 A That sounds correct.

12 Q Okay. Then, in June 26, 2018, another injection with

13 -- also noted with an increased pain and trace effusion

14 in his knee. Is that right?

15 A That sounds correct.

16 Q Okay. Then, on December 7, 2018, another injection.

17 Is it noted the last one worked for about four months,

18 approximately?

19 A Yes. His last injection was in June.

20 Q Okay. And I think it said that -- let me see here.

21 Okay. Then, you saw him again on March 15, 2019, gave

22 another steroid injection. That one was -- the last

23 one worked approximately a month. Is that right?

24 A Yes, sir.

25 Q Okay. All right. Then, on June 14, 2019, see him

Page 15

1           again. He said that he's found that the last few  
2           injections he's gotten less and less relief with them?  
3    A       Correct.  
4    Q       Okay. He's noted that he gets pain with prolonged  
5           standing, and at that point, he's interested in -- I'm  
6           not going to pronounce it right -- hy- --  
7    A       H- -- HA injections.  
8    Q       There we go. Are those the same as visco injections?  
9    A       Yeah, same thing.  
10   Q       Okay. All right. Okay. And looks like you're going  
11          to seek a work comp approval for those on that date?  
12   A       Yes, we did a cortisone injection and also tried to get  
13          approval.  
14   Q       Okay. And you also prescribed more Mobic at that  
15          point; correct?  
16   A       Correct.  
17   Q       All right. And then, it looks like these visco  
18          injections were approved because you did the first one  
19          on June 21st, the second one on June 28th, and the  
20          third one on July 5th, all of 2019. Is that correct?  
21   A       I believe so.  
22   Q       Okay. What is the -- why are you doing three? What is  
23          the treatment protocol for doing three of those  
24          injections?  
25   A       So there's a variety of protocols. You can either do a

Page 16

1 single large injection, or you can break it up over  
2 five injections, or three injections. My preference,  
3 personally, is to do the three injections. That way,  
4 if you miss the injection on a single shot, that kind  
5 of stinks, so you try to do three; you shouldn't miss  
6 three times. And then five times, it just sounds like  
7 way too many times to stick someone's knee.

8 Q So, what do you -- how does -- how does this injection  
9 work as compared to a steroid injection?

10 A So, there's a -- normally, a mole- -- normally, there's  
11 a molecule called hyaluronic acid; it's a very large  
12 molecule that acts as a little bit of a microscopic  
13 cushion in the knee.

14 Q Okay.

15 A And so the hope is, is that by putting that gel in  
16 there -- it's new, more robust hyaluronic acid -- it's  
17 a big spring to help provide some comfort. It also has  
18 been shown to kind of alleviate some of the  
19 inflammatory markers in the knee, so we try to do it  
20 about every six months for folks who are -- kind of  
21 have arthritis in the knee. And if the cortisone stops  
22 working --

23 Q Okay.

24 A -- that's when we typically do that.

25 Q All right. And -- and they're not the same as a

Page 17

1           cortisone injection?

2    A    Correct.

3    Q    And so, as part of your original 14B, you said  
4           cortisone injections, but here you saw it -- work comp  
5           approval for these visco injections, and it was  
6           approved by work comp. Is that correct?

7    A    Correct.

8    Q    Okay. All right. All right. And then he saw you on  
9           October 4, 2019. It notes that, I believe, that the  
10          injection's wearing off, and you gave him another  
11          cortisone injection, and you were going to seek  
12          approval for additional visco injections. Is that  
13          right?

14   A    Yes.

15   Q    Okay. And then those visco injections, the series of  
16          three of them were, again, given -- they were approved,  
17          apparently, and given on January 10th, January 17th,  
18          and January 31, 2020. Is that right?

19   A    That sounds correct.

20   Q    Okay. And it notes, at least on the last one, that he  
21          got good relief thus far from that injection -- those  
22          series of injections. Is that correct?

23   A    Yes.

24   Q    Okay. Okay. And then on May 1, 2020, you did another  
25          cortisone injection; right?



Page 18

1 A Yes.

2 Q Okay. And then you did another series of visco  
3 injections on June 12, 2020, June 19th, and June 26,  
4 2020. Is that right?

5 A Yes. That sounds right.

6 Q Okay. And it notes on -- let's see -- on the June 19th  
7 visit, does it note that he has an antalgic gait that  
8 -- on that date?

9 A (No response.)

10 Q And that he's favoring his right lower extremity and  
11 wearing a knee brace. Is that right?

12 A Correct.

13 Q Okay. All right. And again, all the stuff we've gone  
14 over so far, this is all -- these are all injections  
15 and treatments that's dating back to his March 1, 2016,  
16 work accident. Is that right -- is that right?

17 A Correct.

18 Q Okay. All right. Then you --

19 MR. ALLISON: Object -- object to the form of the  
20 question.

21 MR. BASS: Okay.

22 BY MR. BASS:

23 Q On September 22, 2020, you provide another cortisone  
24 injection in his left knee. Is that right?

25 A That sounds correct.

Page 19

1 Q Okay. And then, on December 29, 2020, and then January  
2 5th and January 12, 2021, you do another series of  
3 visco injections. Is that right?

4 A Correct.

5 Q Okay. And then, on 4/13/2021 -- I don't actually have  
6 the note, but I have this portion of the note, which  
7 said there was pain and swelling. And did you do a --  
8 also a cortisone injection that day?

9 A Correct. He said he had visco series completed on  
10 January 12, 2021, and got good relief until the last  
11 week or so. He's working full duty. He has known to  
12 have chondromalacia of his left knee. And we did a  
13 cortisone injection that day, and we were going to see  
14 him back in three months with possible visco injection.

15 Q Okay. Just as an aside, this is the first time I've  
16 seen, like, these handwritten notes as part of the  
17 records. So, when we ask for records, do you know why  
18 these haven't, like, been provided until recently?

19 THE WITNESS: Off the record.

20 (OFF THE RECORD)

21 BY MR. BASS:

22 Q All right. Doctor, I briefly asked you about these  
23 handwritten notes that I've seen in some of these  
24 records that correspond with some of those treatment  
25 dates which have handwritten notes. If you could,

Page 20

1 explain to me what they are and how you use them in  
2 your -- in your practice.

3 A Sure. So, it's kind of the working note sheet. Prior  
4 to the clinic, the nurse will get prepared and will try  
5 to look up, maybe, the old history and see that, "Okay,  
6 it's a gentleman who we've seen in the past for right  
7 knee pain. He's now coming in today for left knee  
8 pain." And then when the patient comes in that day,  
9 the nurse will go in and talk to him and, oftentimes,  
10 write a few notes. And then I will go in and use that  
11 same sheet of paper to write notes as a reminder or an  
12 aid for dictation.

13 Q Okay. And so, when we get a dictated note that's  
14 provided to us, that's coming -- that note's dictated  
15 by you or your PA?

16 A Yes, sir.

17 Q Okay. All right. And these notes, these handwritten  
18 notes are what you use to do that dictation?

19 A It's an -- it's an aid.

20 Q It's an aid.

21 A So, there's some notes written by the nurse before the  
22 patient even comes to clinic. There's some other notes  
23 that the pa- -- that the nurse may write after they've,  
24 kind of, brought them back and talked to them in  
25 clinic.

Page 21

1 Q Okay.

2 A And then either my PA or myself will write, kind of,  
3 notes on there to help us with the dictation.

4 Q And I'm not saying that this happened here, but is it  
5 possible, then, that there could be things that they  
6 report that are in these handwritten notes that don't  
7 make it into the dictated note?

8 A Yes, it's possible. If the -- if it's something that  
9 maybe the nurse thought was important, that maybe the  
10 physician didn't think was important, they wouldn't  
11 include it.

12 Q Okay. All right. And so that was on -- what date was  
13 that -- that was on April 13th. They did another --  
14 sorry -- an injection there, a cortisone injection,  
15 right?

16 A Yes, sir.

17 Q Okay. And you did a cortisone injection on July 13,  
18 2021, and another cortisone injection on November 2,  
19 2021. Is that correct?

20 A Correct.

21 Q All right. And then a -- another cortisone injection  
22 on, let's see, February 15, 2022. Is that right?

23 A Yes, I believe that's correct.

24 Q Okay. And it appears at least that -- at least on this  
25 one, he notes that he got relief until about a week and

Page 22

1 a half ago. Is that right?

2 A That's the February 15th note?

3 Q Correct.

4 A Correct.

5 Q Okay. Has that basically been a -- through what we've

6 gone through so far, his basic treatment pattern and

7 protocol is he gets injections. They work for, it

8 seems, a period of between one and six months,

9 depending on however it works out. He has pain, comes

10 back and gets another series of injections. Is that

11 how it's been -- how it's been working so far?

12 A Correct.

13 Q Okay. All right. Okay. And then on May 17, 2022, he

14 comes in for another injection. Is that right?

15 A Yes, sir.

16 Q Okay. You provide him a cortisone injection; correct?

17 A Yes, sir.

18 Q Okay. There's a note in here where he asked about

19 XARELTO. What is XARELTO?

20 A It's something that's marketed as supposedly being a

21 long-acting cortisone shot.

22 Q Okay. And so, is this something you use in your

23 practice?

24 A No.

25 Q Okay. How long has it been out?

Page 23

1 A I'm not familiar -- I'm not too familiar with that. I  
2 just -- I know it's out there. I haven't heard any  
3 phenomenal studies suggesting it, so we haven't pursued  
4 it.

5 Q Okay. All right. It notes in the record -- so, I  
6 guess, is the idea behind it -- I'm not saying whether  
7 it works. The idea behind it that you would get it --  
8 so, it's a long-acting cortisone shot? Is that how  
9 it's supposed to --

10 A That's how --

11 Q -- how it's marketed?

12 A That's how it's marketed, yeah.

13 Q Okay. So it presumably, instead of -- if it's marketed  
14 instead of every three months or six months or  
15 whatever, what are they saying that it should last? Do  
16 you know?

17 A I'm not sure.

18 Q Okay. All right. It says -- and this is what --  
19 actually, this note, he met with -- is it Brad  
20 Harrison?

21 A Yes.

22 Q Mr. Harrison, okay. He met Mr. Harrison. He asked  
23 about XARELTO, and that Mr. Harrison discuss that with  
24 you. Is that right?

25 A Correct.

Page 24

1 Q Okay. And it notes here that you -- you're not sure of  
2 its long-term effects yet, which is what you just noted  
3 to me; correct?

4 A Correct.

5 Q Okay. But also, that it is unlikely that workers' comp  
6 would cover it.

7 A Yes.

8 Q Is that also noted?

9 A Yes.

10 Q Okay. Is that -- whether or not workers' compensation  
11 would cover something, is that a -- something you take  
12 into consideration when you make a referral for  
13 something?

14 A I think it's a complex -- it's too -- I think it's too  
15 complex of a situation to kind of have a blanket  
16 statement for that.

17 Q Okay. So --

18 A If I thought that there was something that could  
19 significantly benefit my patient, I would order it and  
20 try to argue with work comp to get it approved, if I  
21 thought it was going to be substantially better. But  
22 that's not something that -- again, there have been no  
23 good long-term studies showing that it was -- it's  
24 effective, so I didn't think it's worth doing it. And  
25 most of these new things are -- it's the same thing re-

Page 25

1           branded that would be --

2     Q     Okay.

3     A     -- super expensive.

4     Q     All right. But in -- so, but in this case, there's at

5           least some notation here of whether or not -- a

6           discussion of whether or not work comp would cover it,

7           as well as discussing the long-term effects of it?

8     A     Yes. There's a statement in there.

9     Q     Okay. All right. On -- and he comes back in for

10          another cortisone injection on September 20, 2022;

11          correct?

12    A     Correct.

13    Q     All right. And then I don't have a note from -- it

14          looks like he came in for the last office visit next

15          was going to be on December 27, 2022, and you did an

16          injection. And I -- I only know that because I have

17          the March 28, 2023, note, which notes his last office

18          visit was on December 27th. So, did he come again on

19          December 27, 2022, and get another injection?

20    A     Yes.

21    Q     Okay.

22    A     So, he said comes in there for re-check of his left

23          knee a little over three months since the last

24          injection, which did give him 100 percent relief for

25          good period of time. He rates his pain today four out



Page 26

1 of a ten. He is -- he -- it said he has done  
2 viscosupplementation -- but has done  
3 viscosupplementation, as well.  
4 Q Okay.  
5 A And we did a cortisone shot that day.  
6 Q All right. And then you did another cortisone shot on  
7 March 28, 2023?  
8 A Yes.  
9 Q Okay. All right. And then the next time he comes and  
10 sees you is on July 11, 2023. Is that correct?  
11 A Correct.  
12 Q All right. And does it note in there that he is  
13 walking with an antalgic gait?  
14 A Yes.  
15 Q Okay. All right. And is that when you start another  
16 round of visco injections; is that right?  
17 A Yes.  
18 Q Okay. You did one on that date, on -- on July 11th.  
19 You did another one on July 18, 2023; correct?  
20 A Correct.  
21 Q Okay. And on that date, it's of note he's still  
22 walking with an antalgic gait?  
23 A Correct.  
24 Q Okay. And does it note down there at the bottom --  
25 it's the bottom line thing here -- it says, "If we do

Page 27

1 not get some significant relief with these injections,"  
2 it says, "I" -- I don't know -- "I have been -- is  
3 considering" -- I guess it means Ivan, maybe. "Ivan is  
4 considering or interested in considering other  
5 treatment options including surgery"?  
6 A Yeah. So I think -- so, this is a new electronic  
7 medical record --  
8 Q Okay.  
9 A -- that is all voice transcription, so there's...  
10 Q Okay. So, you think "I have been" would be Ivan?  
11 A I believe so.  
12 Q Okay. All right. Then, the third injection is done on  
13 July 25, 2023?  
14 A Correct.  
15 Q Okay. Then it notes in that that he has -- that he  
16 actually hasn't settled his original workers'  
17 compensation claim.  
18 A That's what he says.  
19 Q Okay.  
20 A Yes.  
21 Q All right. Well, he hasn't and he had not.  
22 A I have no idea. I'm not an attorney, man.  
23 Q I understand.  
24 A I'm just a doctor.  
25 Q I understand. I'm not just -- I understand. I'm just

1           --

2    A    He told me he has not settled his original claim.

3    Q    Okay.

4    A    That's all I know.

5    Q    All right. And all the treatment up through -- from,

6           you know, May 2016 up until now, has all been paid by

7           the carrier. Is that -- to your knowledge, is that

8           correct?

9    A    As far as I know, yes.

10   Q    Okay. All right. Then you order a repeat MRI. Is

11          that right?

12   A    Yes.

13   Q    Okay. And he goes and has that MRI. What does that

14          show?

15   A    Diffuse full-thickness chondral loss in the medial

16          compartment with complex tearing of the medial meniscal

17          body, edema up around the MCL, cartilage loss in the

18          patellofemoral compartment and lateral compartment, and

19          joint effusion with Baker's cyst.

20   Q    Okay.

21   A    And a bone infarct in the proximal tibia.

22   Q    Okay. And you see him back again on September 1st,

23          2023; correct?

24   A    Correct.

25   Q    Okay. All right. And what is noted on that date?

Page 29

1     A     I said, (as read) "Ivan comes in today for a follow-up  
2           of an MRI of his left knee. His original injury was  
3           back in March 2016, and he had an MRI that showed some  
4           mild chondromalacia, but no significant meniscal tear.  
5           He has gotten intermittent injections and some visco  
6           injections, but they are helping less and less.

7                 "He states at this point, he is fairly miserable  
8           and really cannot enjoy life. He cannot walk long  
9           distances and every day is a struggle. He has  
10          significant pain on the medial part of his knee. The  
11          knee gives out and locks up. His last injection is on  
12          July 25th, and he had a cortisone injection and visco  
13          injection on that date."

14        Q     Okay. And you provide him sedentary work restrictions  
15               on that date. Is that correct?

16        A     Correct.

17        Q     And you also make a referral to Dr. Gerscovich, which  
18               would be your total knee -- for a knee replacement  
19               referral. Is that right?

20        A     Correct.

21        Q     Okay. And is this a copy of your signed referral  
22               order?

23        A     (Witness views document.) Correct.

24        Q     Okay. All right. And it notes on there left knee,  
25               work comp date of March 1, 2016. Is that right?

Page 30

1 A Correct.

2 Q Okay. All right. Okay. If you could, take a look at  
3 -- look at this letter, please. This is a --

4 MR. ALLISON: Is that your only copy?

5 MR. BASS: Yeah. I'll put it -- I'll mark it as an  
6 exhibit until we get it --

7 MR. ALLISON: That's good.

8 THE WITNESS: Do you need to see it?

9  
10 MR. ALLISON: No, no. You go -- I'll take a look  
after you do.

11 THE WITNESS: Okay.

12 MR. BASS: Okay. I'm going to see if I can mark it  
13 real quick as an exhibit, and I'll get it to you. Do  
14 you want to look at it first?

15 MR. ALLISON: It doesn't matter. I'd like to look  
16 at it before you ask him about it.

17 MR. BASS: Sure.

18 MR. ALLISON: Sorry. I haven't seen this. I just  
19 need another minute.

20 MR. BASS: I didn't see it until ten o'clock this  
21 morning. We'll refer back to this.

22 (MARKED FOR IDENTIFICATION, CLAIMANT'S EXHIBIT  
23 NUMBER 1, LETTER FROM THE CARRIER, ATTACHED.)

24 BY MR. BASS:

25 Q All right, Doctor. If you want to refer back to this.

Page 31

1 A Sure.

2 Q All right, Doctor. I'm going to -- this is a -- it's  
3 marked as Exhibit --

4 MR. BASS: Is it 1 or A?

5 THE COURT REPORTER: 1.

6 BY MR. BASS:

7 Q Exhibit 1, Claimant's Exhibit 1. This appears to be a  
8 September 29, 2023, letter from the insurance carrier  
9 to your office. Is that correct?

10 A (Witness views document.) Correct.

11 Q Okay. Do you recall reading this letter prior to  
12 today?

13 A No, I do not.

14 Q Okay. All right. Is that your signature on the  
15 questionnaire there, that you --

16 A Yes, sir.

17 Q Okay. All right. Regarding this correspondence, do  
18 you have any knowledge as to whether or not Mr. Moore  
19 was copied on this correspondence at the same time you  
20 got it?

21 A I have no idea.

22 Q Okay. Do you know if -- if he was -- if the contents  
23 of this letter were communicated to him prior to it  
24 being sent to you?

25 A I'm not sure.

Page 32

1 Q Okay. Do you know if he was given a copy of it after  
2 you filled it out?

3 A I have no idea.

4 Q Okay. All right. I mean, he wasn't there when you  
5 filled it out; correct?

6 A Correct.

7 Q Okay. All right. It notes there that, on the  
8 questionnaire, that you think is -- the order for the  
9 -- well, tell me what -- tell me what the questionnaire  
10 notes.

11 A So there's a question, number one, "Please indicate  
12 whether you believe to a reasonable degree of medical  
13 certainty that Ivan Moore's left knee condition which  
14 you have diagnosed is osteoarthritis is causally  
15 related to his March 1, 2016, left knee work injury at  
16 Spartanburg Steel Products, Incorporated, or whether he  
17 has experienced a natural progression of a personal  
18 health condition." And I checked the line that says,  
19 "Natural progression of personal health condition."

20 Q Okay. And at what point does it -- what was your --  
21 what was your reasoning behind that?

22 A So, this is -- it's a gray area. It's not cut-and-dry.  
23 When I first saw him back in March 2016, his main issue  
24 was chondromalacia --

25 Q Uh-huh.

Page 33

1 A -- of that medial compartment, so the cartilage was  
2 already damaged. There wasn't a new meniscus tear; it  
3 was simply that that cartilage was damaged. It  
4 appeared that that was stuff that was already there and  
5 then the work injury aggravated it, exacerbated it,  
6 what -- I'm not sure the legal term, but pain was  
7 worse.

8 Q Made it worse?

9 A Made it worse. And then, the injections made him feel  
10 fairly good, bought him some time, and then his pro- --  
11 his arthritis that he started with, that at time was  
12 unknown, continued to progress as arthritis naturally  
13 does, and then seven years later after his injury, he's  
14 now having more pain and needing a total knee.

15 Q Okay.

16 A Which to me, seems like normal progression. So,  
17 typically, in my mind, if someone has an injury and --  
18 and because of that, needs a knee replacement within  
19 the next year to two years possibly, I would include  
20 that -- I would relate that more to workman's comp.  
21 But if it's been -- in my mind, if it's been seven  
22 years since his injury and now he needs the place --  
23 replacement, to me, that seems like -- and he started  
24 with arthritis to begin with --

25 Q Okay.



Page 34

1 A -- to me, that seems a natural progression.

2 Q Okay. So, the -- but the injury itself back in March

3 2016, made -- made his knee worse to begin with;

4 correct?

5 A Correct.

6 Q All right. And the treatment he was getting from March

7 2016 to September 2023 consisted of, well, 39 knee

8 injections.

9 A That's a lot.

10 Q Was that corr- -- well, I counted. Does that sound

11 about like what we've gone over today?

12 A Yes, that --

13 Q Okay.

14 A -- sounds about right.

15 Q All right. And of those 39 knee injections, 36 of them

16 were post your original MMI note. Does that sound

17 approximately correct?

18 A Yes.

19 Q Okay. And if you split those up, 24 of them were

20 steroid injections, and 15 of them were

21 viscosupplementation injections. Does that sound like

22 what went over today?

23 A Roughly. I agree, yes.

24 Q Okay. And his first set of visco injections came in,

25 if you recall, June 2019. Does that sound about right

1           --

2    A    Correct.

3    Q    -- of we went through; correct?

4    A    Yes.

5    Q    Okay. All right. And that was -- the rest of them

6           were also done, you know, post MMI, opposed to your

7           initial MMI. Is that right?

8    A    Correct.

9    Q    Okay. And your first 14B only said that he should get

10          cortisone injections; right?

11   A    Correct.

12   Q    But then the carrier also continued to approve visco

13          injections after that?

14   A    Correct.

15   Q    And they're not the same?

16   A    Correct.

17   Q    Okay. All right. Do you know if anyone from your

18          office had any communications with the insurance

19          carrier other than this letter after, you know,

20          September 1, 2023? Do you have any knowledge of that?

21   A    Not that I know of.

22   Q    All right. Did you have a --

23   A    Unless -- I'm sorry, go ahead.

24   Q    No, go ahead, finish.

25   A    No, unless someone when we put the referral in for the

Page 36

1 total joint specialist, so there may have been some  
2 communication from, like, the billing department.

3 Q Okay. Did you have any conversations with the  
4 insurance carrier other than this letter, that you can  
5 recall?

6 A Not that I recall.

7 Q Okay. All right. If you did, that would have been --  
8 I'm assuming it's kind of the same process for when you  
9 talk to claimant's attorneys or else there's a pay for  
10 a 15-minute slot and talk to them on the phone. Is  
11 that -- if that did happen, that would -- would that be  
12 how that would have occurred?

13 A Correct. But I'm aware I can talk to you, but I can't  
14 talk to him without you.

15 Q Okay.

16 A So...

17 Q Correct.

18 A I do try to -- I'm not perfect, but I do try to look  
19 out for that, typically.

20 Q All right. And, so, at what point in his six years --  
21 I'm going to -- if you could give me a date -- when did  
22 it stop being -- when did it cross over to a natural  
23 progression? He's getting these injections and  
24 providing relief for, you know, for three to six months  
25 at a time. Is that correct?

Page 37

1 A Correct.

2 Q And then they stop working; right?

3 A Uh-huh.

4 Q Okay. Is that a "yes"?

5 A Yes.

6 Q Okay.

7 A That's a correct; yes.

8 Q So, you know, often you see someone in work comp, they

9 get treated, let's say, conservatively with injections

10 or PT, and then it fails, and then they get referred

11 for surgery. Is that a lot of times how your -- you

12 know, things with your patients occur?

13 A Yes, on occasion.

14 Q All right. So, is -- at what point in his treatment

15 did this become a natural progression problem and not

16 just an aggravation of something that was already

17 there, that -- that the conservative treatment was no

18 longer working for?

19 A Again, I think this is very much a gray area. There's

20 no exact answer.

21 Q Uh-huh.

22 A My typical thought is that, after two or three years,

23 then roughly, that's when his arthritis would have

24 naturally progressed to this point.

25 Q Okay. But throughout his treatment here, you continued

Page 38

1 to, even though that naturally progressed, at that  
2 point would be known or a workers' compensation injury?

3 A Yes.

4 Q Okay.

5 A And so sometimes workman's comp will only pay for  
6 injections for two years; sometimes they pay  
7 indefinitely. Honestly, I'm not going to sit there and  
8 try to argue.

9 Q Okay.

10 A If the patient comes in and asks for a shot, I'm going  
11 to do the shot, and then I'll let my billing department  
12 figure out if it's -- if we're going to bill BlueCross  
13 BlueShield, or if we're going to bill workman's comp.

14 Q Why do you -- why will, like -- you said you know work  
15 comp only pay for two years? Where does that come  
16 from?

17 Q Some care -- sometimes on the 14B, we put limits on  
18 there.

19 A Okay.

20 Q For him, I don't think we did, and so some carriers  
21 will as part of their settlement, I think, that they  
22 would kind of put a time limit on there.

23 Q Why -- why do you put a time limit on a 14B?

24 A It's a good question.

25 Q And I only ask that because in Mr. Moore's case --

Page 39

1 A Yeah.

2 Q -- he continued to get relief for, you know, five, six  
3 years past --

4 A Yeah.

5 Q -- his initial MMI. So why -- why do you -- why would  
6 you put a time limit on somebody getting injections?

7 A So, I would -- he did not have a time limit on his.

8 Q Correct.

9 A But again, it's I guess, you know, for some I do  
10 because I -- the thought is is that if -- if someone  
11 has say, a condition like arthritis, so maybe they  
12 already have arthritis. They have a work comp  
13 condition that aggravates it a little bit, so if they  
14 already had arthritis and they're going down this  
15 pathway that, at some point, they're going to get to  
16 the destination where they need a knee placement, they  
17 have a work comp injury that kind of puts them on a  
18 different pathway. But after about a year or two, they  
19 kind of get back on that natural -- that natural  
20 pathway that they were already on.

21 Q Okay. So, at what -- so at what point with Mr. Moore,  
22 would -- is it your opinion he got back on this natural  
23 pathway?

24 A About two or three years after his work comp injury.

25 Q Okay. All right.

Page 40

1 MR. BASS: And so I know --

2 THE WITNESS: No, it's fine.

3 MR. BASS: -- I don't want to have to make you have  
4 to come back again.

5 THE WITNESS: It's fine.

6 BY MR. BASS:

7 Q So, he gets back on this natural pathway and what about  
8 his knee getting worse, and no longer the injections  
9 are helping, does he then have a natural progression of  
10 a changing condition of his knee to where he needs a  
11 knee placement?

12 A I'm sorry. What was -- was there a question there, or?

13 Q Yeah. So -- yeah. At some point, is -- his knee gets  
14 to the point where he needs a knee placement; correct?

15 A Correct.

16 Q Okay. So, there's been a changing condition of his  
17 knee. Is that correct?

18 A Are you asking that in the work comp sense or just in  
19 the general --

20 Q General sense.

21 A -- non-legal term -- yes. He's had a change in his --  
22 he's had a worsening of his condition.

23 Q Okay. I'll -- but it should matter for me, comp or  
24 just if he's had a worsening in condition in his knee;  
25 correct?

Page 41

1 A Correct.

2 Q Okay. And that worsening condition in his knee is what  
3 has led to the need for the knee replacement. Is that  
4 right?

5 A Yes, sir.

6 Q Okay. All right. And again, can you look at the  
7 letter that came with that.

8 A Yes, sir.

9 Q Sure. At the bottom of that letter, that's the  
10 question on your portion, the bot- -- the letter  
11 itself. The letter, is there -- does it show a carbon  
12 copy to Mr. Moore at all?

13 A I think it says CC either file or FIFE.

14 Q Okay. All right. Is there any indication on that  
15 letter that he was provided a copy of it at the same  
16 time it was sent to you?

17 A I don't believe so.

18 Q Okay. If -- do you think that his -- his need for a  
19 knee replacement was hastened because of his injury in  
20 March 2016?

21 A No.

22 Q Okay. All right. So, you're saying he would have  
23 gotten -- he would need a knee replacement at this time  
24 whether he had this injury in 2016 or not?

25 A Roughly, yes.





1 Q Okay. All right.

2 MR. BASS: I don't have any more questions for him.

3 EXAMINATION

4 BY MR. ALLISON:

5 Q Dr. Hoenig, Mr. Moore is 62 years old, date of birth

6 DOB '61. Does that -- does that sound accurate?

7 A Yes, sir.

8 Q Okay. And so, is his age part of the consideration

9 that you give in trying to answer this question as to

10 whether it relates to workers' comp versus the natural

11 progression?

12 A Yes, it's a small part of it.

13 Q Okay.

14 A Or, a part of it.

15 Q All right. Have all of your -- has all of your

16 testimony today been given to a standard of more likely

17 than not?

18 A Yes, sir.

19 Q And to a standard to a reasonable degree of medical

20 certainty?

21 A Yes, sir.

22 Q Okay.

23 MR. ALLISON: That's all the questions I have.

24 MR BASS: That's it.

25 (WHEREUPON, THE DEPOSITION CONCLUDED AT 12:51 P.M.)

Page 43

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

1                   BEFORE THE SOUTH CAROLINA  
2                   WORKERS' COMPENSATION COMMISSION  
3                   CASE NO.: 1613880

4 IVAN MOORE,                   )  
5                   Claimant,                   )  
6                   vs.                   )  
7 SPARTANBURG STEEL PRODUCTS                   )  
8 MOTOR DIVISION,                   )  
9                   Employer,                   )  
10 and                   )  
11 HARTFORD ACCIDENT AND                   )  
12 INDEMNITY COMPANY                   )  
13                   Carrier,                   )  
14                   Defendants.                   )  
15 \_\_\_\_\_)

14                   H E A R I N G

15 DATE:                   Thursday, December 19, 2024  
16 TIME:                   11:17 a.m.  
17 LOCATION:               Spartanburg County Administration Building  
18                           366 North Church Street  
19                           Spartanburg, South Carolina 29304  
20 BEFORE:               Commissioner T. Scott Beck  
21 REPORTED BY:           Megan Rish Brown  
22                           South Carolina Court Reporter

23                           ABC REPORTING SERVICE  
24                           257 Summerland Avenue  
25                           Batesburg, South Carolina 29006  
26                           1-803-532-5255  
27                           1-803-730-3015 (cell)

ABC REPORTING SERVICE (803) 730-3015

MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 APPEARANCES:

2

3 ATTORNEY FOR THE CLAIMANT  
4 IVAN MOORE:

5 STEWART LAW OFFICES  
6 BY: SAMUEL BASS, ESQUIRE  
409 South Pine Street  
Spartanburg, South Carolina 29302

7

8 ATTORNEY FOR THE DEFENDANTS  
9 SPARTANBURG STEEL PRODUCTS MOTOR DIVISION  
AND HARTFORD ACCIDENT AND INDEMNITY COMPANY:

10 McANGUS GOUDELOCK & COURIE, LLC  
11 BY: MARK ALLISON, ESQUIRE  
201 West McBee Avenue, Second Floor  
12 Post Office Box 2980 (29602)  
Greenville, South Carolina 29601

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23 (INDEX AT REAR OF TRANSCRIPT)

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ABC REPORTING SERVICE (803) 730-3015

MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 (CLMNT. EXH. NO. 1, Claimant Supplemental  
2 Brief, was premarked for identification.)

3 THE COURT: All right. Today's date is  
4 December 19, 2024. This is workers' compensation file  
5 number 1613880. Claimant in this matter is Ivan Moore.  
6 Mr. Moore is represented today by Attorney Samuel Bass.

7 The employer is Spartanburg Steel Products  
8 Motor Division. Carrier is Hartford Accident and  
9 Indemnity Company. They are both represented today by  
10 Attorney Mark Allison.

11 Date of accident in this matter is March 1,  
12 2016. Average weekly wage, \$801.52. Compensation rate,  
13 \$534.37. We're here today on Claimant's Form 50.

14 I will note for the record we had initially  
15 convened this hearing on November 27, 2024. The matter  
16 was reset to today for the sole purpose of Claimant  
17 counsel providing Defense counsel records from his  
18 primary care physician and records from an intervening  
19 accident. It is my understanding that that exchange of  
20 discovery has occurred.

21 Mr. Allison, are you satisfied that you've  
22 been provided everything you need as a result of that  
23 November 27th hearing?

24 MR. ALLISON: Yes, Commissioner.

25 THE COURT: All right. I've also received

ABC REPORTING SERVICE (803) 730-3015

MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 APAs from the Claimant in this matter and then a  
2 supplemental brief that I have marked in its entirety  
3 as Claimant's Exhibit Number 1. I've received  
4 submissions from the Defendants in this matter.

5           There was a discussion prior to going on the  
6 record in which Claimant objected to Defendants' pages  
7 291 to 292 asserting that they were violative of  
8 42-15-95, paragraph C. I am sustaining that objection,  
9 and those two pages, 291 and 292, have been removed and  
10 returned to Defense counsel.

11           There was also an objection raised by  
12 Claimant's counsel regarding the admissibility of the  
13 deposition of Dr. Hoenig. I am overruling that  
14 objection and admitting that document. I find that it  
15 is not violative of 42-15-95 and that I've been advised  
16 that Claimant counsel noticed and conducted that  
17 deposition, and I don't believe that that is the intent  
18 of 42-15-95, subsection C, to exclude those matters that  
19 were initiated by Claimant counsel.

20           Other than those objections, any other  
21 objections to APAs, jurisdiction, venue, or any other  
22 matter. Mr. Bass?

23           MR. BASS: No, your Honor.

24           THE COURT: All right. Mr. Allison?

25           MR. ALLISON: No, your Honor.

ABC REPORTING SERVICE (803) 730-3015

MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 THE COURT: All right. Without further  
2 objection, the commission file becomes a part of the  
3 record with the exception of self-serving declarations  
4 and unstipulated medical reports. It is my  
5 understanding we are here for a singular purpose today,  
6 and that is to determine Mr. Moore's entitlement to a  
7 total knee arthroscopy to his left leg. It is  
8 Mr. Moore's position that it is causally related to the  
9 admitted injury to the left leg.

10 It is the Defendants' position that it is not  
11 related, and therefore, they are not responsible for  
12 providing that medical care. Mr. Bass, anything in  
13 addition to that with regard to Claimant's position  
14 we're here to discuss today or litigate?

15 MR. BASS: No, Commissioner.

16 THE COURT: Mr. Allison?

17 MR. ALLISON: Yes, Commissioner. In the  
18 event that you find that the total knee replacement  
19 surgery is not related, I would ask for a finding of  
20 maximum medical improvement. I understand that  
21 permanency is not at issue. However, I think the issue  
22 of maximum medical improvement is in play, and implicit  
23 of any finding if the surgery is not related, we would ask  
24 for findings consistent with Dr. Hoenig's opinion that  
25 he did reach maximum medical improvement in September

MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 2016.

2 THE COURT: Mr. Bass, your position on that  
3 matter?

4 MR. BASS: It -- I guess my position on that  
5 would be that if Commissioner is inclined to agree with  
6 Dr. Hoenig's opinion as to whether or not it's related,  
7 also that opinion is -- and which is also maximum  
8 medical improvement finding, so the only issue for us  
9 is not determine permanency --

10 THE COURT: Withholding permanency?

11 MR. BASS: Correct. Yes.

12 THE COURT: Okay. All right. Mr. Bass, I  
13 believe your first and only witness today is Mr. Moore?

14 MR. BASS: That is correct. Mr. Moore, would  
15 you like to --

16 THE COURT: Have a seat up here, sir.

17 MR. MOORE: Thank you.

18 THE COURT: Careful with that cart in front  
19 of you. I don't want you to fall.

20 MR. MOORE: Okay. Thank you.

21 MR. BASS: Sorry. I'll move that for you.

22 THE COURT: All right. Mr. Moore, would you  
23 raise your right hand, sir?

24 IVAN MOORE, being duly sworn and cautioned to  
25 speak the truth, the whole truth and nothing but the

ABC REPORTING SERVICE (803) 730-3015



MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 truth, testified as follows:

2 THE COURT: Please state your full name for  
3 the record.

4 THE WITNESS: Ivan L. Moore.

5 THE COURT: All right. Mr. Moore, thank you  
6 very much. You can put your hand down.

7 Mr. Bass?

8 DIRECT EXAMINATION

9 BY MR. BASS:

10 Q. Mr. Moore, I'm going to kind of keep this  
11 testimony fairly brief. Okay. We're here for an  
12 admitted accident of March 1st of 2016. Your initial  
13 treatment and all of your treatment, has that been with  
14 Dr. Hoenig or someone with his office, Dr. Hoenig or  
15 his PA?

16 A. Yes. Yes.

17 Q. All right. And it looks like the first time  
18 you saw Dr. Hoenig or someone in his office was back in  
19 May of 2016. Does that sound about correct to you?

20 A. Yes, sir.

21 Q. Okay. All right. During those first visits  
22 back in 2016, who was -- who was there with you with  
23 those visits?

24 A. When I first arrived, Beth Padgett, the --  
25 the workman comp agent was there when I first came to

MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 the office, and she was there for my first visit to see  
2 Dr. Hoenig.

3 Q. So you said -- so the work comp adjuster was  
4 there for some of your visits; is that correct?

5 A. The workman -- can you -- can you -- what did  
6 you say, sir?

7 Q. So the work comp adjuster, Beth Padgett, she  
8 was there for some of your visits with Dr. Hoenig back  
9 in the beginning of 2016?

10 A. Yes.

11 Q. Okay. All right. Tell me about some of the  
12 treatment that Dr. Hoenig did for you back in the  
13 beginning of -- or right after this accident.

14 A. Right after the accident, he -- he started  
15 giving me Cortisone injections, and -- and he -- he --  
16 and he placed me with a knee brace, and for about three  
17 months -- for about -- for about three months, I didn't  
18 do no standing on my knee or anything, and he --  
19 from -- he -- he was giving me injections the full time  
20 periodically until, and then I come back to see him  
21 again, and Beth Padgett was there and this time too,  
22 and so he determined that I had a torn meniscus in my  
23 knee, and he told me that it would -- it could -- it  
24 could heal on itself or I could have a scope surgery to  
25 my knee.

ABC REPORTING SERVICE (803) 730-3015

MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 Q. And let me ask you about that. You said you  
2 had a scope to your knee. Can I approach,  
3 Commissioner?

4 THE COURT: Yes, sir.

5 BY MR. BASS:

6 Q. All right. This is APA 22. Can you read  
7 right here? This is from an August 6th -- August 16th  
8 of 2016 visit with Dr. Hoenig. Could you read right  
9 here, this sentence? It starts with, At that time.

10 A. At that time, we will make a decision of MMI  
11 or possible knee scope for --

12 Q. That's a tough one. Debridement.

13 A. -- debridement.

14 Q. All right. Thank you very much. Is this --  
15 is this the visit where Dr. Hoenig discussed possible  
16 knee surgery with you?

17 A. Yes, sir.

18 Q. Okay. Was Beth Padgett at that visit as  
19 well?

20 A. Yes, sir.

21 Q. Okay. And following that visit, did you have  
22 any discussions with Beth Padgett about knee surgery?

23 A. She told me if I have knee surgery, that I  
24 would have to be out of work for so many months and  
25 that I would only receive 2/3 of a 40-hour check. And

ABC REPORTING SERVICE (803) 730-3015

MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 at that time, it kind of scared me, because I wouldn't  
2 be able to pay my bills with -- with 2/3 of my check  
3 for 40 hours, and she said -- and Dr. Hoenig told me  
4 that they could keep treating me, and it could possibly  
5 heal on its own.

6 Q. Did your knee ever heal on its own?

7 A. My -- my knee never healed on its own, and  
8 from that day on, every -- every three months, I --  
9 from that day on, I had come back to his office from  
10 2016 to 2023 to get injections in my knee. He tried  
11 the Cortisone shots, and he kept -- and he give me the  
12 three incision shots, and he tried everything, and then  
13 it was doing okay, and then up until -- it would  
14 relieve the pain up until about two to right at three  
15 months, and I -- they -- they have me come back to get  
16 another shot. They would schedule my shots before I  
17 leave.

18 They -- the office that day want me to come  
19 back in three months. Every three months, it was the  
20 same thing, that I have to come back and get injections  
21 in that -- my left knee.

22 Q. Did those injections eventually -- well, so  
23 you did -- he did -- he did Cortisone shots on you?

24 A. He did Cortisone shot.

25 Q. And then he -- then he switched to something

ABC REPORTING SERVICE (803) 730-3015

MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 else?

2 A. He switched to the three injection shots,  
3 which I -- at that time, I would go every week three  
4 times to get it in my knee, and that shot didn't help  
5 as good, and then he went -- the next time, he give me  
6 a mixture of Cortisone shot with the -- the other kind  
7 of shot, half-and-half. He put it together in my knee  
8 to try that to see would that make it feel better.

9 Q. At some point, did these shots stop helping?

10 A. Around two -- around a year-and-a-half, they  
11 stopped working altogether.

12 Q. When you say "a year-and-a-half," a  
13 year-and-a-half ago?

14 A. About a year-and-a-half ago --

15 Q. Okay.

16 A. -- they stopped working altogether, and I  
17 told Brad Harrison, which is Dr. Hoenig's assistant. I  
18 told him that the injections wasn't working no more,  
19 and so he -- he made me an appointment to come back to  
20 see Dr. Hoenig. So when I come back to see Dr. Hoenig  
21 the next time, he took a MRI, x-ray, and stuff, and he  
22 said that I needed a knee replacement, and -- and he  
23 told me that do I want to keep getting injections, and  
24 I told him that the injections stopped working, and  
25 I -- they not helping me anymore, and he told me that

MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 he would set me up for -- give me a knee replacement,  
2 and he said that he would contact workman comp to -- to  
3 arrange me to get the surgery --

4 Q. Okay.

5 A. -- but he never did. He never did reply back  
6 to me.

7 Q. At some point -- well, talk just a little bit  
8 about your work history. How long have you been at  
9 Spartanburg Steel?

10 A. I started working at Spartanburg Steel in  
11 2014 as a temporary employee.

12 Q. 2014?

13 A. 2004. I'm sorry.

14 Q. Okay.

15 A. I started there in 2004 as a temporary  
16 employee, and 90 days I was hired on in August 16th of  
17 2004, and I've been there ever since.

18 Q. What kind of -- what kind of job were you  
19 hired to do?

20 A. I was hired to do operators "C" job at first,  
21 and I've worked my way up to a operator "A," what I'm  
22 currently doing now and --

23 Q. What's the difference between those  
24 operators?

25 A. Operator "C" is when you first get hired on,

ABC REPORTING SERVICE (803) 730-3015

MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 and operator "A," you go from operator "C" to operator  
2 "B." You have to take a test and to become a operator  
3 "A," you have to take a test, and you have to be able  
4 to change the machines over and everything, and I ran  
5 the high capacity machine. That's the machine that I  
6 worked on when I injured my knee, and you have to do a  
7 lot of changeover.

8 I ran four parts on that particular machine,  
9 and -- and so at the time when I injured my knee, it  
10 had the wheels on it. It's called a dolly.

11 Q. Well, we -- you don't have to testify -- it's  
12 an admitted injury. You don't have to talk about the  
13 accident that you had. We'll --

14 A. I'm sorry.

15 Q. We'll hold off on that. It's okay.

16 A. I'm sorry.

17 Q. All right. Mr. Moore, do you -- do you want  
18 this knee surgery?

19 A. I -- every day at work, my -- my knee hurt.  
20 My knee hurt every day, and it gives out, and it gives  
21 out and gets -- if I walk on it, it'll -- like it'll  
22 just give out completely, and -- and I -- I pray and --  
23 and I -- and I -- for the last two years, I've been  
24 wearing a knee brace on it, and it still don't help  
25 any.

MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 MR. BASS: Okay. All right. Commissioner, I  
2 don't have any further questions.

3 THE COURT: All right. Mr. Allison?

4 MR. ALLISON: Thank you, Commissioner. I'll  
5 be brief.

6 CROSS-EXAMINATION

7 BY MR. ALLISON:

8 Q. Good morning, Mr. Clark.

9 A. Okay. Thank you.

10 Q. I'm sorry. Mr. Moore. You said you've been  
11 wanting the surgery for a long time?

12 A. No. I'd say -- I say I only wanted it when  
13 it -- when the knee injection stopped working.

14 Q. Okay. So for more than a year --

15 A. Yes, sir.

16 Q. -- because I think you had said that they  
17 stopped working a year-and-a-half ago?

18 A. Yes. They stopped working altogether, but  
19 they -- they -- they -- they never stopped -- the pain  
20 never went away when I injured my knee. I -- from the  
21 time I got -- injured my knee in 2016, I've been going  
22 to see Dr. Hoenig and Brad to get injections in my  
23 knee --

24 Q. Right.

25 A. -- ever since 2016.



MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 Q. Understood, but my question to you was about  
2 the fact that you've known that you might need surgery  
3 for about a year-and-a-half --

4 A. I --

5 Q. -- right?

6 A. And because -- because Dr. Hoenig said I  
7 needed it, and because I -- my knee had started  
8 collapsing on the job when I stand up doing my -- my  
9 full-duty activities, and it was just --

10 Q. Right.

11 A. And so that's when I told them -- they wanted  
12 to keep on giving me injections, but I told him the  
13 injections wasn't working anymore.

14 Q. Understood. So do you have health insurance?

15 A. Yes, I do.

16 Q. Okay. Could you get the knee surgery paid  
17 for by your health insurance?

18 A. I could, but I got injured on my job, and --  
19 and -- and they've been treating me for my knee ever  
20 since 2016 --

21 Q. Right.

22 A. -- and they -- and if I do it through my  
23 health insurance, I have to pay a lot of money, and  
24 I -- that I -- that I can't afford, and my injury was  
25 caused on the job, and they've been treating me ever

MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 since 2016 giving me injections in the same spot, doing  
2 everything they can to kill the pain every three  
3 months, and it's every -- about every two or three  
4 months, the pain will come back. They'll schedule me  
5 to come back in. I think I done had about 40 shots  
6 altogether in this one knee here.

7 Q. Do you have any -- did you have any problems  
8 with Dr. Hoenig being your doctor?

9 A. I didn't have no problem with Dr. Hoenig --

10 Q. Okay.

11 A. -- but then when Dr. Hoenig turned me over to  
12 his -- his assistant, Brad Harrison, and every three  
13 months, he would put the injections in my knee, and he  
14 would try different things to make it better, and  
15 every -- before I leave, they'll make me appointment to  
16 come back every three months to keep putting injections  
17 in my knee, sir.

18 Q. All right. You testified about possibly  
19 having surgery way back in 2016 --

20 A. Yeah.

21 Q. -- right?

22 A. They told me I --

23 Q. Well, just let me -- well, you can finish,  
24 but --

25 A. He said -- they told me that they could go in

MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 there, because I had a meniscus tear, and they could --  
2 they could fix it or they -- or they could -- they sat  
3 me down, put a brace on my knee for three months, and I  
4 sat on the job for three months, and they said that  
5 would help it, but it didn't help it.

6 Q. Did Dr. Hoenig offer to do the surgery?

7 A. He said he -- he -- him and Beth Padgett was  
8 in there together when they talked to me, and she --  
9 she told me that --

10 Q. Sir, I'm asking you what -- did Dr. Hoenig  
11 offer to give you surgery to your knee back in 2016?

12 A. He -- he said I could do the surgery or it'll  
13 heal on its own.

14 Q. Okay. And did -- so did you decide that you  
15 didn't want the surgery? Did you say, No, I don't want  
16 a surgery? Let's see if it heals on its own?

17 A. I told him that we'll see will it heal on its  
18 own, but it never did, sir.

19 Q. All right. So you chose not to have the  
20 surgery in 2016?

21 A. He said it would heal on its own. That's  
22 what made me decide not to do it.

23 MR. ALLISON: Okay. That's all the questions  
24 I have.

25 THE COURT: Any further, Mr. Bass?

ABC REPORTING SERVICE (803) 730-3015

MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

1 MR. BASS: No, Commissioner.

2 THE COURT: All right. Any other witnesses  
3 on behalf of the Claimant?

4 MR. BASS: No. I would just like the  
5 opportunity to address Dr. -- so some portions of  
6 Dr. Hoenig's deposition testimony before we close out  
7 the -- close out the hearing.

8 THE COURT: Well, I'll be reading it.

9 MR. BASS: And I -- and I understand you  
10 will. I just wanted to -- to point some things out in  
11 the deposition testimony.

12 THE COURT: I will read it in its entirety.  
13 Any other witnesses on behalf of Defendants?

14 MR. BASS: No, sir.

15 THE COURT: All right. That will conclude  
16 this proceeding.

17 (WHEREUPON, the taking of this sworn hearing  
18 was concluded at approximately 11:40 a.m.)

19

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MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

## 1 CERTIFICATE OF REPORTER

2  
3  
4 I, Megan Rish Brown, Court Reporter and  
5 Notary Public in and for the State of South of South  
6 Carolina, do hereby certify that I reported the hearing  
7 on the 19th day of December, 2024; and that the  
8 foregoing 18 pages constitute a true and correct  
9 transcription of the said hearing.

10 I further certify that I am neither attorney  
11 nor counsel for, nor related to or employed by, any of  
12 the parties connected with this action, nor am I  
13 financially interested in said cause.

14 I further certify that the original of said  
15 transcript shall be hereafter sealed and delivered to  
16 Commissioner T. Scott Beck, 1333 Main Street, Columbia,  
17 South Carolina.

18 In witness whereof I set my hand and seal  
19 this 23rd day of March, 2025.  
20  
21  
22

23 \_\_\_\_\_  
24 Megan Rish Brown, Court Reporter,  
25 Notary Public  
State of South Carolina at Large  
My Commission expires:  
10/18/2028

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MOORE V. SPARTANBURG STEEL PRODUCTS 12/19/2024

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I N D E X

|                                                   |      |
|---------------------------------------------------|------|
|                                                   | Page |
| Direct Examination of Ivan Moore<br>BY MR. BASS   | 7    |
| Cross Examination of Ivan Moore<br>BY MR. ALLISON | 14   |
| Certificate of Reporter                           | 19   |

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E X H I B I T S

CLAIMANT'S:

MARKED/ADMITTED FOR IDENTIFICATION:

|                               |   |
|-------------------------------|---|
| 1 Claimant Supplemental Brief | 3 |
|-------------------------------|---|

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

ABC REPORTING SERVICE  
257 Summerland Avenue  
Batesburg, South Carolina 29006  
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IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

APPEARANCES

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IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 COMMISSIONER DOOLEY: All right. Our  
2 first appellant is Mr. Bass. You have the floor.  
3 Mr. Bass you have the floor. Can you hear me?

4 MR. BASS: I'm sorry. I can hear  
5 you, yes.

6 COMMISSIONER DOOLEY: All right. You  
7 may proceed.

8 ORAL ARGUMENT

9 MR. BASS: Thank you. As I was  
10 saying but not heard, I believe this case presents  
11 a fundamental question about the integrity of the  
12 South Carolina Workers' Compensation system.

13 The legislature crafted 42-15-95 to  
14 prevent ex parte manipulation of medical and  
15 venues and in this case the defendants violated  
16 the statute, obtained a tainted opinion, and now  
17 seek to use that opinion through the back door of  
18 a deposition.

19 There are two critical errors that  
20 we're seeking this panel to address regarding the  
21 single commissioner's orders; one of them being  
22 that the single commissioner improperly admitted  
23 Dr. Hoenig's deposition testimony, despite it  
24 containing the exact opinion obtained through  
25 statutory violation of 14 -- I'm sorry, 42-15-95.

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1           The second error being that even if  
2 the deposition of Dr. Hoenig were deemed  
3 admissable, that the substantial evidence and the  
4 record establishes that the knee replacement that  
5 the claimant is seeking here is causally related  
6 to his March 1, 2016, work injury.

7           I will address first that the plain  
8 language of 42-15-95, which states that any  
9 discussions, communications, medical reports or  
10 opinions, which is what we are focusing on here,  
11 obtained in violation of the section must be  
12 excluded.

13           The key points within that statute  
14 are, one must -- that's mandatory, it's not  
15 discretionary when it comes to opinions of pain,  
16 and two, opinions of pain, it's not -- we're  
17 focusing here on the opinion itself, which is  
18 tainted, and it's not just the document that we're  
19 talking about. In this case it was an excluded  
20 questionnaire, which the commissioner -- the  
21 commissioner rightly excluded, and this all goes  
22 back to the legislative purpose of 42-15-95, which  
23 is clear.

24           Before 2007 there was a rampant  
25 ex parte communication with treating physicians.

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 Okay? Bi-Lo v. Brown Supreme Court said that they  
2 clearly prohibited ex parte communications. It  
3 limited to records only.

4 Then a 2007 amendment came to  
5 42-15-95 and the legislature crafted a very  
6 balanced solution of the problem, which is that  
7 employers can communicate directly with medical  
8 providers but it must provide notice and  
9 opportunity to participate in those communications  
10 and that the violation of that statute renders the  
11 violation and the opinion of pain to a mandatory  
12 exclusion.

13 Here what we have is the single  
14 commissioner's error of law that kind of creates  
15 an absurd result where the defendants can violate  
16 the statute; they can get an opinion, a tainted  
17 opinion, by an improper questionnaire and then  
18 introduce the same opinion through a later  
19 deposition.

20 It puts the claimants in a hostile  
21 position. Either they don't depose the doctor and  
22 they are stuck with a tainted opinion or they do  
23 depose the doctor and they're still stuck with a  
24 tainted opinion.

25 As I've briefed in my arguments,

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 there is an analogous principle here. It's the  
2 Fruit of the Poisonous Tree in criminal law where  
3 we have illegally obtained evidence. It remains  
4 tainted. You cannot cure the illegally obtained  
5 evidence, a constitutional violation, by some  
6 later obtaining of the evidence through other  
7 means, and here, you know, the enforcement  
8 requires a meaningful consequence in this case;  
9 excluding Dr. Hoenig's deposition.

10 If Dr. Hoenig's deposition is  
11 excluded, then the only remaining arguments as to  
12 causation are unrebutted medical evidence of  
13 Dr. O'Leary and Dr. Gerscovich, but even with the  
14 deposition, the substantial medical evidence  
15 supports causation where the claimant is seeking  
16 this total knee replacement. Substantial medical  
17 evidence supports causation.

18 In this case, we have a March 1,  
19 2016, injury. Claimants -- the defendants are  
20 arguing a MMI date of September of 2016. What we  
21 have after that is no finding of permanency and  
22 instead, seven years of continuous treatment by  
23 Dr. Hoenig, encompassing 39 objections --  
24 injections.

25 All of these injections were

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 authorized and paid for by the carrier. There  
2 were no treatment gaps and there was a documented  
3 aggressive deterioration of the claimant's knee.

4 Dr. Hoenig's own deposition testimony  
5 provides numerous contradictions. One, he says,  
6 Well, we have this MMI date of September of 2016,  
7 but then we have, He treated continuously for  
8 seven years after that, and importantly, he  
9 treated beyond what his initial future medical  
10 projections -- or future medical treatment called  
11 for. He called for steroid injections.

12 He goes beyond that and does  
13 viscosupplementation injections, and those were,  
14 again, authorized and approved by the carrier. He  
15 never documented this theory of a natural  
16 progression in his medical records and he only  
17 offered an opinion regarding a natural progression  
18 when it was suggested in the excluded  
19 questionnaire.

20 He also gives his opinion of an  
21 arbitrary two-to-three-year cutoff, but Dr. Hoenig  
22 himself can't -- hasn't stated, Well, is it two  
23 years at MMI; Is it three years at MMI; What is  
24 the cutoff for what his treatment should be?

25 Beyond that, he -- I expect that, you

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 know, the arguments, at least what the  
2 commissioner relied on and what the defendants  
3 will rely on, is that, well, the claimant possibly  
4 noticed the deposition, so we are stuck with it.

5 Rule 32(c) of the Rules of Civil  
6 Procedure clearly state that noticing a deposition  
7 doesn't make the deponent their witness. The  
8 defendants introduced the deposition at the  
9 hearing. He became their witness. We objected to  
10 it.

11 The claimant -- we have no choice but  
12 to investigate a violation of whether or not  
13 42-15-95 was violated, and we can't waive  
14 statutory protections of that statute simply by  
15 investigating the wrongdoing.

16 Now, it's also argued that, you know,  
17 the intent is not to -- is only to exclude  
18 defendant initiating communications. This  
19 deposition was not a defendant-initiated  
20 communication.

21 Well, the statute doesn't distinguish  
22 between who initiates subsequent proceedings,  
23 especially those trying to establish whether a  
24 violation occurred. It just says, Opinions  
25 Obtained in Violation, period.

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1           The opinion was obtained through a  
2 violation. The deposition really repeated the  
3 tainted opinion and the defendants' interpretation  
4 and the -- and the -- quite frankly, the single  
5 commissioner's interpretation would reward the  
6 defendants' violation of 42-15-95.

7           It's -- if the Commission were to  
8 uphold the single commissioner's order here, it  
9 would effectively gut the statutory protections of  
10 42-15-95. We would turn to a pre-Brown area of  
11 ex parte communication with doctors and it would  
12 put workers in an impossible choice of are we  
13 going to look for the -- look for, you know, a  
14 violation, can we actually depose a doctor, not  
15 depose a doctor, and it's going to encourage  
16 future violations.

17           And it's -- the remedy is simple.  
18 All the employer has to do is follow the statute,  
19 and if they don't, the opinion gets excluded.

20           The legislature mandated that, you  
21 know, these opinions through these statutory  
22 violations, they must be excluded. There is no  
23 exception for depositions, no cure through  
24 subsequent proceedings, and there should be no  
25 discretion to admit the tainted evidence.

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1                   And if you -- even if you do consider  
2 Dr. Hoenig's opinion, the weight of the evidence,  
3 including the seven years of continuous authorized  
4 treatment, the two independent evaluations of  
5 Dr. O'Leary and Dr. Gerscovich, establish that his  
6 need for a knee replacement is causally related to  
7 his 2016 injury.

8                   Note that I do -- I can take any  
9 questions from the panel or wait for Mark to  
10 respond to give my reply.

11                   COMMISSIONER DOOLEY: Any questions  
12 at this point?

13                   (No questions.)

14                   All right. Mr. Allison.

15                   ORAL ARGUMENT REPLY

16                   MR. ALLISON: Thank you, your Honor,  
17 and may it please the Commission. So I think that  
18 counsel has fairly stated the issues here. There  
19 is an additional issue that we cross-appealed and  
20 I'll save that for last, because I think that is  
21 probably the smallest of these issues.

22                   So let's start with the admission of  
23 Dr. Hoenig's deposition testimony. Defendants  
24 concede that there was a questionnaire that was  
25 obtained in violation of the statute and that that



IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 questionnaire and the information contained in  
2 that questionnaire was excluded by the hearing  
3 commissioner.

4                   However, Mr. Moore took the  
5 deposition of the doctor, so Mr. Moore noticed the  
6 deposition, and as a specific finding of fact by  
7 Commissioner Beck from the underlying order, the  
8 deposition was then noticed by claimant in an  
9 attempt to change Dr. Hoenig's opinion. All  
10 right?

11                   So this is a situation where it's not  
12 merely the information that was contained in a  
13 medical questionnaire response that was at issue.  
14 This was a deposition that was taken, and might I  
15 add in a significant amount of time for this  
16 deposition, and so what we end up with is a  
17 deposition that lasted nearly an hour and spanned  
18 42 pages of testimony.

19                   The testimony that was elicited by  
20 Mr. Moore addressed issues across the board. It  
21 addressed issues not merely contained in the,  
22 quote, tainted questionnaire, but other issues.

23                   All of that evidence, every bit of  
24 it, was obtained by Mr. Moore. It was obtained at  
25 Mr. Moore's request. Each question that was asked

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 of the doctor was done so at the choice and  
2 choosing of Mr. Moore, not by defendants.

3 If defendants had noticed the  
4 deposition and sought to create a different  
5 mechanism or piece of evidence, that could  
6 arguably, submitted under the statute, that would  
7 be in error. That would be -- that would not be  
8 admissable. That would be a true, quote,  
9 obtaining or getting the information in through  
10 the back door, as opposing counsel claims.

11 That's not what happened. There is  
12 no back-door effort by defendants to do anything  
13 other than appear for the deposition and  
14 participate in the deposition.

15 Let's assume that this deposition was  
16 noticed by Mr. Moore and we did not appear and  
17 Mr. Moore obtained evidence that was favorable to  
18 his position on causation. To rule that a  
19 claimant can take -- of his own volition and his  
20 own choosing, can choose to obtain evidence and  
21 then somehow imply that defendants, by  
22 participating in the deposition, have tried to  
23 back door obtain an opinion is patently false.

24 That's not -- that's not at all what  
25 happened in this case. We don't have a choice but

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 to defend and appear for the deposition and defend  
2 not only information that was contained in the  
3 questionnaire but also to defend the exchange of  
4 information that was not in the questionnaire.

5 The commissioner specifically ruled  
6 that for him to rule otherwise would be to  
7 conclude the defendants acted improperly in  
8 participating in the deposition, which would  
9 clearly be erroneous.

10 So, you know, the fact that  
11 Dr. Hoenig's deposition was unfavorable to  
12 Mr. Moore's position, that's neither illegal nor a  
13 reasonable justification for excluding the  
14 testimony. If the testimony in that deposition  
15 had been favorable to Mr. Moore, this wouldn't be  
16 an issue because, guess what, Mr. Moore would have  
17 submitted that deposition into evidence.

18 You can't have it both ways. You  
19 can't elect to choose a mechanism for obtaining  
20 evidence and then decide that it shouldn't come in  
21 because you don't like what it says. That would  
22 be a violation of the fundamental integrity of the  
23 system.

24 That's not what happened here. That  
25 was not any violation to the fundamental integrity

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 of the system because defendants did not choose  
2 this.

3 If Mr. Moore had not taken the  
4 deposition in an attempt to change Dr. Hoenig's  
5 opinion, then the only opinion would be the  
6 opinion that was excluded. In other words, there  
7 would be no opinion and the commissioner would  
8 have been bound by the only other opinions in the  
9 case.

10 But, again, that's not what  
11 happened. There was new evidence obtained, new  
12 and different evidence, and it was the basis for  
13 the commissioner's conclusion that this was not  
14 causally related.

15 There was an argument set forth that  
16 the -- about the intent behind 42-15-95 and what  
17 is intended to be excluded. The intent of the  
18 statute is to exclude information that's initiated  
19 by defendants. The statute is silent as to  
20 excluding matters that are initiated by the  
21 claimant.

22 That's not the intent of the  
23 statute. It is to exclude information or evidence  
24 that was improperly obtained in violation of the  
25 statute.

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 With regard to the issue of  
2 causation, not only is the commission entitled to  
3 weigh conflicting or inconsistent medical reports  
4 but it is the commission's role to do so, and  
5 there have been appeal cases that back the  
6 commission's weighing of evidence.

7 One particular case, Corbin versus  
8 Kohler Company, the Appellate Court in that case  
9 supported the full commission's conclusions about  
10 weighing the evidence and pointed out that the  
11 other providers in that case only saw the claimant  
12 on one occasion, the same as in this case.

13 In this case we have Dr. Hoenig, who  
14 treated the patient for seven years and then  
15 rendered an opinion about whether or not his need  
16 for a surgery was related to the injury or not,  
17 and the only other opinions in the case are  
18 one-time opinions from IME physicians that were  
19 obtained by claimant, that were paid for and  
20 obtained by claimant.

21 And so the hearing commissioner, as  
22 it is his role and job to do, had to judge these  
23 conflicting opinions, and in doing so he relied on  
24 the opinion of the person who knew this guy and  
25 had treated him on 25 occasions for seven years.

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1                   Now, as for the actual opinion of  
2 Dr. Hoenig, is Dr. Hoenig's opinion reasonable?  
3 Just because you treat somebody for seven years,  
4 does that mean that your opinion always wins the  
5 day? I would submit not. It's not just about  
6 time.

7                   But what is the -- what is  
8 Dr. Hoenig's opinion based on? And he explains it  
9 in great detail in the deposition that was taken  
10 by Mr. Moore, and he says, The claimant's  
11 arthritis continued to progress, as it naturally  
12 does, and seven years after his work injury, the  
13 injections stopped working. He started having  
14 more pain and now he needs a knee replacement.  
15 Seven years.

16                  And he goes on to explain why that's  
17 important, and he says, If the claimant had needed  
18 the knee replacement within two years of his work  
19 injury, I would likely relate it to the work  
20 injury; however, because the need for the  
21 replacement did not occur until seven years after  
22 the injury and because he had arthritis to begin  
23 with, then the need for this replacement is a  
24 natural progression.

25                  So he explains it. And he even says,

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 Look, I'm not saying that there is not a  
2 circumstance where this wouldn't be related. It  
3 would be related if it had been closer in time to  
4 the injury, but guess what, seven years later this  
5 need for surgery arises and in my opinion and in  
6 my dealing with him for those seven years, this  
7 need for surgery is not related to the work  
8 injury.

9 He goes on to note, and this is very  
10 important, He would have needed a knee replacement  
11 at this time whether or not he sustained the  
12 injury in 2016.

13 So even if there had not been a work  
14 injury, he would have still needed this  
15 replacement, which further supports his medical  
16 opinions on causation.

17 COMMISSIONER DOOLEY: Thank you.

18 Any questions?

19 (No questions.)

20 All right. You'll have three --  
21 we're going to give you three minutes of reply  
22 after

23 Mr. Bass has his three minutes.

24 MR. ALLISON: Thank you. Thank you,  
25 Madam Commissioner.

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 MR. BASS: Thank, you,  
2 Madam Commissioner. There is a lot of beeping.  
3 Am I good?

4 COMMISSIONER DOOLEY: You are good.

5 ORAL ARGUMENT REPLY

6 MR. BASS: Okay. I'm going to  
7 briefly address something Mr. Allison pointed out  
8 to you, of that if this deposition didn't occur,  
9 then the opinion of Dr. Hoenig wouldn't be there,  
10 and I think that presupposes that the hearing  
11 commissioner would have excluded it and that would  
12 have been done; that would have been the end of it  
13 at the hearing, and we know that in practice that  
14 that just is not what would have happened.

15 We would have ended up having to go  
16 take the doctor's deposition. You know,  
17 Mr. Allison would have -- would have postponed  
18 it. You know, it just wouldn't have been excluded  
19 and then that would be the end of it. That just  
20 doesn't happen in practice.

21 In order for the defendants to -- and  
22 even if it was, we wouldn't know it was going to  
23 be excluded until we got there, and we would have  
24 to at least establish that a -- that a violation  
25 occurred prior to that, and that wasn't

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IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 established until we took the doctor's  
2 deposition.

3 I will say that regarding the  
4 defendants' cross-appeal that Mr. Moore should be  
5 ruled at MMI, here what we have is, based on  
6 Mr. Allison's last arguments, the defendants are  
7 now attempting to kind of have it -- have it both  
8 ways.

9 They want you to uphold the hearing  
10 commissioner's ruling as it pertains to listening  
11 to Dr. Hoenig on causation for the knee  
12 replacement but at the same time the hearing  
13 commissioner heard all the evidence, including the  
14 seven years of treatment, including the fact that  
15 that treatment exceeded what Dr. Hoenig had  
16 initially said the defendant needed at his initial  
17 MMI date back in September of 2016, and the  
18 commission took all of that information and made a  
19 determination that Mr. Moore was not at maximum  
20 medical improvement.

21 There is two separate determinations  
22 that the commissioner made. One he made said  
23 that -- he said that the total knee was not  
24 related to the 2016 accident, but he also, in a  
25 separate -- in a separate determination, looking

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 at the same medical evidence, looking at the same  
2 opinions, said, you know what, based on his seven  
3 years of treatment with Dr. Hoenig, Dr. Hoenig  
4 exceeded his mandate of what is maximum medical  
5 improvement and what is needed to keep him at a  
6 plateau, and therefore he's not at maximum medical  
7 improvement and needs to continue with treatment.

8 It's that -- that is my response to  
9 defendants' cross-appeal.

10 COMMISSIONER DOOLEY: Very good. Any  
11 questions?

12 (No questions)

13 All right. Mr. Allison, your reply.

14 MR. ALLISON: Thank you, your Honor.

15 ORAL ARGUMENT REPLY

16 First I want to speak to a couple of  
17 points raised in Mr. Moore's reply brief that was  
18 filed on August 18th, that in the brief he states  
19 that Dr. Hoenig's deposition was necessary to  
20 establish that a violation of the statute  
21 occurred. That's not true.

22 The violation of the statute occurred  
23 notwithstanding any additional evidence. If  
24 there was no other deposition taken and nothing  
25 else done, there would be nothing further or in

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 addition to that that would be needed to establish  
2 that a violation of the statute occurred.

3           The second point is, Mr. Moore raises  
4 that this finding puts the claimant in an  
5 unwinnable position; do nothing and be stuck with  
6 Dr. Hoenig's opinion or establish a violation  
7 occurred and be stuck with the subsequent  
8 opinion.

9           Well, that's -- again, that's not how  
10 it works. Do nothing and be stuck with  
11 Dr. Hoenig's opinion is not the only outcome. Do  
12 nothing, move to exclude the opinion and have it  
13 excluded is an option.

14           And not only was it an option; it is  
15 precisely what the commissioner did here. He  
16 excluded the opinion because it violated the  
17 statute, but then he also had to consider the  
18 additional and new evidence that was generated by  
19 Mr. Moore, so Mr. Moore did not have to do nothing  
20 and be stuck with the opinion.

21           Now, with regard to the issue of  
22 maximum medical improvement, it's our position  
23 that that finding is inconsistent with the  
24 commissioner's determination that the need for  
25 knee replacement is not related, and the reason

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 that that is inconsistent is this:

2 Dr. Hoenig placed Mr. Moore at  
3 maximum medical improvement in September 2016 and  
4 he continued to provide treatment and injections  
5 that we would consider Dodge medicals.

6 Now, in providing that treatment,  
7 it -- he has -- it has ultimately been determined  
8 that Mr. Moore would benefit from surgery, and  
9 that is the only treatment at this time that has  
10 been identified by anyone moving forward, and so  
11 to find that he's entitled to additional treatment  
12 and has somehow now not reached maximum medical  
13 improvement, even though Dr. Hoenig opined that he  
14 had back in September of 2016, implies that there  
15 is more treatment that he needs to obtain maximum  
16 medical improvement and the only treatment in the  
17 record is a surgery that has already been ruled  
18 out by a commissioner.

19 So it is a situation for which the  
20 evidence reflects that he has, in fact, obtained  
21 maximum medical improvement where, number one,  
22 Dr. Hoenig opined to such, number two, the hearing  
23 commissioner specifically found and gave reason  
24 for affording weight to the opinions of  
25 Dr. Hoenig, and number three, to find that he's

IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

1 not at maximum medical improvement leaves the  
2 carrier in a position in which they would have to  
3 provide treatment that has not been recommended by  
4 any physician.

5 COMMISSIONER DOOLEY: All right.  
6 Very good.

7 All right. Any questions?

8 (No questions.)

9 Okay. Very good. That concludes  
10 this hearing.

11 (The hearing concluded at 4:13 p.m.)

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IVAN MOORE V. SPARTANBURG STEEL 8/25/2025

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.

My Commission  
expires  
5/16/2027

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Cheryl A. Wiszowaty,  
Court Reporter and Notary  
Public for the  
State of South Carolina